

## ***Chose Your VBR Patient Well!***

*I wish I could be with you during the first year of your practice to keep you from making errors in “picking your patients.” I have no doubt that your technique will work, it always does. But getting the “wrong patient” can be your undoing.*

All doctors do it — at least my plastic surgeon friends do. They only perform their “miracles” on patients that they think will be happy with their procedure. For example, a beautiful woman comes in for a consultation. She has a “perfect” nose, but she’s not happy with it. “If only the nostrils had just a slightly different shape.” The smart surgeon will not work on this person. She will be an endless problem, because her nose is never going to be “just right.” (Michael Jackson?) On the other hand, say a nice looking woman comes in with an obvious bump on her nose. Everyone can see that this bump is “out of place.” This is probably the perfect patient, because the surgery will correct an unmistakable problem and the patient will be happy. Get it?

*So, how do you know who the “right VBR patient” is going to be? The simple rule of thumb: The smaller their problem — the bigger your problem.*

### **The “Wrong” Stuff:**

If you cannot see the “broken capillaries” without magnification — well, that’s your first clue. Suppose you have a patient seeking treatment with “lesions” that are not visible! Guess what happens after you treat the patient? Well, they see even more vessels. They think that, maybe, you are causing new broken capillaries. They see enlarged pores (usually a few inches from where you worked), and think that your treatment caused the enlarged pores.

And always, this particular patient will have near-perfect skin. The problem is in their own mind. (Usually they are looking at their skin with a magnifying mirror that is as large as the Hubble telescope!) They are never going to be satisfied. You are going to end up “causing problems.” They will think the treatment didn’t work. You will spend endless appointments (usually free) trying to please this “nice person” who had no problem to begin with!

Spend time with each new patient. Don’t just start your treatment. Get a sense of who they are. Remember, beware of the patient if you cannot see anything. If you are smart, you will not take this patient! Simply tell them that since the lesions are nearly invisible, your treatment will not be effective. Send them on their way and don’t play into their “pathology.” Luckily, there are very few of these patients. But beware!

### **The “Right” Stuff:**

If you can see the “broken capillaries” from across the street — this is your best patient. If the vessels on the face are “really horrible,” large and almost frightful — that’s your best patient. Indeed, you are going to make a huge difference in the person’s life and everybody is going to know about it. Don’t be afraid of “difficult cases.” Those are your BEST cases.

Of course, most people are somewhere between the “worst and best” patient. It’s up to you to make the determination. Indeed, a patient with just one tiny “red dot” should not be turned away; they will be extremely happy with the results. But remember: you must be able to actually SEE the problem! As you progress in your practice, you will be able to determine, which patients to avoid. This article was just to make you aware of the pitfalls that can occur when you get a “neurotic patient.” *Good Luck!*