Infrared Technology for Skin Tightening
A Hot Topic Utilizing Deep Dermal Heating

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Introduction
A non coherent, selectively filtered IR (infrared) device emitting infrared light in multi-second cycles has been developed with the intention to provide dermal heating. Water, as the target chromospheres, allows uniform heating of the targeted skin tissue volume. A tailored wavelength spectrum from 850 to 1,750 nm nm on one hand sufficiently absorbed by intracellular and extracellular water allows a penetration depth of 5 mm into the skin which is ideal for targeting the reticular dermis. A multi second exposure is used with sufficient energy to create the desired combination of time and temperature for collagen contraction. The epidermis is protected through contact cooling. This allows for heating of the treated tissue without epidermal damage.

Collagen is a polymer that exists as a triple helix with chains held together by hydrogen bonds. These molecules are aggregated and organized as fibrils with tensile properties attributable to intermolecular cross-links. When collagen is denatured by heat, the intra molecular hydrogen bonds rupture and the triple helices “unwind to produce a gel of random-coil molecules.” Tissue tension in human skin increases because, although the fibers become shorter, the heat-stable cross-links between molecules are maintained, thus increasing the rubber-elastic properties of the collagen polymer. The heat-modified tissues then undergo remodeling associated with fibroplasias and new collagen deposition. When denaturation is complete, further increases in temperature result in additional fiber shortening, probably because of peptide bond hydrolysis.

The mechanism of collagen shrinkage has been described in detail. The temperature at which collagen shrinkage occurs is often quoted as 65° C. According to this equation, shrinkage of collagen depends on time, as well as temperature, and collagen contraction occurs at a variety of time-temperature combinations rather than at a specific temperature. That said, it has been suggested that for millisecond exposures, collagen shrinkage will occur only at temperatures exceeding 85° C, whereas for exposures of several seconds, shrinkage will occur at 60° to 65° C. Collagen contraction begins to occur at approximately 55°C. This is caused by the spread of heat to the deeper reticular dermis.

The IR infrared spectrum is both predictable and easily understood based on the known coefficients to the target chromospheres of water. SLT uses a unique spectral profile between 850 nm to 1750 nm. This IR source outputs from 20J/cm² to 35J/cm², based on the area being treated, resulting in heating at depths from 1-3 mm. The epidermal temperature is kept at a safe level of below 40°C by an integrated thermoelectrically cooled sapphire window which also assists in maintaining patient comfort during the treatment.

This unique IR spectrum creates a “dual clinical effect” of immediate skin tightening together with long term new dermal collagen formation. The primary function of this device is tightening of skin laxity on the face, cheeks and neck areas. Pain levels are reported to be well tolerated. The device is also intended for smoothing of facial wrinkles as a result of the neocollagenesis phenomenon.
Materials and Methods
An IR halogen lamp hand piece for the Sharp-light Formax Plus and Omnimax devices has been tested on twenty (20) volunteers, all females, aged between 45 and 65, with various degrees of lax skin in the face, neck and arms. The twenty (20) volunteers received six (6) treatments, twice a week for 3 months. Standardized photographs were taken at baseline, and after the 6th treatment. 6 months follow-up visit was also assessed. Patient satisfaction scores were recorded at the final visit. Each session’s data was recorded for future evaluation.

Hand pieces come in 2 spot sizes: 3.4 cm² and 6.4 cm². Fluence values are up to 35 J/ cm².

It quickly became clear that a greater amount of collagen denaturation can be induced with multiple passes, 3 or more, depending on the severity of the laxity of the skin.

Passes are performed over the entire designated treatment area, with additional passes over the areas of more concern. The neck is treated directly in the sub mental area. At these settings, the procedure is very well tolerated. It is recommended to lower fluences over bony areas. These areas have been found to be especially sensitive in many patients and treatment of this area is often avoided. On certain more sensitive areas the fluences are usually lowered due to discomfort. If the patient mentions an immediate burning sensation after the pulse, a cold pack should be applied immediately to prevent tissue burns. Immediately after treatment, diffused mild erythema with slight edema is evident in the area, but it usually fades within 1 hour.

Physicians are currently using IR in two distinct treatment approaches. One method is to use the highest tolerable fluences. The second method is to use lower fluences with a higher number of pulses in concentrated areas.

In this comparative conclusion, IR is effective for the following reasons:
1. Greater safety profile, more predictable.
2. Equal or near equal in dermal heating capability.
4. Scalable platform.

Patient selection
Best results are often seen in patients with a minimum of excess fat in the area of concern and with thinner skin that is easily moved with a gentle touch.

Patients should be able to tolerate the treatment with no more than a moderate level of discomfort.

Treatments are commonly performed twice a month; every 3-4 weeks is also effective, but visible results are not as fast. Maintenance should be done every 6 months to keep the skin tightening results. usually fades within 1 hour.

Redness and heat sensation lasting for about 30 minutes after the session

SLT IR 6.4 handpiece.
Also available with a 3.4 spot size.
Results
At 1 month after the last treatment, 70% of the subjects exhibited moderate to significant improvement in skin laxity and skin texture of face and neck. Patients reported high overall satisfaction with the treatment. No serious complications were recorded.

- Face and neck had a positive subjective evaluation after 8 treatments.

Patient satisfaction scores:
- Very satisfied 70%
- Satisfied 20%
- Not satisfied 10%

Treatment phases
Full cycle lasts approximately 10 seconds.

- **OFF Pulse** Pre-Cooling, through the sapphire window is regulated at around 10°C, and is achieved without pressing the pedal.

- **ON Pulse** Dermal heating with infrared light, with simultaneous and continue epidermal cooling, is achieved with a continuous pressing the pedal.

Conclusion
The IR treatment has demonstrated to be highly effective and safe for non-invasive face skin tightening. Quantitative and qualitative results were documented in the treatment of face and neck skin laxity and improved texture and of sagging of arms. Very high patient satisfaction was achieved. The procedure is easy to apply, involves no discomfort to the patient and requires no downtime whatsoever. Periodic maintenance sessions may be administered as required or desired by each individual patient. The availability of IR treatment significantly enhances the capabilities of Sharplight’s Formax Plus and Omnimax devices, broadening its clinical indications to increase results of skin tightening.

**B/PHOTOS**

**Before**

**After 8 sessions**

**Before**

**After 4 sessions**
References


