

# 'Patients should be aware that every treatment carries an element of risk'

In the field of medical aesthetics, it is common for nurses to work in isolation and meet only at annual conferences and association meetings. To get to know your peers, the *Journal of Aesthetic Nursing's* consultant editor Cheryl Barton has undertaken a series of ten interviews with both new and experienced aesthetic nurses, exploring their lives in and out of the clinic. This interview is with Chérie Scanlon

**C**hérie Scanlon is an aesthetic nurse. She qualified in 1984, graduating from St James's University Hospital, Leeds, with a BSc (Hons). She overcame life-threatening illness, is a nurse independent prescriber (NIP) with two aesthetic practices and manages a busy online nursing forum.

**Cheryl Barton (CB):** I am going to start by asking how you came into aesthetics?

**Chérie Scanlon (CS):** I was a lead health visitor and thrived on the responsibility and the community role—I had an increasing and challenging caseload of asylum seeker and refugee families. Sadly, my NHS career was cut short in 2009 because of illness, which meant I had to resign early from a post I loved.

With the encouragement of my family, particularly my daughter who is a beautician, I saw mobile aesthetic nursing as a pathway through which I could re-enter nursing and manage my workload at my own pace.

**CB:** What time does your working day start and finish?



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**CS:** That really depends. It usually starts at 8am with the Facebook group I manage and that's often the last task of the day too—I'm usually still working on it until 8 or 9 at night. My clinical role is divided between Bingley and Blackpool, visiting and treating clients in my clinic, at home and at my daughter's salon in Crossflatts.

I set up the 'British and UK Cosmetic-Nurses' Facebook group in 2013, which now has over 250 members who voluntarily share and pool knowledge, support and advice. The administration takes up a lot of my time.

**CB:** What's your favourite film?

**CS:** *Out of Africa*

**CB:** What book are you reading?

**CS:** *The Lunatic Express*. Carl Hoffman's story evolves around the building of the East African Railway.

**CB:** You talk about Africa with great fondness; what's the link?

**CS:** Family and childhood ties. I recuperated on and off in Uganda, where I have a home. I am a dual national and spend every winter out there. Eventually, I may set up an aesthetic practice there.

**CB:** I'm going to abandon you on a desert island, you can take just one aesthetic injectable with you, what's it going to be?

**CS:** Radiesse.

**CB:** I'm going to give you an endless supply of sunscreen, by that I mean shades, cover and a broad-spectrum sun protec-

tion factor with UVA protection. What topical aesthetic treatment couldn't you live without?

**CS:** Obagi.

**CB:** There's solar power on this island, so what medical device would you take?

**CS:** Oh that's difficult. I don't have any myself, but I would probably take a mesotherapy pen of some kind.

**CB:** Where did you go for your last meal out?

**CS:** The Aagra Grill and Carvery, Shipley, with my family.

**CB:** What was the best piece of advice you've ever been given?

**CS:** Never miss a phone call, or you may lose the customer.

**CB:** What one piece of advice would you give to a patient who is thinking about undergoing an aesthetic procedure?

**CS:** They should be aware that every treatment carries an element of risk.

**CB:** If you had the opportunity, what advice would you give to Jeremy Hunt and the Government on the practice or regulation of aesthetics?

**CS:** I think the Government has got it about right, as regulation needs to be appropriate—Keogh pointed the finger firmly at the unregulated cowboys out there and they are never ever going to join a voluntary injector register.