



Supporting decision-making when evidence is poor: the use of Class 3b and 4 lasers and intense pulsed light (IPL) sources for cosmetic purposes in non-medical settings

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Outline



Problem in the Québec context

Methods

- Literature search
- Contextual analysis

Results

- Available evidence
- Experience in other jurisdictions
- Adaptation to the Québec context

Conclusion

- Impact on practice

The problem in the Québec context



- Cosmetic use of laser: a widespread practice (446 centres in 2004)
- In the past, this use reserved to physicians
- Diffusion to the personal care sector
- Ill-defined boundary between medical and personal care activities

Methods



Literature search

- Scientific evidence
- Grey literature (regulatory situation in Québec and elsewhere)

Contextual analysis

Interactions with stakeholders

Setting-up of a working group



Scientific evidence

Results: adverse effects of laser or IPL hair removal



- Erythema and perifollicular edema : most common, usually transient
- **Blistering**: in less than 13% of cases, may last a few weeks
- **Pigmentary changes (hypo- and hyperpigmentation)**: infrequently reported, usually transient but may be permanent in very few cases.

Results: overview of the scientific evidence



- Poor methodological quality
- Heterogeneity of studies
- Definitions of adverse effects and methods to identify them are vague
- Prevent any possibility of meta-analysing efficacy and safety outcomes
- Does not provide any data to prove an association between adverse effects and types of operators



**Experience in
other jurisdictions**

Result: context of use outside Québec



- England
- Belgium
- France
- Queensland (Australia)
- Switzerland
- Some U.S. states
- Alberta & British Columbia (Canada)



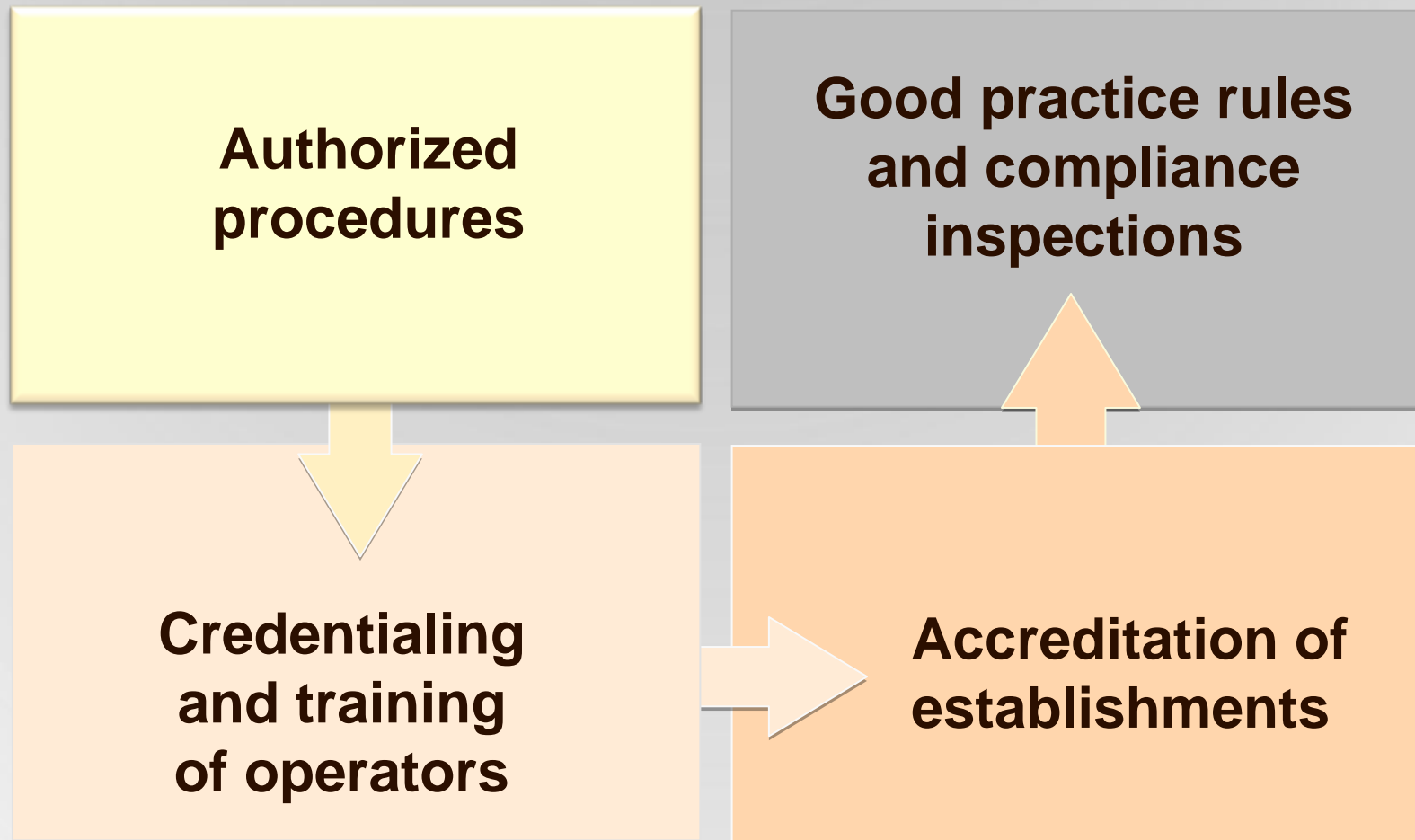
Results: general positions



- Procedures restricted to physicians or to operators working under their supervision
 - France, Switzerland and some U.S. states (ex: Alaska, California, Florida, Missouri, Montana and New Jersey)
- Procedures authorized without medical supervision
 - England, Queensland (Australia), Belgium, British Columbia, Alberta and some U.S. states (ex: Arizona, Kansas, Massachusetts, Minnesota, Nevada, Oregon)

Results: measures to prevent risks

Continuum of measures to prevent the risks
of complications





Adaptation to the Québec context

Results: regulation



- Federal level /Canada

- Control of sale and importation
- Notice of compliance and establishment licensing

- Provincial level/ Québec

- The Medical Act (R.S.Q., c. M-9): does not define the boundary between aesthetic procedures and medical cosmetic procedures
- The Act respecting Health Services and Social Services (R.S.Q., c. S-4.2): does not apply to strictly cosmetic procedures and there is no quality-assurance measures to minimize their adverse effects
- There is no professional order or regulatory association responsible of overseeing the practice of estheticians or electrologists

Results: some possible quality-assurance mechanisms




- Act respecting Workforce Vocational Training and Qualification
 - Activities that are part of a trade or a vocation and the skills to be mastered in order to practise it
 - Conditions for admission to apprenticeship, examinations or evaluations and for obtaining a certificate of qualification
- Existing non-mandatory vocational training program
- Power granted to the College of Physicians to establish the distinction between aesthetic procedures and medical cosmetic procedures

Key stakeholders involved



**Association of
Dermatologists
of Québec**



**College of
Physicians
of Québec**




**Ministry of Health
and Social Services**



**Sectorial Committee for Personal Care
Services Manpower**



**Ministry of Education,
Recreation and Sport**



**Ministry of Employment
and Social Solidarity**

Conclusion: impact on practice

Impact
on
practice

Cosmetic
procedures
under the
Medical Act

Vocational
training,
qualification
programs and
regulation

Information
to the public
of the risks
associated



Thank you



Questions?



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