

Moulding soft tissue

With more patients seeking minimal downtime, there is much value in non-surgical soft tissue shaping. Dr Diane Duncan describes radio-frequency shaping using the Invasix BodyTite

Many practitioners may look for treatments beyond toxins and fillers to help patients achieve their goals of looking better without surgery. There are some techniques that you can offer patients to give visible and often dramatic results with high patient satisfaction, that are minimally invasive to non-invasive, low-risk and cost-effective.

There is a great deal of value in tissue shaping and, instead of cutting out skin and pulling the skin tight—which can give a distorted effect, more patients are requesting shaping the ageing tissue to give a natural result.

I like to shape soft tissue without surgery by looking for depressions to fill, and adding more volume than you can do cost-effectively with fillers alone. I also shrink the laxity of the skin and soft tissue layer, as a lot of people lose some definition of their face, mostly to skin laxity and soft tissue atrophy with time.

Tools of the trade

When a patient comes in for a facial consultation, I tend to look first at achieving volume using a fat grafting procedure which, when performed well, gets great results.

I also use some laser, liposuction and external ultrasound. I still provide injection lipolysis, but I particularly like radio-frequency shaping devices.

One device in particular is the BodyTite by Invasix, which I have used for over three years. I first used it to perform liposuc-

tion with less resistance, but found that there was a nice skin contraction and soft tissue tightening side effect.

One application of BodyTite is the FaceTite, which is a device I use exclusively—even for body areas. The cannula width is less than 2mm, so you can use an entry poke of the 18G needle. There is no stab incision and therefore no need to close an opening. It is a good way to create lift in the face and neck without taking out skin.

A fairly resistant area to improve with face-lifting or any of the other energy-based devices is the nasolabial fold marionette line. This is a difficult area to treat, even with fat grafting, but you can get a nice improvement with the FaceTite.

One of the new areas I am focusing on is the definition of obscured landmarks—improving angles, jaw line, jowls and chin. My target is the fibre supply network, which I believe is a relatively new target. We are not really treating skin or fat, but instead looking at the stromal tissue that supports the adipose network.

If you tighten the fibre supply network, you get several effects: tightening of the tissue; tightening of the skin, because the overlying skin accommodates; and re-adherence of the loose flabby tissue to the underlying fascia.

Heat

When delivering radio-frequency assisted liposuction, there is some benefit with adding heat. The effect of adding heat is

achieving three-dimensional tightening—it's not only horizontal or vertical but also oblique. It pulls the tissue in and re-adheres it to the underlying fascia.

One problem patients may present with is the pendulous hang of tissue, especially in the arms. I had a 63-year-old patient who wanted some improvement of her arms, but didn't want a brachioplasty and was very strict about avoiding scars.

Six months after radio-frequency treatment with heating to her upper arms, there was a dramatic improvement in the pendulous hang of the arm. She still had a little laxity in her elbows but it was quite an improvement for a lady who would otherwise have had empty bags of hanging skin with liposuction alone.

Patients may also present with a pendulous hang over a C-section scar or the suprapubic area. I treated a 53-year-old woman who had had three C-sections and wanted some improvement of her abdomen but flatly refused a tummy tuck.

She participated in a study where her left side was treated with suction assisted liposuction (SAL) plus radio-frequency heating and the right side was treated with SAL alone. While it had improved, the results showed some residual overhang in the SAL side, but there was no hang at all on the radio-frequency treated side.

So how does this translate to facial treatments? These, I believe, are a "home run" because the region is smaller. You can treat under local anaesthesia and it is easier to get a good result in difficult areas.

A tough facial problem to treat, which we all struggle with, are depressions. If you have a patient with very strong and pronounced depressions—for example, the nasolabial folds or the marionette lines—adding fillers to them will often make the fold less prominent but unless you lift the sagging skin, you won't get complete correction.

One way to treat this would be with radio-frequency assisted liposuction, which heats the tissue above and below, and fat grafting in a linear manner along the depression to get a smooth correction of the depression that lasts long-term.

Fractora

Many people with Scandinavian or UK-type heritage seem to suffer with "granny skin"—fairly thin, crêpey and wrinkly. It is loosely attached to the underlying fascia—frequently sun damaged and marred by pigmentation.

Laser resurfacing is universally recognised as an excellent treatment, but a lot of people are discouraged by the down time. The Invasix platform also offers Fractora, which is a resurfacing alternative—it gives you a minimum temporary deformity—you can have from 20 to 60 and now 126 pins.

One downside is that you may need to perform several treatments. But the upside is that because there is virtually no visible deformity, patients can go back to work the next day and look fine—there is very little down time. And the one thing that I really like: it is pain free.

I had a patient who looked amazing without makeup, but she didn't like the fact that she had some hyperpigmentation, a bit of puffiness around the corner of her mouth and a little bit of a jowl. In this case, the only treatment I would recommend is Fractora.

After two treatments her hyperpigmentation was gone, and the puffy areas and the slightly more lax areas were much better. If you have high-demand patients like this, who want just a small amount of correction and you want something that's risk-free, I think it's a great device.

You can get the Fractora Firm or the Fractora Firm Plus for

treating the neck and body areas, which is a heating device. I usually start at about 30 millijoules and heat about to 41° centigrade. This may sound quite hot, but an advantage of the Firm is that it starts at skin temperature and it feels very comfortable and the gradual heating is pain free.

I use fairly slow strokes to get some heating of the subcutaneous tissue, but not so much heating that you cause fat atrophy. However, it can be used with the intent of producing fat atrophy in the region of the jowls or the neck.

I prefer to slowly get up to the optimum temperature and stay there for about two minutes. I like to use Fractora for the neck because healing can be fairly slow with laser treatments, and the Fractora heals quite quickly. You will have to carry out more than one treatment, but you don't have the downtime.

For most of my patients who come in and want comprehensive facial rejuvenation, my best combination is fat grafting and some type of resurfacing along with a radio-frequency neck lift for the flabby neck, jawline and perioral features using Facetite.

We should look beyond toxins and fillers—it's the smart thing to do. My new tool is radio-frequency tightening of the fibre supply network because I know if I target this network, I'll get a lot of improvement. It can be minimally or non-invasive and has very high patient satisfaction.

Dr Diane Duncan is a consultant plastic surgeon based in the United States



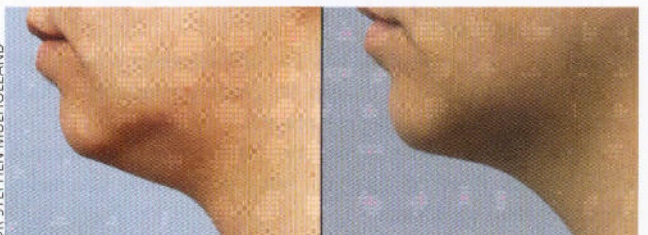
DR DIANE DUNCAN

Before and after one session of treatment with FaceTite



DR STEPHEN MULHOLLAND

Before and after resurfacing and skin tightening with Fractora



DR STEPHEN MULHOLLAND

Before and after six sessions of treatment for neck and chin with Fractora Firm