Exploring the importance of anatomy in aesthetic nursing practice

Although major complications following the placement of dermal fillers are rare, having a comprehensive knowledge of anatomical facial structures can ensure practitioners are safe and confident when injecting in various planes. To highlight the relevance of this scientific area in aesthetics, Amy Senior relays her interview with Anna Baker, a facial anatomy tutor and enthusiast.

In light of recent news of beauty therapists undertaking a cadaver dissection course, we spoke to Anna Baker, whose reputation for facial anatomy knowledge is renowned in aesthetic nursing. In this interview, she tells us the significance of anatomical knowledge with an emphasis on finding the right tutors in such an advanced subject.

What ignited your interest in anatomy?
I’ve been fortunate to have been exposed to cadaveric dissection as a coordinator and assistant tutor for facial anatomy teaching, which gave me insight into the intricacies and complexity of the underlying structures of the face. This spurred an interest to consolidate this experience and I have recently completed a postgraduate certificate in applied clinical anatomy at Keele University, to specialise in facial anatomy.

Why is a good knowledge of anatomy so important?
An up-to-date and accurate awareness will not only allow practitioners to analyse and make effective, safe choices in chosen injectable techniques, but also it will reduce the onset of complications.

It is increasingly evident that many complications have an anatomic basis; clinicians need to be striving to visualise anatomy in a three-dimensional manner and understand which plane they are treating within the face, as well as selecting an appropriate product for the desired correction. Without this anatomical insight, clinicians are ‘blind’ when injecting the face.

How will aesthetic nursing practice benefit?
Anatomy underpins every type of aesthetic procedure performed, from skin peels and dermatologically focused procedures, to injectable treatments. Possessing an accurate anatomical awareness allows clinicians to treat patients safely and effectively. We have an evolving insight into the many components of facial ageing, which is crucial to treat a multitude of age-related changes—for example, understanding how deep and subcutaneous facial fat changes will allow the aesthetic nurses to analyse and treat these effectively. This will also enable nurses to manage more advanced indications.

When and how did the importance of anatomy become recognised?
Facial anatomy has always been recognised as a learning need for aesthetic practitioners providing injectable treatments. Perhaps one of the major challenges has been that injectable training has been very technique-driven, as opposed to anatomically focused; however, the increase of potential complications is a pivotal factor, emphasising the need for clinical facial anatomy teaching.

What is the future of anatomy in our speciality?
Anatomical teaching in aesthetics is highly specialised and focused on conveying an understanding of complex age-related changes, in the context of how these may be corrected, non-invasively. Research continues to shed new light onto emerging concepts and teaching curriculums must adapt to include up-to-date research.

Cadaveric teaching using unembalmed tissue remains the only teaching modality to allow practitioners to practice injection techniques and perform dissection to appreciate the three-dimensional aspect of facial anatomy, and to visualise where injected products reside.

How can practitioners improve their knowledge?
The majority of aesthetic courses cover components of facial anatomy, which is generally more dermatologically focused, in the context of cosmeceutical and skin peel training, or more focused on topographical aspects than relevant deeper structures/landmarks for injectable/device training. There is a variety of pharmaceutical/distributor training, as well as independent companies and medical professionals providing teaching courses with different types of continuing professional development approval. In the absence of regulation, it is prudent for aesthetic nurses to research the academic and clinical profile of the tutor(s) to ensure that they have sufficient expertise.

If you gave one pearl of wisdom to fellow aesthetic nurses what would it be?
To adopt a critical ethos to aesthetic medicine and to strive to justify one’s own practice, underpinned by robust clinical evidence.

If you could change anything about aesthetics, what would it be?
Undertaking an accredited clinical anatomy programme should be the rudiment of any aesthetic curriculum. Aesthetic practitioners should be assessed and deemed competent with foundation level knowledge in anatomy, before undertaking injectable training, by recognised and experienced tutor(s).

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AMY SENIOR
Head of Communications, Private Independent Aesthetic Practices Association. e: info@piapa.co.uk

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