

BodyTite procedure are based on RF thermal coagulation of subcutaneous tissue that may be followed by aspiration of the liquified fat.

Indications

Device with minimally invasive handpieces is intended for RF assisted liposuction, blood coagulation, and skin tightening. Outcome is heating of fibrous septa and dermis, resulting in collagen contraction.

Treatment Areas

Areas with some subdermal fat: (thin layer –5-25mm; thick layer >25mm) which may include face, neck, arms, chest, back, abdomen, flanks, buttocks, inner and outer thigh.

Typical treatment depth for face/neck is 5-10mm.

Typical treatment depth for body is 10-25mm up to 50mm or 5cm.

Working superficially on hair-bearing areas, such as men's beard may cause hair loss.

Typical treatment zone size is ~5x5cm or ~4x4cm for face, ~6x6cm for neck; ~5x10cm for arms and ~10x15cm for body areas.

Treatment Techniques

- Moving technique - Insert the cannula applying RF while advancing forward and on withdrawal.
- Heating on Withdrawal technique – Insert cannula forward without RF then apply RF on withdrawal only.

Typical Treatment Parameters for Single-Temperature Sensor and Aspiration Handpieces (A):

Treatment area	Hand Piece	Treatment depth	Power	Cut-off temperature	Aspiration
Face	HP101806A	5-10mm	10-12W	35-37°C	Not required
Neck	HP101806A HP122506A	5-20mm	10-16W	35-37°C	For thick neck only
Speciality areas and thin body areas	HP101806A HP122506A	5-15mm	10-16W	35-38°C	If required
Thick body areas	HP173906A HP253906A HP253906A	10-50mm 10-50mm 15-50mm	20-40W	35-38°C	Aspirate maximum coagulated fat

Typical Treatment Parameters for Double-Temperature Sensors Without Aspiration Handpieces (B):

Treatment area	Hand Piece	Treatment depth	External Cut-off temperature	Internal Cut-off temperature	Treatment Time per Zone
Face/Neck	HP060909A	5-10mm	35-40°C	50-65°C	15-60 sec
Small Body Specialty Areas	HP060909A	5-10mm	35-40°C	55-65°C	30-90sec
Face/Neck/Small Areas	HP101306A	5-10mm	35-36°C	50-55°C	15-60sec
Body Areas	HP172206A HP172248A	10-15mm	36-38°C	60-65°C	30-120sec
Speciality body areas	HP172246A	7-12mm	35-36°C	50-60°C	15-60sec

- For thicker fat layers higher cut-off temperature may be used (A & B), as well as higher RF power (A).

Pre-treatment

- When using FaceTite/AccuTite in the peri-oral region, prophylactic antivirals should be prescribed in all patients with a history of Herpes Simplex.
- Anticoagulants should be stopped 10 days before treatment, if medically permitted.
- Review patient intake and consider all contraindications for RF.
- Mark treatment zones while patient is standing/sitting.
- Select incision/access ports, considering accessibility and curvature.

Treatment Procedure

- Make a small incision, using 16-18G needle or with a scalpel away from the treatment area border.
- Anesthesia - Infiltrate tumescent to the sub-dermal plane with syringe or infiltrating cannula until tissue is firm. On body areas "peau d'orange" firmness may be reached. Wait for 20min. IV sedation may also be used for sensitive patients or multiple zone treatment.

- Connect aspiration tube to the aspirating handpiece (A), if it is required. Simultaneous RF energy application and aspiration is recommended for body areas to remove maximum excess coagulated fat.
- Before turning on the RF energy, confirm your depth and ascertain a sense of internal characteristics. May pre-tunnel the tissue prior the RF application. In fibrotic areas it is recommended to apply RF immediately to soften the fibers.
- Apply sterile ultrasound gel and introduce the cannula through the incision port.
- Insert cannula into subcutaneous fat layer parallel to skin surface and ensure complete contact of external electrode with skin
- To avoid external and internal burns in the face and neck, avoid treating too superficially in the dermis and too deep near delicate structures like the facial nerve or neck platysma muscles. Use free hand to flatten the skin and direct the cannula.
- Touch STANDBY on the screen to change to READY mode then press the footswitch to apply RF.
- BodyTite (larger areas) –To achieve external cut-off, use **Moving** technique. During treatment, popping/coagulation of fat may be heard or palpated.
- Use **Heating on Withdrawal** technique for treating Face, Neck and speciality areas. Keep moving the cannula while foot switch is pressed.
- At each depth, treat the zone in a sequential fanning motion avoiding continuous heating of the same route and **avoid RF too close to the access port**.
- After reaching the desired thermal effect, continue aspiration with InMode handpiece without RF energy or use another aspirating cannula (A). Do not attempt to extend RF treatment until end of aspiration. Using (B) handpiece, aspirate following RF.
- When treating body areas, release the footswitch and stop RF at least 3cm from the access port before removing the cannula. Heating too close to access port will increase the risk of prolonged healing.
- When treating facial/neck/small specialty areas, release the footswitch and stop RF at least 1.5-2.0cm from the access port before removing the cannula. Avoid treating more than 2 minutes continuously through the same access port. Alternate access ports or allow the access port to cool down for about 1-2 min using sterile cold compresses (B).
- Treat in one plane only in the zone with thin fat layer, until endpoint of cut-off temperature is reached.
- In thicker fat layer (>20mm), more than one plane is treated, starting from deep toward superficial.
- Typical energy applied is 1.0-1.5kJ for each lower facial zone, 1-2.5kJ for each neck zone, 2.5-5kJ for each arm zone and 8-15kJ for each body zone, depending on fat thickness and number of treatment planes.
- Always stop when there is excessive response such as dark erythema or nodule. Cool the area and avoid heating that area further. Cool the access ports after completing treatment of each zone.
- Avoid treatment in the areas above superficial nerves. Ensure enough tumescent infiltration in this area to minimize heat expansion.
- Aspiration of fat should be done if more than 50cc of tissue per area is coagulated. Leaving large amount of coagulated tissue in the body may cause excessive inflammation and seroma, especially when using handpieces type (B) without simultaneous aspiration with RF. Procedure may have to be stopped occasionally for aspiration,

Post Treatment

- Immediate cooling of the skin with saline-soaked gauze can reduce discomfort and excessive skin response.
- Suture access ports or leave open, depending on the incision port size.
- Drainage of fluids out the incision ports may continue for 1-3 days and dressing should be changed daily.
- Discomfort can be reduced by the prescription of oral analgesia.
- Prophylactic oral and topical antibiotics for the incision ports may be prescribed as per the physician discretion. It may start the day of treatment and continued for 5-7 days to minimize risk of infection.
- Compression garment should be applied (minimum 3 full weeks and 3 half day weeks) for body areas. For neck – 3-4 full days and 1-2 weeks night only. For face treatment, garments are upon physician discretion.
- Ecchymosis may last for 7-10 days or more and substantial edema may last for 1-3 weeks. Numbness, tingling and tenderness to touch may be present in the treated areas and gradually regained after 4-16 weeks or occasionally longer. Burning or heat sensation may also be experienced in facial or thin skin areas as well.

Results

Edema and a “tightening” effect from the edema and immediate collagen shrinkage should be seen during and post treatment. Improvement of contour may be seen immediately, but all effects improve gradually over 3-12 months.

Tips

- Cooling measures, preferably sterile, should be ready if needed.
- Avoid applying RF over superficial injected areas with natural fillers, or very fresh Botox. It is better to inject after RF treatment, but if already there, treatment over deep natural fillers is possible immediately. Over superficial natural fillers – wait for ~6 months or more. For treatment in an area of Botox, wait for one week before FaceTite/AccuTite or BodyTite treatment. Treating over synthetic fillers, like silicon, is contraindicated.
- For optimal healing of access ports, apply sterile cold compresses to access port after treating each zone.