Case Report

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Non–Invasive Blepharoplasty with Plasma Exeresis (Plexr) Pre/Post Treatments

Sotirios TG[1*] and Nantia S[2]

[1]Department of Diagnostic Clinic and Aesthetic Surgery Ophthalmology, Eye Surgeon-Oculoplastic, Greece

[2]University of Camerino, Greece

[*]**Corresponding author:** Tsioumas G. Sotirios, Department of Diagnostic Clinic and Aesthetic Surgery Ophthalmology, Greece, Tel: +302108825132; E-mail: s_tsioumas@hotmail.com

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Abstract

The following examination was directed for six months, in the Blepharoplasty and Non Invasive Eye Lid Surgery with Plexr. The objective has been the research of anesthesia in the zone of the eyelids by measuring different mixtures of analgesic creams. The investigation took place in 60 individuals. On these patients we practiced three unique sorts of anesthetic cream and analyzed the outcomes. In order to get the best outcome you need to apply a fair amount of anesthetic cream, but mostly the effect relies upon the responsiveness of every patient to skin sensitization. What follows are the researches that have been examined for three sorts of anesthetic creams available in pharmacies. Besides, a similar report took place in the recuperation technique following the use of Plexr in blepharoplasty, with and without make-up promptly after treatment. Research was practiced in 60 patients. We split patients into two segments: The principal group did not wear make-up amid the recuperation time frame, while the second did not use make-up until the punches drop.

Keywords: Eye Lid Surgery; Plexr; Blepharoplasty

Introduction

Plexr

Plexr is a cordless micro-surgical handled device that intensifies heat to the accumulative skin tissues. It handles the differentiation in voltage amid equipment and the patient's skin. This distinction in voltage creates a limited electrical arc, identical to a minute long lighting. The small lighting achieves sublimation of the liquids included in the superficial section of the skin, without undesirable heat transmission to nearby tissues [1]. We use Plexr device to sublimate this excess, without penetrating the membrane basal, but with only propose to target the keratinocytes. Clinical studies prove that after one month collagen type 3 is formed (baby collagen). Through this procedure, potential skin harm is decreased in contradict to traditional lasers. 'Catch' innovation of new energy design took place at the State University ''Tor Vergata'' Rome, in Camerino. Plexr securely helps patient who does not wish surgery and doctor to support high end service at low cost and better outcomes.

Anesthesia

Tactile sensitivity of the upper lid originated four branches of the ophthalmic nerve (VI). The lacrimal nerve supports the sidelong upper top. The supraorbital nerve arises through a score or trench at the superior medial rim to support the central and medial lid. Two small additions, the supratrochlear and infra trochlear nerves, pierce the orbital septum above and beneath the trochlea of the superior oblique musde [2]. The maxillary nerve (V2) supports the lower lid via a little zygomaticofacial twig and the prevalent branch of the infraorbital nerve. These nerves develop through their specific horizontal and average foramen. There is agile requirement for particular nerve blocks in blepharoplasty anesthesia. Nerve blocks for upper cover need infiltration of the orbital septum toward the orbital roof. It is not recommended to try injection of the orbital fat in the upper or lower lids amid primary injections. Infiltration of vessels at the rear of the orbital septum, with optional bleeding and potential hematoma development, is prevented if the anesthetic injection stays subcutaneous. The primary feeling of patients is a heavy feeling of the lids and some difficulty opening their eyes. Once the anesthetic acts successful, patient may experience difficulty moving their eyes due to the fact that orbicularis musde is affected. The levator of the lid stays sedated, opening the eye hardly.

Superficial anesthesia with infiltration of topical anesthetics: Provincial injection of anesthetics with small bore needles (30 to 32 gauges) can be applied to either numb the infusion areas or to accomplish a principal section of anesthesia where the Plexr will be used. Nevertheless, the superficial infiltration of the local anesthetic may hike and soften the tissue to be increased, developing deformity and

thus prompt the erasement of lines. In case this happens, it might not be conceivable to find and expand the lines or tissues precisely [3-5].

Superficial anesthesia with topical agents: In the blepharoplasty with Plexr We use just local anesthesia. Topical sedative arrangements might take place before the treatment for specifically individuals. Various plans are presently accessible, mainly including a blend of anesthetic factors.

The topical anesthetic; Cream of the sort EMLA 5% including lidocaine 25 mg+prilocaine 25 mg+polyoxyethylene. Ester +carboxypolymethylene+sodium hydroxide+pure water, or XYLOCREAM, containing, Lidocaine+Prilocaine (2,5+2,5) % w/w and inactive substances. The use of the cream will be set every 5 minutes for 30 to 60 minutes and then we will begin the sublimation with Plexr.

Another reasonable and FDA-endorsed specialist is Pliaglis, a cream including a blend of lidocaine and tetracaine, which forms a self-adhesive layer that can be removed away effortlessly. In spite of the fact that these operators are thought to be safe and successful, we should pay attention so as to guarantee no contraindications, keeping by close measurement levels in the safe scale and be careful with toxicity parameters.

A different local anesthetic cream can be found in a pharmacy in Thessaloniki and I called it THESS. Unluckily, components are not precisely announced for profit making intensions. What we understand is that it includes lidocaine, tetracaine, HCL tetracaine and inactive substances.

One other nearby Xylocaine 2% Anesthetic Gel plan. 1 g of gel contains lidocaine hydrochloride monohydrate relating to lidocaine hydrochloride 20 mg.

At work we have EMLA, THESS, and XYLOCAINE 2%.

1.EMLA or XYLOCREAM: The use of the cream is set every 5 minutes for 30 to 60 minutes and then we begin the sublimation with Plexr.

2.THESS CREAM: We apply this cream for 30-40 minutes and finally, we proceed performing the sublimation with Plexr.

3.XYLOCAINE 2% gel: We apply gel every 5 minutes for 30 to 60 minutes.

In every single anesthetic cream or gel, we cover the surface with a plastic membrane for better assimilation.

Method

Already, we have put the anesthetic cream (counting on our selection) for the suitable time, we prepare the appropriate antisepsis with a non-alcoholic solution e.g. octenidine hydrochloride splash (the trade name is Octenisept in Greece). We slip on sterilized surgical gloves and secure the operation zone with surgical environment **(Figure 1)**. We use the spot by spot method with Plexr. Plexr is used to the "edges" of the skin pleats and never to the "valleys." With the left hand we accelerate the eyebrow downwards producing large folds. We can likewise operate our pointer and thumb to make ridges and forehead lift, even if Botox has gone ahead of it. At every part we remove circa 30% of excess skin. We use three methods with Plexr Device **(Figure 2)**. The operation is applied via spots in arrangements, triangles or dice or crisscross, contingent upon the width of the fold **(Figure 3)**.

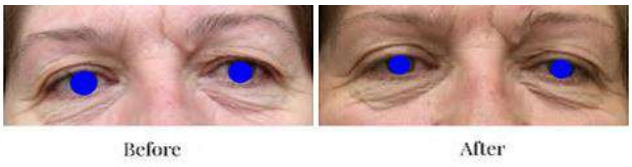

Figure 1: Photo presentaion of before and after nonsurgical blepharoplasty.

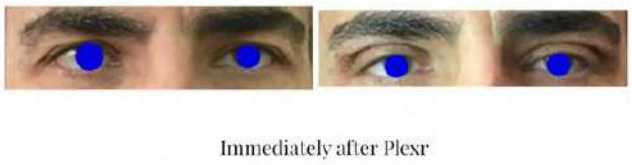

Figure 2: Photo presentaion immediately after Plexr.

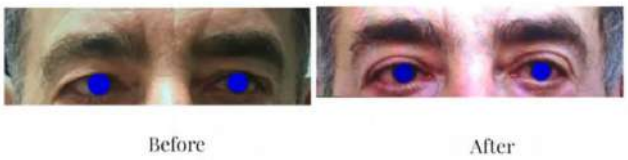

Figure 3: Photo presentaion immediately before and after Plexr.

Aim

This survey points to underline that Plexr is just as powerful technique as traditional surgical operation in eyelid reduction. In addition, patients, who have serious issues with their upper eyelids (not only for aesthetic purpose) and also fear surgery, now are offered to experience the inventive method of Plexr. Moreover, what is the most ideal anesthetic topic activity? Anesthetic efficiency, length of activity, observation of outcomes [6-8].

Also, a development and examination took place during the entire recuperation process after using of Plexr for faster recovery and less symptoms. The research was applied in two patient segments. The principal group did not put make-up amid the treatment session and the second group did not put make-up, until the moment crushes drop.

Outcome

The investigation took place over a time of 6 months and handled individual medical files. The upper eyelid blepharoplasty was operated to 60 people (50 women and 10 men). Target group was 38 to 65 years old. We did not record if they were smokers or not, if they had extensive or less skin abundance, or some species of immune system disease. We operated only through Plexr equipment. All patients received antisepsis and at that point their face photo was filed in order to observe the outcome of the operation. The following stage was to put the sedative cream and wait for 30 to 60 minutes, until cream take action and patient won't suffer through the procedure. When anesthesia has acted, we cleared away cream and used the method.

All clinical and analytical information on anesthetic creams showed the following outcomes:

The THESS cream has exceptional affects since it needs a smaller act time and the sense of pain is diminished to nearly nonexistent.

In EMLA, we require significantly further time and recurrence to swap cream every five minutes per circa one hour. Furthermore, the pain perception is medium to uncompromising making hard to carry on the treatment.

For the most part, a sedative cream must have a decent soporific act and endures as far as might be feasible. Application ought to be less challenging in order not to upset the zone of the eyelids and the patient himself. The decision of formulation relies upon the individual inclinations and skills of every doctor. In the following examination cream THESS was discovered to be profoundly powerful in the span of soporific activity, shorter application time and minor annoyance through application.

First examination

Patients were separated into 3 gatherings.

First gathering: 20 individuals with anesthetic cream cutaneous use, EMLA or XYLOCREAM.

Second gathering: 20 individuals with THESS CREAM

Third gathering: 20 individuals with XYLOCAINE 2%.

Second examination

We separated the patients into two gatherings.

The primary gathering won't put make-up amid the recuperation time frame, while in the second don't put make-up until the punches drop.

First gathering: 30 individuals, won't have any significant bearing make-up amid the recuperation time frame

Second gathering: 30 individuals don't make a difference make-up until the punches fall.

After the Treatments

After the usage of Plexr, patient will experience sense of burning on his eyelids with a primary swelling that will advance steadily the next two days and from the third day this will be slowed down.

Expelling steps after 5 to 6 days:

Do not utilize contact focal points for 2 weeks.

Ensure eyes: just with glasses mulling over the head and in the recumbent position for 5-6 days.

Stay away from: UV introduction on UV lights for 2 months.

Following activity after 7 to 10 days daily.

Make up can be applied quickly in the wake taking of the spots or not.

Post-agent: Ice on eye lid for 24 to 36 hours.

At first, make up was proposed to be applied on quickly after the Plexr establishment with great outcomes. The outside layers drop around 8 to 10 days. Using foundation, it is hard to move on. So I notice through my study that if I wouldn't put foundation the off, scabs drop 5 to 6 days and we get a faster recuperation. Obviously, we observe edema for 3 days and the marks of Plexr usage are noticeable. I prescribe just great and persevering antisepsis 3 to 4 times each day, wipe circumspectly and not remove the scrubs and finally put make up just to patients they need to go out for work or social activity. Also, I propose to my patients not to put any make up until the point the scrubs drop. Last but not least, a great regenerative cream with zinc oxide can be applied for fair hydration and quick skin reclamation to the first state. When scrubs fall, I suggest putting foundation with fat free ingredients to anticipate over-darken [9,10].

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