

Transcript Details

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RF Microneedling Safety: Reframing the Conversation with Leading Experts Ch. 5

Konika Patel Schallen, MD:

Well, I think lifting and particularly those problem areas are so amazing with Matrix, but the other side of it is: what else does radiofrequency microneedling do? And these are somewhat surprising, but also makes a lot of sense. Skin tone and texture. I think that's the first thing that patients start to see in about a month out. So let's talk about that a little bit.

James Newman, MD:

Yeah. And you can kind of see the overall global improvement in the tone and texture of this patient that I showed earlier. And it's just amazing how it gives a healthier glow. You have better hydration, better reflection of light to the tissues, and all the patients notice that right away. And like I said, you're able to dial in the different depths. So for an overall kind of healthy glow, it's just nice to show the patient what their own collagen can do when stimulated appropriately.

Cameron Rokhsar, MD:

You know, we have a lot of choices for skin rejuvenation, ablative lasers, non-ablative lasers. The biggest selling point for me in Manhattan, in my practice for rejuvenation and this device is the minimal downtime. And I don't think I have any other devices in my possession that I can give patients results with such minimal downtime. I mean, I can get these people to be minimally red within 48 hours and that's what they want. It's something that I can't deliver with my non-ablative or ablative lasers. And that's the biggest selling point for me in Manhattan, having this device.

Konika Patel Schallen, MD:

Across skin types, all year round.

Cameron Rokhsar, MD:

Correct.

James Newman, MD:

And what's also rewarding is the fact that after patients have gone through their first treatment and you see the improvement in their brow position, their overall skin texture, they're asking when can they do their second treatment? Yes. And so that's one thing that, we look at this and oftentimes I tell patients that for some of these regenerative capacities, if they can do a treatment once a quarter or even just biannually, they're very, very good with that. So it fits with their specific situation. Obviously somebody with more dermal scarring or acne scarring, they're going to do something a little bit more frequently, but patients are very pleased to know that they can come in and do this treatment maybe twice a year and we're being very, very thorough. And so when patients are asking, "When can I have my next treatment?" That's always a very positive sign.

Konika Patel Schallen, MD:

Are you experiencing the same thing in your practice?

Sara Hogan, MD:

Yeah. We're in an age where patients want to be natural. They don't want foreign substances. So this is energy stimulating their own collagen. We have patients that want something that is effective, that has minimal downtime, and that's reproducible. And you're able to do this because you're able to give a controlled, precise treatment every time with the Matrix.

Konika Patel Schallen, MD:

What are your patients saying?

Scott Gerrish, DO:

Yeah. I think when you talk about the pain points for the patients, right, it's results, it's safety, it's recovery, and it's all of those that add up to, is the patient going to do a second treatment? But the one thing that's really important is that in-room experience, because sometimes they get the results, the downtime isn't that bad, but it's a God-awful experience. And they're just like, "I would never do that." How many times have you ever heard, "Oh, I could do this, but my friend could never do it, so I'm not going to refer her." And that was the one thing I noticed with the Matrix because of how the motor is driven and how the needles are designed and how the energy is delivered. The pain for the patient, the discomfort for the patient was dramatically better to the point that we went through Pro-Nox in the office, like 25% of what we used to, because patients ... I used to think it was an escape for them to use the Pro-Nox, but then they were like, "No, if I don't need it, I don't need it."

And they would just not use Pro-Nox because the treatment was that much more comfortable. And when it's a better experience on all of those pain points, they are more likely to come in for a second, third, or fourth treatment.

Konika Patel Schallen, MD:

And this is your patient, Sara?

Sara Hogan, MD:

Yeah. So this patient just turned 40, has some atrophic hypopigmented acne scars, some erythema. She has dyschromia from excessive sun exposure previously, but also had noticed some lower-face laxity. And so that is where you're able to customize. OK, we can treat texture and tone, and then as we move lower on the face, we can adjust our settings so that we can also address some of that laxity. And she was very happy. These were taken about three months apart, sorry, three months after two treatments were performed.

Konika Patel Schallen, MD:

That's beautiful. And the tone is gorgeous.

Sara Hogan, MD:

This is a patient who has active melasma and was reticent to have any type of procedure that could potentially exacerbate her melasma. So we did start, she wasn't having any treatment for the melasma, we did start some topicals to address the melasma, but we were able to perform a treatment. So she was most interested in improving texture, tone, as well as some of the under eye changes, and she was very happy. This was also taken three months apart, and the melasma did not flare. So she was surprised and very pleased about that.

Konika Patel Schallen, MD:

Let's talk about that for a minute. That is really something worth talking about in the ...

James Newman, MD:

Absolutely. Listen, as a plastic surgeon, the last thing I want to deal with is melasma on any of my patients, and just knowing the safety of this technology just puts me at ease. And so it's just wonderful that we can treat such a variety of different patients, skin types, and we have patients from all over the globe that come in, and it's just hearing it from my dermatology colleagues that they feel very comfortable with this type of treatment, and I think maybe there'll be some other aspects of being more aggressive to treat melasma with this technology and some other kinds of agents that can be delivered topically, because really, there is a method of enhancing permeability of some of these products. And I always learn from my dermatology colleagues and yourself what they're doing to kind of improve that situation. So I think there's a whole open chapter on regenerative medicine in this field and having these small micro channels will be able to enhance things that we haven't even thought about.

Konika Patel Schallen, MD:

Absolutely. There's so much data behind this. Dr. Orit Markowitz published looking at OCT imaging and showed the decrease in vascularity underneath the melasma. And then when, of course, you use something like subablative to enhance permeability and perhaps use vitamin C or tranexamic acid or those types of things or further treating it. So really, really wonderful combination here.

Scott Gerrish, DO:

Yeah. And this is, again, back to my first patient, the first thing when everybody looked at this is, "Oh, you did subablative on her as well." And it was like, no, this was just the Matrix. And it just shows that even though we're protecting the epidermis and the epidermal-dermal junction and the upper dermis, is we make significant changes in pigmentation just with the microneedling itself. And that was the first thing that that was very impressive for me is why did we see so much tone and texture change when we were doing mostly deep dermal work?

Konika Patel Schallen, MD:

And you mentioned acne scarring as well.

Gilly Munavalli, MD:

Yeah. I think your point is a good one. There's so much we don't know about, and I think hopefully we will find out in this next five, 10 years, about what subpopulations of the fibroblasts are we stimulating and what are we telling them to do? So you mentioned the depth, which is important in acne scarring. These are deep dermal defects, probably more than a half a millimeter down to 1.5 millimeters down. And if you can't reach that subpopulation of fibroblasts, you're not going to be creating new collagens to make new collagen and making senescent fibroblasts active without energy reaching them. You can go right past them, but I believe those four types of fibroblasts which are layered in different zones in the dermis can all be stimulated through different depths of treatment. And so here we have a nice rolling sort of one cosmetic unit, rolling scars caused by old acne that are distensible and depressed in nature.

And they capture light and they become a contour issue and it can be even worse in certain lighting situations like sidelighting or backlighting. But here we've increased the collagen through volumization of all the processes we talked about and corrected that. And the same can be said in darker skin types because you have the ability to put energy away from the dermal-epidermal junction where the melanocytes here can be stimulated not just by ultraviolet but by heat. And here in this situation, we have, looking with cross-polarization of one day and five days, a marker in skin of color, darker skin, is erythema. Minimizing erythema usually means you're going to minimize post-inflammatory hyperpigmentation. And so following patients along and even at three months out, improvement in the acne scarring and some of the discoloration is obvious.

Konika Patel Schallen, MD:

It's incredible improvement in the pigmentation as well, as you mentioned earlier.

Cameron Rokhsar, MD:

Acne scarring is one of my favorite indications for this. And again, if we just look at the science of acne scarring, as Gilly mentioned, our non-ablative lasers are not able to penetrate at the highest setting more than 1.5 millimeters deep. And the CO₂ lasers, in my opinion, are best suited for wrinkle reduction and not for acne scars because they're good at skin contraction and you need more volumization for acne scar treatment and not just skin contraction. So this is a perfect indication for this device because first you can figure out how deep your acne scars and then dial into that depth that you want and you can even combine this treatment with a non-ablative laser. So if you want to go beyond the 1.5 millimeters that most non-ablative layers are able to penetrate. So I love this device for treatment of acne scars for these reasons.

Konika Patel Schallen, MD:

And so there are so many indications along the lifetime of the patient and the patient journey that makes this a very practical tool in the practice for us to be able to use. Well, I want to thank everybody for sharing your experience and your patients' experiences and this has been a wonderful discussion. I could continue to talk about the science of this and what we're seeing and how happy our patients are for quite a bit longer, but I know we're going to need to wrap this up. So on behalf of the team at Candela, we'd just like to thank everyone for joining us to talk about radiofrequency microneedling and the next generation of Matrix.