



## EndoTight approach for facial rejuvenation

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Introduction:

Interstitial laser treatment – EndoTight™) is an alternative for full-face rejuvenation in patients with moderately sagging skin and ptosis of facial fat pads, or for those who do not want to undergo facelift surgery.

Using the R-27 handpiece and QCW Nd:YAG mode, we were able to perform a vectorial skin tightening and to simulate a SMAS plication in order to provide a tense effect on the facial ligaments and to reposition fat pads.

Laser	SP Dynamis	
	Step 1	Step 2
Laser Source	1064 nm	1064 nm
Mode	QCW	QCW
Energy	8-12 W	8 W
Frequency	50 Hz	50 Hz
Pulse Duration	0.3ms	0.3ms
Handpiece	R27	R27
Cumulative energy per area	600-1800 J	600-1800 J
Cooling	no	no
Sessions	2 treatments	



Ana Carolina Chociai is a Brazilian plastic surgeon with master's degree and a technology enthusiast. She has been developing innovative work with lasers since 2015 and has been teaching cosmetology specialists since 2016 when she became a speaker in private and postgraduation courses in Brazil.

## CLINICAL CASE:

Since June of 2019, 77 patients with moderately sagging skin were treated with a full-face technique using the Fotona Spectro. As the first step, all facial sensitive nerves were blocked with local anesthesia using lidocaine 2%. After that, 3 portals were opened with an 18 gauge needle in each hemi-face to give the 600um fiber access. The fan technique permitted a face and neck treatment. The parameters used were described in the parameters table. Eventually, in older patients, when there is a residual skin flaccidity as showed in figure 2, the second step was performed as a refinement, as described in the parameters table, to promote skin retraction and improvement in facial contouring.

All patients rated their treatments: 75 rated it as excellent, one rated it as moderate improvement and only one patient did not like the procedure results, rating it as poor. There were no major adverse effects after this procedure, however 2 cases evolved with some skin suffering signals without necrosis in the cervical region and 3 cases evolved with seroma with resolution after 3 weeks of lymphatic drainage.

The follow-up time was 33 months for the oldest case, and it still show improvements from the treatment. In each visit the patients had a high-definition photograph taken, as shown in the Figures 1-3.

In the post-treatment period, patients were recommended to use symptomatic medication for pain and were instructed to perform facial lymphatic drainage. Post-surgical meshes are avoided; we occasionally use tapping in the submental region. All cases can return to work on the day following the procedure and can see the first signs of the result in ten days. We expect improvement in the outcome over time as healing progresses.

The technique is reproducible and represents an optional minimally invasive procedure that can bring efficient results in a plastic surgery office.



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