

BOTOX BABYLON

Tingy Simoes, managing director of Wavelength Marketing Communications, on a decade in the life of a cosmetic surgery publicist



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It's difficult to encompass just how much the industry and people's expectations surrounding cosmetic surgery and aesthetic treatments have changed in the last 10 years, but I'm sure that most practitioners, publicists (and the public) would agree that there's clearly been an increase in hysterical reporting in the consumer press, with journalists on a never ending quest for what's new, sexy, lurid and bizarre.

Some people in our industry may recognise my name, probably because it's so weird (it was the 70's and I'm Venezuelan) but also because they know me as the publicist for organisations such as the British Association of Aesthetic Plastic Surgeons and the British Academy of Cosmetic Dentistry. Over the last decade my team and I have also helped launch a wide range of now-recognisable brands in the UK including Smartlipo, VelasMOOTH, Heal gel and MyBreast.org, among many others.

In my role as a press officer I have had to field my share of ludicrous press enquiries. One memorable example was a journalist undergoing breast reduction for a documentary. She wanted to know if she could cremate the removed tissue into a diamond, or could I suggest something 'wacky' to do with it. I contemplated a list including 'stir fry' and 'knit into a hat' but forced myself to explain it's incinerated as bio-hazard.

I've been asked whether Jordan's implants can melt in the jungle, and what would happen if a mosquito bit her breast (I actually don't know – would the mosquito die...?). I also took a call from a weight loss-related reality TV show, where the producer asked 'if I could bike them over some fat', so the contestants could gain perspective on how much they'd lost throughout the series. I'm glad to say the answer was an emphatic 'no'. All of this clearly demonstrates that a) I have a very weird job and b) there continues to be an intense

fascination in the world of cosmetic surgery, which presents tremendous opportunities for key players who want to promote themselves to the media.

These last 10 turbulent years have seen scandalised headlines on subjects ranging from 'trout pouts' and 'pillow faces', to 'exploding' breast implants, moobs and deadly buttock injections. I believe that my experiences have taught me what works for the press, and what doesn't – which allows me to offer you some useful do's and don'ts for your own PR campaigns.

As the Noughties introduced us to Google, text messaging and Uggs boots, journalists in the mainstream media seemed grateful for pretty much any titbit (pardon the pun) from the hitherto 'secret' and privileged world of face-lifts, liposuction and Botox®. These procedures were still perceived as the prerogative of only the rich and famous, and publicity could be garnered with somewhat relative ease.

General comment on the advent of makeover shows, for example, or a warning against going abroad on cheap surgery deals were (and still are) legitimate ways to secure press interest, especially if there's anything controversial in the views being expressed, and if they can 'piggyback' on something topical that's already in the news. Anyone have any opinions on injectables being offered at Superdrug, for example? I have found three approaches that will, almost always, 'hook' journalists' interest. The first is rather obvious and probably one of the easiest sells: 'new' procedures,

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techniques or technology. Most magazines and newspapers are continually on the lookout for what’s new and, unfortunately for the reputation of the industry as a whole, a lot of the time they don’t seem to care whether it actually works or not. I’ve managed some very successful stories surrounding new applications of traditional techniques, such as for back rolls and muffin-tops (sometimes I think I could swap press releases with Greggs the Bakers), but I’ve also seen some distasteful press releases (not my own, I hasten to add) crash and burn. ‘Speedo Sag’ just sounds gross, and quite frankly to insinuate that women are getting more Botox® during the World Cup because ‘they’re not allowed at home’ during the games is plain misogynistic.

Announcing a new tweak on an existing treatment and giving it a groovy new name, isn’t, in itself, wrong (cue M&S music: these aren’t just any veneers...). When done well (e.g., the technique was published in a medical journal; it taps into a current trend; you have a willing case study with strong before-and-after photography) it’s probably the closest you’ll ever come to actually guaranteeing coverage.

However, for this to work the procedure should actually be new, and most importantly, proven to work. From the ‘Miami Thong Lift’ to the ‘Snap-On Celebrity Smile’ there must, in reality, be something different and effective as well as ‘new’. This is why so many supposed procedures that are meant to be ‘the latest craze from Hollywood’ come and go, never to be heard of again. To this day I’m still being hounded by journalists trying to locate the apparent hordes of women undergoing dimpleplasty to look like Cheryl Cole, or shoulder lipo, (maybe for a story titled ‘Tormented by My Fat Clavicles’).

The second area extremely likely to garner exposure includes statistics, research studies and trends. There is some leeway

here to allow you to get creative – though unfortunately the pressure PRs are under to deliver coverage has resulted in some real howlers. Most respectable outlets will query a claim of ‘300% rise’, because they suspect it means three patients. I’ve lost count of the amount of times that journalists will call me to check whether it’s really true that there’s been a 40% rise in patients having ‘Blackberry Botox’ or ‘Revenge Surgery’. You must be willing and able to prove and defend statistics you put out to the media. Trends and warnings work well. If, say, your dental practice is seeing more TMD patients than usual, it is certainly worth positing a theory that people may be grinding more due to worries in the recession - and drafting a genuine warning on how to treat the problem.

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Finally, there’s human interest...the absolute ideal. But WHY, many of my clients demand, this obsession with case studies? Can’t the journalists just take my word for it? In a word: no. I’m sure I don’t have to tell *Cosmetic News* readers how competitive it’s become out there. Everyone is offering aesthetic treatments (whether they’re appropriately trained and qualified is a whole other kettle of fillers) and it’s becoming very difficult to differentiate. Basically, if you say you’re good, you’ll need to prove it. Journalists want patient stories that illustrate the impact of your care and talents – the more dramatic the story, the better. It’s no use ranting at your poor publicists because they can’t get a teeth whitening case study placed on the cover of *Grazia*.

While I’m on the theme of case studies, allow me a small rant about photography. Why is it that so many clinics and practitioners fail to take good pictures of their patients? I have received so many photos where I literally cannot tell which is the ‘before’ and which is the ‘after’. I know of a clinic that still takes only Polaroids! Photos are what sell the story. They must be high resolution, and represent ‘like to like’. If the patient is smiling in the ‘before’, they should be smiling in the ‘after’. A laser lipo story, where the ‘before’ photo shows the patient leaning forward, but in the ‘after’ standing and sucking in the tummy, will not make it into the *Daily Mail* unless the case study can come up with some candid (maybe on holiday in a swimsuit) shots where the difference is not only discernible but drastic. Also – a slight reality check: your 65-year-old male patient will never make it into *GQ*.

This brings me to one last, but essential, aspect that must be considered by those of you looking to explore, launch, continue or revisit a PR campaign whether in-house or with an agency: ensure you have an understanding of the outlets you’re trying to target, their age groups and their audience demographics. So many times I have been told by clients (whilst wrinkling their delicate noses) that their patients ‘simply do not read *The Sun*’. Instead, they feel it would be best to educate the readers of the *FT* or *The Telegraph* about preventing wrinkles and tooth decay. Might I suggest that for the readers of those august publications that horse has already bolted?

So what, in the media’s view, makes the perfect story? One that combines all the above, of course! A catchy headline, some strong statistics, a case study with a legitimately new procedure, with a strong emotional backstory...or at least, one with some of those elements. Perhaps, if cosmetic surgery and aesthetic treatment providers around the country can all increase the quality and the content of their communications, we might be able to better educate and reach the media and thereby the public.

My work life would be an awful lot less colourful, though.