Surgery at a Spa?  
Buyer Beware.

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THERE is little to suggest that the TriBeCa MedSpa in Manhattan is a medical facility, at least in the traditional sense. In the waiting area, called the Tranquillity Room, a waterfall cascades down one wall. A client may have a pedicure or facial before entering a softly lighted space where a plastic surgeon performs laser Fraxel treatment or some other minimally invasive procedure that would cost twice as much in a harried doctor’s office.

TriBeCa MedSpa is one of 1,800 medical spas in the United States, hybrid facilities that offer treatments like laser hair removal and liposuction alongside massages and other traditional spa fare. In recent years, the business has become a growth industry: from July 2007 to December 2008, the number of medical spas increased 85 percent, according to the International Spa Association, far outpacing the growth of day, destination and resort spas.

The kinds of procedures performed in medical spas has also increased. At the Park Avenue Medical Spa in Armonk, N.Y., for instance, clients who have undergone chemosurgery for skin cancer, which may leave the skin pitted, can receive reconstructive surgery, a treatment that falls outside the strictly aesthetic category and may point in the direction the industry is evolving.

“IT certainly seems like the wave of the future,” said Dr. Gerald Ginsberg, a cosmetic surgeon and medical director of the TriBeCa MedSpa, who noted that, increasingly, patients are becoming “customers” searching for the best deal in what he calls “today’s medical emporia.” All the more reason, in his mind, that it is important to enforce regulations “to ensure we’re offering the best care for the best price.”

In fact, despite the many well-regarded facilities like TriBeCa MedSpa, the rapidly growing industry is coming under increased scrutiny. Proposed legislation to tighten controls over the credentials of those who can own a medical spa; what procedures can be performed in such places; and how much training someone must have to perform particular procedures is making its way through several state medical boards, including those in Massachusetts, New York, Utah and Florida, where the death last month of a patient, Rohie Kah-Orukotan, is generating renewed concern.

On Sept. 25, Mrs. Kah-Orukotan, a 37-year-old nurse, entered the Weston MedSpa in Weston, Fla., for a minimally invasive liposuction procedure to remove fat from her abdomen and thighs. During the treatment, she suffered seizures and never regained consciousness.

Michael Freedland, the family’s lawyer, said she was given Lidocaine and propofol, a drug that induces sedation and is believed to have
contributed to the death of Michael Jackson. The case, which is still under investigation, raises several issues that concern experts around the country. First, should the treatment — which may actually have been, by the state's classification, a more advanced, or Level II, liposuction procedure — have been performed at Weston MedSpa, which is licensed as an electrolysis facility, not a medical facility?

“We believe Mrs. Kah-Orukotan received more than a minimally invasive Level I liposuction procedure in a setting that was inappropriate,” Mr. Freedland said. In fact, a new rule before the state’s board of medicine would not allow any surgical procedure that requires sedation to occur outside of a registered Level II surgery facility.

And then there is the question of the experience of the doctor who performed the procedure on Mrs. Kah-Orukotan. Dr. Omar Brito Marin, a medical doctor with a specialty in occupational medicine, learned liposuction in a three-day intensive course, according to his lawyer, Brian Bieber, who said he believes no malpractice was committed in the case.

For some industry observers, the issue of training and experience is the cause for perhaps the greatest concern. Dr. Darrick Antell, a plastic surgeon in Manhattan, noted that all too frequently someone who starts out performing one procedure migrates to another with only minimal experience. “Someone may start out doing laser hair removal, and next thing you know they’re doing treatments for cellulite,” said Dr. Antell, who said that personnel in medical spas are pushing the boundaries of what is allowed.

Wendy Lewis, an aesthetic surgery consultant and author of “Plastic Makes Perfect,” said: “The incident in Florida is nothing short of tragic, and I feel for that woman’s children and family. But I say, buyer beware.”

Such sentiment applies to another popular medical spa procedure: laser hair removal. For years, complaints of second- and even third-degree burns from laser hair removal procedures have been reported. Yet in places like New York State, it is still not considered a medical procedure, despite vigorous protests from many in the medical community.

“In New York, legally, even a barber could do it, not that he would,” said Dr. David Goldberg, a cosmetic dermatologist in New Jersey, New York and Florida, as well as a law professor at Fordham University and a legal counsel to the Medical Spa Society.

In Massachusetts a medical spa task force has been set up to advise the state legislature on how best to regulate the facilities. “We are trying to set some standards here, yet make it flexible enough to accommodate rapid changes in the industry,” said Russell Aims, chief of staff of the Massachusetts Board of Registration in Medicine.

“We don’t want to say to the consumer, ‘Don’t go get these procedures done,’ or to a physician that he or she can’t profit from this potentially lucrative business, but I think it’s around the time I saw a place offering walk-in Botox shots at a mall that I became concerned,” Mr. Aims said.

“To me it’s a lot like the mortgage industry,” said Dr. Ranella Hirsch, a dermatologist in Cambridge, Mass., and an advocate for more stringent regulations of medical spas. “While it may allow more accessibility to treatments and procedures, it’s also brought a much higher level of permanent injury,” she said. Dr. Hirsch added that she thinks a system of federal regulations of medical spas would be more cohesive than the current state-by-state model but believes that is unlikely to happen, since medical and other professional boards, like nursing, electrology and aestheticians boards, are regulated and licensed by individual states.

“What is likelier to happen (and currently under way) is that national organizations like the American Society for Dermatologic Surgery, which represents member dermatologists nationwide, provide guidelines for legislative guidance state by state,” she said in an e-mail message.

Despite all the safety and regulatory controversies concerning medical spas, there are thousands of satisfied medical spa customers. Among them is Gail Fox of Palm Beach Gardens, Fla., who went to the Anushka Cosmedical Center Spa and Salon in West Palm Beach, for facial fillers that were administered by a nurse practitioner and found the experience “a pleasure.” “The service was on sale so the price was right. That’s what drew me in. The pace was slower than at my dermatologist’s office. All my questions were answered, and I didn’t feel pressured,” Ms. Fox said.

“These places can offer a wonderful opportunity for a consumer to reduce stress and get treatment for the whole body,” said Lynne McNees, president of the International Spa Association. But, she added, “just because someone is in a white coat, it doesn’t mean he or she is a qualified to perform a procedure on you.”

Both Ms. McNees and Hannelore Leavy, executive director of the International Medical Spa Association, emphasized the efforts their associations are making to educate the medical spa consumer. For instance, Ms. Leavy’s organization has a section on its Web site that pertains to current legislation affecting medical spas.

“If someone is cutting you open or injecting something into you it’s not a spa service, it’s a medical one,” Ms. McNees said. “You’re going to need to know who is performing that procedure, know their credentials and accreditations and really do your homework,” she said. “I tell everyone, ‘If you don’t know, don’t go.’ ”

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