

iFRAX MICRO FRACTIONAL RF + NEEDLING TREATMENT STUDY

Pre-Treatment Topical Anesthesia



Pre-Treatment Cleansing



After cleansing the face, the test subject received an application of topical anesthesia (Benzocaine 20%, Lidocaine 6% and Tetracaine 4%) for approximately 30 minutes prior to the treatment. The operator utilized the 49-needle modality and treated the entire face with a single pass utilizing the parameter settings set forth below. The operator attempted to maintain an overlap with each pulse applied of approximately 10% to insure a complete treatment.



Intra-Treatment



Treatment Parameter Settings Used

	Interval (Duration) % Note: 100% = 1000 msec	Energy % (Note: 100% = 25 Joules)	Needle Depth (mm)
Periorbital Area	5%	20 – 25%	2.0 mm
Cheeks area	5%	25 – 30%	2.5 mm
Forehead	3 to 5%	15%	1.5 mm

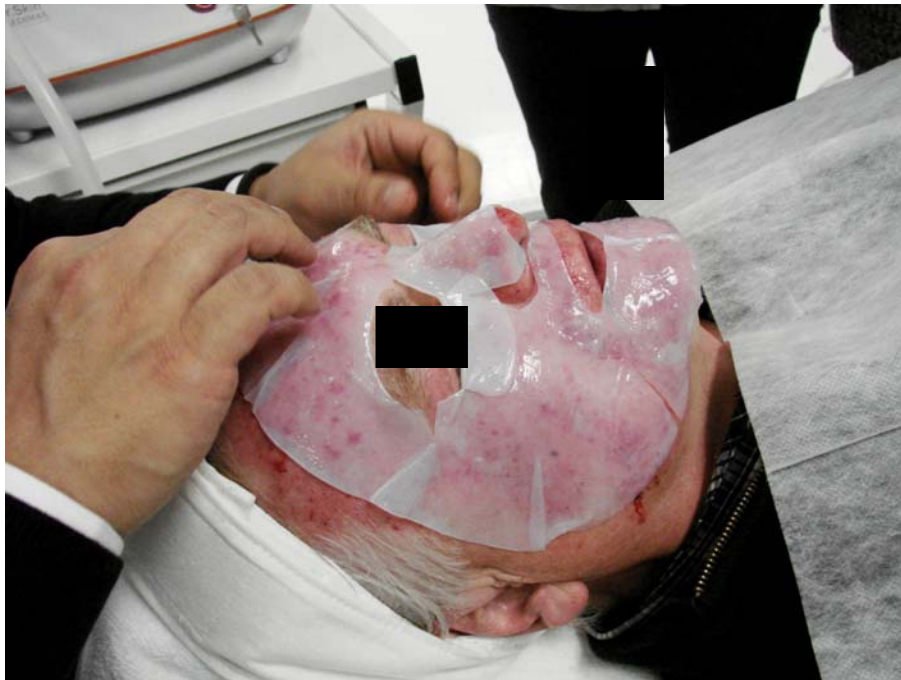


Immediately Post Treatment

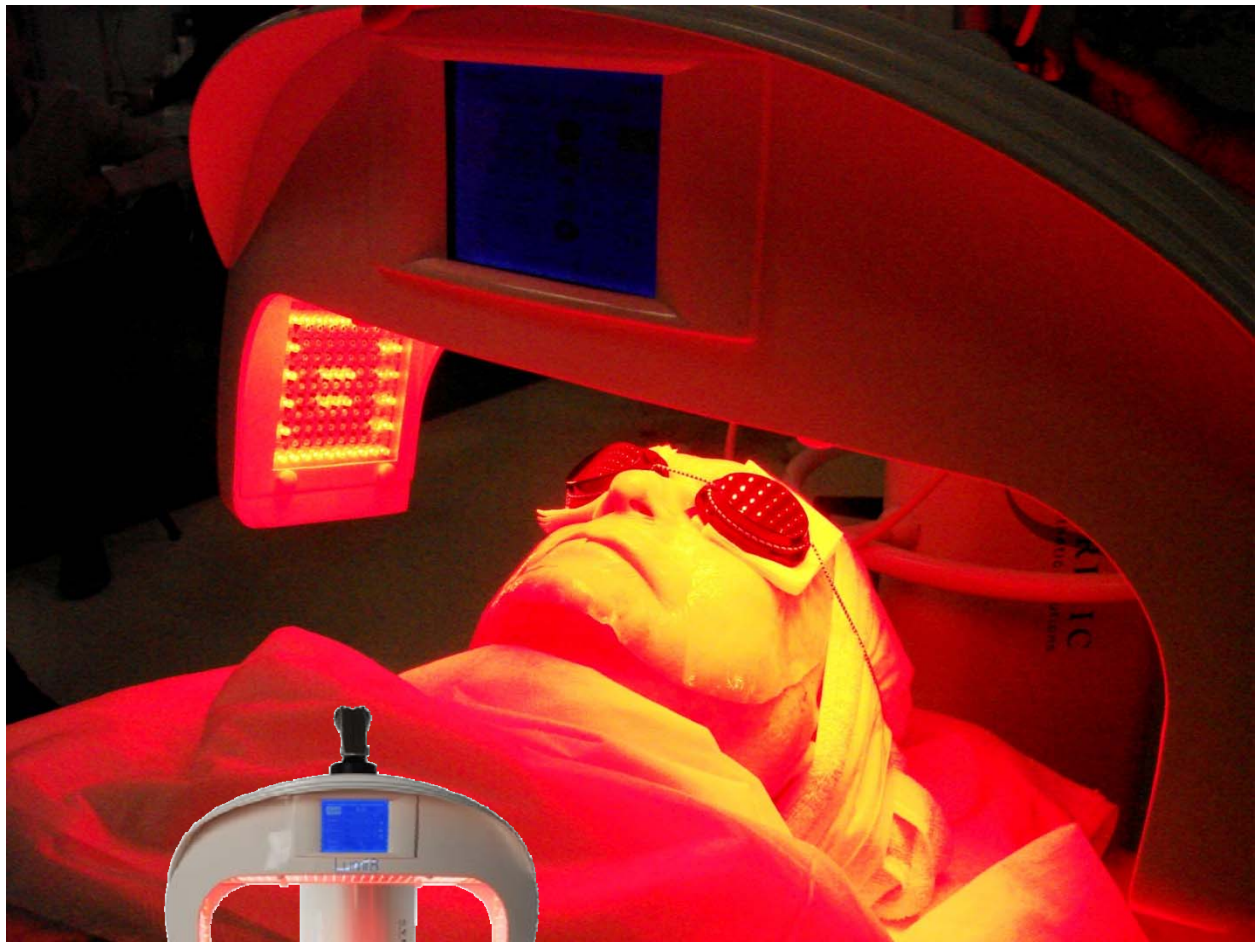


Post-Treatment Care (Mask Application)

After the treatment, the face was patted dry and a sterile cold mask was applied to the face for approximately 20 minutes. Antibiotic ointment may be applied immediately after the treatment, and a high quality moisturizer should be used liberally for three to four days after the treatment. Avoidance of the sun is important for the week following the treatment.



The subject was also placed underneath the red LED array of the Lumi8 System to enhance the wound healing response for 30 minutes.



Lumi8
INTENSE LED LIGHT FACIAL SYSTEM



Results & Discussion

Following the treatment, and depending on the treatment parameters used, it is expected that the subject will experience intense erythema and edema which will typically last anywhere from one to three days. Small crusted “dots”—which are the ablated epidermal tissue at the opening of each tiny ablative “crater”—generally appear the day following the treatment and flake off in a few days. The depth of each tiny “crater” will depend on the parameter settings used. A small zone of coagulation may also be visible surrounding each micro-crater. Immediate skin tightening and increased blood circulation will usually be immediately visible after the treatment. Phagocytosis generally becomes observable in the healing crater one week following the treatment indicating the initiation of neo-collagenesis leading to the formation of new collagen fibers. Two weeks post-treatment the phagocytosis will usually be complete and new collagen deposited in the center of the healing crater and the surrounding area of non-ablative (coagulative) heating.



THREE (3) DAYS LATER:



THREE (3) WEEKS LATER:



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