How to Safely Combine Laser, Light Sources, & Injectables

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Disclosures
- Aerolase – Medical Advisory Board
- Alastin – Paid consultant
- Allergan – Scientific advisory board, speaker’s bureau
- BTI – Equipment
- Colores – Paid consultant
- Dermaflash – Paid spokesman
- Innove – Honorarium, Scientific Advisory board, speaker’s bureau, equipment
- La Jolla Nanomedical – Medical Director
- Merz – Data safety monitoring board, Scientific Advisory Board
- Revlon – Primary investigator
- Rodan + Fields – Scientific Advisory board
- Sciton – Scientific Advisory board, equipment
- Sienna Biopharmaceuticals – Scientific Advisory board, primary investigator

Benefit of Combination Treatments
- A greater understanding of extrinsic and intrinsic factors for aging has led to a shift towards a 3-D, multilayered approach to facial rejuvenation
- Combining multiple aesthetic modalities for a superior clinical result
- Downtime from other treatment is simultaneous and shortened
- Combination treatment may minimize the need for other invasive treatments and may increase the interval for maintenance

A Combination Approach
- Volumize - Filler
- Smooth lines
- Dynamic rhytides - toxins
- Static rhytides - resurfacing, HA
- Dyschromia/texture/tone - laser, peels
- Jowls/laxity - MFU, RF, mid-IR, suspension sutures
- Submental fullness - deoxycholic acid, cryolipolysis

What to begin with?
- What bothers the patient?
- Is there an event they’re preparing for?
- Consider timing of procedures/results
- Budget

What Can Be Combined Same Day?
- Yes
  - Multiple energy-based devices (KTP, PDL, IPL, QS)
  - Filler and energy-based devices
  - Filler and tightening devices
  - Filler and toxin
  - Deoxycholic acid and energy-based devices (different areas)
- No
  - Toxin with laser
  - Caution *** May cause ptosis if toxin migrates from swelling
Combining Lasers on Same Day

- Consider lowering fluence when combining various laser procedures
- Treat Vascular Lesions first to not exacerbate nonspecific erythema
  - KTP, PDL, IPL
- Then treat Pigment
  - QS, Pico, IPL
- Then Resurfacing Procedure
  - Fractional nonablative, fractional ablative, fully ablative
- Then LN2 for seborrheic keratoses

Combining Injectables with Laser

- Don’t use toxins on same day as lasers, or any other device that can cause significant swelling
- This can result in the toxin migrating and ptosis/droop
- Can do filler same day but do first
- Swelling can distort need for filler

Tightening with Resurfacing

- Do Tightening 1st because need intact skin
- Do NOT combine Needle RF
- Skin may be too sensitive when you do the fractional laser
- Other combination treatment includes fractionated RF + QS/KTP/PDL and, fractionated US + QS/KTP/PDL.

Periorbital Rejuvenation

- Rhytides
- Tear Troughs
- Veins
- Laxity

Dynamic Periorbital Rhytides

- 24 Units (12 Units per each side)
- Place superficially - bleb to avoid bruising
- Stay superior to maxillary prominence to avoid zygomaticus major
- The approved dose for treatment of moderate to severe lateral canthal lines is 24 Units
Assess the Fan Pattern in relation to Lateral Canthus

Pretreatment with Neurotoxin

- Combination botulinum toxin with laser resurfacing augments results compared with saline placebo and laser alone


Static Rhytides

- Fractional Resurfacing (ablative, nonablative, RF)
- Modest results
- Less Downtime
- Traditional Ablation
- Better results
- Prolonged downtime
- Corneal Shields area MUST for Laser resurfacing!
- Anesthesia with injectable lidocaine > topical - risk of chemical abrasion

Tear Troughs

- Use HA filler with low G’
- Cannula vs needle
  - Blunted tip
  - Single-port injection
  - Associated with less bruising and pain
  - Warn 1-2 weeks of possible bruising/swelling
  - Less risk of cannulizing vessels, but NOT ZERO risk
  - Theoretically, less trauma to tissue
  - Threading vs Bolus vs microdroplet technique
  - Blepharoplasty

Laxity

- Ablative Laser Resurfacing (CO2, Erbium)
  - Traditional
  - Fractional
- Radiofrequency (RF)
  - Monopolar, Bipolar, Tripolar
  - Fractional
- Non-ablative lasers (Mid-infrared)
- MicroFocused Ultrasound

Periorbital Veins

- Long-pulsed, near infrared laser
  - 1064 nm, 810 nm
- Generally, no anesthesia necessary
- ~ 3 treatments
- Endpoint: vessel clearance, darkening
- Corneal Eyeshields
Perioral Rhytides
- Muscle Columns with Animation - Bar code
- Few Etched Lines
- Many Etched Lines - Cobblestone texture

Dynamic PeriOral Rhytides
- Muscle Columns with Animation - Bar code
- Inject symmetrically at or above vermilion border
- No more than 1-2 U per lip quadrant
- Not more than 6-8 total
- Adverse Effects:
  - Difficult phonation
  - Lip droop
  - Hard to press lip stick x 1 week
  - Careful in musicians, singers

Filler for Perioral Lines

Neurotoxin 1 week before Laser Resurfacing Filler

ORIGINAL ARTICLE
OnabotulinumtoxinA Dose-Ranging Study for Hyperdynamic Perioral Lines

BTX-A (6u) 1 week prior to resurfacing 150 u x 3 pass, then focal lines 30 u x 3
3cc Hyaluronic Acid Filler

BTX + Full-field Erbium x 1+ Filler

F/U at 3 mo
Neck Rejuvenation

- Submental Fullness
- Platysmal Bands
- Poikiloderma
- Rhytides
- Laxity

Submental fullness

- Cryolipolysis
- "If it fits in the cup, hook em up"
- Deoxycholic Acid

2 months post 1 tx with DCA

Platysmal Bands

- Occurs from aging, post-subental lipo/deoxycholic acid injections, and post-face/neck lifting procedures
- Botulinum toxin
  - ≤ 40 units (incobotulinum, or onabotulinum toxin)
  - 2-4 units per injection site at 3-4 sites along the band
  - Pinch the skin away while injecting
- Caution: dysphagia can occur with excessive doses

Necklace Creases

- 1 to 2 units of neurotoxin evenly spaced at 1 to 2 cm intervals along the crease can smooth the skin

HA Filler

1 cc diluted with 0.5 cc of lidocaine with epinephrine
Serial puncture technique
Static Rhytides

- Laser resurfacing
- Fractional nonablative
  - Less downtime, more treatments
  - Fractional ablative - Caution
  - Requires fewer treatments, more downtime
- Make sure to always lower your treatment settings - lower density and lower fluence
- Soft tissue filler
- HA - low G'
- Dilute with lidocaine by half
- Inject superficially

Poikiloderma of Civatte

- Red-brown, mottled pigmentation due to photoaging
- IPL, KTP and PDL are more effective for erythema
- Fractional resurfacing more effective for pigment
  - 1927 nm thulium, level 3 or 4
  - Some non-selective targeting of vessels and erythema with fractional resurfacing

Treatment Side Effects

- Avoid footprinting
- Use a large spot size with PDL or IPL
- Place spots close to each other
- Caution with overlapping
- Permanent hypopigmentation
- Careful not to treat when tan

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Combining Injectables with Tightening Devices

- For procedures that take time to see results, consider adding another procedure that will give them immediate results
- Filler with skin tightening


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Hand Rejuvenation
- Sun spots
- Volume Loss, visible veins

Solar Lentigines
Baseline
1 month after 755 nm Qs, 6.5 J/cm²

Calcium Hydroxylapatite

Conclusions
- Use a multimodal approach for best results
- Combining these modalities can be performed safely and may obviate the need for more invasive procedures, such as facelift

Thank you!
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