

Laser Liposuction: A 2 Year Experience

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Paradoxes of Progress

QuickTime™ and a IFF (Uncompressed) decompressor are needed to see this picture.

Sir Peter Medawar

"technology and science advance in a sinusoidal pattern"

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Discoveries arise through necessity & create need for new technology
 When technology advances without a scientific basis <u>be cautious</u>



Current Techniques of Lipolysis

- Topical anti-cellulite creams
- Oral anti-cellulite medication
- Trans-cutaneous laser lipolysis
 - ultrasonic lipolysis
- Sub-cutaneous injection lipolysis
- Subcutaneous `mechanical' lipolysis aka liposuction
- Subcutaneous Liposuction with: Ultrasonic lipolysis

Vibration lipolysis Hydro lipolysis Radiofrequency lipolysis Laser lipolysis



Topical Anti-Cellulite Creams

- > 30 products commercially available
- Only 1 study with blinding: 8 pts only
- Not effective in double blind placebo study
- Top product : Revitol
- 3 most common agents: retinol, caffeine, aminophylline
- 'Ms. Sixty Jeans': retinol capsules rupture with wear!

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Oral anti-cellulite Medication

- Cellasene: Fucus vesiculolus or bladderwrack & clover extract, gingko, grapeseed, 240mig iodine, primerose oil and fish oil, lecithin
- Published studies, New York 1998 and London 1999: placebo and double blinded found <u>no difference</u>



Cutaneous Injection Lipolysis

- Self administered 10 week kits (\$540) 'Lipodissolve'
 AKA: Lipostabil
- Each kit contains:
 - 5mls: 1250 mg Phosphatidylcholine+deoxycholate
 - 10mls: 14 mgs Tiratricol: Triiodothyroacetic acid
 - 10mls: 2% Procaine HCL
 - 10 x 5 ml syringes
 - EMLA cream
 - 10 x 30 g needles

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Injectional Lipolysis for Lipomas

- 30 lipomas in 10 patients: Germany 2007
- 4 Phospatidylcholine injections/lipoma/6-8 wk intervals
- 46% reduction in sonographic size
- 27% hematoma complication
- 40% complained of pain over injection site Bachara, etal, 2007. J Cut Surg 10(4), 155-9.



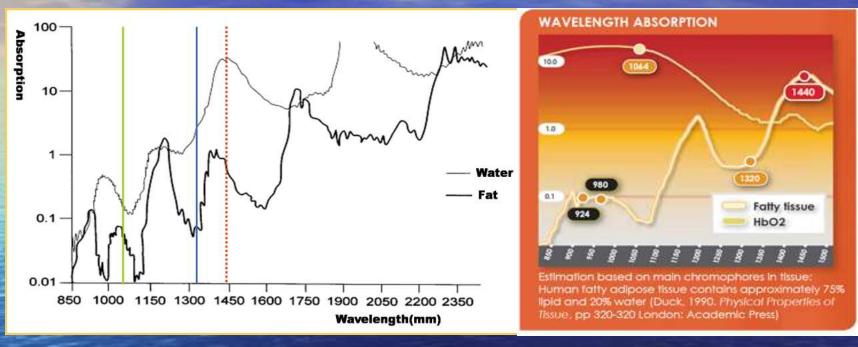
Sub-cutaneous Laser & Liposuction: 8 companies

| Name | Wavelength | Pulse Freq | Pulse | Max power | Fiber | Pulse | Simultaneous | Date FDA |
|--------------------------|--------------------------|------------|---------------------------------------|-----------------------|-------------------------|-------------------------|----------------|------------------|
| | (nm) | | Power | output | size | width/duration | or staged lipo | cleared |
| Osyris 'LipoControl' | 980nm diode laser | | | | | | staged | 2009 pending |
| CoolTouch 'Cool-Lipo' | 1320 Nd:YAG | 20-50 Hz | | 15 Watts | .32-2mm | 100 micsec | simultaneous | January 2008 |
| Eleme 'SmoothLipo' | 980nm | continuous | | | | | | |
| Cynosure 'Smart-Lipo' | 1064 &1320 Nd:YAG | 40 Hz | (aiming beam- 3mW) | 6, 12, 18 watt | .35mm .4 mm, .6mm | 150,200, 250 mic sec | staged | November 2006 |
| Palomar 'SlimLipo' | 924 & 975 diode laser | continuous | N/A | 15-25 Watt & 40 watt. | 1.5 mm | continuous | staged | April 2008 |
| Sciton 'ProLipo' | 1064 & 1319 Nd:YAG | 1-50Hz | 5-10 watts | 5-25 Watts | 0.6 and 1 mm | 10-100 microsec | staged | July 2007 |
| Lutronic 'AccuSculpt' | 1444nm Nd:Yag | 40 Hz | 175 mJ | 7 W | 0.6mm | 100-150 micsec | staged | November 2008 |
| Syneron 'LipoLite' | 1064 Nd:YAG | 50Hz | 800mJ 2 pulsed energy levels | 12 Watts | .550 mm | 100-800 micsec | staged | May 2008 |

From 2006-2009



Lutronic AccuSculpt 1444nm Laser Assisted Liposuction



- Purported to be the greatest fat absorption coefficient of laser assisted devices: " > 8 x absorption 1064 and 1320nm"
- Relies on photo-acoustic properties & less photo-thermic action for lipolysis
- Because of this requires less power and therefore less thermal damage
- Theoretically, should have high photo-thermic injury, purported opposite
- Competing chromophores: ie dermal water should limit power used



'Slimlipo': Palomar Aspire 924 & 975 nm YAG Laser Assisted Liposuction

- Approved for laser lipolysis April, 2008
- Dual Diode laser
- 924nm high preference for fat absorption
- 975nm high preference for dermis
- Purported continuous wave delivery with 20 times greater area of thermolytic lipolysis over other laser lipolysis

Histological zone of thermal effect

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Slimlipo

Imm diameter fiber and 0.4mm tip

1064nm



Cooltouch CoolLipo 1320nm Nd:YAG Laser Assisted Liposuction

- Delivery fiber diameter 320-2000 microns
- Designed for small area: neck and chin
- New CoolBlue Duet Handpiece : <u>ablates and simultaneous</u> <u>aspiration</u> with 2.5 mm cannulae (June 2008)



SmartLipo 1064nm Nd:Yag SmartLipo MPX: 1064+1320nm SmartLipo Triplex:1064+1320+1444 Laser Assisted Liposuction

- Originally Italian 'Deka' company: termed 'lipolysis', designed for up to 500cc
- FDA approved 2006 Cynosure
- 1, 734 pts Brazil: 1 burn, 1 seroma, all < 500 mls, 300micron fiber, 1mm metal cannulae, tumescent technique (Goldman, 2002)
- Commonest complaint <u>undercorrection</u> especially larger treatment areas
- 82 pts Brazil: submental area: similar overall results with traditional liposuction except he noted less postoperative bleeding (Goldman, 2006)
- <u>New 1mm fiber and hand-piece measures tip temperature and</u> regulates energy provided to avoid overheating and skin injury
- Maximum power MPX up to 30 Watts 1064nm, 16 Watts 1320nm



Syneron Lipolyte 1064nm with Nd:Yag Laser Assisted Liposuction

Up to 12W, 100-800 mcsecsUses 2 pulses:

<150 mcsec + < 250 mJ:photo-mechanical ie high frequency and low energy:mechanical
> 700mcsec+>1J: photo-thermal ie low frequency and high energy: thermal
0.55 mm diameter fiber
Disposable handpiece/cannulae

• Recommended for < = 15x20cm zones



Sciton: 'ProLipo' 1064+1319nm Nd: Yag Laser Assisted Liposuction

- Subcutaneous laser lipolysis followed by liposuction
- 600 -1000 micron fiber, inside a 14 or 18g cannulae
- Choice of 2 wavelengths: 1064 & 1319 nm or blending both
- Maximum power 1064nm & 1319nm 40 W, RR up 50 Hz
- Pulse duration 10-100 microseconds
- May combine with transcutaneous intense pulse light:
- 'Skin -Tyte' 800-1400nm BBL: Broad Band Light



Trans-cutaneous Laser & Non-Laser Assisted Lipolysis: >13 companies

| Company and product name | Type of product | Action | FDA clearance |
|--|--|--|------------------|
| Erchonia 'Niera' | 635nm Dual Diode laser | Staged lipolysis before liposuction | 2004 |
| Erchonia 'Zerona' | 650nm Diode Laser | Lipolysis alone | April 2008 |
| Eleme 'SmoothShapes' | 650 nm laser and 915nm IPL | Cellulite reduction | January 2008 |
| Cutera 'Titan': V, XL,S | Infrared 1100- 1800 nm | Skin tightening | 2004 |
| Palomar 'LuxDeepIR' | Infrared | Skin tightening | Feb 2007 |
| Sciton 'BBL' | IPL: 800- 1400nm | Skin tightening | 2006 |
| Solta Medical 'Thermage' | IPL | Skin tightening | 2002 |
| Syneron 'VelaSh ape II' | RF | Cellulite reduction | August 2007 |
| Alma Lasers 'Accent XL' | RF: Uni / Bi - polar | Skin tightening | April 2007 |
| BTL 'Exilis' | RF ans U/S | Skin tightening | FDA pending |
| General Project 'Slim Project, Med Sculpt, Med Contour' | External 2 wave U/S and massage | Cellulite Reduction & lipolysis | November 2006 |
| Medicis 'Liposonix' | High intensity focused U/S | Lipolysis alone | Pending 2011? |
| MedixSysteme 'Ultracontour' | High intensity focused U/S and U/S vasodilation | Lipolysis Alone | Pending 2009 |
| Zeltiq Aesthetics | Cryolipolysis | Lipolysis alone | Pending 2009 |

IPL

LASER

RF

U/S



From 2002-2011



Science Behind Specific Wavelength Choice for Laser Assisted Liposuction

- Little information to support a given wavelength: either photoacoustic or photothermolytic, comparing histological or clinical data : 900-930, 1190-1220, 1700-1730, or 2280-2350 nm
- Fresh ex-vivo cadaveric abdominoplasty pannus lasered with 1064, 1320, 2100 nm using a 0.320mm fiber
 - Control: mechanical fiber trauma alone
 - Fiber withdrawn at 1mm per second, single pass
 - No clear fat liquefaction seen histologically
 - Difficult to capture photoacoustic effect histologically
 - Thermal damage dependent on power for each wavelength
 - Diameter of damage 1-5mm proportionate to power/pulse

Koury et al, 2008; Laser Surg Med 40(6):402-6



Liposuction alone vrs 1064nm subcutaneous laser assisted liposuction

- Few comparative clinical studies
- Laser assisted Liposuction described 1994: (Affelberg): inconclusive benefit using 1064nm over traditional liposuction

 Liposuction vrs Laser1064nm /liposuction randomised, controlled study in Chile, the latter causes:
 less pain (p > 0.0001 t test),
 less blood within the aspirate,
 average duration of surgery 25% longer (p>0.0005):
 otherwise all other parameters are equal:
 swelling, bruising, skin tightening, contour improvement (Prado, et al, 2006)

 82 pts Brazil: submental area: similar overall results with traditional liposuction except he noted less postoperative bleeding (Goldman, 2006)



1064nm Laser lipolysis with liposuction versus no liposuction

- No clinical studies sited
- No reports comparing liposuction with vrs no liposuction
- Lysed fat is locally inflammatory
- Does leaving lysed fat cause more swelling ?



Trans-cutaneous Laser Assisted Liposuction Versus Liposuction Alone

- Few comparative studies
- Erchonia Niera 635nm Dual Diode, 14 mWatt
 - Reduces swelling & bruising (Neira, et al, 2002)
 - Speeds up rate of extraction by liposuction:
 - 40% faster, after 6 minute of application

(Jackson, et al, 2004)

50% greater volume of lipolysis when tumescent solution used



BBL & Prolipo Clinical Choices

BBL: before or after laser liposuction ?
Laser lipolysis with and without liposuction ?
End-point of laser lipolysis ?

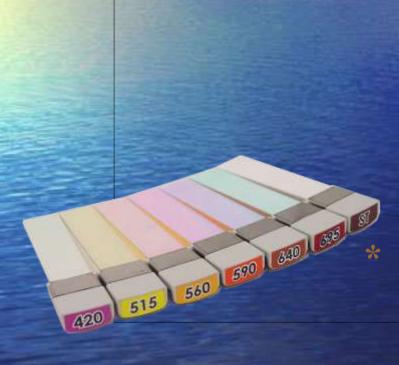


Variables In Technique of BBL & Laser Lipolysis and Liposuction

BBL settings and application method: passes
Tumescent Injection: concentration & volume
Laser Fiber: size, settings, technique: depth/passes
Liposuction: cannulae size, volume, end point
Post procedure care: compression duration



BBL Interchangeable Filters



Applications

| nm) |
|-----|
| |

- 420 -
- 515 -
- 560 -
- 590 -
- 640 -
 - 695 -
- Vascular & Hair Hair

Blue light

Vascular & Pigment

Vascular & Hair

Pigment

800 - 1400 - ST applicator *



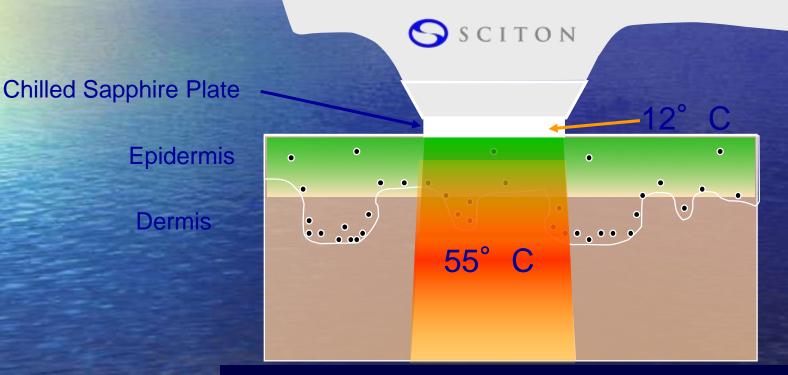
BBL: Controlled Cooling



- Sapphire crystal contact cooling
- Provides timed before, during and after contact cooling
- System sets skin temperature accurately from 0°C to 30°C
- Includes 15 x 45, 15 x 15 or round 10 mm treatment area



Sciton SkinTyte



The epidermis remains 12 C and dermis heats to 55 C



Sciton SkinTyte

Denatured collagen causing immediate contraction

Activated fibroblasts leads to long-term remodeling

Epidermis Dermis





BBL Settings

Set Cooling Temperature: 12°C is recommended. Set Fluence for TEST AREA, 40 yom² Check Cooling Temperature before each area to be treated

| Cooling Temperature | Starting Fluence | Pulse Width | Post Cooling | Passes |
|------------------------|--|-------------|--------------|--------|
| 12°C | 40 J/cm ⁴ < 20% on forehead | 5 seconds | 2 seconds | 1 to 5 |

Treat with non-overlapping scans. POSITION HANDPIECE COOLING PLATE in full contact with treated area. Use a thin film of colorless gel, KY, surgliube or water with the system for better heat removal, improved optical coupling, and lutrication for sliding the plate over skin. Get will insure contact in areas with highly irregular surfaces. ALLOW SEVERAL SECONDS OF COOLING before depressing laser foot switch.

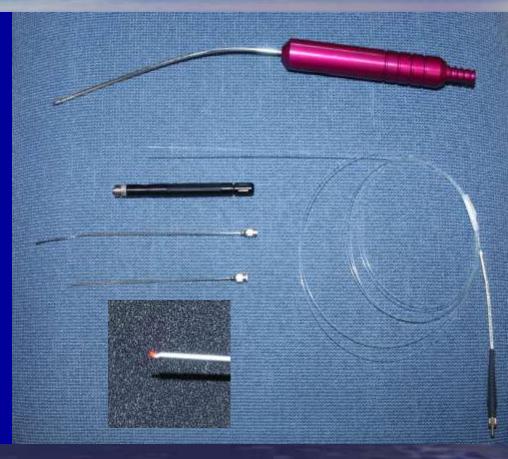




ProLipo Equipment

liposuction cannulaefiber and handle









Clinical Case Series: Case 1

Patient information: age 39
Hispanic with Fitzpatrick III-IV
Unhappy with submental pannus





Clinical series: Case 1 (cont.)

BBL: submental 40J/cm2

3 second pulse3 second post-cooling12C cooling temp3 passes

ProLipo:

- •20 ml 1% Lidocaine
- with 1:100,000 Epinephrine
- 0.6mm fiber
- 0.4 J/pulse
- 3000 Joules
- Repitition rate (RR) 30
- No liposuction performed

one week later



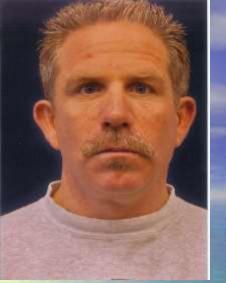




Continued improvement 4-5 months

More swelling without liposuction







- Patient Information: age 45
 - 1 yr after facelift

- Unhappy with separation of submental platysma
- & fat collections
- ProLipo: 20ml 1% lido with 1:100,000 epi
 - **3400 J** total, RR 30, 2.5mm cannula,
 - 10ml liposuction
- Followed by BBL ST:
 - Unable to determine end -point
 - <mark>4</mark>0 J/Cm2
 - RR 30 Hz
 - 12C cooling, 3 seconds, 3 passes



- Pt. Information: 63 F
 - Fitzpatrick II
 - unhappy with submental faty playtsma bands
 - previous facelift with playtsma corseting 1 yr before
- BBL: ST:

Before

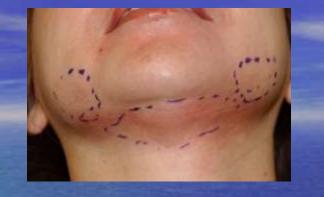
- 35 J/cm2, 30 Hz, 3 second cooling,
- 3 passes
- ProLipo:
 - 15ml 1%lido with 1:100,00 epi
 - 0.4 J/ pulse, 35 Hz, 3600 Joules
 - Liposuction aspiration 10ml 2.5mm cannula

Complication

- small skin burn at cervico-mental angle
- just right of midline at platysma band







- Pt Information: age 48
 - Fitzpatrick II-III
 - Unhappy with submental & jowl fat and
 - platysma bands
- BBL ST: 40 J/cm2

Before

- 2 second post cooling
- Cooling at 12 C
- Pulse width 5 seconds
- 3 passes
- ProLipo: 0.4J/pulse
 - Freq 30 Hz
 - 2000 Joules
- Liposuction: 14ml lidocaine & 1:100,000 epi
 - 2mm liposuction cannulae
 - Aspiration volume 10ml





- Pt. information:
 - 42F

Before

Unhappy with submental pannus

BBL:35J/cm2

- 3 second passes
- 3 second cooling: 12C
- 3 passes
- PropLipo: 20ml 1% lido with epi 1:100,000
 - 6mm cannulae .35J/cm2
 - RR 30
 - 20003
 - Liposuction 2mm cannula 15mls



Pt Information: 17 M

- Unhappy with submental pannus
- BBL: ST: 403/cm2
 - 3.5 second pulse width
 - 12 C cooling
 - 2 second cooling
 - 3 passes
- Prolipo
 - 0.35 J/pulse
 - RR 30
 - 2400 J
- Liposuction: infusion 20ml
 - 1% lidocaine &
 - 1:100,000 epi
 - Aspiration 20ml





- Patient Information: age 51
 - Fitzpatrick II
 - Requesting reduction of
 - Submental fat pannus
- BBL: 3 passes 40J/cm2
 - 12C cooling temp
 - 5 second pulse width
 - 2 second post cooling
 - ProLipo: 13 ml 1% lido with epi
 - 6mm fiber
 - rate 40

 \bigcirc

- 12 watt
- 3 Jewels
- pulse energy 30
- 234 seconds
- total 2000 J
- Liposuction
 - 2mm cannulae lposuction
 - 10ml liposuction aspiration







• Pt. information: 36 F

 Unhappy with submental laxity and fat

• BBL ST: 45 J/cm2

- 3 second post cooling
- Cooling at 12 C
- Pulse width 5 seconds
- 3 passes
- ProLipo:

Before

- 30 ml infiltration
- 1064nm
- 6mm fiber
- 0.7J/pulse
- Freq 30 Hz
- 3,300 Joules
- 25ml liposuction aspiration



• Pt Information 35 F

 c/o familial submental laxity and pannus

- BBL: 40J/cm2
 - 3 second exposure
 - 2 seconds cooling
 - Temp 15C
 - 3 passes

Before

- Prolipo: 0.4J/pulse
 RR 30, 2412 J total
- Liposuction
 - 18 ml tumescent solution
 - 2.5mm cannula
 - 20ml aspiration







Case 10



2 Months after













Results: Submental ST and ProLipo

Demographics and Clinical

- 10 pts aged from 17-63
- Between 2008-2009
- Iongest follow-up 12 months
- 7/10 women
- All unhappy with submental fat collection & laxity
- 2/10 previous face lifts & developed laxity within 1 yr



Results: Submental ST and Prolipo (cont.)

- 9/10 pts underwent BBL: ST prior to ProLipo
- End-point: patient 'heat and or dyscomfort' from ST
- Unable to tolerate more than 3 passes
- Most common settings: 35-40J/cm2, 3.5 second pulse width, 12-15 C cooling temp, 2-3 second post cooling
- 1/10 injected with local anesthetic before ST: patient unable to help us with endpoint determination, <u>felt unsafe</u> to use anesthetic prior to ST thereafter



Results: Submental ST and Prolipo (cont.)

- 0.6mm fiber passed through a single submental incision
- No pre-tunneling & no cross-hatching
- Settings:
 - 2000J total energy used in submental area
 - between 0.35-0.4 J/pulse
 - RR 30
 - End point: Ease of fiber passage
 - Surface temperature measured by hand Total energy count 2000 J



• 1/10 underwent laser without liposuction

- This patient developed significant local tissue reaction presumed secondary to not removing the lysed fat
- I felt it is better to remove the lysed fat cells
- 1/10 technical complication of skin injury
- Complication was entirely preventable, surgeon was attempting to divide a platysma band which was adherent to the skin s/p facelift
- All 10 patients <u>very satisfied</u> with results



Results: Submental ST and Prolipo (cont.)

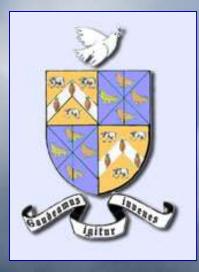
- No patients reported significant pain and did not require pain medication, all patients were given prophylactic antibiotics in view of the procedure being performed in an office setting
- 7/10 patients requested oral sedation with a combination of diazepam and vicodin immediately prior to the procedure



Conclusions: Submental ST & Prolipo

- Combination BBL:ST and ProLipo with laser followed by immediate liposuction is safe and operator dependent technique for improving submental contour
- BBL:ST should be performed prior to local-injection anesthesia
- Laser without liposuction leads to unacceptable swelling due to the inflammatory effect of lysed fat cell products in the intercellular space. However, it can achieve significant contour improvement
- A further study comparing BBL alone with, liposuction alone, versus combined BBL, laser and liposuction alone is warranted.

Gaudeamus igitur juvenes



"Be joyful while we are young"