

Typical Treatment Parameters

- **Tips** – Morpheus8, Prime and T Resurfacing tips.
- **Depth** – 1, 2, 3, and 4mm for Morpheus8 and Prime tips. Resurfacing T tip is 0.5mm fixed depth, when the engine is disabled, and insertion and retraction of the pins is done manually.
- **RF Energy** – Range is from 5-60. Limited range of 5-30 is for Resurfacing T tip and for 1 and 2mm depth of **Morpheus8** and **Prime** tips. Always start with lower settings and gradually increase.
- **Cycle Mode** - Pins penetrate and retract from the tissue with every pulse.
- **Fixed Mode** - Pins are continuously deployed at programable depth when footswitch is activated. The pins retract back and energy delivery terminates once the footswitch is released. It is used for **stacking** pulses on soft and thick skin.
- **Burst Mode** – **Do not use Burst Mode on 12 and 24-pin Morpheus8 tips**, as this will damage the handpiece mechanically.
- **Repetition** – can be set to Single pulse mode or Repetition mode, when pulses are delivered automatically with predetermined pulse repetition rate: In **Cycle Mode** – Single, 0.5 and 1pps. In **Fixed Mode** – 0.5, 1.0 and 1.5pps.

Tip Name	Pins No.	Mode	Depth mm	*Energy Levels	Treatment Areas
Morpheus8 Tip	24	Cycle	1	8 - 10	Thin & delicate Areas, e.g. Periorbital, Forehead, Hands Dorsum, decollate
			2	10 - 15	
Morpheus8 Tip	24	Fixed/ Cycle	2	15- 25	Thick & Soft Tissue, e.g. Cheeks, Sub-Mental Combine depths (4 – 3 – 2mm or 3 – 2mm according skin thickness)
			3	25 - 35	
			4	35 - 45	
Prime Tip	12	Fixed/ Cycle	1	5 - 10	Small Facial thin & delicate Areas, e.g. Upper and Lower Eyelids Use either 1 or 2mm – not both
			2	10 - 15	
Prime Tip	12	Fixed/ Cycle	2	15 - 25	Small Facial Soft Areas, e.g. Nose, Upper Lip Combine depths (3 – 2mm according skin thickness)
			3	25 – 30	
Resurfacing T Tip	24	Manual	0.5 Fixed	10 - 20	Bony Areas with Surface Irregularities, e.g. Forehead
Resurfacing T Tip	24	Manual	0.5 Fixed	20 - 30	Soft Areas with Surface Irregularities, e.g. Cheeks

*Energy levels should be as high as tolerated and according to skin response.

- Treatment may be applied to all skin types. However, when treating **dark skin**, reduce energy ~20%, following optional bleaching regimen.
- Avoid treating over superficial **injected areas** with natural fillers (HA) for ~6months or very recent Botox injections <1 week.
- **Higher RF Energy** is used for deeper treatment, and implies longer downtime and longer intervals between sessions.
- When combining depths, always work from deeper to more superficial planes.
- Use **lower RF Energy** for thin skin, dark skin, bony areas with thin skin.
- **Resurfacing T tip** can be used for the applications related to skin surface ablation and coagulation as an addition to sub-dermal invasive or non-invasive remodeling or as a stand-alone treatment. Stacking is **NOT** recommended!
- Method of **Anesthesia**: Apply topical cream/ointment/gel, preferably high concentration (e.g. 15-18% Lidocaine + 5% Prilocaine), as prescribed by the manufacturer, exercising caution around the eyes. Apply for **45-60min**.
 - Nerve block or local anesthesia may be applied for as per physician discretion.
 - Higher energy level may be applied following invasive procedures that involve tumescent or IV sedation.

Please Note: Quick Reference Guides are on occasion revised and updated. It is the practitioner's responsibility to ensure the use of the most current version of the Quick Reference Guide. Current Clinical Updates may be found at InMode Australia Resource Centre.

- Pre-cooling and **cooling** during the procedure relieve discomfort. Air cooling is recommended as it also dries the skin. If other means of cooling, such as ice packs, ice-filled surgical gloves or cold saline soaked gauze are applied, make sure that skin remains completely dry, by occasional wiping with a sterile gauze to enable coupling, avoiding arching.

Pre-Treatment

- Prior to the treatment inspect the tips for any damage.
- **Make sure that the inserted tip matches the tip type (number of pins) that is chosen on the screen**, since the energy is presented as energy/pin. For example, energy chosen for 24-pin tip while the screen shows 12 pins, will double the actual energy/pin with a risk of extreme pain and burn. The opposite situation will half the energy/pin and will render a non-efficacious treatment.
- Prescribe anti-HSV viral prophylaxis for patients with **history** of Herpes Simplex.
- Remove numbing cream from treatment area – clean skin with cleanser and finish off with 70% rubbing alcohol.
- During treatment use gauze soaked with 3% hydrogen peroxide for antibacterial and hemostatic effect.
- Start on dry skin with a recommended energy and adjust settings according to patient tolerance and skin response.
- Always perform **test spots** before treatment!
- Following the test as well as during the procedure make sure that skin response is not excessive.

Treatment Procedure

- Apply the handpiece **perpendicular** to the treated area, with **complete contact** and firm, but **not excessive pressure**. To improve coupling between the skin and the tip, stretch skin on very soft tissue or pinch on bony or thin skin areas.
- Do not slide tip over the treatment area to avoid accidental skin scratching. Make sure to lift and place the tip for complete placement and apply adequate pressure before pulsing.
- Move the handpiece to the adjacent area with overlap of approximately **~50%**.
- **Stacking** with **1-2** additional pulses may be triggered at the same site in Fixed Mode. However, **Fixed** mode is **NOT** enabled in superficial treatment by Resurfacing T tip and **not allowed at 1 and 2mm** depth of other tips.
- If gaps are visible after the full area treatment, they may be re-treated immediately.
- Occasionally, additional **1-2 passes** are necessary to optimize results. Wait until the full area is treated before attempting additional pass, allowing for a delayed response on dark skin. An additional pass may be applied in a different direction to the previous pass/passes, to ensure complete area coverage.
- Acceptable **endpoints** are minimal to substantial erythema and edema, often accompanied by tingling heat sensation. Minor pin-point bleeding is occasionally observed.
- **Clean** the skin with 3% hydrogen peroxide followed by dry gauze wiping frequently.
- Cleaning of pins every **~200** pulses with alcohol 70%-soaked pads stretched over the tip will improve coupling and reduce the risk of arcing of RF energy. Cleaning the tip ensures long, homogeneous performance!
- Recommended number of penetrations per tip should not exceed **1500** to assure pins' cleanliness/sharpness!

Post-treatment & Schedule

- **Cooling** the skin post-treatment can reduce discomfort and excessive skin response.
- Apply healing cream (e.g. Trolamine, Hydrophore, Aloe-Vera) or optional antibiotic cream when needed, immediately post treatment for **1-3** days.
- As soon as the craters close (1-3 days), apply moisturizer and sun-screen, and may use make-up.
- **Downtime** is minimal and ranges from 1-5 days, the longer time for superficial treatment and higher energy levels. Some patients hardly show any skin surface response despite future good results.
- Number of sessions vary from **1-4** with intervals of **3-6** weeks, and **maintenance** as needed.