

Efficacy and Safety of the Fotona TightSculpting Method on Body Shaping and Skin Tightening

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SUMMARY

The aim of this study was to investigate the efficacy and safety of combined treatments of 1064 nm Nd:YAG and 2940 nm Er:YAG (SP Dynamis, Fotona) in body shaping and skin tightening. Ten participants (10 females) were enrolled for treatment of either side of the waist and the lower part of the abdomen with the TightSculpting method. In the first step we used the PIANO mode of 1064 nm Nd:YAG with the S11-L-Runner scanning handpiece. The scanning surface was 78 mm x 84 mm and power flux density (fluence/treatment time) was 1.2 W/cm² at a fluence of 108 J/cm². The temperature of the skin surface was kept at 42 degrees Celsius for 8 minutes on each treated site. The skin temperature was monitored with the special MatrixView temperature monitor. The second step was to apply the SMOOTH mode of the 2940 nm Er:YAG laser with the R11 handpiece using a spot size of 7 mm at a fluence of 2 J/cm² and 2 Hz frequency. Each patient was treated four times every two weeks.

Body shaping and skin tightening were evaluated 2 weeks after the fourth laser treatment. The effects of body shaping from the combined laser treatment were measured by low-dose native CT, waist circumference measurement and comparative photo documentation, whereas body fat was monitored with bioelectric impedance and measurement of fat tissue with caliper fat clippers. The tissue firmness was measured by ultrasound elastography and by clinical assessment. We have found that this TightSculpting method significantly reduced the thickness of the fat tissue and enhanced the firmness of the skin.

Successful Intra-Anal Smooth Laser Treatment for the Symptoms of Rectal Prolapse: A Case Report

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SUMMARY

A case report of a successful Fotona smooth laser treatment for symptoms of rectal prolapse.

An eighty-three-year old woman had gone through vaginal hysterectomy and perineoplasty in 1977. In 1998, a simultaneous TVT plus anterior and posterior Colporrhaphy was performed. Later, anterior mesh was inserted. Re-appearing prolapse led to colpocele. Salpingo-oophorectomy was performed via laparoscopy in 2007. In 2015 a vaginal abscess was drained. Fecal incontinence led to insertion of a neurostimulator, which was later removed due to side-effects.

In 2017 the woman presented in Cityklinikka Helsinki, with grade 1 rectal prolapse, causing her symptoms of moderate fecal incontinence and severe anal pain during walking. She had to defecate every other hour. The university hospital offered no more treatments. Informed consent of the patient was obtained. Rectal smooth laser therapy was performed twice, two months in between sessions. Preparation consisted of nutrition in liquid form for 24 hours prior to treatment.

No serious side effects occurred. At 1.5 months after the last treatment, the VAS scores of all symptoms had decreased from 10 to 7. During walking, significantly less pain occurred and the involuntary defecation was rare. The frequency of defecation was half of that of prior to the treatment. Our patient would recommend the treatment to other patients. We describe for the first time the successful application of anal smooth laser in the treatment of severe anal prolapse symptoms. More detailed studies are needed to evaluate the effects and safety profile of the method.

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