

Natural Enhancement Using the Innovative Multifunctional Potenza™ Radiofrequency Microneedling Device

A Case Study for a Minimally-Invasive Skin Tightening Treatment

INTRODUCTION

A sixty year-old woman with a medium skin type (prone to sunburn but turns to tan, Fitzpatrick Skin Type III)¹ presented with sagging skin, sun-damage and wrinkles.

DISCUSSION

The ability to address many common beauty (aesthetic) concerns has improved with the development of a precision technology called microneedle arrays. By directing energy to very precise depths of skin, the recovery time for microneedle arrays is considerably less than the recovery time associated with surgical aesthetic procedures. Our patient desired improvement of skin tightening in the lower face area.

TREATMENT WITH POTENZA™ RF MICRONEEDLING SYSTEM

First, the face was cleansed with a gentle, non-toxic skin cleanser called hypochlorous acid (Lasercyn®) to remove debris. Next, a pain-relieving cream was applied to the treatment area 30 minutes prior to treatment (then removed with a 4 cm x 4 cm gauze pad). Next, the entire face was completely cleansed again with a gentle cleanser. To keep the energy flowing for deeper results, a NEM (neutral electrode monitoring) pad was connected to the patient's upper back. To determine if the patient was a good candidate (with tolerance), test spots were performed prior to the treatment.





Two rounds (called passes) were made on the regions of the mid- to lower-face, to include the cheek/jawline, around the mouth, and neck, using the S-49 needle (49 semiinsulated microneedles to deliver a monopolar RF [radiofrequency] energy):

Pass 1: Cheeks and jawline were treated at a skin depth of 2 mm, using 10 W power and a 150 ms pulse width. The mouth area was then treated at a depth of 1.75 mm (at 10 W and 150 ms). The neck was treated at an initial depth of 1.5 mm (at 10 W and 150 ms). This pass was performed in a horizontal direction with 25% overlap of each pulse (for consistent coverage).

Pass 2: Cheeks and jawline were treated at a skin depth of 1.75 mm, using 12 W power and 150 ms pulse width. The area around the mouth was then treated at a depth of 1.5 mm (at 11 W and 150 ms). The neck was treated at a depth of 1.25 mm (at 11 W and 150 ms). To ensure full coverage of the treatment area, this pass was performed in a vertical direction with 25% overlap of each pulse. Following treatment, the area was cleansed with warm water and a mild cleanser. The expected side effects following treatment all resolved within 24 hours (including redness, swelling and pinpoint bleeding). The patient was advised to avoid heavy aerobic exercise or activities that may increase body temperature for the next 24 hours. Daily use of SPF \geq 30 sunblock was recommended, as well as avoidance of direct sunlight (ultraviolet rays).

CONCLUSION

Potenza treatment was successful and well-tolerated by this patient. Skin tightening* and overall enhanced complexion were observed through the mid- to lower face and jawline.

REFERENCES

1. Fitzpatrick TB. The validity and practicality of sun-reactive skin types I through VI. Arch Dermatol. 1988;124(6):869-71.

*through soft tissue coagulation

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