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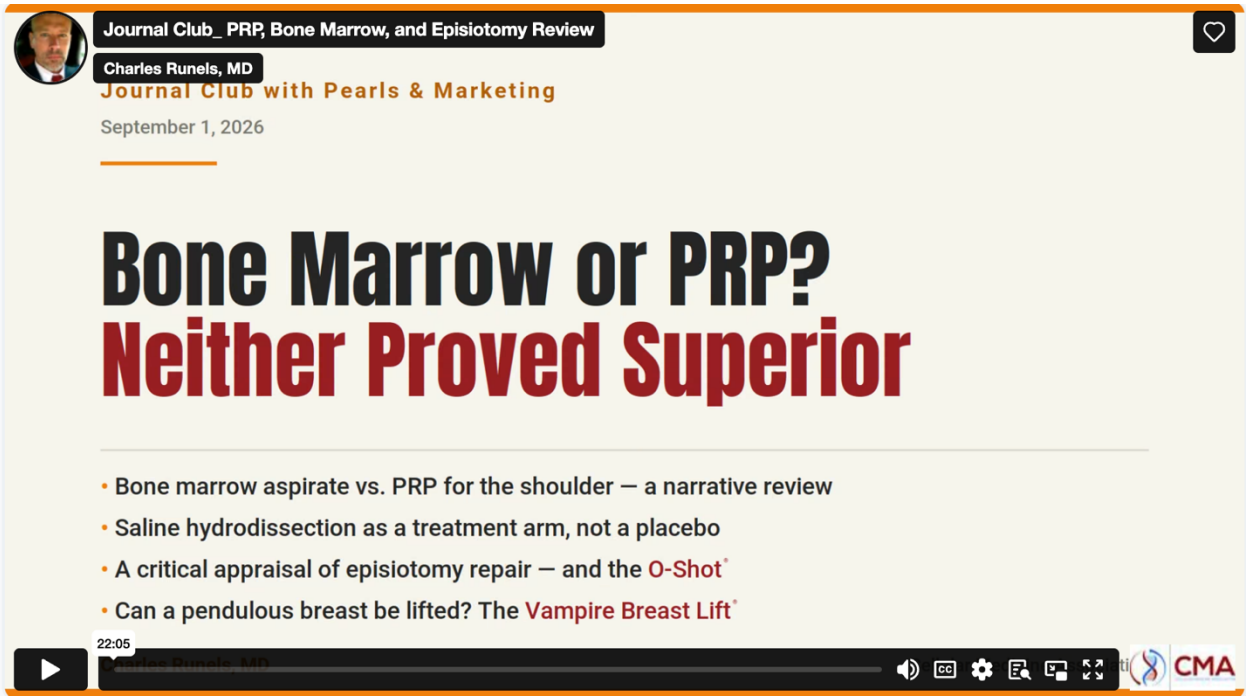
The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of September 1, 2026, with Charles Runels, MD.

>-> The video of this live journal club can be seen here <-<



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- What You Can Do That Surgery Cannot: Improve Sensation
- How I Word the Conversation — and My Refund Policy

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Transcript

Welcome: Three Papers That Support What We Do

Charles Runels, MD: Welcome to our journal club. We have three beautiful papers that support what we do. I, as usual, read through a stack of everything that has come out in the past week, looking for things that contradict so we can correct our course, and for things that are new, passing over the things we've already covered.

There are a lot of repetitive studies coming out. More studies out this week show help with fertility in women, both for the endometrium and reviving the post-menopausal ovary. But there are a couple of additions I think were significant, and one question about the breast lift that I think is worth looking at.

Easy Hard Tricks and Hard Easy Tricks: What Magic Taught Me About PRP

This is the first one I want to bring up. I've been through quite a few devices to prepare platelet-rich plasma, and I'm often reminded of what I learned as a child studying magic. My mom would take me to the—it directly applies, by the way, to what we're doing with PRP—the Birmingham Public Library, the one that's downtown.

It's, I don't know, three or four stories high, and a crazy number of books. I was in heaven. And there were a couple of shelves there that were—I don't know, as a kid, they seemed very long—on just magic. And I read all of them. And one of the things that stuck in my mind was that there are easy-hard tricks and hard-easy tricks.

In other words, some of the most amazing things you can do as a magician are very simple to pull off, but they look hard because of the ingenuity of what you're doing. And others are very, very difficult to do. For example, there are things you can do literally with playing cards where you're hiding them and you're moving them around, and it takes many hours of practice to be able to do it without dropping things and being exposed.

And there's a tendency on the part of the magician to put more weight on something and to think something is better because it's more complicated, when really some of the most amazing things are simple, and they're discounted. So I see the same thing happen in medicine. And when I was first introduced to PRP 10 years ago, one of the kits I was using had the option to do a bone marrow aspirate and use that instead of preparing platelet-rich plasma.

Bone Marrow Aspirate: Something I Never Embraced

And as an internist, I had performed bone marrow aspirates for the diagnosis of various blood disorders. But I didn't really think it was something I wanted to be doing for an optional, elective, aesthetic, or even a sexual medicine type procedure. To me, even though it's not that painful, it's not fun, looks brutal, and involves some risk.

So I did them when someone was very ill, but I didn't really ever embrace it. And it felt to me that since you're mixing that bone marrow aspirate with what amounted to PRP, it was difficult to tell which was doing the work. So I've watched for studies like this one, which just came out, comparing PRP and bone marrow aspirate—a narrative review.

The First Paper: PRP Versus Bone Marrow Aspirate in the Shoulder

And I'll just give you the reassuring punchline: shoulder-specific head-to-head randomized controlled studies incorporating PRP rest on a larger but still heterogeneous evidence base for the shoulder, whereas bone marrow aspirate is biologically promising but clinically under-evidenced.[1]

Neither Biologic Is Established as Superior

This is the part I wanted to show you. Neither biologic is established as superior. In other words, if you're drilling into someone's bone to get a bone marrow aspirate because it feels like it might work better because it's a more difficult magic trick to do, really, you might be succumbing to the same temptation that magicians go through, when the simpler 21-gauge butterfly out of an antecubital vein would do just as well.

Until Someone Shows Otherwise, I Keep Doing PRP

And until someone—this is not the first time I've seen a study like this. Until someone does something that shows the bone marrow aspirate to be superior, at least at my clinic, I just keep doing PRP. And does that mean that the same idea applies, or that it's proven that they're the same? Of course not.

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And it doesn't mean that it applies to all of our procedures. But this is not the first indication, or at least a strong signal, that perhaps we don't need to be drilling into bone marrow whenever we do P-Shots® and O-Shots® and facelifts.

Okay. That's the main thing I wanted to show there, and I promise I'll do an open mic here at the end, where you guys can jump in.

The Second Paper: Adhesive Capsulitis and Ultrasound-Guided Hydrodissection

This one—I love this one, but not for the reason it was published. Look at the study. They're looking at adhesive capsulitis: ultrasound-guided regenerative therapies and hydrodissection.[2]

Saline as a Treatment Arm, Not a Placebo

In other words, here's another study where one of the treatments is hydrodissection. And I keep pointing these out because I've lost count of the number of studies in which injecting saline is the placebo arm to assess the effectiveness of a treatment arm using platelet-rich plasma. And I'm thinking that perhaps it should be considered a comparison study of two different treatments, because if you

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[1] Jung et al., "Biologic Injection Therapy for Shoulder Disorders."

[2] Chang et al., "Beyond Corticosteroids."

move out of the PRP literature and look in the orthopedic literature, especially in some neurodegenerative diseases, you start to see saline hydrodissection as a treatment arm.[3]

Even a Needle Changes the Cellular Milieu

Even needles—if you figure out why acupuncture works, you'll get a Nobel Prize. We don't know exactly, but there are lots of theories about it. It's only been around and used for a couple thousand years, and we know it works for some problems. Not everything, but for some problems. And there is some science behind changes in the cellular milieu just because you stick a needle into something.[4]

And those of you who've treated musculoskeletal diseases know that just poking a needle into a trigger point in the back, or other places where there might be muscle pain, can be a treatment, without any injection. So that's the only point of this paper. I just wanted to point out that, yes, here's another study in which a saline hydrodissection is a treatment.

My Favorite Study of the Week: Old Episiotomy Scars

And then my favorite study of the week: finally, someone else has published about treating episiotomy with PRP.[5]

We've all been doing this—or not all of us, but many in our group have been treating old episiotomy scars with great success. That tearing, bleeding that happens with dyspareunia, it's not uncommon.

The Paper Is from Romania

Oh, it's from Romania, too. We'll be at Dr. Alex Bader's group later this year at the European Society of Aesthetic Gynecologists, talking in Romania. We have colleagues there that are in our group, and what a beautiful country, beautiful people.

And anyway, we've been doing this, but there hasn't been someone who's really plowed into it, put things together the way this paper does, and with a literature search and thinking about this idea.

An Easy Study for Those Still Doing Obstetrics

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[3] Popp, "Improvement in Endoscopic Hernioplasty"; Bagherani and R Smoller, "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars"; Searle et al., "Saline in Dermatologic Surgery"; El-Amawy and Sarsik, "Saline in Dermatology"; Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis"; Cass, *Ultrasound-Guided Nerve Hydrodissection: What Is It? A Review of the Literature*.

[4] Tekin et al., "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome"; Wang et al., "Trigger Point Injection."

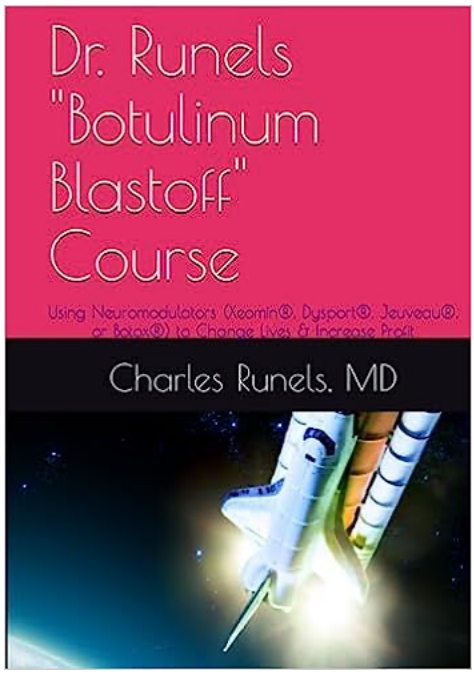
[5] Brezeanu et al., "Platelet-Rich Plasma in Episiotomy Repair."

Those of you in our group who are still doing obstetrics—if you are still doing obstetrics, this could be the easiest thing: take the next 20 episiotomies and half get PRP and half don't, and just document what happens. So the bottom line is, of course, there's strong evidence that it's one of those things where you might help, and you're not likely to hurt.

The O-Shot® in the Labor and Delivery Room

So I don't know how much longer this will take to become standard of care, but I think doing some simulants of an O-Shot® in the labor and delivery room makes so much sense—injecting the area of trauma, if there's an episiotomy or not, and also injecting the anterior vaginal wall to help with those urinary sphincter muscles.

There are three layers there that are being damaged with a vaginal delivery. And why not, for good measure, throw in some PRP in the clitoris so that the woman has that benefit as well. So this is my favorite. It's open source, too, so I'll drop it into your files. And remember, it is not your patient's responsibility to know what you're able to do.



It Is Our Responsibility to Teach Them

It's our responsibility to teach them. So a simple little email that goes out that says, "Hey, you know, I offer this as a variation of my O-Shot® procedure. And even if you're years after childbirth, there's some strong evidence that we might be able to help rebuild that tissue for better pleasure and less pain, if you're having that."

Some Women Will Write Back About Something Else Entirely

And the fun thing that will happen is that some women who don't have this problem—try me on this. Some women who do not even have this problem will write you back and say, "Oh, it's time for my next O-Shot®," or, "It's time for my Botox," or something that's maybe not even related: "It's time for you to redo my testosterone pellets."

Why Being on This Call Is a Heroic Thing to Do

But what happens, what goes through their mind—and it's legitimate, and it's warranted, and honest; always honest is the best—is that they see, "Oh, here's my physician." Look at this. You're on this call. You could be going for a walk. You could be seeing patients, making more money and helping other people.

You could be making love to your husband or wife. You could be doing so many different things. Instead, you're listening to me drone on and on about this research. That's a heroic thing to do, but you're doing it in secret. And you don't have to dance or show your cleavage.

And if you want to do those things, that's great. Those are happy things to do. But all you really have to do is share with your patients what you're learning, and they will admire you and respect you for that you are learning, and they will reward you by talking about you with their friends and coming to see you for things that may not even be related.

Their Curator and Hero in the Medical World

In other words, let them know that you're thinking about more and better ways to take care of them, and that gives them a reason to remember you and respect you as their curator and hero in the medical world. So this one is my favorite to share in that regard. In just two or three lines it says, "Here's a new curated evaluation of the research regarding episiotomy, and I know how to do this, and if you'll come see me, we'll take care of it."

The AI Bot on the O-Shot® Website

And by the way, if you log into the O-Shot® website and just put "episiotomy" into that, you'll find our AI bot that reads our stuff, which is now 900-plus videos and literally millions of words. If you just type in, "Tell me how to treat episiotomy repair," it will pull up the journal clubs where we discussed it and give you links to research, in addition to this paper.

A Question Posted on the Vampire Facelift® Website

Okay. So that was what I had in the research arena. Let me pull up a question, and I'll show you a short little video about the breast lift. Then I'll open up the mic to see what you guys have. I always want to be corrected, or if you want to add to what we've talked about—those are good things. This question, by the way, was posted on the Vampire Facelift® website, and my goal is that if you post a question, I get to it within a week.

Sometimes I'm not as prompt as I would like to be. So this one's been there for two or three weeks, so I'm so very sorry about that. But what I like to do, instead of just typing in my answer, is to give an answer here and open up the mic so that you on the call can contribute as well. Then I'll put a link to this video as an answer to our members' questions.

How to Get a Question Answered — and When to Text My Cell

I'll say it a different way. If you have a question about something and you search it using our chatbot, and you don't find a satisfactory answer, or you have a more specific question, and it's not an emergency—if it's an emergency, text my cell or call into the office and they'll track me down. Wake me up if they need to.

That doesn't happen, but if it did, my staff can find me, and I will always answer a text for something that's urgent. But if it isn't urgent, you can post it to the website, and I will get to it in this way, and others can help contribute to the answer. So here's the question. It's about the breast lift.

The Question: A 70-Year-Old Woman Who Does Not Want Surgery

I had a 70-year-old woman who came in for a consultation. They were typical for a woman her age, with two kids that she breastfed. Basically pendulous with a decent shape, but could benefit from surgery. She does not want to undergo surgery for multiple reasons. And in assessing her issues and explaining what we can add, we can add some volume at the midline, but that it won't lift her breasts—

Can we not add volume at the top of the breast tissue? She stated that another provider had told her she'd have volume added to the top area of both breasts and to the medial area of the breast tissue. I explained to her that, in my understanding, this would add bulk if there's fat there, but I don't see that there's a good way to treat this type of breast with this procedure.

Unless their goal is that when they put on a bra, they feel they have added volume. Anyway, what's your—should I do it or not? What should I do?

Where to Find the Full Vampire Breast Lift® Video

Okay. First, let me show you where the video is, and I'll draw you the answer to this question. So if you log into the Vampire Breast Lift® website, you'll see this video right here, and it's 27 minutes (this video is also on the Vampire Facelift® membership site).

In this video, I talk for 17 minutes through the details of how to do this procedure. And then here's a whole hour of pearls about the procedure. So it sounds like our provider who posted this question had watched all of that; and for a detailed answer, that's where you can see it.

Again, if you ever have trouble logging into our website, we have a full-time staff of—depending on who's having a baby, because we just got one back from maternity leave—but usually we have four people answering the phone and helping our members. Not for me to see patients, just to help our members find what they're looking for.

But I want to answer this question again in a summary that's shorter than what those videos show. All right. Let me draw it out, and then I'll open up the mic for comments.

Palpate to Find Where the Fat Stops

Okay. So here's a front view of the breast.

And normally what we recommend is that you can just palpate the breast, and you can tell when the fat stops. Sclafani did my favorite study, where he injected the back of the arm and then biopsied it.[6] He showed this over 10 years ago and documented that adipocytes both multiply and enlarge in response to PRP.

The Butterfly Pattern

So where there's fat here, the fat cells will multiply and enlarge. And you will see it. This is the only thing I do where often the volume is greater in two months than it was immediately after the procedure. And normally, what I do is mark off sort of a butterfly pattern where it looks something like that.

And it is wider at the top, and if the nipple is here, it's wider in that medial lower pole, and it's wider up here. But I don't put any PRP where the fat stops, so you palpate. And now, there will be a lift. Even with pendulous breasts, there will be a lift. The question is, will it be sufficient to make the woman happy?

What "Lift" Actually Means

If you look at the side of the breast in a young breast versus a pendulous breast, it's this measurement right here. In other words, when you say lift, there's, I think, some idea that it means this nipple goes higher. But if you look at the mechanics of it—yeah, when a woman puts on a bra, it creates a lift, and the vector is medial and up.

It's like that. So if you put your hand here, with the palm of your hand, and you push the breast like that, it mimics what the bra does. It does make the nipple go up some, and it brings the breast medially, but it simultaneously increases this distance. I mean, what is it you mean when you say pendulous breast?

Lifting Away From the Chest Wall

What you really mean is, from a side view, it looks more like this.

In other words, this distance has become shorter, and so lifting can mean lifting away from the chest wall. So even if there isn't volume added here, if this gets further away—in other words, if this gets thicker right here, when you measure front to back—it creates the illusion or the feeling of lift without increasing cup size.

Will the Difference Be Enough to Make Her Happy?

That's the big one. And it will be enough that the woman will see a difference. The big question is, will the difference be enough to make her happy with the procedure? And that is a judgment call that I think

[6] Sclafani and McCormick, "Induction of Dermal Collagenesis, Angiogenesis, and Adipogenesis in Human Skin by Injection of Platelet-Rich Fibrin Matrix."

you have to make with the person. If she truly has—forgive the metaphor—but if this looks like a sock that's just hanging down like that, most likely, to make her happy, she'll need implants.

But you will be able to increase the volume of fat tissue right here. So I've had great success. I've never had anyone not happy with my breast lift. But when I see the one that is literally hanging like that, I recommend they have implants done, or whatever other—and along with whatever other surgical lifting type procedures are recommended by their plastic surgeon or breast surgeon.

What You Can Do That Surgery Cannot: Improve Sensation

So it's a—I know it's a vague answer. It's not a direct yes or no answer for this particular person, because I'm not looking at her breasts, and I don't know her expectations. But the other thing you can do with this that you cannot do with surgery is you can improve sensation.

How I Word the Conversation — and My Refund Policy

And so if my conversation with her was, "You know, this will not be as effective as an implant. If you want a larger cup size, if you want them to be perky like a college woman, I cannot do that by just injecting PRP. But if you're happy with just increased volume in the medial part of your breast"—and assuming she's got some loss of sensation—"and increased sensation, then we can do that. I can do that."

And if you're not—I still tell them, "And if you're not happy with the results, I won't keep your money." And what really happens is at three months, if they're not happy, then I either refund all their money or I work it off by doing another procedure. So that's the way I approach it, and that's how I'd answer that question.

Open Mic

Okay, let me see if anyone else has a comment. And we have—it's been now—we're almost 30 minutes in, so let's see who else has anything to say, and we'll call it a day.

The Papers in Your Handout Section

I don't see any questions, so let me put these papers in your handout section, and then I'll give you time to download them, and we'll call it a day. Okay, so there's the one about episiotomy repair. That's my favorite. I just put that in there. Here's the one about corticosteroids and hydrodissection. Less useful to share with patients, I think. This one also may be less useful for patients, but I think it's reassuring that if you're using PRP, there's no good science that you're doing something less effective than a bone marrow aspirate.

Okay, that's everything. I hope that was helpful to you. I'll give you a little bit longer to grab that one. It's called—this one right here is about episiotomy. So, a critical appraisal—episiotomy repair is the name of it.

Closing

All right. I don't see any other questions. Thank you for being here. I hope that was helpful to you. Have a great week. Bye-bye.

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Tags

PRP, platelet-rich plasma, bone marrow aspirate, bone marrow concentrate, narrative review, shoulder, rotator cuff, orthobiologics, evidence base, adhesive capsulitis, frozen shoulder, ultrasound-guided injection, hydrodissection, saline, placebo arm, study design, acupuncture, dry needling, trigger point, cellular milieu, episiotomy, episiotomy scar, perineal repair, dyspareunia, vaginal delivery, obstetrics, labor and delivery, O-Shot®, P-Shot®, Vampire Facelift®, Vampire Breast Lift®, anterior vaginal wall, urinary sphincter, clitoris, female sexual function, breast lift, pendulous breasts, adipocytes, fat grafting alternative, Sclafani, butterfly injection pattern, breast sensation, patient expectations, refund policy, informed consent, patient education, physician marketing, email marketing, regenerative medicine, sexual medicine, cosmetic medicine, journal club, marketing pearls

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