



BODYTITE

BODYTITE

FACEtite



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AGENDA

- I. The Market
- II. Body Contouring Options
- III. BodyTite & FaceTite MOA
- IV. Treatment Zones
- V. Patient Feedback
- VI. Results
- VII. Consultations



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The Market: Body Contouring Trends

ASPS stats indicate excisional surgeries are up 94% over the past 18 years while non/minimally invasive procedures are up 605% over the past 18 years.

Non-invasive skin tightening was up 58.2% in 2015 versus 2014, while facelifts increased by 0.5%. Trends indicate that today's patients desire best aesthetic outcomes without many incisions.

RFAL (FaceTite/BodyTite) fills a very high demand space that continues to grow at a rapid rate.



Body Contouring Options



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Non-Invasive Body Contouring

NON-INVASIVE BODY CONTOURING

Pros

No incision made = low risk
No downtime (in most cases)
The most inexpensive of all options
Typically a quick in office treatment

Cons

Results vary patient to patient
Patient compliance important to results
(diet/exercise)
Need multiple treatments



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A photograph of surgeons in an operating room, wearing blue scrubs and masks, illuminated by large overhead surgical lights. The scene is dimly lit, with the primary light source being the circular surgical lamps. The surgeons are focused on a patient lying on the table.

SURGERY

Pros

Dramatic, long lasting results
One time treatment per area

Cons

Done under general anesthesia
Longer period of downtime
Typically more bruising and bleeding
Not going to get as much skin contraction
as you would with BodyTite or FaceTite



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MINIMALLY INVASIVE

Pros

- Surgical like results without the downtime
- Done under local anesthesia
- Can be a quick procedure; IE neck ~ 45min
- Minimal downtime, bruising and bleeding
- Achieve fat destruction and optimal skin contraction and tightening
- Scars are hardly visible
- Results continue to improve over 3-6 months post procedure

Cons

- A few days of downtime
- Will need to be compliant with your compression garments



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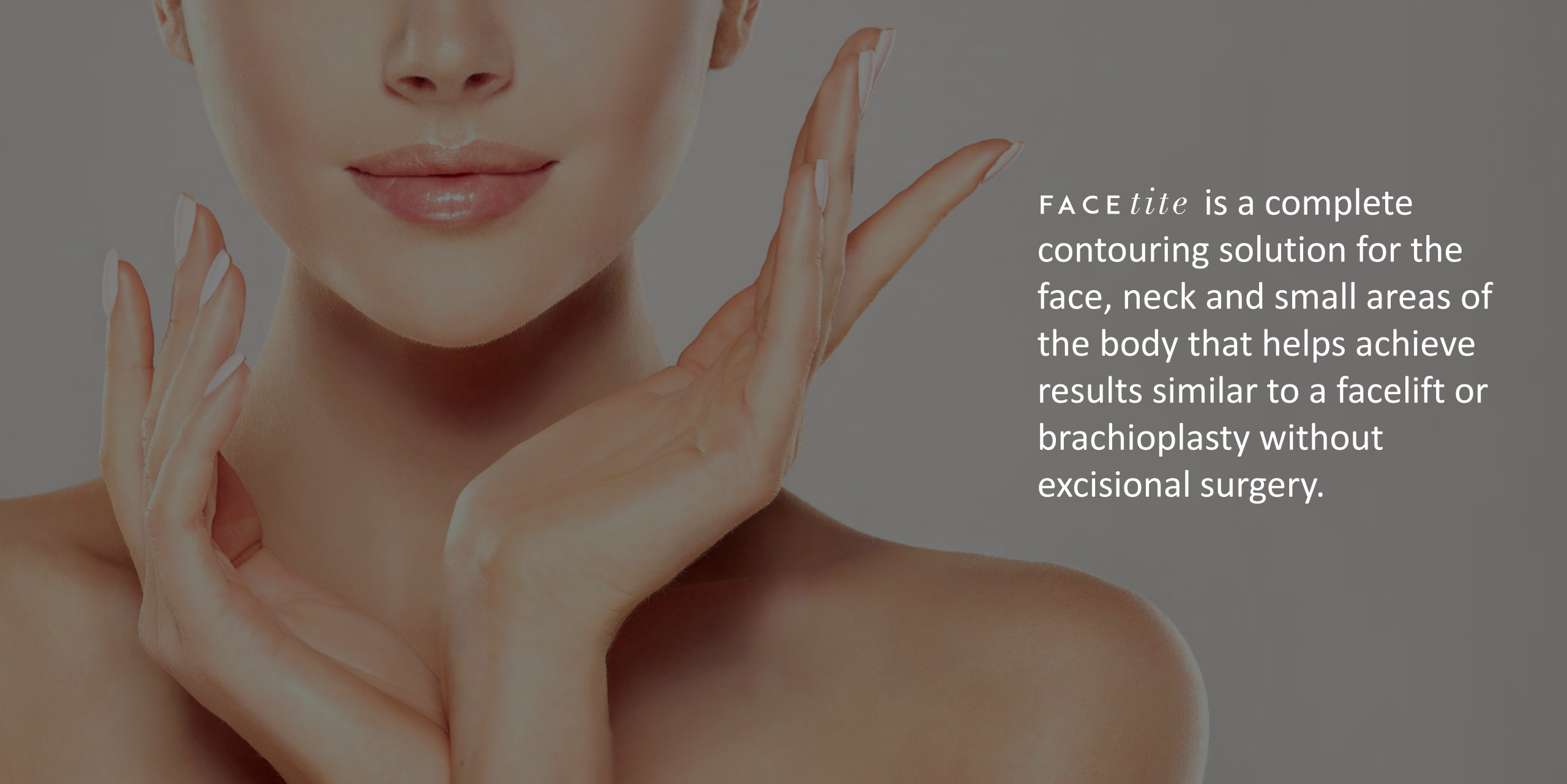


BODYtite can perform arm lifts without excisions, breast lifts without the lollipop scar and contour areas of non-adherence with results previously only achieved through more extensive surgical procedures.

BodyTite is powered by RFAL (Radio-Frequency Assisted Lipolysis) and provides superior internal and external lipolysis, and three dimensional remodeling of fibrous septa.



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FACE *tite* is a complete contouring solution for the face, neck and small areas of the body that helps achieve results similar to a facelift or brachioplasty without excisional surgery.



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Common Treatment Areas:
Female



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Common Treatment
Areas: **Male**



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“Telling all my friends about this one!”
-kidskimom

“Phenominal Results!”
-laurakay

“The absolute best experience!”
-cccaruso

“Goodbye Jowls and Saggy Neck!”
-friendfam

“Even more than I hoped for.”
-Mzkathy

“Amazing Experience!!”
-Cigani

BODYtite

95%



WORTH IT

FACEtite

100%



WORTH IT

realself.



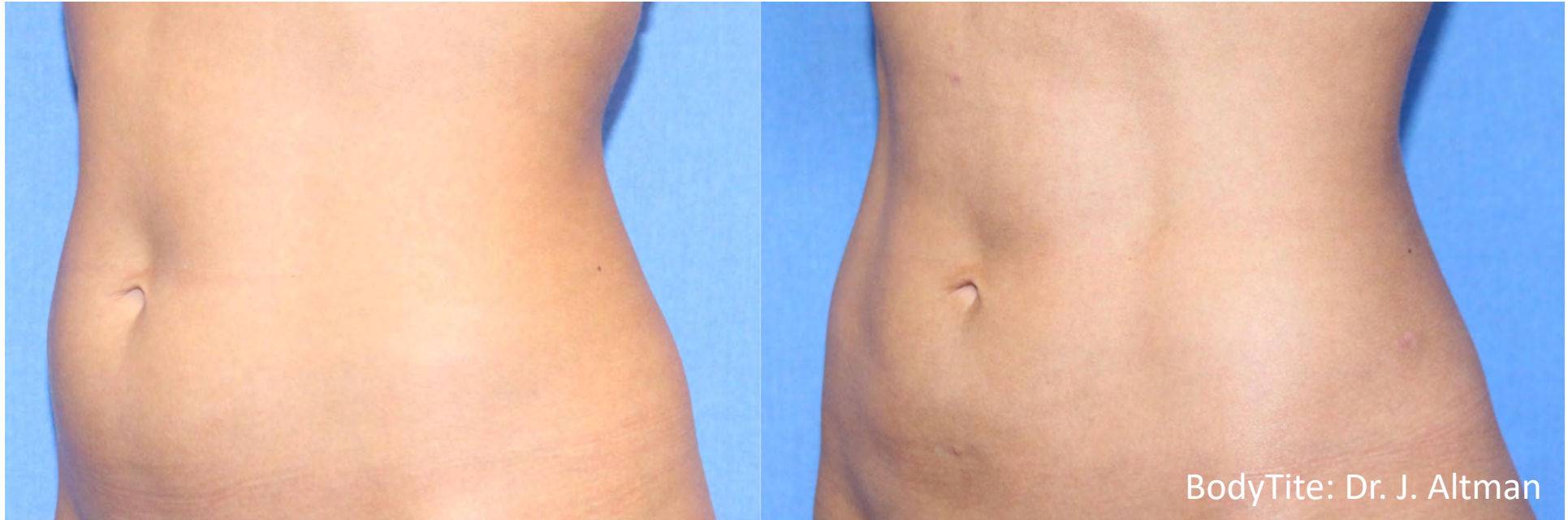
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Before & After Photos

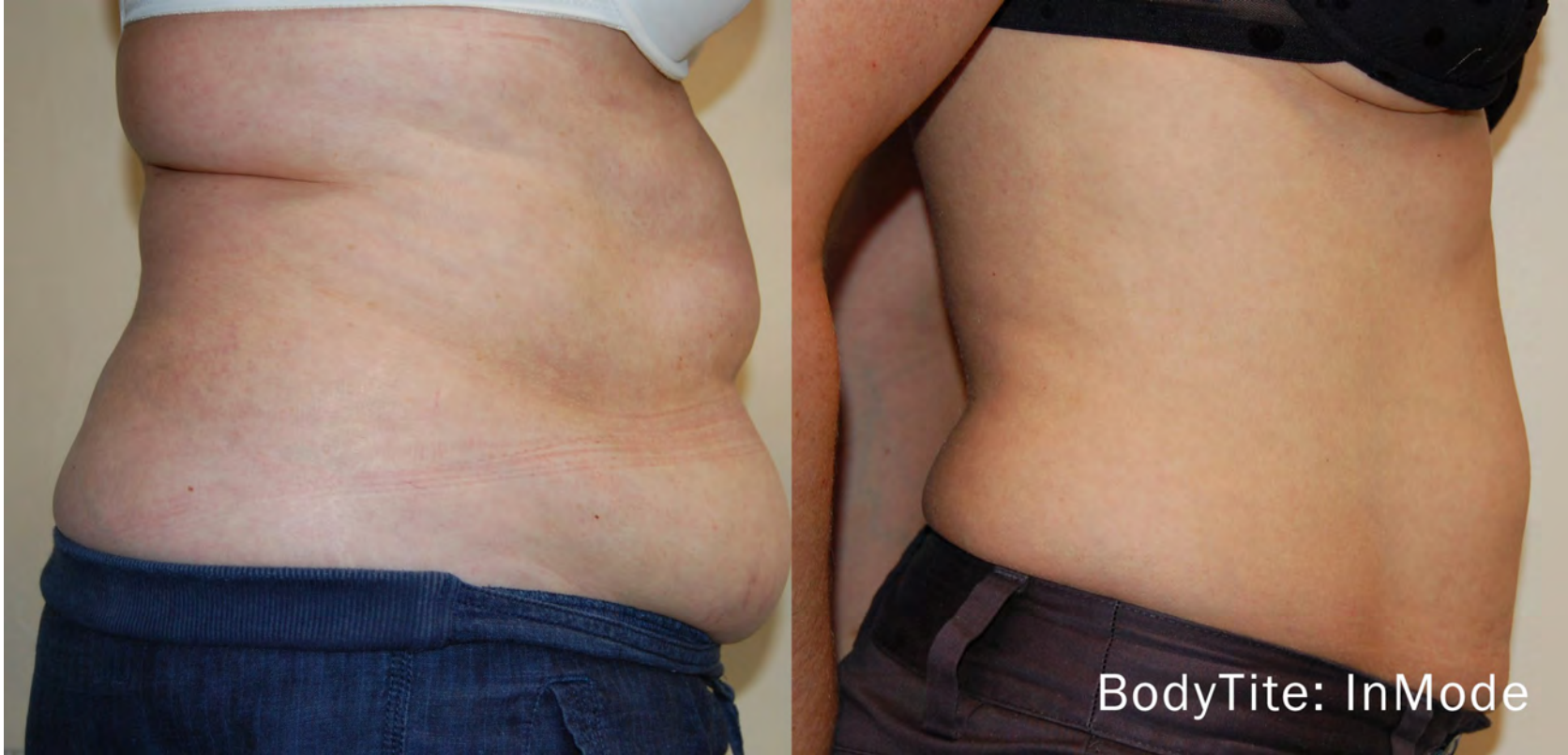


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BODYTITE



BODYTITE



BODYTITE



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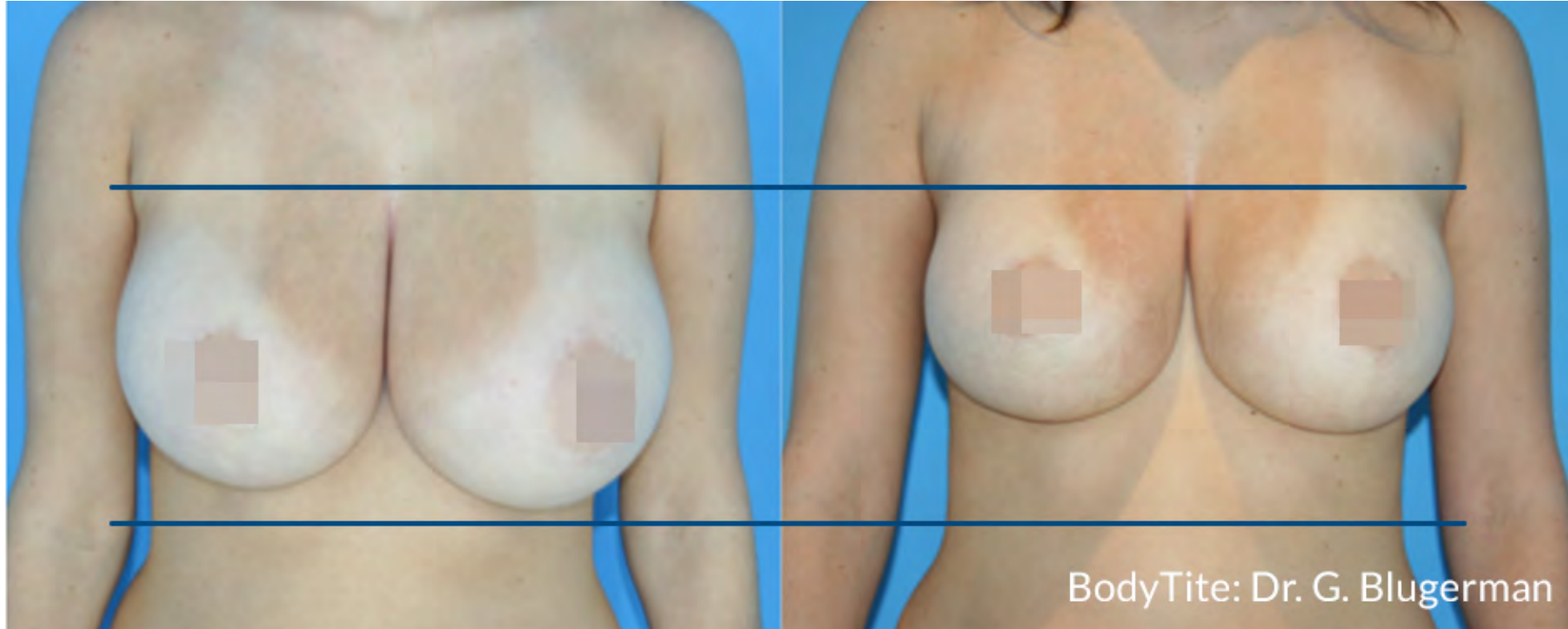


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WHO'S
IN?



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CLINICAL RESULTS

Clinical results in peer reviewed publications legitimize the role of **RFAL** in the skin tightening and fat reduction market:



- ▶ Chia, C. T., Theodorou, S. J., Hoyos, A. E., & Pitman, G. H. (2015). Radiofrequency-Assisted Liposuction Compared with Aggressive Superficial, Subdermal Liposuction of the Arms. *Plastic and Reconstructive Surgery - Global Open*.
- ▶ Paul, M., Blugerman, G., Kreindel, M., & Mulholland, R. S. (2010). Three-Dimensional Radiofrequency Tissue Tightening: A Proposed Mechanism and Applications for Body Contouring. *Aesthetic Plastic Surgery*.

Duncan, D. I. (2013). Nonexcisional Tissue Tightening: Creating Skin Surface Area Reduction During Abdominal Liposuction by Adding Radiofrequency Heating. *Aesthetic Surgery Journal*.

The mean skin surface area reduction was 25.8% in regions treated with radiofrequency plus SAL at 6 weeks, and increased to 36.4% at 1 year.

- ▶ Divaris, M., Boisnic, S., Branchet, M., & Paul, M. D. (2011). A Clinical and Histological Study of Radiofrequency-Assisted Liposuction (RFAL) Mediated Skin Tightening and Cellulite Improvement - RFAL for Skin Tightening. *Journal of Cosmetics, Dermatological Sciences and Applications*.
- ▶ Blugerman, G., D., M., Schavelzon, D., Stephen, R., Sandhoffer, M., Lisborg, P., Kreindel, M. (2011). Radio-Frequency Assisted Liposuction (RFAL). *Advanced Techniques in Liposuction and Fat Transfer*.



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Evidence-Based Medicine: Liposuction

Christopher T. Chia, M.D.
Ryan M. Neinstein
Spero J. Theodorou

Radiofrequency-Assisted Liposuction

Paul and Mulholland introduced radiofrequency-assisted liposuction and soft-tissue contraction technology, showing that energy could be delivered to the dermis while heating the deep adipose and subcutaneous tissue to much higher temperatures without compromising skin safety.⁶¹

Using the BodyTite (Invasix Ltd., Yokneam, Israel) device in an industry-sponsored in vivo study, linear contraction observed at 6-month follow-up was much more significant than reported with any other technology and varied from 12.7 percent up to 47 percent, depending on patient and treatment variables.⁶² Theodorou and Chia,⁶³ in a study

on arm contouring with radiofrequency-assisted liposuction, used three independent plastic surgeons' evaluations of the preoperative and postoperative photographs and showed improvement in arm contouring to be as follows: excellent, 8 percent; good, 72 percent; moderate, 18 percent; and poor, 2 percent. They determined the degree of skin tightening to be excellent in 11 percent, good in 46 percent, moderate in 38 percent, and poor in 5 percent.

Since the latter there has been body as a vehicle, with a greater appearance and the In 2014, liposuction as the most frequent procedure, with a 1 and more than \$1 billion in the United States.

PREOPERATION

It is important to discuss the consultation to ensure that patients have realistic expectations and understand the risks of surgery.

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Evidence-Based Medicine: Liposuction

Article Type: Maintenance of Certification (MOC) – CME

RFAL is legitimized as a standard liposuction option, with a good safety record and up to 47 percent contraction.

With increased focus on one's aesthetic appearance, liposuction has become the most popular cosmetic procedure in the world since its introduction in the 1980s. For the present article, a systematic review of the relevant literature regarding patient workup, tumescent fluid techniques, medication overview, and operative technique was conducted with a practical approach that the reader will possibly find clinically applicable. Recent trends regarding energy-assisted liposuction and body contouring local anesthesia use are addressed. Deep venous thromboembolism prophylaxis is mentioned, as are other common and less common possible complications. The article provides a literature-supported overview on liposuction techniques with an emphasis on preoperative assessment, medicines used, operative technique, and outcomes.



Radiofrequency-Assisted Liposuction Compared with Aggressive Superficial, Subdermal Liposuction of the Arms: A Bilateral Quantitative Comparison

Christopher T. Chia, MD*
Spero J. Theodorou, MD*
Alfredo E. Hoyos, MD†
Gerald H. Pitman, MD*

Background: Liposuction of the arms alone may be inadequate for aesthetic improvement because of skin laxity. Radiofrequency-assisted liposuction (RFAL) and aggressive superficial liposuction (SupL) have been described to stimulate soft tissue retraction to improve results. We compare the techniques and describe a classification scheme that factors skin laxity, skin quality, and Fitzpatrick type to provide treatment recommendations.

Methods: Ten consecutive female patients underwent RFAL of 1 arm and SupL on the contralateral arm. All patients had Fitzpatrick skin types of III, IV, or V with an average body mass index of 26.0. Using fluorescein tattooing, key points on the arm skin were measured preoperatively and postoperatively to indicate changes in surface area.

Results: There were no complications in the group, and all patients reported satisfaction with the aesthetic results. All patients showed reduction of measured skin surface areas and skin distances postoperatively. At 1 year, the measured surface area reductions on the anterior arms averaged 15.0% for RFAL and 10.9% for SupL on the anterior arm skin. Posteriorly, RFAL showed 13.1% reduction and SupL 8.1% reduction in the surface areas at 1 year. Linear reduction for RFAL averaged 22.6% and 17.8% for SupL 1 year postoperatively anteriorly.

Conclusion: Both RFAL and SupL of the arms showed quantifiable and sustained reductions in skin surface. Good contour and soft tissue contraction were achieved with both techniques but RFAL with its safety features presents an alternative to SupL, which has a higher complication rate, risk for contour deformities, and steeper learning curve. (*Plast Reconstr Surg Glob Open* 2015;3:e459; doi: 10.1097/GOX.0000000000000429; Published online 21 July 2015.)

Nonexcisional, surgical aesthetic improvement of the upper extremities remains a challenge. Depending primarily on skin quality or laxity,

brachioplasty with skin resection and a resulting undesirable long incision may be required. For less severe cases of upper arm adipose excess, suction-assisted lipectomy (SAL) may be used but is often less than adequate. This is because fat is underresected due to concern with post-aspiration skin laxity and/or overresection with resulting contour problems. Techniques introduced to stimulate skin and soft tissue retraction

From the *Manhattan Eye, Ear & Throat Hospital, New York, N.Y.; and †Elysium Aesthetics SAS, Bogotá, Colombia. Received for publication February 13, 2015; accepted May 28, 2015.

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Disclosure: C.T. Chia and S.J. Theodorou are consultant for Invasix Corp. Invasix Corporation provided transportation and lodging for C.T. Chia, S.J. Theodorou, and G.H. Pitman and patients received remuneration of \$325 each. Dr. Hoyos does not have any financial disclosures. The Article Processing Charge was paid for by the authors.

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Preliminary Report

Improving Outcomes in Upper Arm Liposuction: Adding Radiofrequency-Assisted Liposuction to Induce Skin Contraction

Diane Irvine Duncan, MD, FACS

Abstract

Background: Brachioplasty is frequently recommended for patients with more skin laxity than subcutaneous fat. However, many patients are reluctant to accept a visible scar that will affect the activity of the upper arm or clothing choices. Traditional liposuction is effective when minimal skin laxity is present, but the dual problems of postoperative residual skin laxity and unsatisfactory contour irregularities are common when upper arm skin laxity is the chief complaint.

Objectives: The author investigates the degree of skin contraction resulting from treatment with radiofrequency-assisted liposuction (RFAL) and attempts to determine whether, after long-term follow-up, the classification of upper arm deformities and their corresponding treatment protocols can be refined to offer patients with prominent skin laxity an alternative to traditional brachioplasty.

Methods: A prospective, institutional review board–approved pilot study was planned with 12 consecutive patients who presented to the author's private clinic for treatment of upper arm laxity. Patients were included only if they were categorized as Stage 2b, 3, or 4 according to the El Khatib and Teimourian system. Based on the "pinch" test and the vertical measurement of skin distal to the bicipital groove as described by El Khatib, a novel caliper was devised to quantify the shortening of the pendulous volar skin. Treatment regions were tattooed prior to surgery and measurements from a Vectra system (Canfield Scientific, Inc., Fairfield, New Jersey) confirmed the preoperative surface area. All patients were treated with the BodyTite device (Invasix, Inc., Yokneam, Israel). No patient underwent skin resection in the volar treatment region. Skin contraction was measured at one year posttreatment. Statistical analysis was conducted with a paired *t*-test.

Results: One year after treatment with RFAL, the mean surface area reduction in the volar upper arm region was 33.5% bilaterally. The mean degree of pendulous vertical "hang" shortening was 50% bilaterally. Statistical analysis showed a *P* value of $>.001$ for both measurements.

Conclusions: Treatment with RFAL achieved statistically significant skin contraction in the upper arm region. Patients in categories 2b and 4 were successfully treated with RFAL instead of traditional brachioplasty (which is recommended by the current classification system). Category 3 patients, however, did require a short-scar brachioplasty procedure to obtain satisfactory results.

Level of Evidence: 5

Keywords

liposuction, body contouring, upper arm, RFAL

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SAGE



Historically, the classification of upper arm deformities has been limited to descriptions of varying degrees of brachial ptosis. In previous articles from El Khatib¹ and Teimourian and Malekzadeh,² patients presenting for upper arm contouring were categorized into various stages according to their degree of skin laxity plus or minus lipodystrophy; both authors then provided treatment algorithms for each stage (Table 1). Appelt et al³ presented a more extensive classification based on the specific location of laxity and recommended a certain type of brachioplasty patients in each

category. With regard to assessing a patient's degree of ptosis, El Khatib measured the vertical height of pendulous skin, caudal to the bicipital groove. The proportion of hanging skin

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Three-Dimensional Radiofrequency Tissue Tightening: A Proposed Mechanism and Applications for Body Contouring

Malcolm Paul · G. Blugerman · M. Kreindel ·
R. S. Mulholland

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Abstract The use of radiofrequency energy to produce collagen matrix contraction is presented. Controlling the depth of energy delivery, the power applied, the target skin temperature, and the duration of application of energy at various soft tissue levels produces soft tissue contraction, which is measurable. This technology allows precise soft tissue modeling at multiple levels to enhance the result achieved over traditional suction-assisted lipectomy as well as other forms of energy such as ultrasonic and laser-generated lipolysis.

Keywords Body contouring · Liposuction · Radiofrequency energy · Soft tissue contraction

Introduction

Radiofrequency (RF) thermal-induced contraction of collagen is well known in medicine and is used in ophthalmology, orthopedic applications, and treatment of varicose veins. Each type of collagen has an optimal contraction temperature that does not cause thermal destruction of connective tissue but induces a restructuring effect in

collagen fibers. The reported range of temperatures causing collagen shrinkage varies from 60 to 80°C [1–7]. At this temperature tissue contraction occurs immediately after tissue reaches the threshold temperature. The shrinkage of tissue is dramatic and can reach tens of percent of the heated tissue volume. This type of contraction is well studied in cornea [1], joints [2], cartilage [4, 7], and vascular tissue [5] but its application for skin, subdermal tissue, and subcutaneous tissue tightening has not been studied.

Noninvasive RF and lasers have been used for skin-tightening effects since the mid-1990s [6, 8–12]. Because of superficial thermal safety concerns, the skin surface temperature is maintained below 45°C. To increase the temperature in the deep dermis the skin is heated with RF or laser energy penetrating into the tissues deeper than 1.5 mm, with simultaneous skin surface cooling. This sophisticated method of transepidermal, noninvasive RF thermal delivery provides a variable and controversial tightening effect, which is not usually apparent, if at all, until dermal remodeling occurs a few months after the treatment. Noninvasive tissue tightening treatments have an inherent safety limitation because energy is delivered through the skin surface and the threshold epidermal burn temperature is significantly lower than the optimal temperature for the collagen contraction. Studies indicate that deeper penetrating energy provides better skin contraction and RF energy, by penetrating deeper than laser radiation, is a superior method, not only for treatment of facial rhytides and laxity, but also for body tightening [6, 9, 12]. It is the physical and biological characteristics of RF that explain its superior three-dimensional mechanism of skin tightening.

Recently, the use of thermal-induced tissue tightening was expanded to minimally invasive treatments [13–16].

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Three Dimensional Radiofrequency Tissue Tightening: A Proposed Mechanism and Applications for Body Contouring

Excerpt: “Linear contraction observed at 3 months follow-up were much more significant than reported with any other technology and varied from 12.7% up to 47% depending on patient and treatment variables.”

Abstract: The use of radiofrequency energy to produce collagen matrix contraction is presented. Controlling the depth of energy delivery, the power applied, the target skin temperature, and the duration of application of energy at various soft tissue levels produces soft tissue contraction, which is measurable. This technology allows precise soft tissue modelling at multiple levels to enhance the result achieved.

Conclusion: The mechanism of subcutaneous collagen contraction during RF-assisted liposuction is similar to that witnessed in other types of collagen, in that the contraction process has thermal contraction thresholds in the range of 60–70°C. This RFAL thermal process and contraction can be effectively applied during a liposuction treatment in selected cases, improving patient satisfaction and extending liposuction procedures to higher-weight patients and patients with compromised skin conditions.

Radiofrequency-assisted Liposuction for Neck and Lower Face Adipodermal Remodeling and Contouring

Evangelos Keramidis, MD, EBOPRAS,*† Stavroula Rodopoulou, MD, EBOPRAS*†

Background: The purpose of this study is to report our experience using radiofrequency-assisted liposuction (RFAL) for neck and face contouring. This article details the operative technique, selection, complications, third-party surgeon appraisal, and patient satisfaction survey.

Methods: From November 2009 to November 2013, 55 patients who underwent RFAL treatment were enrolled in the study. Postoperative patient satisfaction surveys were conducted, and 2 independent plastic surgeons evaluated contour and skin quality with randomized preoperative and postoperative photographs at 6 months postoperatively. The different parameters recorded involved age, sex, weight, body mass index, operative time, amount of fat aspirated and energy delivered, complications, and aesthetic outcome in 1 and 4 weeks and 3 and 6 months. Our longest follow-up was 4 years. Patients were asked 6 months postoperatively to grade their satisfaction as poor, no change, moderate, good, and excellent.

Results: The mean age was 51 years (range, 35–61 years), and the mean amount of fat aspirated was 30 mL (range, 10–200 mL). Five out of 55 patients (9.1%) developed tissue hardness that resolved with massage. All patients were followed up for a minimum of 6 months. Eighty-five percent of patients were satisfied with their contouring result and degree of skin tightening (48/55 patients). Two independent plastic surgeons considered the improvement in contouring and degree of skin tightening good to excellent in 52 of 55 cases.

Conclusions: In appropriately selected patients, RFAL neck and face contouring represent a safe procedure to achieve significant improvement of the skin laxity and fat deposits of the cervicomenal zone and jowls. (*Plast Reconstr Surg Glob Open* 2016; 4:e850; doi: 10.1097/GOX.0000000000000809; Published online 24 August 2016.)

The purpose of our study is to present our experience and outcomes using radiofrequency-assisted liposuction (RFAL) technology in the neck region and facial contouring. RFAL is a relatively new technique that utilizes radiofrequency energy applied to the soft tissues in a bipolar manner, both internally as coagulative energy and externally as nonablative radiofrequency heating, to stimulate contraction and collagen formation by thermal effect to the skin while in the same time to coagulate and

liquify adipose tissue and stimulate profound contraction of the fibroseptal network (FSN).^{1,2}

MATERIALS AND METHODS

Fifty-five patients were enrolled in this study, who all underwent the RFAL procedure between November 2009 to November 2013 in the Central Clinic of Athens, Greece, and all procedures were performed by 2 certified plastic surgeons of our team, both very experienced in liposuction.

Inclusion criteria were male and female patients with fat and moderate skin laxity of the neck and jowls. Our patients, who were classified according to Baker classification,³ were of type 1 and type 2. According to this classification, type 1 patients have slight cervical skin laxity with submental fat and early jowls, whereas type 2 patients have moderate cervical skin laxity, moderate jowls, and submental fat. All patients signed an informed consent preopera-

Disclosure: The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the authors.

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