

GUIDELINES ON AESTHETIC FACIAL PROCEDURES FOR DENTAL PRACTITIONERS

INTRODUCTION

1. This document serves as a guideline on aesthetic facial procedures for dental practitioners. It does not include aesthetic dental procedures such as teeth whitening, veneers, etc.
2. This document is based on
 - The Guidelines of Aesthetic Practices for Doctors, issued by the Singapore Medical Council, dated 28 October 2008
 - Consultation and views of the College of Dental Surgeons, Academy of Medicine, Singapore
 - Consultation and views of the Singapore Dental Council

DEFINITION OF AESTHETIC PRACTICE

3. There is currently no internationally accepted definition of Aesthetic Practice. For the purpose of these guidelines, the definition of cosmetic surgery developed by the UK Cosmetic Surgery Interspecialty Committee¹ shall be adopted as the definition for Aesthetic Practice. Hence, Aesthetic Practice is defined as an area of practice involving

“Operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of ‘normal’ for that person.”

DESIGNATION OF AESTHETIC PRACTICE – AN AREA OF PRACTICE NOT A SPECIALTY OR SUBSPECIALTY

4. Aesthetic Practice is not regarded as a specialty or subspecialty. The title of aesthetic oral and maxillofacial surgeon or aesthetic dental surgeon is therefore NOT allowed. All registered dental practitioners are to comply with the Singapore Dental Council’s (SDC) Ethical Code and Guidelines, as well as with Section 31 of the Dental Registration Act when displaying or using any qualification, title, or designation for publicity purposes.
5. A dental practitioner who is an oral and maxillofacial surgeon who provides and performs aesthetic facial procedures will still call himself “oral and maxillofacial surgeon”.
6. A dental practitioner who is a general dental practitioner who provides and performs aesthetic facial procedures should still call himself a dental surgeon or general dental practitioner.

¹ This definition was also used by the UK Expert Group on the Regulation of Cosmetic Surgery in its report to the Chief Medical Officer .

PROFESSIONAL RESPONSIBILITY

7. The guiding principles in any medical treatment must be it is effective and there is due cognizance given to patient safety. In the context of aesthetic practice, it must go beyond the “Do No Harm” principle and be seen to benefit the patient positively. The dental practitioner must be trained to perform such aesthetic procedures and be able to manage complications that could arise. The oral and maxillofacial surgeon must be trained in aesthetic facial surgery.

8. Under the SDC’s Ethical Code and Guidelines, dental practitioners are to treat patients according to generally accepted methods.² A dental practitioner shall not offer to patients, management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial (Ministry of Health, 23 March 2008).³

CLASSIFICATION OF AESTHETIC TREATMENT AND PROCEDURES

9. Based on currently available scientific evidence, aesthetic treatment and procedures are classified administratively into:

- List A – Moderate to high level of evidence; and/or
Local medical expert consensus that procedure is well-established and acceptable
- List B – Low or very low level of evidence; and/or
Local medical expert consensus that procedure is neither well-established nor acceptable

More information on the levels of evidence is attached at Appendix.

LIST A AESTHETIC PRACTICES

10. This list reflects the aesthetic treatment and procedures that are supported by moderate to high level of scientific evidence and/or have local dental expert consensus that the procedures are well-established and acceptable. They are grouped into non-invasive, minimally invasive, and invasive.

Non invasive (includes but is not limited to) :

- Chemical peels
- Microdermabrasion
- Lasers (Medical)
- Intense pulsed light
- Radiofrequency, Infrared and other devices e.g. for skin tightening procedures
- Photodynamic / Photopneumatic therapy
- External Lypolysis (heat / ultrasound)

Minimally invasive (includes but is not limited to) :

- Botulinum toxin injection

- Filler injection
- Sclerotherapy
- Thread lifts
- Laser (vascular lesions, skin pigmentation and skin rejuvenation)

Invasive[#]: (to be performed only by oral and maxillofacial surgeons who have the appropriate surgical training)

- Blepharoplasty (including double eyelid)
- Brow lift
- Free fat grafting
- Hair transplantation
- Implants (excluding dental implants)
- Liposuction
- Rhinoplasty
- Rhytidectomy (Facelift)
- Dermabrasion (Mechanical)
- Otoplasty

[#] In time to come, these procedures may be subject to specific licensing conditions.

11. Table 1 shows the minimum level of competence required of the provider in List A aesthetic treatment and procedures.

TABLE 1. [LIST A](#) : Evidenced based aesthetic treatment and procedures

Type of treatment and procedure	Minimum level of competence required *	Appropriate premises at which procedure can be done
<u>Non-invasive</u>		
Chemical or pressurized gas/liquid peels	BDS (COC)	Clinic
Microdermabrasion	Oral and Maxillofacial Surgeon	OT / Clinic
Intense pulsed light (IPL)	Oral and Maxillofacial Surgeon	OT / Clinic
Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal	Oral and Maxillofacial Surgeon	OT / Clinic
Lasers (non-ablative) for hair removal	Oral and Maxillofacial Surgeon	OT / Clinic
Photodynamic/ photopneumatic therapy	Oral and Maxillofacial Surgeon	OT / Clinic

Type of treatment and procedure	Minimum level of competence required *	Appropriate premises at which procedure can be done
External lipolysis (heat/ ultrasound)	Oral and Maxillofacial Surgeon	OT / Clinic
<u>Minimally invasive</u>		
Botulinum toxin injection**	BDS (COC)	Clinic
Filler injection	BDS (COC)	Clinic
Sclerotherapy	Oral and Maxillofacial Surgeon	OT / Clinic
Thread lifts	Oral and Maxillofacial Surgeon	OT / Clinic
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (eg fractional lasers)	Oral and Maxillofacial Surgeon	OT/ Clinic
<u>Invasive</u>		
Blepharoplasty (including double eyelid)	Oral and Maxillofacial Surgeon	OT / Clinic
Brow lift	Oral and Maxillofacial Surgeon	OT
Free fat grafting	Oral and Maxillofacial Surgeon	OT / Clinic
Hair transplantation	Oral and Maxillofacial Surgeon	OT / Clinic
Implants (excluding dental implants)	Oral and Maxillofacial Surgeon	OT / Clinic
Lasers (ablative eg. CO ₂ / YAG) for skin resurfacing	Oral and Maxillofacial Surgeon	OT / Clinic
Liposuction + (traditional/water assisted / VASER / laser)	As per MOH special licensing conditions for liposuction	As per MOH special licensing conditions for liposuction
Rhinoplasty	Oral and Maxillofacial Surgeon	OT / Clinic
Rhytidectomy (facelift)	Oral and Maxillofacial Surgeon	OT
Dermabrasion (mechanical)	Oral and Maxillofacial Surgeon	OT / Clinic
Submental Liposuction	Oral and Maxillofacial Surgeon	OT / Clinic

Type of treatment and procedure	Minimum level of competence required *	Appropriate premises at which procedure can be done
Otoplasty	Oral and Maxillofacial Surgeon	OT / Clinic
<p>COC: Certificate of Competence achieved through attending accredited specialised courses in the respective area of interest, approved and recognised by the SDC.</p> <p>* Minimum level of competence means competence necessary to carry out the procedure and manage the anticipated serious complications.</p> <p>** This does not include treatment for TMD.</p> <p>+ excluding submental liposuction</p> <p>OT/Clinic – As a general principle, procedures requiring local anesthesia and sterile conditions may be performed in a clinic with appropriate facilities and staff. Procedures that require intravenous sedation/ general anesthesia should be performed in OT.</p> <p>'OT' – refers to operating theatres in hospitals and ambulatory surgery centres.</p> <p>'Clinic' – refers to clinics with appropriate facilities and staff. This means that the clinic must be equipped and staffed to a level commensurate with the procedure performed.</p>		

12. Dental practitioners (except oral and maxillofacial surgeons) who perform aesthetic facial procedures must have acquired a certificate (overseas or local training courses) and should submit the List A notification form (together with copies of their certificates) to the SDC to be verified whether this constitutes a certificate of competence (COC). The List A notification form is available on SDC's website.

13. Oral and maxillofacial surgeons who perform aesthetic facial procedures need to submit the List A notification form to the SDC. These oral and maxillofacial surgeons can continue to practice.

14. Dental practitioners are strongly encouraged to engage in a quality framework or peer review and case discussions on a regular basis if they perform or intend to perform aesthetic procedures. Dental practitioners who perform or intend to perform List A aesthetic procedures should do so only in accordance with these guidelines, further directions of the SDC and requirements set by the Ministry of Health (MOH), if any.

LIST B AESTHETIC PRACTICES

15. List B contains aesthetic treatments and procedures that are currently regarded as having low / very low level of evidence and / or being neither well-established nor acceptable. These are:

- (a) Mesotherapy
- (b) Carboxytherapy
- (c) Microneedling dermaroller

- (d) Skin whitening injections
- (e) Stem cell activator protein for skin rejuvenation
- (f) Negative pressure procedures (e.g. Vacustyler); and
- (g) Mechanised massage (eg. “slidestyler”, endermologie” for cellulite treatment)

16. It is recommended that dental practitioners should not perform these procedures.

ADMINISTRATION OF EXISTING AND NEW AESTHETIC TREATMENT AND PROCEDURES

17. Dental practitioners who wish to perform procedures that fall within the definition of Aesthetic Practice in paragraph 3 of these guidelines but are not listed in List A or List B should **apply to the SDC in writing and submit a copy of Certificate of Competence (COC)**. SDC may then decide on the classification of the procedure and / or further dictate how the dental practitioner should proceed. Dental practitioners are advised not to perform any such procedures until the procedures have been classified.

COMPLIANCE WITH THESE GUIDELINES

18. Any dental practitioner who performs any aesthetic procedure that is not in accordance with these guidelines or with any requirements set by the SDC or MOH will be deemed by the dental profession as unethical and bringing disrepute to the profession. Such a dental practitioner may be liable for disciplinary action by the SDC.

APPENDIX

Levels of evidence for aesthetic procedures¹

Level of evidence	Quality of evidence and definitions
High	Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low	Any estimate of effect is very uncertain.

¹ GRADE Working Group. Grading quality of evidence and strength of recommendations. BMJ 2004;328:1490 ; Guyatt GH et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008;336:924-6.