
Keynote Forum September 09, 2019

Dermatology Summit 2019 ***Wound Care 2019***



Joint Event on
2nd Global Summit on
Dermatology and Cosmetology
&
3rd International Conference on
Wound Care, Tissue Repair and Regenerative Medicine
September 09-10, 2019 | Edinburgh, Scotland

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Keri Goldinger

Lead Medical Aesthetician, USA

Most common skin conditions treated by medical aestheticians in cosmetic dermatology

Patients will present with a variety of concerns, conditions and goals ranging from simple to complex, at a Cosmetic Dermatology practice. It is the Medical Aesthetician's job to actively listen to their concerns, properly assess their skin, offer individualized treatment plans, educate patients on products and procedures, provide in-office services efficiently, effectively and safely and to be a resource for ongoing management of their overall skin health. During this discussion, you will learn some of the most common conditions that patients present to Medical Aestheticians at Cosmetic Dermatology practices and learn how to devise skin care regimens and recommend appropriate procedures to help correct and manage these conditions. Simulated case studies will be demonstrated and group interaction will be encouraged at conclusion of lecture.

Speaker Biography

Keri Goldinger is a Medical Aesthetician with over 19 years of experience in the health, wellness, and beauty industries. She has practiced aesthetics throughout the United States and in the Caribbean. Keri currently is the Lead Aesthetician who performs aesthetic procedures, manages and provides ongoing training to an aesthetic team within a Cosmetic Dermatology practice in Pittsburgh, Pennsylvania, USA. Keri holds a Bachelor of Science degree from Indiana University of Pennsylvania, a Massage Therapy diploma from Career Training Academy and a certificate from the National Council on Laser Excellence. She has also studied aesthetics at the Boca Beauty Academy, and maintains several active skin care specialist licenses including Pennsylvania, Texas, and Florida. Keri has also been a member of Associated Skin Care Professionals since 2017.

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Eliaz P Babaev

Arobella Medical LLC, USA

Future of ultrasound tissue repair: Technologies, devices, science and clinical outcomes

Nowadays, ultrasound tissue repair, wound and skin treatments have been gaining the interest of hospitals, clinics, wound care centers, and doctors' offices worldwide. The purpose of this presentation is to introduce upcoming advances in ultrasonic wound therapy, as well as to share, review, and evaluate the expected efficacy of ultrasound therapies in treating all types of acute and chronic wounds. This includes battlefield wound treatment and the topical oxygenation of wounds and body parts with ultrasound. For wound treatment purposes, both low, medium and high frequency ultrasound devices will be used in the near future.

For example, on top of patented, FDA approved AR-1000 series Quoustic wound therapy systems, Arobella Medical has designed:

1. (Patented and FDA approved) The Quoustic Panacea® AS -1000 is the next wound care product based on the use of ultrasonic energy to mix oxygen and saline in real-time. This allows for ultrasound delivery to the wound bed and topical oxygenation of various parts of the body. Slides and videos will be demonstrated during presentation.
2. Portable Wound Therapy System AF 1000 series to provide a portable ultrasound device for the treatment of wounds. This system is suitable for military use in the battlefield for immediate treatment of wounded soldiers. Additionally, the device's small size, portability and low weight enable its use in field surgery, where equipment is often limited. The device cauterizes the wound, stops bleeding, greatly reduces pain, and prevents infection. The Portable Wound therapy system has several therapeutic effects and can remove bullets or shrapnel from a wound, making it useful in battlefields,

terrorist attacks, and other disaster areas, such as crashes, etc. This device can be used by a variety of emergency personnel whether in an ambulance or an antiterrorism operation. Slides and videos will be demonstrated during presentation.

3. BA-1000 Skin Care Device and Method: The BA-1000 is an ultrasound assisted, cryogenic ablation device that enables tissue to be frozen and ablated at zero degrees Celsius. Generally, tissue ablation is performed at negative fifty degrees Celsius. This device is going to be used for warts, skin disorders (scars), Human papillomavirus and later for tumor removal with reduced discoloration, less scarring, minimal regrowth, faster healing and less pain in comparison with existing technologies such as a laser, cryo, etc. Ablating tissue at a warmer temperature, the exact freezing point of water, limits damage to surrounding tissue and provides a safer procedure.

4. Osteomyelitis Treatment: Osteomyelitis is an infection of bone marrow. Standard treatment involves surgically opening the bone and scraping away infected marrow. Arobella Medical has developed a technology that enables a significantly less invasive treatment of the disease. This device is protected by issued US patents.

5. Arobella Medical has developed ultrasound technology for use in combination with varying degrees of pressure and/or suction (Negative Pressure Wound Therapy + ultrasound, and Positive Pressure Wound Therapy + ultrasound) as an all-in-one device for accelerating tissue healing in patients. The use of ultrasound by medical personnel for wound treatment provides benefits of improved efficiency, faster healing, selective debridement, and less pain during and after the

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procedure.

6. Different companies including Arobella Medical are working on high frequency Ultrasound Devices for wound therapy.

7. Ultrasonic Infection Control: a patented hand washing or sterilization device for use before surgery in operating rooms. Other applications include kitchens, stores, toilets, and public areas.

During the presentation many other expected future ultrasound technologies and devices will be discussed.

Speaker Biography

Eliaz P Babaev (sometimes spelled Eilaz) is a co-founder, President and CEO of Arobella Medical LLC, USA. A recognized leader in his field, all Arobella technology and innovation is grounded in his fifty years working in non-imaging advanced ultrasound technology. He has been a consistent and prodigious inventor, with over 50 issued and over 20 pending US Patents in areas such as advanced ultrasound technology, biomedical materials and orthopedics. Before co-founding Arobella, he has held numerous positions in business and academia. He was the co-founder, CEO and later chief technical officer of Celleration, Inc. Prior to that, he worked as an ultrasound system design engineer and research scientist for DiaSorin, Inc., SpectRx and AeroPag-USA, Inc. Before immigrating to the United States in 1994, he was a professor and director of the Biomedical Engineering Center at Azerbaijan Technical University. Before that he was a PhD student and assistant professor in the Biomedical Engineering Department of Bauman Moscow State Technical University. He has also been a research fellow in biomechanics and bioengineering at the Warsaw University of Technology and Bulgarian Academy of Sciences and also a visiting professor at several universities in the People's Republic of China.

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Catherine Maley

Catherine Maley Aesthetic Practise Consultancy, USA

Fastest path to new cosmetic patients

Most surgeons are focusing on one thing and that is new patient leads. Instead, I am asking you to shift your focus to more paid procedures instead. Because more procedures are what brings in your revenues regardless of where they came from, right? This might surprise you, but rather than focus on the latest ninja Internet tactic, I'm going to be talking a lot about working with your existing patient base and other internal strategies. Because you're literally sitting on a goldmine this very moment, right inside your patient files. The fastest and straightest path to developing massive practice growth is to consistently and constantly nurture your past and current patients. The fact is, your patients trust you, they have faith in your abilities, and they like you. It makes a whole lot of sense to proactively market to your existing patients. You're

going to quickly find this to be one of your easiest sources of new profits using the strategies I lay out.

Speaker Biography

Catherine Maley is a consultant, speaker, trainer, writer and blogger in the plastic surgery industry. Her popular book, *Your Aesthetic Practice/What Your Patients Are Saying* is read and studied by plastic surgeons and their staff all over the world. Catherine is an International speaker (including London, Australia and Saudi Arabia) and regular contributor to the top medical publications in the industry and has been interviewed by New York Times and NBC News. She founded Cosmetic Image Marketing in Year 2000 and specializes in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.

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Kyung Chun An

The Cellpia Aesthetic Surgery Clinic, South Korea

Cellular rejuvenation using electromagnetic resonance: Corage

In the past two decades, a lot of developments were seen in the field of skin rejuvenation. Most of the methods for skin rejuvenation were dealing with heat. Radio frequency, ultrasound, LASERS, etc., all these deal with heat. We could designate them as 'controlled burn' without any blisters. The consequences were having dry and sensitive skin. PRP and Stem cell therapies, however, produce different effects. They have made the skin cells to proliferate and induce good skin textures. But, this method could be uncomfortable for the patient because injecting these materials produce a lot of pain. Here comes a new concept of skin rejuvenation: Corage. It is a device which can stimulate and activate the growth factors and other factors cascade by delivering an electromagnetic resonant wave to cells and extracellular substance. They have found out that these wavelength have various effects on quantum at a molecular level. Thus, this technology is named as QMR (Quantum Molecular Resonance). The simultaneous radiation of 16 frequencies creates new wavelengths. These composite wavelengths create new nature available for resonance with all frequencies within the scope of 4~64MHz. These waves does not produce a lot of heat. This is the main difference between general RF devices which use single wavelength. Resonance, made by this machine, is caused in the molecular units forming a cell. Cell metabolism is activated like its own movement, which leads to cell generation and proliferation. We expect vasodilation, muscle fiber contraction, increase lymphatic activity, etc.. upon using this machine. Studies have shown that epidermis and dermis regenerate by reproduction of collagen and elastic

fibers. The thickness of dermis increase by 0.2~0.3mm after 6 sets of treatments. Facial tissues tighten, thus wrinkles are significantly reduced. The skin is moist after the treatments, and it lasts for several weeks. The texture of the skin improves a lot. Acne, atopic dermatitis, ichthyosis have shown a lot of improvement. Acne scars are significantly alleviated with the use of roller of Corage. Recent advancement of treatment using this machine is the use of needles, both short (3-5cm) and long (10-15cm) needles. This method of treatment lifts up SMAS and instant lifting is achieved and it lasts for about a year after 6 treatments protocol. The new era of skin and facial rejuvenation has arose. Most effective and powerful with minimal invasiveness and pain is key of rejuvenation.

Speaker Biography

Kyung Chun An is a cosmetic surgeon, lecturer for several cosmetic fields, i.e. liposuction, botulinum toxin, filler injections, and thread liftings. He is currently working as a clinical professor in Korea University, and a teaching professor of Korea College of Cosmetic Surgery. He has invented 'lifting botox technique,' '5D liposculpture technique' for artistic sculpture of human body with comprehensive design which gives utmost naturally looking results. In 2008, he received 'Top 100 health professionals of the world' award from International Biographical Center for his outstanding works in the field of 'Stem Cell Therapy.' He also has been working closely with many medical companies for promotion of many medical devices, LASERS, fillers and other medical devices. He is one of the first doctors who ran franchise clinic in Korea, which is Natural Beauty Clinic, and was the president of the network for 7 years before he started to build current clinic: The Cellpia Aesthetic Surgery Clinic.

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Elad ArieH Koren¹

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Using a combined medical honey gel and hydrocolloid dressing on sloughi wounds as a first aid debridement and regeneration in the community setting: A novel nursing approach

This article aims to show the positive outcomes and advantages of taking a combined dressing approach to yellow-looking ulcers manifesting on elderly residents. As part of aiding the nursing staff at old age homes around Jerusalem we used a tele-medicine system to give consults regarding wounds. Every time a nurse was presented with a wound, she would send a picture and medical information of the patient to the consulting team. We collected 10 patient cases for this paper, after they showed a quick and positive healing rate, together with a high patient satisfaction score. By showing the medical staff the advantages of honey gel and hydrocolloids, we were able to build trust between the staff and our organization, together with shortening treatment period with good outcomes. In the Israeli community setting, creating a consulting team that does not belong to a specific

HMO, can benefit both the wellbeing of the patient and the overall management of health at the old-age homes.

Speaker Biography

Elad ArieH Koren is the acting Head of Geula Vascular ulcer clinic of Leumit HMO in Jerusalem, Israel. He is a RN, BsN, TVN, graduated from Hadassah Nursing School at 2013. He is also the founder and chairman of IWCMRA- Israeli Wound Care Management and Research Association. He has been working at the field of chronic wounds for the past five years at the community setting. He is studying and investigating the prevalence of venous ulcers among the ultra-orthodox community in Jerusalem as well as working as a skin-tear consultant and research understudy for a few old-age homes around the city. He is also a active member of EWMA, working in collaboration with ISTAP.

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Mateja Starbek

University Medical Centre Ljubljana, Slovenia

Psoriasis of childhood and adolescence

Psoriasis is a chronic immune-mediated inflammatory skin disease that appears in about 3% of the general population. In approximately one third of the cases it begins in childhood or adolescence. As in adults, also in children plaque-type psoriasis is the most common type of the disease. Guttate form is the second most common type of psoriasis in this age group, mostly followed by streptococcal infection. Up to 71% of children have a positive family history of psoriasis. As in adulthood also paediatric psoriasis can be associated with certain comorbidities, such as obesity, hypertension, hyperlipidemia, diabetes mellitus and rheumatoid arthritis. Treatment of the disease is determined based on the severity of the disease and especially in childhood remains a challenge. In moderate to severe form of childhood psoriasis, where topical therapy is not effective in the long run, narrow band UVB and systemic therapy (methotrexate as most often prescribed) can be valuable, safe and effective way of the

therapy. However, more evidence based data is needed about effectiveness and long-term safety of such therapies in children.

Speaker Biography

Mateja Starbek graduated medicine in 2000 at the Medical faculty, University of Ljubljana. In 2006 she obtained a master's degree in Biomedicine, in 2010 specialisation in Dermatovenereology and in 2018 PhD in the field of Biomedicine. She is Head of Children's department in Dermatovenereology Clinic of University Medical Centre Ljubljana and takes part in teaching process as assistant at Medical faculty, University of Ljubljana. She is one of the leading dermatologists in the field of paediatric dermatology and psoriasis in Slovenia and one of the lecturers of the School of Paediatric Dermatology, Atopic Dermatitis and in the School of patients with psoriasis treated with biologic drugs. She is a member of the European Academy of Dermatology and Venereology (EADV), European Society for Paediatric Dermatology (ESPD) and the Association of Slovenian Dermatovenereologists (ZSD).

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Jasmina Begic

Association for Chronic Wounds of Bosnia and Herzegovina
(AWMinB&H), Bosnia and Herzegovina

Cost benefit of new technology: Digitalisation of referral rout of wound care

Introduction: Wounds are a major problem to patients and health care systems. 5%-8% of the world population suffers from venous diseases. Patient is in the focus, who suffer when they have a wound. We must always treat the whole patient, not just the hole in the patient. A team consists of a group of people who are working together toward a common goal. A new and promising development is the use of telemedicine that enables the exchange of information about the patient condition and treatment choices between patients and professionals, the implementation of these technologies in wound care may provide opportunities to improve patient care and save health care cost.

Aim: Application view - referral route of wound care definition: Workflow: The sequence of industrial, administrative, or other processes through which a piece of work passes from initiation to completion. Information storage operations can involve complex or repetitive user tasks and system processes - in workflows that migrate across multiple platforms.

1. Primary health care: General Practitioner or Family doctor
Roles: Administration worker (nurse etc.) Specialist for other specializations: Administration of patient, made by any employee in system, nurse etc. Obligation for administration is to enter data of patient: Identification of patient. Register data of patient. Modify data of patient. Taking short anamnesis data of patient. Structure of application enable taking of patient medical photos and other relevant documents. "Wound manager" Program. Adding information to medical record of patient. Register/adding previous health history of patient. Managing time slots for specialist Registering control examinations.

2. Wound Centre: Multidisciplinary Team: Possibility to make one result, which include all findings (discharge letter). Paper less workflow. Complete track of every case diagnosis. Prescribe necessary therapy, Control, adjust all therapy

regarding with other specialist. Information of take over therapy. Complete track of every therapy. Sharing results with other teams. Legal transparency for medical information. Continuously following patient data. Red mark for any result out of allowed. Referral to outpatient department. Referral to inpatient department. Possibility of control patient status in outpatient/ inpatient cases. BI reporting possible on each level.

3. Home care, Social care: After patient finish this workflow, he finished one circle treatment of wounds. Control examination is beginning of new episode for treatment in the same case. As much control examination patient have it, application follow same rules/roles.

Conclusion: 21st Century Medicine "Patient Centered Care". Synthetised Model for teaching and practice. Chronic care model "Global Health Care". Prevention. Life Style modification. Patient Education Emprovement. "Health is by far the largest industry in the United States" (Tomislav Mihaljević is a Croatian cardiothoracic surgeon and chief operating officer of Cleveland Clinic, the world's leading healthcare provider)

Speaker Biography

Jasmina Begic is a medical consultant for BIOPTRON, Zepter International for Bosnia and Herzegovina, founder of Association for Wound Management in B&H, founder and author of Euro-Asian Forum, one of founder of BALWMA. She is currently working as a dermatovenerologist in Bioptron International team - Wound Healing. She finished her graduation and post-graduation studies at Medical School of University Sarajevo, Sarajevo, Bosnia and Herzegovina and completed her PhD in the field of tissue regeneration and wound healing from Indian Institute of Technology, Kharagpur. She is also active member in UEMS TF WH, EWMA, EADV.

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Peninah Kitili

Kenyatta National Hospital, Kenya

Treatment of vitiligo on some special body parts

Vitiligo has always been classified as an autoimmune disorder since inception. Over the last 10 years, new theories of its pathogenesis have been entertained including the low catalase and high hydrogen peroxide in the skin and many researches done tailored at treatment modalities. In its presentation, vitiligo is known to affect any part of the skin that has melanocytes. It therefore follows that only mucous membranes are spared simply because they have no melanocytes. The classification of vitiligo tends to be focused on the pattern of presentation namely generalised, segmental/dermatomal, acral, and localized (focal). It may involve just a small patch or all the way to widespread involving a big body surface area. Let's note that when treating infants, they have a large body surface area (BSA) per body mass as compared to adults. This translates to absorption of higher amounts of topical medications. Treatment modalities range from topical drugs, phototherapy, laser, surgery and even including some supplements.

Speaker Biography

Peninah Kitili attended University of Nairobi for both undergraduate and postgraduate (Master's in Paediatrics) degrees in 1978 to 1984 and 1987 to 1990 respectively. She furthered her studies at the University of Vienna

in Austria between 1994 to 1995 where she graduated with a Diploma in Dermatology and Venereology. She worked at the national hospital in Kenya (Kenyatta National, Referral and Teaching Hospital) for 33 years before her retirement in October 2017. She worked as both consultant paediatrician and dermatologist. She is the only Paediatrician and Dermatologist in the country (Kenya) since 1995 but currently expecting one other paediatrician to join her. She was the head of Department of Dermatology in the hospital between 2002 upto 2010. She was a member of ethics and research committee whose role is to guide both undergraduate and postgraduate students on their researches which is a part fulfillment exercise for their studies, between 2004 upto 2012 and guided over 500 students. She was a member of a team that formulated the first ever strategic plan for research of the university of Nairobi. Also a board member of the American Vitiligo Research Foundation as a member of the Medical Advisory Committee (MAC) since 2008 upto date. A member of the Technical Committee of Cosmetics and related products at the Kenya's bureau of Standards and including harmonisation of the same at the level of the East African countries (Uganda, Tanzania, Rwanda, Burundi and Kenya). Active member of Kenya Association of Dermatologists, Kenya Paediatric Association, African Society of Dermatology and Venereology, European Society of Paediatric Dermatology among others. Currently she is engaged in full time private practise in her clinic at the Nairobi hospital, Kenya. Wrote the Dermatology chapters in 2 books ie a) Guidelines for treatment in healthcare facilities for the ministry of health in Kenya. b) Guidelines for treatment for healthcare centres for African Medical Research and Evacuation Foundation (AMREF).

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