

Transcript Details

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RF Microneedling Safety: Reframing the Conversation with Leading Experts Ch. 4

Konika Patel Schallen, MD:

Well, we are having such an interesting discussion on this next-generation technology and all of the amazing science behind it. And I think we could continue to talk about it, but I really want to bring this back home in terms of, well, what does that mean to us? What does that mean to us in our offices? What are our patients saying about it? What kind of experiences have you all had? So I want to run through some of these slides so that you can show us what types of things that you use Matrix to treat, where you find Matrix fills a need in your practice. And I wanted to start with some photos, some cases of submentum and jawline treatments, because I think that this is really a sweet spot for Matrix. It does such a fantastic job because you can control, as you mentioned earlier, Scott, where you do want to perhaps reduce in the submentum and really define the jawline.

So, Dr. Newman, this is one of your patients. Tell us about this patient.

James Newman, MD:

Right. So this is a very healthy patient with an active lifestyle who really doesn't have a lot of downtime for a major procedure. And so she was an ideal candidate who was just concerned about a little bit of laxity and definition of her jawline and submental area. And you can see the areas that were treated to define the jawline a little bit more. You see less skin hanging underneath the chin. And this is a before-and-after treatment after five months. And I think it's one of the interesting things about how the collagen remodels over time, as well as the elastin, in that patients will oftentimes have a little bit of initial tightness from the swelling of the procedure, which is minimal, and they really see the maximum maturation between that four- to six-month time period. And so I think it's important to explain that to patients and they're very happy when they see their pictures after the duration has occurred.

And so this was a very happy patient because she was able to return to her active lifestyle with really just a weekend recovery.

Konika Patel Schallen, MD:

That's fantastic. And this next patient.

James Newman, MD:

And the same thing. The other area of big concern for our patients is the lower part of the neck and the upper chest area, the decollete area. So we know that surgery is one of those things that can really reduce excessive tissue. We can remove extra volume, whether it's a gland or tighten the muscles, but for the overall skin laxity, we love using the Matrix for this area because it fits that last part of the quality of the skin. And you can see in this patient the improvement in her decolletage and the lower neckline wrinkles, which is always a weak point. So trying to prove skin quality is something that surgery can't do and the Matrix really helps our patients fit that missing link for overall rejuvenation.

Cameron Rokhsar, MD:

And if I may add to that, I mean, the neck is one of the toughest areas to treat. I'm a big fan of ablative laser resurfacing because we know that's the gold standard for skin tightening and rejuvenation. And even with ablative resurfacing, we always shy away from treating people aggressively on the neck and the chest. And many studies published in our literature have showed that the neck has a much higher chance of scarring, even with fractional ablative resurfacing, compared to the face because it just doesn't have the healing capacity of the face. So I feel very comfortable, actually, treating the neck with this device because I know this device is very safe on the neck and it can deliver the results.

Konika Patel Schallen, MD:

Dr. Hogan, you mentioned sublativ, and that's another area that the platform ...

Sara Hogan, MD:

Yeah. I love sublativ for this area because you're able to target more superficially in the dermis and not incur any type of epidermal injury because there's less stem cells on the neck skin. So the potential for scarring is high.

Konika Patel Schallen, MD:

And this is one of your patients?

Sara Hogan, MD:

This is my patient. So this is a patient in her 70s. She is 10 years post-facelift and is adamant on not having another one, is having some expected age related changes on the submentum and the superior part of her neck. This is after two treatments. I believe this is about six months apart, and she's very happy with the change of the jawline contour and the skin on the upper neck.

Konika Patel Schallen, MD:

One of the things I notice here is volumization. And I think we see that fairly consistently with Matrix. What do you think is going on with volumization? Why are we seeing that?

James Newman, MD:

Well, it's because of coagulation zones where you're taking some of the existing old collagen, which is more disorganized, and we're seeing that triple helix being kind of contracted in, and then you're getting the stimulation of the fibroblast to make newer collagen. So we're replacing the old damaged collagen with newer collagen, and that leads to this improvement in volumization, as well as the improvement in the elastin tissue as well. So it's something that patients notice, not only with their overall texture, but they just feel that they have a little bit more fullness. It's almost like having a full syringe of some other type of filler, but has been distributed more evenly, and it's the patient's own collagen, and that's something that's going to last for a long time.

Konika Patel Schallen, MD:

And in a place where it's difficult to get fillers. These are areas around the mouth, around the smile lines, into the dermis directly that's difficult.

James Newman, MD:

Absolutely.

Sara Hogan, MD:

And there was no filler done. I think you bring up a good point because we are always in pursuit of creating new elastin and we just end up focusing on collagen as a proxy, but with this device, we're able to achieve both. And patients will say, "I feel more spring in my skin in addition to volumization."

Konika Patel Schallen, MD:

And actually the HA that you mentioned, the plumpness, I think, is so important. It's that sweet spot of coagulation.

James Newman, MD:

Absolutely.

And again, these were all published studies in the *Red Journal* as well as in *Dermatologic Surgery*, where we used an elastometer on the skin, comparing before-and-after treatments. And we showed that there was about a two-and-a-half-year improvement in skin elasticity with this type of technology.

Konika Patel Schallen, MD:

That's amazing.

Scott Gerrish, DO:

Yeah. Very first patient with the Matrix, and this is the patient that really converted me as a believer in how well this works. But an actress, had no time for any kind of recovery. We did a few treatments with her, just two treatments, but you can see it three months and nine months, and just even a little bit more improvement from three to nine months, but it shows the longevity of this as well. Not only that it's a progression of events in terms of the first six weeks you might have microscopic swelling and you're seeing some fool's gold, essentially. And they're like, "This is great." And it's like, "Well, it's going to go away." But the real collagen production, elastic production, really from two to six months, but then you see nine months, you see 12 months, you see them maintaining the results, which just shows we are making some foundational changes in the skin.

But look at the definition of the jawline and in the before picture and her eyes are blocked up, but I have never seen a treatment that has

created such a nice change in rejuvenation around the eyes and it gave her maybe a millimeter to a millimeter and a half of a brow lift and it just opened up her eyes and it was just transformational. And she was a patient that we treated with previous technology in the past and saw marginal change. So you could argue that some patients are just incredibly responsive to technology. You see a great before-and-after picture and you say, "Well, do they have to treat 1,000 patients to get that one who just, their skin loved it and it was a brochure type thing?" Well, this was a patient that we gave her a stimulus of heat and coagulation zones in the dermis and saw marginal changes, but then we come over to the Matrix and sees phenomenal changes and it's just really a testament to the technology.

Konika Patel Schallen, MD:

And again, I'll echo here that the jawline and the ability to define the jawline, if you look here at the submentum, the fullness in the submentum that can be brought back by going in and responsibly knowing exactly where you are in the tissue, reducing some of the adipose tissue there and then tightening the skin around it makes that difference in the jawline along with the volumization.

Scott Gerrish, DO:

And I think, as a physician, how comfortable do you feel treating that, going after fat, knowing and seeing the numbers? And how at ease are you versus just going in blindly like we did in the past? It's huge.

Konika Patel Schallen, MD:

Yeah, absolutely. And the nice thing about it is we know there's some injectable technologies that can help us reduce large areas of fat and that's fine, but you can't get that laterally. So there is nothing else that, in my hands non-surgically, that I can do to define the jawline in that way.

James Newman, MD:

No, and that's a beautiful result and you're able to treat the different depths knowing where you are. So you can treat the fat, you can treat the deep dermis, you can treat the epidermis, and you get a nice, natural type of result. Yeah.

Gilly Munavalli, MD:

And the patient's more confident. She's dressed up, she's got earrings on, jewelry on, she's happy.

Konika Patel Schallen, MD:

That's right. That's right.

Scott Gerrish, DO:

And the thing too is if you mentioned injections, dissolve fat, but what happens to the skin if you dissolve a bunch of fat? Now you can address the skin and the fat in one pulse.

Konika Patel Schallen, MD:

Yeah, absolutely. And the texture of the skin, as we'll talk about as we move along here. And these are just some additional photos that we love because the jawline, I really don't think there's anything that really makes this difference in the jawline that's nonsurgical. You mentioned periorbital treatments, and so what are you seeing in some of these periorbital treatments?

Scott Gerrish, DO:

Yeah. I mean, consistently when we treat the forehead, we're seeing really nice brow lifts and it's just opening up the eyes. But the other thing too is as you go into the infraorbital area and you can adjust your depth so you don't have to worry about getting that fat pad and destroying fat. And so we're really seeing consistent results where we can be confident that we're doing exactly what we think we're doing.

Konika Patel Schallen, MD:

Anybody else want to share their experience in the orbital region or periorbital region?

Gilly Munavalli, MD:

Yeah, we've got a couple coming up. The brows, the brow is a very difficult area to treat non-surgically, I would say. And for us as dermatologists that don't do brow lifting procedures surgically, our options are limited. Because you see in this photo that opening the eye, raising the brow even a couple of millimeters, one to two millimeters, takes some of that dermatochalasia or heavy collecting skin off the upper lid. And so from that standpoint, it's good. And then the lower lid, as you mentioned, you get a little bit of volumization and improvement in non-dynamic wrinkles and volume loss, which can look and age the patient, but also unmask of pigment or vascular that we don't ... Considerations that we don't want.

James Newman, MD:

It's a perfect treatment as an adjunct to neuromodulators, which treat the muscle. And what's so nice about the Matrix with those very

fine needles is that you can treat very safely right into the inferior tarsal plate of the eyelid and do the resting lines around the orbicularis, the so-called crow's feet lines. So patients appreciate what neuromodulators can do, but they don't really treat the skin. And when you add the Matrix to that, it's just a win-win situation.

Konika Patel Schallen, MD:

We're really talking about the patient journey and treatment along the course of ... over many years. So even if you're doing ablative laser, which is also excellent around the eye, what will you do to maintain that result over time? Or what will you do in the forehead to improve the brow? And Dr. Hogan, you mentioned subablative as well as an adjunct and combining the two. How do you find your experiences with the periorbital? So I know we're really talking along the patient journey and just interested too, as you mentioned, subablative, how do you combine the two or what do you use for that journey around the eyes?

Sara Hogan, MD:

Yeah, I think this is where Matrix shines because there's two different modalities that you can use periorbitally. And so if there are the deeply etched lines around the eyes, I like to combine subablative with Matrix. I like to actually also use Matrix for Malar festoons, which are notoriously awful to treat non-surgically. Patient seems to be happy with that as well. You're able to get some collapse of that potential space with the heating, being very precise in that, because obviously you don't want to create too much damage that would then worsen the edema that's infraorbitally. So I think the device allows a lot of flexibility, but also controlled treatments in a very cosmetically sensitive area for patients.

James Newman, MD:

And I'd like to just second that with Malar festoons or fluid collections underneath the eye in that orbicularis muscle space. There's nothing that works better than the microneedle radiofrequency because it cannot really be treated adequately surgically. And so this is one area where amongst plastic surgeons, the microneedle radiofrequency with the Matrix has really kind of been a game changer to help address that problem. And also for patients who've had too much of an HA filler where they get residual edema in that area, you need to sometimes reverse some of the HA that's holding onto too much hydration and you want to kind of build back up the collagen, the Matrix is kind of the remedy to improve that situation.

Konika Patel Schallen, MD:

And these are very difficult. These are key areas that are difficult-to-treat problem spots that Matrix helps fill.

Gilly Munavalli, MD:

100% agree. And then as we move to patients with different issues with brow ptosis or upper lip ptosis, or if you want to add this as an adjunct to a non-ablative or ablative resurfacing, you can because you've got to be at a depth that's appropriate for the thickness of the skin there in the suprabrow area, which is thicker. And if you're not where you're going to be, then the elevation just won't happen. And that is difficult to deliver even with an ablative laser, because you still have to vaporize through the skin to get to the depth that you're looking for, and this you don't.