

Q&A

We talk to **Dr Benji Dhillon** about the UltraPulse CO2 laser and observe a treatment in progress

CO2 laser has long been considered the gold standard in laser skin resurfacing but in recent years it has taken a back seat to less aggressive facial rejuvenation devices and techniques which promise results with less downtime.

That being said, most practitioners agree that nothing quite compares to the power and efficacy of the CO2 device and it has been making somewhat of a comeback.

The UltraPulse CO2 laser from Lumenis is more powerful, safer and can penetrate deeper than any aesthetic CO2 laser (up to 4mm in a single pulse). UltraPulse technology enables the deepest penetration with the lowest energy. This reduces patient discomfort, downtime and risk of side effects. Indicated for acne scarring, blepharoplasty and the revision of other scars, the device has gained particular traction in the field of burns however it is also a very effective tool for ablative skin resurfacing for the purposes of rejuvenation. Aesthetic Medicine editor Vicky Eldridge went to the PHI Clinic to observe a full face resurfacing treatment on a 45-year-old patient with Dr Benji Dhillon and spoke to him about why he favours this device when it comes to CO2.

Aesthetic Medicine: For aged, damaged and wrinkled skin what are the treatment options and when would you recommend UltraPulse treatment?

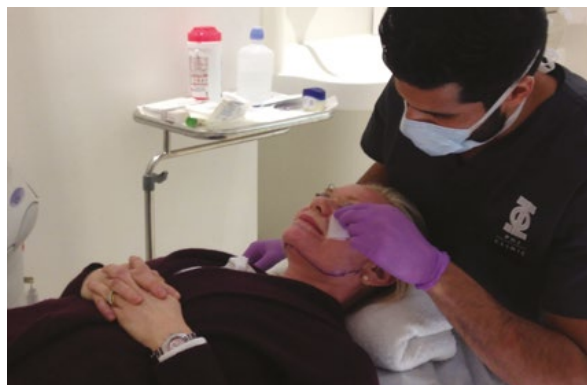
Dr Benji Dhillon: There are a number of options ranging from topicals to energy-based treatments. What needs to be taken into account is the patient's expectations as well as their tolerability for downtime. The UltraPulse CO2 system in my eyes serves as one of the optimal treatments for aged, damaged and wrinkled skin. If a patient is willing to tolerate some downtime (approximately six to 10 days) following the treatment and is looking for an effective treatment option to improve these skin changes, then I

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would suggest the UltraPulse. I would however be more cautious in type III and above skin types given the increased risk of post inflammatory hyperpigmentation. Nevertheless, this is not a contra-indication to using the UltraPulse, but rather requires more attention to the settings used.

AM: Why do you recommend UltraPulse specifically?

BD: As a fractionated ablative system the UltraPulse is able to deliver a short pulse duration and high peak power leading to a narrow thermal zone and reduced side effect profile as well as faster recovery versus other similar systems. Additionally the adjustability of the settings allows for the practitioner to cater for multiple skin types.



Preparing the patient for treatment

By using the deep and active fx handpieces, we are also able to customise our treatments and target various skin related changes and pathologies at different depths.

AM: How long have you been working with this system?

BD: For over 10 months.

AM: What can the patient expect during and after treatment and are they happy to cope with a few days downtime?

BD: What is important is that patient's expectations are set from the very beginning. The treatment is uncomfortable as we are ablating the skin and there is downtime. The patient must fully understand this before giving informed consent. Prior to treatment topical analgesia is used, and in some cases local anaesthetic. During treatment the patient will feel a deep burning sensation with the deep fx, but a more superficial and sensitive burn with the active fx. It is a tolerable treatment, and it is imperative the patient is communicated with at all times and given the opportunity to 'break' during the procedure. Patients who understand the downtime are ok to cope with this, during which initially they will have 'scabbing' to their face which often starts to fall off at day four. It is vital that following treatment SPF 50 is applied, and direct sun exposure is avoided.

AM: Do you use a specific technique?

BD: For the deep fx there is no real specificity to technique, however for the active fx I use the 'painting' approach as described by Dr Tapan Patel. This covers the area faster allowing it to be more tolerable for the patient.

AM: Typically what results can patients expect?

BD: Again it varies depending on the baseline skin damage. However, most patients after one to two sessions can see a visible improvement in their static wrinkles, skin tightening



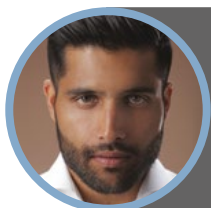
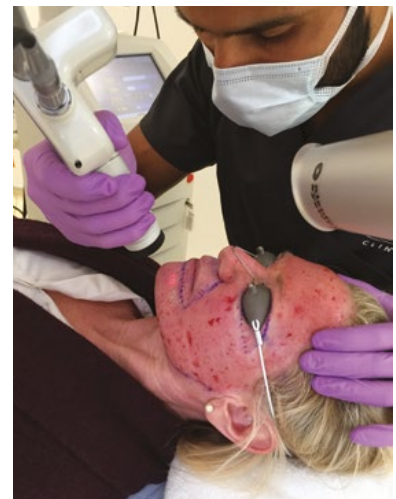
and improvement in jawline definition. If the peri-orbital and peri-oral areas have also been treated then there can be an improvement in upper lid ptosis secondary to loose skin as well as peri-oral fine lines.

AM: What else do you treat with UltraPulse?

BD: Acne scarring is a very common treatment indication for the ultrapulse. However we can also treat striae and deliberate or accidental scarring. At PHI we also particularly enjoy using the UltraPulse to treat burns victims, which has been shown to not only improve the visible appearance of the burns but also to help improve functional movements affected by the scars. **AM**



During treatment



Dr Benji Dhillon specialises in aesthetic non-surgical treatments and minor surgical procedures at Phi Clinic, Harley Street. He is a Member of the Royal College of Surgeons and has spent time training in Plastic Surgery. His background also involves being the Medical Director for Europe, Middle East and Africa for Allergan, overseeing their aesthetics portfolio. Mr Dhillon has been involved in numerous clinical studies involving dermal fillers, and presented on their use and safety at various international meetings and congresses.