



Highly Effective, 3-Step, Dual-Wavelength Multipulsed Laser to Combat Sagging Skin

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Introduction:

Skin aging with gradual collagen loss associated with small or large weight loss or even associated with postpartum, for example, is a constant concern in the clinic. In some cases, given the existence of cutaneous ptosis, the solution even involves surgical correction, but there is an increasing concern about not adding a scar to the equation. Thus, the demand for non-invasive or minimally invasive procedures, without recovery time or without limiting activities of daily living, has increased exponentially.

Laser	Fotona SP Dynamis		
	Step 1	Step 2	Step 3
Wavelength	1064 nm	2940 nm	2940 nm
Handpiece	L-Runner	T-Runner	FS01
Fluence	1.2 W/cm ²	4.8 J/cm ²	12 J/cm ²
Mode	Piano	V-Smooth	MSP Turbo2
Frequency	NA	NA	1.7Hz
Pulse duration	NA	625 ms	100 ms
Stacks	NA	6	NA
Passes	multiple	2 complete passes	2 passes
Spot size	9 mm	NA	NA
Sessions	Single session		

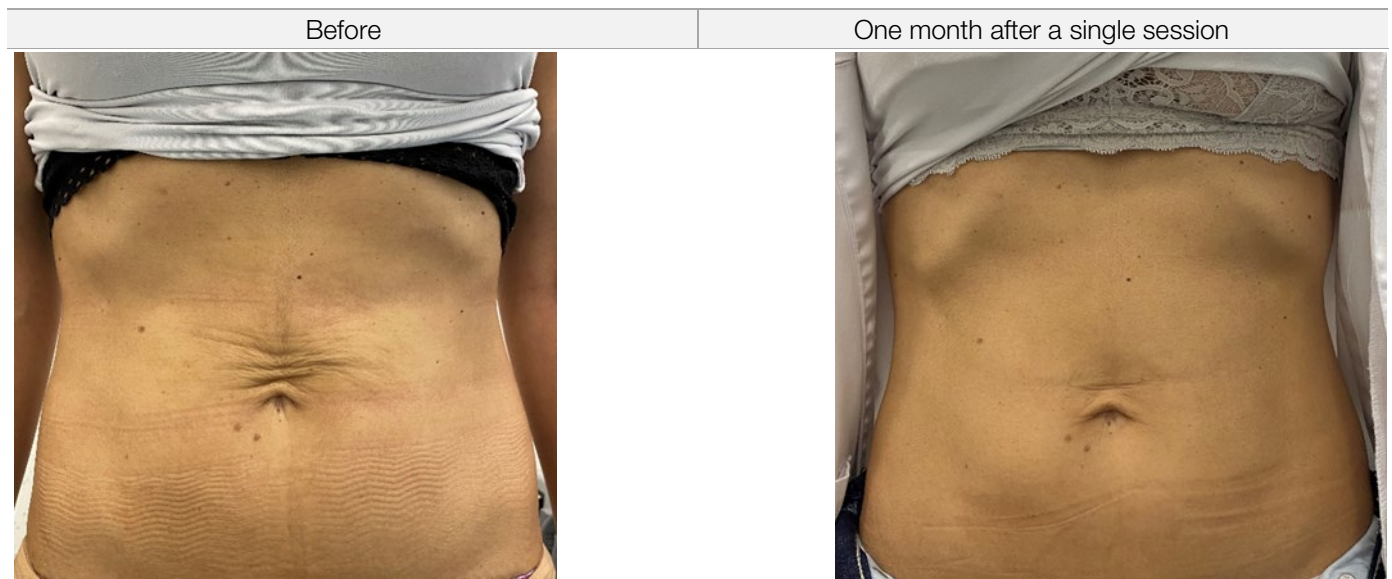


Gisela Campos graduated in 2011 from the Oporto School of Nursing in Portugal. She is partner & manager of the Bioparadigma Aesthetic Medicine and Anti-aging Clinic in Barcelos, Portugal. She has been a laser user since 2018 and an assistant in laser treatments of various medical specialties, such as dermatology, gynaecology, plastic surgery and vascular surgery.

CLINICAL CASE:

A patient in her 30's came to the clinic wanting to improve the skin quality and supra umbilical sagging caused by two pregnancies and after large weight loss in the last year. The Nd:YAG laser and the ablative and non-ablative Er:YAG laser, combining three different pulses using the L-Runner and T-Runner robotic scanners and the FS01 handpiece, were used. All of the areas were anaesthetized with topical anesthetic cream (20% benzocaine, 6% lidocaine, 4% tetracaine) half an hour before the treatment. Four areas of 8x8 cm were heated to reach 42°C on the surface, and the temperature was maintained for three minutes. Then two passages of the second step were made in groups of four areas. Finally, two passages of the third step were made with overlapping of the fractional part with a rotation of 90° compared to the first position in the area with the greatest sagging.

The patient reported no discomfort during steps 1 and 3 and a medium level of discomfort in step 2. Immediately post-procedure, edema and flushing of the treated area without bleeding were visible. Reepithelization cream (Aquaphor) was used immediately after the procedure and maintained for a period of fifteen days. The patient reported slight swelling for 12 to 24 hours after treatment and a feeling of discomfort in the treated area in the first 24 hours. At fifteen days after the procedure, slight flushing of the area treated with ablative laser was observed. No post-inflammatory hyperpigmentation or other complications were observed one month following the treatment. Thus, the laser is presented here as a non-invasive and effective alternative, with good results after a single session in the treatment of mild to moderate flaccidity.



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