

Research Article

Non – Invasive Blepharoplasty with Plasma Exeresis (Plexr) Pre/Post Treatments

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Abstract

The following study took place for six months, in the Blepharoplasty and Non-Invasive Eye Lid Surgery with Plasma Exeresis. The objective has been the research of anesthesia in the zone of the eyelids by measuring different mixtures of analgesic creams. There search took place in 60 individuals. On these patients we practiced three unique sorts of anesthetic cream and analyzed the outcomes. If we want to get the best result, we need to apply a fair amount of anesthetic cream, but mostly the effect relies upon the reaction of every patient to skin sensitization. What follows are the researches that have been examined for three sorts of anesthetic creams available in pharmacies. Also, a similar report took place for the recuperation technique for the use of Plasma Exeresis in blepharoplasty, with and without make-up promptly after treatment. Research was practiced in 60 patients. Before using of Plasma Exeresis, we applied in 20 of them Emla or Xylocream, in 20 of them we applied Thess Cream and on the rest of them Xylocaine 2%. After applying Plasma Exeresis, we divided patients in two groups of 30. The first group put on immediately makes up (Vichy or Bionike) without parabens or silicone with different shades of color. The second one did not use make-up, crusts fell in natural way and a small amount of Vichy or Bionike was applied on the areas that redness appeared. The result was that crusts fell down quicker than first group and redness vanished in 1 to 1.5 month. We have to underline that we suggested to both of the groups to take off make-up without rubbing their skin.

Plasma Exeresis

The most recent headways in the field of Aesthetic Medicine share better cosmetic results using Non-Invasive Surgery. Plasma Exeresis is a cordless micro-surgical handled device that intensifies heat to the accumulative skin tissues. Prime device Plasma Exeresis uses plasma (fourth condition of matter), ionized gas at a high temperature and sublimates tissues without causing corruption in nearby tissues. We sublimate the excess of skin, without penetrating the membrane basal, but with only purpose to target the keratinocytes. Plasma exeresis has three individual hand pieces (white, green, red) with growing force, is the most recent non-invasive gadget that will take the place of traditional procedure. It speaks for the “soft surgery” with same results as classic surgery. Amid the operation, the following bio-stimulation empowers skin restoration and development of new collagen and skin rejuvenation. According to histological studies Plasma Exeresis technique is dynamic and these areas created Collagen Type-III. No surgery rooms needed no sutures, no operating rooms and not significant time of recuperation.

Anesthesia

Superficial anesthesia with topical agents.

In blepharoplasty with Plasma Exeresis we use local anesthesia. Local anesthetic cream might be used before the treatment for some individuals. Various methods are presently accessible, mainly including a blend of anesthetic factors.

The local anesthetic:

Cream of EMLA 5% includes lidocaine 25 mg + prilocaine 25 mg +

polyoxyethylene ester + carboxypolymethylene + sodium hydroxide + pure water, or XYLOCREAM, containing Lidocaine + Prilocaine (2, 5 + 2, 5) % w/w and inactive substances. Use of the cream will be set every 5 minutes for 30 to 60 minutes and then we will begin the sublimation with Plasma Exeresis device.

Another local anesthetic cream can be found in a pharmacy in Thessaloniki and I called it THESS. Unluckily, components are not precisely announced for profit making intentions. We suppose that it includes lidocaine, tetracaine, HCL tetracaine and inactive substances.

One other similar cream is Xylocaine 2% Anesthetic Gel. 1 g of gel contains lidocaine hydrochloride monohydrate relating to lidocaine hydrochloride 20 mg.

At work we use EMLA, THESS, and XYLOCAINE 2%.

1. EMLA or XYLOCREAM: We apply the cream every 5 minutes for 30 to 60 minutes and then we begin the sublimation with Plasma Exeresis device.

2. THESS CREAM: We apply this cream for 30-40 minutes and finally, we proceed performing the sublimation with Plasma Exeresis.

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3. XYLOCAINE 2% gel: We apply gel every 5 minutes for 30 to 60 minutes.

In every single anesthetic cream or gel, we cover the skin surface with a plastic membrane for better assimilation.

Method

Already, we have put the anesthetic cream (counting on our selection) for the suitable time, we prepare the appropriate antiseptis with a non-alcoholic solutione.g. octenidine hydrochloride splash (the trade name is Octenisept in Greece). We slip on sterilized surgical gloves and secure the operation zone with surgical environment. We use the spot by spot method with Plasma Exeresis technology. Plasma Exeresis is used to the “edges” of the skin pleats and never to the “valleys.” With the left hand we push the eyebrow downwards producing large folds. We can likewise operate our pointer and thumb to make ridges and forehead lift, even if Botox has gone ahead of it. At every part we remove around 30% of excess skin. We use three methods with Plasma Exeresis device.



Aim

This survey proves that Plasma Exeresis is just as powerful technique as traditional surgical operation for the wrinkles of eyelids. In addition, patients, who have serious issues with their upper eyelids (not only for aesthetic purpose) and also fear surgery, now are offered to experience the inventive method of Plasma Exeresis. Also, a development and examination took place during the entire recuperation process after using of Plasma Exeresis for faster recovery and less symptoms. The research was applied in two patient segments. The principal group put make-up immediately after the treatment session and the second group did not put make-up, until the moment crusts drop: a small amount of Vichy or Bionike was applied on the areas that redness appeared.

Outcome

The investigation took place over a time of 6 months and handled individual medical files. The upper eyelid blepharoplasty was operated to 60 people (50 women and 10 men). Target group was 38 to 65 years old. We did not record if they were smokers or not, if they had extensive or less skin abundance, or some species of immune system disease. We operated only through Plasma Exeresis equipment. All patients received antiseptis and at that point their face photo was filed in order to observe the outcome of the operation. The following stage

was to put the sedative cream and wait for 30 to 60 minutes, until cream take action and patient won't suffer through the procedure. When anesthesia has acted, we cleared away cream and used the method.

All clinical and analytical information on anesthetic creams showed the following outcomes:

The THESS cream has exceptional affects since it needs a smaller act of time and the sense of pain is absent.

- In EMLA, we require significantly further time and recurrence to put cream every five minutes per one hour. Furthermore, the pain making hard to carry on the treatment.

For the most part, an anesthetic cream must have a fair analgesic act, Application should be gentle in order not to upset the area of the eyelids and the patient himself. The decision of formulation relies upon the individual inclinations and skills of every doctor. In the following examination cream THESS was discovered to be very powerful for anesthetic activity, needs shorter application time and causes minor annoyance through application.

• First examination:

Patients were separated into 3 groups.

First group: 20 individuals with anesthetic cream cutaneous use, EMLA or XYLOCREAM.

Second group: 20 individuals with THESS CREAM

Third group: 20 individuals with XYLOCAINE 2%.

• Second examination:

We separated the patients into two gatherings.

First group: 30 patients who put make-up during the recuperation time.

Second group: 30 patients who didn't put make-up, until the crusts fall.

After the Treatments

Instructions after 5 to 6 days:

- Do not use contact lenses for 2 weeks.
- Protect eyes: just with glasses at the recumbent position for 5-6 days.
- Stay away from: UV radiation for 2 months.

Daily activity after 7 to 10 days:

- Make up can be applied quickly.
- Ice on eye lid for 24 to 36 hours.

At first, make up was proposed to be applied immediately after Plasma Exeresis therapy with great results. Crusts fell around 8 to 10 days. We notice that if we wouldn't put on make-up, crusts drop 5 to 6 days and we get a faster recuperation. Also, we observe edema for 3 days and the marks due to Plasma Exeresis treatment were noticeable. We suggest antiseptis 3 to 4 times each day, wipe gently and not remove the crusts. Finally, we suggest make up just for patients that need to go out for work or social activity. The result was that crusts fell down quicker than first group and redness vanished in 1 to 1.5 month. We have to underline that we suggested to both of the groups to take off make-up without rubbing their skin.

2nd study

Which could be the best treatment after PLEXR

with
foundation
or not?



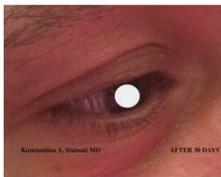
55 YEARS OLD
Blepharochalasis: is more common in young women and may result in premature relaxation and laxity of the eyelid skin



ONLY 1 SESSION



Gradual healing without foundation



74 YEARS OLD WOMAN

Dermatochalasis:
Excess of eyelid (redundant) skin
Fall of the eyebrow
ONLY 1 SESSION

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