EXPERTS DISCUSSION
ABOUT PERIORBITAL AREA PROBLEMS, SOLUTIONS AND TREATMENT RECOMMENDATIONS

New aspects of the treatment of DARK CIRCLES

RRS® HA EYES
A new medical approach for periorbital area

How it works
HYALURONIDASE

Enjoy beauty eyes!
RESTORING & REFRESHING

BEAUTIFIES THE APPEARANCE OF EYE CONTOUR

AD DAILY CARE EYES is an active serum for eyelids that reduces the visible signs of aging around the eyes. Smoothes eyes contour appearance and beautifies, promotes skin elasticity.

AD DAILY CARE EYES reduces the appearance of dark circles and eyes puffiness.

aestheticdermal.com - rrs-inject.com
CLINICAL STUDY
Research & Publications
RRS® HA Eyes: a new medical approach for rejuvenation of the periorbital area

RRS® HA EYES
What is it
How to inject

BEST FOR EYES
New approach in periorbital area treatment.
Actives of RRS® HA Eyes, Reparestim® Eyes TD, AD Daily Care Eyes

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COMBINED TREATMENT
Protocol of application
Recommendation for young patients, 45+
RRS® HA Eyes is a new potential synergic treatment for circles under the eyes and lymphedema. It is a medical device CE class III for injections into the tear trough area, palpebral malar groove and upper eyelid. The main medical proposal for this new therapeutic approach is to be safe, minimize side effects during long-term therapy, and be effective.

RRS® HA Eyes formula was designed for superficial and deep dermal injections. It is based on the purest and most effective ingredients with synergetic actions. Non cross-linked HA from biotechnological non-animal origin provides: antioxidant effect, turnover stimulation & matrix reorganization.

Every ampoule of 1,5mL RRS® HA Eyes (pict 1.) contains HA, non-cross-linked 5,0mg/mL associated with active biorevitalization solution (BS 27,3mg/mL) and helps improving the transport function of the actives from BS.

The complex actives of RRS® HA Eyes are:
- Antioxidants: Vit C, Naringin, Resveratrol, R-2 Viniferin, ε-Viniferin, R-Viniferin, Iso- ε-Viniferin, etc.
- Flavonoids: Troxerutin, Rutin, Naringin, Hesperidin, Methyl Chalcone, Herzperidin.
- Saponins: Ruscogenin, Neoruscogenin, Escin.
- Polyphenols: Resveratrol, R-2 Viniferin, ε-Viniferin, R-Viniferin, Iso- ε-Viniferin, Coumarin.
- Peptides: DipeptideVW, Peptide Pal-GQPR.
- Trace element: Organic Silicium.

This group known as nutritional supplementation that includes vitamins, minerals, and/or antioxidants may help in different ways. Vitamins are necessary components and play important roles in cellular metabolism. They are considered “micronutrients” and occur in only very small amounts within cells, but are critically important as coenzymes. Peptides have several functions: the energy storage function (proteins can be degraded into acetyl-CoA and “cycle” the Krebs cycle), the endocrine integration function (hormones), the informative function (membrane receptors, intracellular signals). However, the biggest group of actives present in the biorevitalization solution of RRS® HA Eyes is antioxidants. The mechanisms by which these antioxidants act at the molecular and cellular level include roles in gene expression and regulation, apoptosis, and signal transduction. Antioxidants are involved in fundamental metabolic and homeostatic processes and help repairing damaged biomolecules and defense antioxidant enzymes, which are mostly intracellular.

RRS® HA Eyes: treatment protocol

Patients on vitamin E, gingko biloba and NSAIDs are recommended to discontinuous the same for a week before the treatment to prevent bruising. All the patients are photographed with the same settings and adequate lighting. Written informed consent form was taken.

The author prefers to inject with the patient reclined at 45 ° as the tear trough deformity is better visible in this position than when the patient is lying down. Good lighting is extremely important for better visibility of anatomical landmarks. The injections should not be given in a hurry as chances of hitting blood vessels or injecting superficially are higher when in haste.

Any cosmetic makeup in the area to be treated is completely removed with a cleansing lotion. Further disinfection is done with chlorhexidine in 70% alcohol. The orbital rim is palpated. Due to the rich sub-
dermal vascular plexus, the tear trough area is prone to significant bruising. Hence, care is taken to inject away from any visible blood vessels in this area. RRS® HA Eyes is injected with a 32-gauge needle. RRS® HA Eyes is deposited with subdermal pupa technique.

Usually about 0.05 - 0.1 mL is adequate per depot. The area is gently massaged for an even distribution of the product. However, vigorous massage should be avoided in this area. The patients are asked to avoid any massage or facial treatments for 48h.

The patient is asked to follow up in 15 days and one month to see if a touch-up is required. (pict. 2, pict. 3) RRS® HA Eyes injection is included at the point of full correction, if necessary. Further follow up is done in 3, 6, 8 and 12 months. Observation showed that RRS® HA Eyes injections in the tear trough area usually lasts for up to 6-8 months.

Key points

- RRS® HA Eyes can be safely injected to correct tear trough deformity and to correct eyelid lymphedema. High-viscosity HA and nonbiodegradable agents should not be injected in the tear trough area.
- Injections must be at a subdermal level of the orbital rim under faulty.
- One should be cautious around the infraorbital foramen.
- RRS® HA Eyes should be gently massaged for even distribution; strong massage should be avoided.
- A touch-up can always be done if necessary as long as the patient comes for a follow up.

Side effects

Some patients presented untoward effects like swelling and ecchymosis that resolved within 24 and 48 hours.

Post-treatment management

Patients should avoid strong or extended pressure within the treated area. Patients should be informed about after-care goals: avoiding massage, strenuous physical activity and exposure to extreme cold or heat for up to six hours post-treatment.

It is important to schedule follow-up sessions to assess the clinical result. Touch-ups may be performed in the follow-up sessions if required.

Conclusion

The result of the study indicates that because of the various factors causing aesthetic problems in periorbital area, it is essential first to identify the underlying cause to provide an appropriate treatment. The loss of the subcutaneous tissue and bone reabsorption in the submalar area can be restored with cross-linked and non-cross-linked hyaluronic acid. At this challenging area usual complications and side effects of treatment with cross-linked HA are tyndall effect, edema and eventually overcorrection that can have a negative aesthetic effect for a long period of time.

Another treatment option of the aesthetic problems at the periorbital area such as lymphedema, dark circles and volume loss around orbital rim is RRS® HA Eyes. The results of the study indicate that injections of this product applied on the tear trough, the palpebral malar groove and also the upper eyelid area is a safe and effective treatment with minimum side effects. RRS® HA Eyes do not cause edema, have no overcorrection issues and neither tyndall effect if correctly injected. The best efficacy was observed in case of tear trough and palpebral groove volume loss combined with lymphedema. Although Results RRS® HA Eyes treatment are very satisfactory, they require further investigation with a bigger number of patients. The biological and pharmacological functions of RRS® HA Eyes have not yet been fully investigated.

The results of the study indicate that RRS® Eyes is a safe and effective treatment with minimum side effects.
RRS® HA EYES

Dark circles & eyes tired look
Enhance appearance of eyes contour, superficial wrinkles around the eyes

HA, non-cross-linked BIOREVITALIZATION SOLUTION
Antioxidants, flavonoids, saponins, polyphenols, peptides, trace element

Area: Eyes
Average volume/session: 0.65ml area / 1.25ml both eyes
Type of injection: Micro dermal papule
Frequency: 1 session / 2 weeks · 1 protocol = 4 sessions average
Recommended number of sessions: Repeat protocol 1-3 times a year
Combination with other aesthetic treatments:
- RRS® can enhance results of other medical treatments or devices
- Botulinic toxine: two weeks before/after RRS® injection
- Microneedling device: RRS® injection can be done immediately before
- Lasers: RRS® injection can be done immediately before

RRS® Eyes must be used under appropriate aseptic conditions in an authorized clinic on healthy, disinfected skin.

Before the treatment
Before the treatment, the physician should inform the patient:
- about indications and effects
- the possibilities of the side effects (pain, redness, ecchymosis, stinging sensations and swelling, local inflammation, usually disappearing in 24 hours)
- check allergy test
Sensitive skins may benefit from application of an anaesthetic cream prior to the treatment
We recommend to have a consent signed by the patient.

After the treatment
Avoid extreme temperatures
Saunas · Hammam
Direct exposure to sun or UV
From next day make-up can be used

Contraindications:
Allergy to any of the ingredients. Patients presenting any skin alteration, skin disease, infections or sequelae of streptococcal infections. Patients taking immunosuppressants, undergoing cortical therapy, with autoimmune disease history, patients with uncompensated diabetes, acute joint rheumatics, repetitive angina, and endocarditis.

MORE INFORMATION IN RRS-INJECT.COM/ MEDINET

*No studies are available for use during pregnancy and breastfeeding or in case of treatment on children or minors under 18.
Inform consent for the treatment
with RRS medical device Class III

I HEREBY AUTHORIZE Dr. ____________________________
to carry out the treatment using RRS® MEDICAL DEVICES [CLASS III] at ________

I RECOGNIZE that Dr. ____________________________ with medical association number
_________________________ has necessary qualification to carry out the treatment.

I CONFIRM that Dr. ____________________________ has informed to me that:

• RRS® MEDICAL DEVICES [CLASS III] are resorbable products.
• After the treatment there is a possibility of local reactions such as redness, small
  ecchymosis, bruises, oedema and/or local inflammation, which usually disappear within
  12-48 hours.
• RRS® MEDICAL DEVICES [CLASS III] can not be injected in certain medical
  situations. I fully informed the doctor about my health in order to allow him to verify if I don’t
  present contraindications to injections.
• RRS® MEDICAL DEVICES [CLASS III] can not be injected to pregnant women
  and during the breastfeeding period, for precaution reasons.
• It is mandatory to avoid extreme temperatures, saunas and Hamman, direct exposure to
  sun or UV radiation after the treatment and during 12 hours.
• Avoid applying on skin make up and/or products other than those advised by the doctor.
• In case of adverse reactions contact the doctor immediately.
• Sensitive skins may benefit from the application of anaesthetic cream prior to the treatment;
  said cream may cause redness or skin hypersensitivity.

I HAVE UNDERSTOOD all the information that has been provided to me and I give my consent to
the doctor to carry out the treatment with RRS® MEDICAL DEVICES [CLASS III].

In ____________________________ on __ _______________ 20___.

Name and surname of the patient: __________________________________________________
Signature of the patient ____________________________
Signature of the doctor ____________________________
RRS® Eyes
Reparestim® Eyes TD
AD Daily care Eyes

New approach in periorbital area treatment
Safe & effective

RRS® Eyes
CE Class III injectable

Reparestim® Eyes TD
Transdermic solution

ACTION
Lymphatic drainage
Local diuretic
Improve blood microviscosity
Light phlebotonic
Improve vessels permeability
Vasoconstriction
Lipolytic

ACTIVE INGREDIENTS
Dipeptide-2
Melilot
Solidago
Aesculus (Escine)
Ruscus
Citrus
Organic Si

ACTION
Improve skin elasticity
Enhance collagen synthesis
Sirtaine activator (global anti ageing)
Normalize epidermal turnover
Increase molecular transport

ACTIVE INGREDIENTS
Vit C (asc.P.Na)
Ruscus
Aesculus (Escine)
Resveratrol + Vitis Vinifera
Organic Si
Hyaluronic Acid

Reduce the aspect of swollen eyes
Improve the appearance of bags under the eyes

Smooth eyes contour
Enhance skin elasticity
**FACT**

Peptides are made up of individual amino acids that are linked together with peptide bond. These are classified into oligopeptides (2-10 amino acids) and polypeptides (10-100 amino acids).

The effect of peptides is similar to their intact growth factor, or naturally existing in the human body. The oligopeptides and polypeptides are playing important roles as growth factors or cytokines.

Their original amino sequences of mimetic peptides are identical to naturally existing peptides.

Enter in MEDINET to find more information about injection technics & protocols, videos, articles & clinical studies.

**AD Daily Care Eyes**

**Cosmetic/Serum**

**ACTION**

Antioxidant defence

**ACTIVE INGREDIENTS**

- Vit C (asc.P.Na)
- Citrus
- Aesculus (Escine)
- Resveratrol + Vitis Vinifera

**ACTION**

Antityrosinase

Melanin reduction

Anti inflammatory

**ACTIVE INGREDIENTS**

- Vit C (asc.P.Na)
- Troxerutin
- Ruscus
- Citrus
- Peptide Pal-CQPR
- Aesculus (Escine)
- Melilot
RRS® injectable CE Class III for mesotherapy & biorevitalization

The trend in aesthetic medicine is moving towards injectable products CE Class III. Skin booster treatments have been performed worldwide for several years, but with further advancement in molecular biology & techniques there are some exciting new products available on the market.

RRS® is a new powerful tool for practitioners who missed official injectable mesotherapy products of high efficacy and safety. RRS® technology is an abbreviation, the value of which: R-repair, R-refill, S-stimulate.

Safe
Aesthetic Dermal® SL management system was evaluated and accredited in accordance with requirements of ISO 9001:2008 and ISO 13485:2003. RRS® products are invented, developed and manufactured following GMP and ISO 10993-1 rules in our own laboratory, which counts with Spanish state license number 5720-PS.

Complete range of injectable products
The whole line comprises 3 families and 14 different products, allowing the practitioners to select the solution that suits best to each individual patient needs.

Originally formulated
The original RRS® formulas, designed for superficial and deep skin injections, are based on the most pure and effective ingredients, with synergetic actions. Non cross-linked HA from biotechnological non animal origin acid and/or Organic Silicium provides: antioxidant effect, turnover stimulation & matrix reorganization. The concentration of highly purified non-stabilized hyaluronic acid can vary from 0, 1 to 6,0 mg ml, depending on the indications for use and areas of injection. Hyluronic acid and/or Organic Silicium are associated in RRS® products with active biorevitalization solutions, having each a specific target. The specific biorevitalization complex contains, for example, antioxidants, amino acids, vitamins, polyphenols, trace elements, oligopeptides or growth factors, and helps getting the following actions: dermal filling & nutrition, tension effect, whitening effect; hair growth stimulation, skin relax effect, etc.

Tailored to many indications
RRS® line is designed for male/female patients of all ages, on different areas of the face and body, tailored to suit aesthetic results and dermatological indications. New injectable products are intended to prevent the changes of chrono-photo skin aging, treat various degrees of hyper pigmentation, alopecia, cellulite, stretch marks and more.

5 top products
RRS® HA Injectable is a gold standard to biorevitalize, nourish and stimulate the skin. It contains 72 actives based on 6mg/ml HA.
RRS® HA Tensor Lift & RRS® HA Eyes are specially designed for treating skin with “tired” conditions, increasing skin tonicity and tension together with positive microcirculatory (blood flow) changes.
RRS® HA Cellutrix, first CE marked products that helps treating cellulite appearance on any stage.
XL Hair®, new opportunity for successful treatment of different baldness patterns, 45 actives + growth factors, doesn’t contain minoxidil & finasteride.

Best choice to be combined
RRS® can be used on body or face and can be combined with non-surgical treatments as peelings, fillers, injection of botulinic toxin, etc. It is also the best choice as preparation or complement to lasers, threads technique and plastic surgery.

www.rrs-inject.com
Enter in MEDINET: injection techniques and protocols, recommendations, videos, on-line education, articles and clinical studies, and more...
www.aestheticdermal.com
Indications: Early aging, skin tired syndrome, dark circles

Products: RRS® Hyalift75, RRS® HA Tensor lift, RRS® HA Eyes, Atrofillin

Before

After

Patient age/sex: 44/Female
Type of treatment: injections of 5 ml RRS® Hyalift 75, 5 ml RRS® HA Tensor lift, 5 ml RRS® HA Eyes, multiple superficial dermal microinjections
1 session/week, 6 sessions total
Daily home care: Atrofillin 2 times/day, 6 weeks

Before

After

Patient age/sex: 38/Female
Type of treatment: injections of 5 ml RRS® Hyalift 75, multiple superficial dermal microinjections;
only 1 session
Daily home care: Atrofillin cream 2 times per day/4 weeks
How important are the procedures in the periorbital area in your daily practice?

**Dr. Stanković:** Human face is my primarily interest in aesthetic medicine and although eyes take central place on it, most patients come to me for other reasons and they are not too much concerned about it until I mention what I can do for them. From that point onwards they listen very carefully.

**Dr. Ranneva:** I mainly work with the face, and of course, eyes take special place in the aesthetic appearance of the patient. Patients often ask to remove wrinkles or to reduce puffiness. We can say that the work in the orbital area is one of the most popular ones.

**Dr. Radziejewska-Choma:** The first signs of aging appear in this area much faster than on the rest of the face. Even in the case of people aged 25-30, tiny mimic wrinkles fine wrinkles, dark circles and puffiness can already be seen. Poor appearance of the area gives an impression of a "tired face".

**Dr. Sosoaca:** My patients of different age have a lot of complaints for the periorbital area. I advise the patients to choose aesthetic procedure or plastic surgery. In my dermatology aesthetic competences, I can see often the problems such as slow drainage, puffiness, bone reabsorption, atrophy of the fatpockets, hyperactivity and later atrophy of muscle tissue, laxity of ligaments, intrinsic factors such as genetic predisposition, extrinsic factors such as UV damage, smoking.

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**Aging Process**

Aging Process follows a predictable pattern and finds place at different levels.

The main causes of aging in the periorbital area in order of prevalence are:

- Bone reabsorption;
- Atrophy of the fatpockets;
- Hyperactivity and later atrophy of muscle tissue;
- Laxity of ligaments;
- Intrinsic factors, such as genetic predisposition;
- Extrinsic factors, such as UV damage, smoking.

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**Evgeniya Ranneva**
Dermatologist, PhD, aesthetic medicine practitioner
Spain

**Nenad Stanković**
Aesthetic medicine practitioner
Serbia

**Dorota Szwarc-Szczubiał**
Aesthetic medicine, practitioner
Poland

**Gabriel Siquier**
Aesthetic medicine practitioner
The Netherlands

**Regina Sosoaca**
Dermatologist, PhD, aesthetic medicine practitioner
Romania

**Iwona Radziejewska-Choma**
PhD., aesthetic medicine, practitioner
Poland
puffiness, wrinkles, very thin and sagging skin, hyperpigmentation, dark circles around the eyes.

**Dr. Szwarc-Szczubiał:** The orbital area is of key importance – the patients often pay close attention to the appearance of this area and ask me to improve it.

**Dr. Siquier:** Wrinkles, puffiness and dark circles under the eyes are very prevalent complaints in everyday cosmetic practice and can be mistaken by tiredness and premature aging. So it actually became a key point to refresh the look of the patient.

*What kind of methods and products, as well as their combinations, do you use to treat the orbital area and why?*

**Dr. Ranneva:** More often I do BTX injections into the lateral eye area to get rid of wrinkles, but when treating the syndrome of tired eyes or the hyperpigmentation in orbital area this would not work. Therefore I choose different products. For example, I do ETCA peelings and soft injections for stimulating lymphatic drainage such as RRS® HA Eyes. In my practice, I almost do not do deep peelings because of the appearance of post inflammatory erythema. Nevertheless, I do find this method to be of the most effective ones for deep aging. For correction or prevention of nasolacrimal depression I am injecting fillers in a small dose in several stages.

**Dr. Siquier:** For the treatment of the tear trough deformity I normally inject cross-linked HA but most of the times we do not see a single problem on this area. My favorite treatment is Botulinum toxin in combination with RRS Eyes so we can relax the crow’s feet and reduce puffiness at the same time, but as Dr Ranneva said will not work for hyperpigmentation, in that case I also prefer to use ETCA peelings rather than lasers.

**Dr. Stanković:** I am agreed, the problems arise when dark circles and/or bags under the eyes appear, because that can not be treated with botulinum toxin or hyaluronic filler. For bags under the eyes I use combination of lifting threads, to tense the skin and RRS® HA Eyes to drain the unwanted liquid. When treating dark circles, I use RRS® HA Eyes monotreatment.

![pict.1 Scheme of combined treatment botulinic toxin (red points) and RRS® HA Eyes (blue points)](image)

**Dr. Radziejewska-Choma:** “Soft injections” as well known as mesotherapy is one of the most common treatments performed by me in this area. I most often use product containing hyaluronic acid, antioxidants, vitamins and substances decreasing capillary permeability and supporting the flow of blood and lymph in the area. The product named RRS® HA Eyes. Combination of ingredients gives the anti-wrinkle effect, reduces circles under the eyes and also prevents puffiness, so frequent in this area. In the case of mimic wrinkles, the so-called “crow’s feet”, we frequently use botulinum toxin. Biostimulating (PDO) threads also work very well in this area. In the case of dark circles under the eyes and deep “Valley of Tears”, cross-linked hyaluronic acid of lower density is perfect.

**Dr. Sosoaca:** For the treatment of thin skin I choose skin boosters, amino acids solutions, RF therapy. RRS® HA Eyes is alternative product for the orbital area due to the formulation.

**Dr. Szwarc-Szczubiał:** Most often I begin by injecting RSS Eyes and then, if necessary, I continue with other treatments.

*What difficulties do you face when you work with the orbital area?*

**Dr. Stanković:** Nearly any injection can result in bruising and swelling, which is a normal part of the healing process. Depending on the procedure, swelling and bruising can be quite excessive and visible, and especially around the eyes this is very frequent side effect. Patients need to understand that the doctor is doing his best to overcome this.

**Dr. Ranneva:** When I am working with the orbital area I’m always afraid of the possible complications, because it traumatizes the patient and alter the degree

**"Different sides of the face can age differently, and such phenomenon happens frequently."**
of confidence to the doctor and to injected products. Exactly to the products, because patients always ask about it, what, when, how long result will last, clinical cases, more and more often patients are interested about regulatory status of product, etc.

**Dr. Radziejewska-Choma:** The area of the eye is one of the toughest for correction. We must be very careful with the injections of cross-linked hyaluronic acid. It often happens that they “attract” water and keep it in the area, leading to increased swelling. It can, in particular, happen in patients with low lymphatic circulation or a tendency to the so-called fatty hernia. The eye area is rich in blood vessels, hence, there is the risk of bruising which can last up to two weeks. I chose non crosslink Ha based product for the orbital area.

**Dr. Sosoaca:** Edema, bruising, long-lasting inflammation and subsequent pigmentation could be nearly impossible for a “public patients”. I am asking full anamnesis of patient included allergy status and result of the previous treatments.

**Dr. Siquier:** As I mentioned before most of the times we have to face different problems on this area so it can be complex for some patients to adjust their private agendas to the treatment plan, nowadays to avoid that I choose less invasive treatments and combinations of them in one session but always being safe and effective and trying to minimize side effects.

Are you familiar with the product RRS® HA Eyes? How often do you use it in your regular practice? What are the main indications?

**Dr. Ranneva:** I have been frequently and very often working with RRS products since 2012, one of them is RRS® HA Eyes. RRS® HA Eyes is presented in ampules (1, 5 ml each) and is easy to inject. When I am treating swellings or the skin of smokers for example I use the technique of three points of deep injections in order to reduce the possible trauma of the area around the eyes. The result can be easily seen after the second procedure. (pict.2 / pict. 3). The product helps to revitalize the skin, it is just what the patients say about the result.

**Dr. Radziejewska-Choma:** I often use RRS® HA Eyes, in my opinion, it is best suited for patients with thin overdried skin and shadows under the eyes. It is perfect for patients with a tendency to edema and lymphatic stagnation. Due to the fact that RRS® HA Eyes contains complex of actives decreasing capillary permeability and improving circulation, among others, troxerutin, rutin and hesperidin, swelling is often reduced and dark circles under the eyes become much less visible.

**Dr. Siculo:** I have been using this product daily in my practice for years already and it became one of my favorites, but very often I combine it with RRS® HA Eyes injectable. That product applied on the tear trough, the palpbral malar groove but also the upper eyelid area is a safe and effective treatment with minimum side effects and have the advantage of avoiding the tyndall effect, edema and eventually overcorrection that may happen with cross-linked Hyaluronic Acid fillers.

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**Examination**

Skin elasticity, skin structure, pigmentation, rhytidosis.


Volume loss: degree and pattern, bone resorption and / or fat tissue atrophy, fat tissue herniation, individual anatomy of the bone structure (for instance flat cheekbone).
Dr. Szwarc-Szczubiał: I am very familiar with RRS® HA Eyes. The product is effective in improving the tension and tone of the skin and for lymphatic drainage booster.

What injection techniques (pict 4) do you use and why?

Dr. Ranneva: As I already described it, for the moment I use the above mentioned technique, as well as the combination of injections and peeling during one procedure (first injections of RRS® HA Eyes and immediately after full face application of EASY TCA/EASY TCA Pain Control).

Dr. Siquier: I usually use subdermal papula technique with a 32-gauge needle. Due to the rich subdermal vascular plexus, the tear trough area is prone to significant bruising. Hence, it is important to inject away from any visible blood vessels in this area. Usually about 0.05 - 0.1 mL is adequate per depot and a maximum of 0.7mL per eye. I gently massage the area for an even distribution of the product. However, I will not recommend vigorous massage in this area. Most of the times I combine this treatment with botulinum toxin for the crow’s feet area, in case there is also an hiperpigmentation problem, like Dr Ranneva, I also apply a full face peeling.

Dr. Stanković: I try it to be as less traumatic as possible so I use a fanning technique. I enter through the skin at only one point, and while in the skin, without taking out the needle, change 3 to 4 directions and apply the product as deep as possible.

Dr. Radziejewska-Choma: I use the bolus deep injections technic too, I called it “deposite technique”, which in my opinion is the most effective one.

Dr. Szwarc-Szczubiał: The biggest problem is to avoid area with very dense concentration of capillaries, because the resulting bruising may persist during two weeks and is very difficult too. Therefore, I use the technique of several needle puncture points, about 5-6 per side and one line, also around the side corner of the eye. RRS® HA Eyes can also be applied to the upper eyelid. Some of the injections, mainly in the inner corner of the eye, are deeper or are performed using the “sandwich” technique to overcome the visibility of shadows under the eyes to the greatest possible extent.

In what case would you choose mesostamp, nappage or injections of RRS® HA Eyes?

Dr. Ranneva: Mesostamp is a very convenient device when working close to the ciliary area of the eye, it is easy to use in case we have to stimulate flabby or fragile skin under or upper eyelids. New combined technology Pixel peel is done using the ST ROLL+stamp and the subsequent application of EASY TCA peel medical device class. Frequently I combine RRS skin boosters injections using the technique of microdermal papules, then I use Skin Tech stamp (12 needles, 0.5 mm) in the orbital area and Skin Tech ROLL for other parts of the face (600 needles, 0.5 mm) and finally I do peeling area per area. It is necessary to warn patients in advance about the duration of the rehabilitation period, the orbital area could keep edema during the first days and can desquamate more intensively starting from the 3d day. For these days I recommend to apply IPLASE cream twice a day.
This procedure can be repeated after two or three weeks if the patient has normal or thick skin. If the skin is thin – one procedure only is sufficient.

Dr. Siquier: In my practice for the face I use AD ROLL with 1mm or 1,5mm needles for thick skin and 0,5mm needles for thin skin.

Dr. Stanković: Although mesostamp is an excellent device, I tend to mainly do injections of RRS® HA Eyes and nappage technique only on upper and lower eyelid, even if injections are nearly impossible on this area.

Dr. Szwarc-Szczubiał: In the orbital area I prefer injectable technics, as I believe it is most beneficial for the result, but sure the combination of the different devices can be useful too.

How often do you repeat the treatments with RRS® HA Eyes?

Dr. Ranneva: Everything depends on the plan of treatment. Usually, once a week with a total of 4 treatments. However, a combination of different products in orbital area on the same time could reduce the quantity of the treatments previewed. To maintain the result special daily care is recommended: AD DAILY CARE EYES serum for the area around the eyes and Atrofillin for full face two times per day, that is my daily recommendations to the patients.

Dr. Stanković: Frequency and number of treatments greatly depend on the treatment plan and the onset of effects.

Dr. Sosoaca: I often use protocol of RRS® HA Eyes injections once treatment per 7-10 days, usually 4-6 treatment. I combine RRS® HA Eyes with PRP in one treatment session, AHA peel (Easy Droxy Complex peel) and PDO threads treatment with interval one week between them.

Dr. Siquier: Normally every 2 weeks till complete the treatment plan, as I usually combine it with Botulinum toxine on the first session I do a maintenance every 4 months to keep the results.

Dr. Szwarc-Szczubiał: Most RRS® HA Eyes treatments are performed 4 times once a week. Then, the treatment is repeated to maintain the effect every 1-1.5 month. If the skin under the eyes is initially healthy, 3-4 treatments every two weeks are enough. Then, once every 1-1.5 month to maintain the result.

What complications have you encountered during your practice with RRS® HA Eyes? What advice would you give to patients in those cases?

Dr. Ranneva: The most frequent complication is signs of bruising. When we recognize such complication we start to apply special post treatment product which could calm the skin and reduce the recovery time. We tried different daily cares and precisely asked patients opinions about recovery time. New AD Daily care Skin Retrieval (pict. 6 / pict. 7) post treatment cream applied twice per day or as much as patient needs on the injected area could help to decrease redness or signs of bruising as well as restore the natural comfortable skin sensation very quickly.

Dr. Stanković: As with any injections, there is a high probability of bruising. Having already tried most of the allopathic and homeopathic remedies I tend to usually advise patient to use natural solutions such plant flavonoid with proven anti-oxidant and anti-inflammatory properties. I didn’t try yet new AD Skin Care.
Dr. Sosocoa: In the case of people with a tendency to edema or lymphatic stasis, it happens that a few hours after the injection, slight swelling is present around the eye socket. It is more visible in women before or during menstruation. To quickly remove the swelling, massage (drainage) of the area and cold compresses can be used.

Dr. Siquier: I will not say complications but most common side effects because of the injection technique like swelling or redness normally disappear after 24h / 48h, in case of bruising it can take a few days more but can be covered always with make up.

Dr. Sosocoa: I see the future in “smart” cosmetics with special detection function adapted to the skin needs. Something similar to what we have now from RRS injectable products, but in cosmetics.

Dr. Sosocoa: For more than 12 years of active practical work, I have learned that the most important thing is sincere conversation with the patient and good education. Sometimes, it is necessary to advise to start from plastic surgery and just maintain the effects by using aesthetic treatments, for example skin injections.

Dr. Siquier: I saw a change in two different directions, on the first hand there are more and more younger patients that arrive to my practice with the wish to maintain their beauty but not to change it, they are not willing to go under surgery or they are too young for surgery, they just want to refresh their appearance. On the other hand most of the patients cannot afford to be out of work for long recovering from a cosmetic treatment. From this combination I see an increasing demand for less invasive treatments with no downtime that can be done during the lunch break so patients can follow immediately after their daily activities. From my point of view RRS line and SkinTech peelings are the perfect answer to this needs.

Dr. Radziejewska-Choma: The future of aesthetic medicine is its continuous development and research on the introduction of new products and methods of getting a higher degree of safety. It would be ideal to create such treatment methods and procedures that would be able to turn around and stop the aging process at all stages.

What do you expect in the future in aesthetic medicine?

Dr. Ranneva: I expect the continuous development of the industry, to see more patients in clinics, more low-cost devices to be created. If we are talking about products, then all that is connected with the operation on the muscle, the redistribution of subcutaneous fat and the impact on it, it seems very promising.

Dr. Sosocoa: The future of aesthetic medicine, not only will we look younger, but we will also be able to live longer and healthier lives, with estimates ranging from 100 to 120 years of age being the average life expectancy during our lifetimes. I am really looking forward to it. Aren’t you?

Dr. Stanković: Ongoing research into stem cells and growth hormones is so advanced, that many experts are claiming with great certainty that in the future of aesthetic medicine, not only will we look younger, but we will also be able to live longer and healthier lives, with estimates ranging from 100 to 120 years of age being the average life expectancy during our lifetimes. I am really looking forward to it. Aren’t you?

Dr. Siquier: The belief that in the future of modern Aesthetic Medicine we will rely more and more to the Combined treatments or to a multi-level approach with complementary medical or surgical procedures. And the understanding that Humans believe there is some universal meaning to things like beauty, but it differs every day depending on who you ask and what time period you find yourself in. Beauty is nothing more than being comfortable with who and what you are.

IPAR society and Publishing office SKIN TECH PARMA GROUP thanks for publishing professionals involved in the discussion
CASE REPORT
Melirutol, Purascorbol 20, Pirustim, GSH

Patient age/sex: 34/Male
Area, pathology: periorbital area
Type of treatment: transdermal (melirutol 0,2ml, Purascorbol 0,2ml, Pirustim 0,3ml, GSH 0,3ml Total 1ml)
Average volume/frequency/sessions: 1 ml/session. 1 treatment/week total of 5 sessions.
Daily home care: AD daily care Eyes, topical application once per day 5 weeks
Combination treatment: -
Comments: normalization of dark circles, patient highly satisfied

REPAIR and BALANCE

Day Intensive Repair and Eyes are essential daily care for restoring skin balance and reducing the visible signs of aging. RelaxSkin, Aclaranse and Skin Retrieval help to get rid of specific problems.

AD DAILY CARE EYES is an active serum for eyelids that reduces the visible signs of aging around the eyes. Smooths eye contour appearance and beautifies; promotes skin elasticity.

AD DAILY CARE EYES reduces the appearance of dark circles and eye puffiness.

INVIGORATING AND BALANCING

Day Intensive Repair

REJUVENATING COMPLEX
WITH HYALURONIC ACID + PEPTIDES

Invigorating DAY INTENSIVE REPAIR serum provides an immediate hydration, thanks to hyaluronic acid. Anti-age complex reduces wrinkles appearance and restores skin radiance. Anti-age complex contains amino acids, vitamins, coenzymes, polyphenols and peptides; it provides to the skin a large number of the elements it needs to balance itself. DAY INTENSIVE REPAIR also produces an immediate optical softening of skin relief.

15 mL / 0,5 fl. Oz

Eyes

BEAUTIFIES THE APPEARANCE OF EYE CONTOUR

AD DAILY CARE EYES is an active serum for eyelids that reduces the visible signs of aging around the eyes. Smooths eye contour appearance and beautifies, promotes skin elasticity.

AD DAILY CARE EYES reduces the appearance of dark circles and eye puffiness.

15 mL / 0,5 fl. Oz
Patient age/sex: 28/Female
Area, pathology: periorbital area
Type of treatment: transdermal (Melirutol 0.2ml, Purascorbol 0.2ml, Taurinox 0.3ml, Centellasial 0.3ml. Total 1ml)
Average volume/frequency/sessions: 1 ml/session. 1 treatment/week total of 5 sessions.
Daily home care: AD daily care Eyes, topical application once per day 5 weeks
Combination treatment: -
Comments: normalization of dark circles, patient highly satisfied

DARK CIRCLES
Melirutol, Purascorbol 20, Taurinox, Centellasial

Before
After

New Daily Care  www.aestheticdermal.com

RelaxSkin
GENTLE REJUVENATION
NEW AUGMENTED
+ MOISTURIZING COMPLEX
RELAXSKIN serum brings an impressive skin relaxing effect. It helps to improve skin quality, reduces skin irregularities and visible signs of aging, smoothes the appearance of wrinkles and softens facial expressions.

50 mL · 1.7 fl. Oz

Aclaranse®
REDUCES THE APPEARANCE OF PIGMENT IRREGULARITIES

ACLARANSE is a rich and complex formulation specially designed for unifying skin tone irregularities.

ACLARANSE tightens the appearance of pigment recurrences. Specially indicated after aesthetic procedures.

50 mL · 1.7 fl. Oz

Skin Retrieval
POST TREATMENT SKIN RECOVERY

SKIN RETRIEVAL is a post procedure serum which contains multiple active ingredients. The advanced formula helps skin maintain optimal moisture, which optimizes the recovery time. It soothes and reduces redness due to irritated, sensitive and/or dry skin.

50 mL · 1.7 fl. Oz
Hyaluronic acid is a natural polymer actually considered as the simplest and safest filler agent. Cross-linked hyaluronic acid is widely used to treat facial wrinkles and folds, augment the lips, and for volumisation in the face, hands and body. Non-cross-linked hyaluronic acids are used in order to refill and rehydrate the dermis, and are also often associated with biorevitalisation actives in order to combine the hydration effect with stimulation of the normal metabolic skin processes, or to help other molecules to widely diffuse into the dermis or increase the penetration of drugs.

The side-effects of cross-linked hyaluronic acid have mainly been described in terms of over-correction, infection or granuloma. Other rare cases have been described, including local necrosis as a result of vascular compression or lung embolism after vaginal injection. All kinds of side-effects are uncommon, making hyaluronic acid safe to use as an office treatment.

Hyaluronidase is a specific enzyme, able to cut the hyaluronic acid polymer; it is used in cases of over-correction, fibrosis, granuloma, and also for reducing the risk of an eventual vascular compression, which could lead to skin necrosis.

Granuloma
Hyaluronic acid is a polymer formed by thousands of alternative units of N-acetylglucosamine and glucuronic acid. It is therefore a heteropolysaccharide. Hyaluronic acid is usually used in the cross-linked form, mainly with the aim to correct volume; the face, lips, hands and body can be treated. Any excess of product gives an unaesthetic result, but fortunately, slowly disappears within a few months owing to the activity of natural hyaluronidase enzymes. As hyaluronic acid is a natural polymer, widely present in human tissues and especially the skin, it is usually not recognised as a foreign body. In certain cases, nevertheless, the body considers injected hyaluronic acid (or some impurities of it) as a foreign molecule, and can induce an immune reaction that can appear after even after a number of years, as well as the formation of granuloma. In this case, the symptoms of inflammation are visible (rubor, tumour, dolor, calor) and sustained. The granuloma may persist for a long time before natural resolution or surgical extraction. Native hyaluronidase, present in the dermis, will sometimes have no access to the hyaluronic acid when it is considered a foreign body, and the product could be slowly eliminated through an inflammatory reaction and phage cells.

Hyaluronidase
Hyaluronidase is a natural enzyme produced by the body, which decreases fibrosis and, in some cases, symptoms of inflammation. It helps spermatozoids to penetrate the ovule, for example. On the other hand, some cancer cells also use hyaluronidase to aid diffusion into tissues. Some animals inject hyaluronidase together with venom in order to increase the diffusion of toxins.

“Hyaluronidase is able to cut the long hyaluronic acid polymer into oligomers, which will no longer be considered a foreign body by the immune system.”

Hyaluronidase is able to cut the long hyaluronic acid polymer into oligomers, which will no longer be considered a foreign body by the immune system. The activity of the enzyme is very specific, hydrolysing the

ABSTRACT
Hyaluronidase is an enzyme that specifically dissolves hyaluronic acid polymers. In the past it has been largely used for undoing cellulitis fibrosis and more recently, for dissolving hyaluronic acid filler excesses of granulomas. The use of hyaluronidase is very simple and comprises the injection of a sterile dissolution of the hyaluronidase powder directly inside the problem area to be treated. An allergy test is absolutely essential before every injection session, since hyaluronidase is an enzyme, an exogenous protein. Results can be seen very quickly and are definitive.
There is, therefore, no way to hope that hyaluronidase could aid in cases of excess injections of another kind of molecule (e.g. polylactic acid, collagen, silicone), or in cases of immune reactions to these products. Hyaluronidase is usually presented in a lyophilised form, 1500 IU to be mixed with a sterile saline solution. It does not contain conservative products and must be used immediately after reconstitution.

**Allergy to hyaluronidase**

Hyaluronidase has been used for many years. The lead author first used the product in 1977 in order to undo cellulitis fibrosis. It is also widely used in anaesthesia as it helps local anaesthetic to spread to the tissues. Reports of sensitivity or allergy to hyaluronidase are rare, and are usually related to ophthalmic surgery using retrobulbar or peribulbar anaesthesia. An immediate allergic reaction (anaphylactic shock) has been described in one case of epidurally administered hyaluronidase1. However, most patients will usually develop an allergy only after having received at least one injection in the past, allowing a sensitivity to develop and express during further injections. Nevertheless, it is theoretically possible that any type of allergy could occur during the first injection, making a test before every injection of hyaluronidase necessary.

Allergic reactions are considered as either type I or type IV hypersensitive reactions, having an immediate onset (anaphylactic shock), an intermediate (after a few hours), or a delayed onset (a few days or weeks after the injection). Type I immediate reactions are particularly marked by oedema, rash, itching, pain, respiratory distress, nausea, vomiting, and hypotension. These reactions require immediate medical treatment. Immediate reactions such as anaphylactic shock, general urticaria and respiratory distress, usually appear after intravascular injection, and have been described during hyaluronidase–chemotherapeutic agent injections for cancer. Clinical symptoms of the allergic reaction are efficiently treated with corticoid injection, eventually associated with adrenaline and antihistamine. Symptoms of low blood pressure should be immediately treated using a pressor agent.

After repeated subcutaneous injection, the occurrence of a transitory delayed or intermediate (24 hours) reaction is not uncommon and takes the appearance of large, reddish, swollen and itchy macules that disappear after a few days without any treatment. Topical corticoid cream can also be used during the active period of allergic reaction. Furthermore, hyaluronidase injections have to be entirely avoided in such cases.

Intradermal tests are more sensitive than prick tests and are important to gauge a potential allergy to hyaluronidase. Prick tests and blood immunoglobulin E (IgE) levels are not always sufficient to predict an allergic reaction. Performing this test is quite simple: 1500 IU of hyaluronidase are diluted in 8–10 ml saline solution, with each ml containing up to 150 iu. Then, 0.1 ml of this dilution is injected subcutaneously to the forearm. The patient is kept in the clinic for an average of 60 minutes. Any reaction (e.g. itching, swelling, redness) at the injection point signifies that the patient should not receive treatment. A subcutaneous test is recommended for all patients prior to the injection of hyaluronidase.

**Hyaluronidase for reducing the risk of necrosis after an excess of hyaluronic acid**

Hyaluronidase, by quickly breaking down the hyaluronic acid polymer, is able to reduce the risk of skin necrosis secondary to vascular compression if injected early, according to the medical literature2–4. Unfortunately, injection after 24 hours has been shown to be rather inefficient. Kim et al2 experimented using intra-arterial injection of hyaluronic acid in a rabbit ear, followed by an injection of hyaluronidase both 4 and 24 hours later. A late injection did not reduce the size of necrosis, while an earlier injection significantly reduced the size of skin necrosis. Hyaluronidase should therefore be immediately injected.
Hyaluronic acid filler excesses

The injection of hyaluronidase fortunately erases any cross-linked hyaluronic acid very quickly, but the speed will generally depend on the strength of the cross-linking. In these cases, the delay between the injection of hyaluronic acid and hyaluronidase is not relevant® even when injected years later, hyaluronidase is able to cut the polymer. Reports show that hyaluronidase is able to dissolve hyaluronic acid injections in the peri-orbital area, even 5 years after the original injection. Again, intradermal testing should be carried out prior to injection. The task is to evaluate the volume and concentration of hyaluronidase to be injected in order to dissolve the excess only, without dissolving every hyaluronic acid molecule outside the injection area. There is no known consensus on this point, but it is known that some hyaluronic acids are more resistant to hyaluronidase than others.

Hyaluronic acid excesses can occur after superficial injections (mesotherapy-like injections) of cross-linked hyaluronic acid. Hyaluronidase can quickly resolve the problem, no matter what the delay is between hyaluronic and hyaluronidase injections. The authors have only had one experience of general hyaluronic acid excess in this area, which was sent to the clinic by a colleague. The injection of hyaluronidase allowed for the correction of the problem over a few days, and without side-effects.

"Hyaluronic acid excesses can occur after superficial injections (mesotherapy-like injections) of cross-linked hyaluronic acid. Hyaluronidase can quickly resolve the problem, no matter what the delay is between hyaluronic and hyaluronidase injections."

Tyndall effect

Superficial injections of hyaluronic acid can give the skin...
a different colour around the entire injection area compared with normal colouring. The skin may appear blueish, but in this case the resulting colour was different (Figure 6). cross-linked hyaluronic acid had been injected a few months previously and the patient, even if happy to see the disappearance of circles around the eyes, wanted the change in colour to be removed. Hyaluronidase was injected, very superficially, in order to place the product exactly inside the non-accepted coat of hyaluronic acid. Hyaluronidase was diluted in 4 ml saline solution and, after an intradermal allergy test, 0.2 ml were released in three retro-injection lines: 75iu of hyaluronidase were therefore injected on each side. Figure 7 shows the result 30 minutes after the superficial injection. A further correction can be carried out, but the delay for a new correction has not yet been defined. The authors prefer to wait for at least 1 week between hyaluronidase injection and a new hyaluronic acid implant.

Granuloma

Granuloma, a reddish swollen tumour on the site of injection of hyaluronic acid, is secondary to an immune reaction against the polymer. The patient in Figure 8 received a cross-linked hyaluronic acid injection to the malar area a few months previously, and without any problem. A strong inflammatory reaction associated with a local granulomatous reaction appeared a few days after a thermogenic radiofrequency treatment. As visible in Figures 8 and 9, the whole area was swollen and the entry points of the previous implant appeared swollen and red. The patient was treated with three careful successive injections of low doses of ovine hyaluronidase, with a complete return to her normal appearance after the third injection. no side-effects were noted immediately or even some weeks after the injections.

Conclusions

Cross-linked hyaluronic acid fillers are actually widely used in aesthetic medicine. Hyaluronic acid is considered a very safe implant but nevertheless, can result in some side-effects. Hyaluronidase is a simple treatment that gives an immediate result, rubbing out excesses and even granuloma. it is also used for melting fibrotic areas. Hyaluronidase should therefore be included in our therapeutic armamentarium against the side-effects of hyaluronic acid. The main concern for using hyaluronidase is a possible allergic reaction, making an intradermal test necessary before every treatment.

Key points

- Hyaluronidase is an enzyme used specifically to treat hyaluronic acid and filler excesses
- All patients should be allergy tested prior to the use of hyaluronidase
- Hyaluronidase has been used for many years and can provide very fast and definitive results

References

In vitro study following RRS SILISORG exposure

<table>
<thead>
<tr>
<th>Cells</th>
<th>Human fibroblast</th>
</tr>
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<tbody>
<tr>
<td>Culture plate</td>
<td>24 wells plate</td>
</tr>
<tr>
<td>(cellular)</td>
<td>15000 c/well</td>
</tr>
<tr>
<td>Culture Medium</td>
<td>DMEM + 10% FBS</td>
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<tr>
<td>Cell synchronization</td>
<td>6 hours starvation</td>
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<tr>
<td>Cell activation</td>
<td>Serum free medium +/- product dilutions</td>
</tr>
<tr>
<td>Hyaluronan synthase 2 gene expression synthesis</td>
<td>RNAm extraction followed by RT-PCR and Q-PCR</td>
</tr>
<tr>
<td>Result expression</td>
<td>1) ΔCT= CT(target)-CT(normalizer); 2) Fold change= 2^-ΔΔCT</td>
</tr>
<tr>
<td>Replicates</td>
<td>3</td>
</tr>
</tbody>
</table>

Conclusion

RRS SILISORG capability to renew extracellular hyaluronic acid content is suggested by its capacity to induce high levels of HAS2 in vitro.


RRS® HA INJECTABLE
Increase synthesis of collagen & elastin

Introduction
RRS® HA INJECTABLE is an innovative skin booster, Medical device Class III. In order to clarify the molecular mechanisms, two in vitro assays were performed.

Summary
An in vitro test has been done on RRS® HA INJECTABLE for efficacy assessment on human fibroblast. Cell proliferation following the exposure to the actives in particular conditions has been evaluated.

RRS® HA INJECTABLE is able to increase collagen type 1 transcript* 10 times and elastin transcript** 14 times in human fibroblast following an incubation period of 48 hours at a dose of 1 mg/ml.

* Collagen type 1 is the main protein constituent of skin dermis and is responsible for skin thickness. It is mainly synthesized by dermal fibroblast.

** Elastin on the other hand is the key protein of skin elastic fibres and therefore skin elasticity.

In vitro study following RRS HA injectable

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RRS® HA INJECTABLE is able to increase mitochondrial human fibroblast following an incubation time of 48 hours at a dose of 1 mg/ml.


DEEP WRINKLES - AMAZING REJUVENATION

Chemical blepharoplasty

Optimal and long lasting result · Deep reticular dermis peel against aging and photo-aging

**Indications:** deep anti photo aging, deep wrinkles of orbital area

**Product description:** Oily solution of Phenol

**Combination:** botulinic toxine 7 day before treatment or 1x4 day after treatment

Full face application Easy TCA Classic / Easy TCA Pain Control / Easy Phen Light in combination with deep local peel

Recommended for aesthetic practitioners and dermatologists

---

Post peel care for eyelids

before

Day 1st

Day 3rd

Day 6st

Day 10st

before

after

- **PROTECTIVE HOME CARE**
  - DO NOT PULL AWAY YELLSKREEN
  - Skin is regenerating under the scab.
  - Vaseline unsticks YellSkreen**

- **SPECIFIC HOME CARE**
  - *Infection: appears as red points around YellSkreen
  - **Yellskreen: protective yellow powder

---

*Courtesy of Dr. Phillipe Deprez
DEEP WRINKLES - AGING SKIN

Er:Yag fractional laser + Easy TCA

Periorbital area: alternative combined treatment

Indications: deep anti photo aging, deep wrinkles of orbital area
Device description: Er:Yag fractional laser

Patient age/sex: 87/female
Area, pathology: face
Type of treatment: Er:Yag fractional laser (13J/cm², 2pass) + Easy TCA application
Average volume/frequency/sessions: 1 treatment
Daily home care: IPLase Mask and Blending Bleaching Cream
 Comments: wrinkles less visible, skin texture improved, less aging spot, laxity improved

Before After

Courtesy of Dr. Kideuk Han

TEXTBOOK OF CHEMICAL PEELS

Superficial, medium & deep peels in cosmetic practice

Philippe Deprez MD, Spain

“...The difficulties of peeling procedure, the results, the inconveniences, the side effects are often directly linked to the deeps reached by the acids.” Ph. Deprez

Containing the results of over 15 years of research and practice with peels, this unique full-color volume covers all types of peeling paying attention to preparation and application, as well as complications.
Stop flaccidity &

RAPIDLY VISIBLE LIFTING EFFECT with Actilift®

Actilift with DMAE inhibits and repairs collagen and elastine “cross linking”; tenses dermis, thus inducing a visible skin tightening effect. Gradual durable action.

Epidermal defence booster
Dermal moisturizing
Anti-oxidant action
Anti-aging effect
Visible tensor effect

Tensing effect begins 30 minutes after Actilift® cream application. Maintenance of the tension during the treatment and up to 8 weeks after stopping the application.
Atrofillin®: SCIENTIFIC RESEARCH ABOUT PGC-1α

“Combined with the regulation of expression, the elevated number of posttranslational modifications on PGC-1α allow for a powerful and flexible system of regulation. These modifications can occur in concert or in a mutually exclusive manner. Some modifications will influence the ability of others to take place or to affect PGC-1α function. The presence of a specific pattern of posttranslational modifications on PGC-1α protein can direct PGC-1α toward a precise set of transcriptional targets as a reaction to energy needs and tissue-specific conditions that drive these posttranscriptional modifications.”


“Aging is also associated with a lower renewal of mitochondria. This is mainly due to the lack of reactivity of proliferator-activated receptor-γ (PPAR-γ) coactivator 1α (PGC-1α) in old animals. PGC-1α acts as a master regulator of energy metabolism and mitochondrial biogenesis and recent evidence shows that it interacts with p53 and telomerase. The promotion of mitochondriogenesis is critical to prevent aging.”


Skin Volumizer
Whitening action
Anti-oxidant action
Tensing effect
Global anti age tetra-complex

Refills the subcutaneous tissues by increasing fat accumulation in adipocytes (Acetyl hexapeptide 38: acting on PGC-1α)

**Uniformizes skin tone + Refirms dermis + Anti oxidant effect**
Kojic Dipalmitate: antityrosinase, anti oxidant*
Alanine-phospinic acid: anti melanogenesis, anti polymerization
Mulberrosides, Resveratrol: antityrosinase, anti oxidant*
DMAE: increases dermal thickness, increases collagen fiber thickness, anti inflammatory, increases skin firmness, anti oxidant*

* Melanin can be induced by free radicals and reactive species: antioxidants have therefore an inhibitory effect.
Combined Treatment
For young patients

**Indications**
- Reduce aspect of swollen eyes
- Smooth eyes contour
- Enhance skin elasticity
- Skin Relaxing
- Antioxidant effect

**Products**
- Aesthetic Dermal
  - RRS® HA Eyes CE Class III Injectable
  - RRS® HA Skin Relax CE Class III Injectable
- Skin Tech
  - Cleanser pH5 foam
  - Easy Phytic Solution (In case of patient 45+ Easy TCA Recommended)
  - Special daily care

**Protocol of application**

**Step 1** For skin cleansing, use Cleanser pH5 foam, then apply antiseptic solution gently

**Step 2** Inject 1 vial (3ml) RRS® HA Skin Relax, deep microdermal papule 0,3ml/ injection points & 30G needle. Video available at www.rrs-inject.com

**Step 3** Inject 1 ampoule (1,5ml) RRS® HA Eyes for both eyes, micro dermal papule 0,1ml / injection points & 32G needle. Video available at www.rrs-inject.com

**Step 4** Apply Easy Phytic Solution with cotton ball 2,5ml / treatment, let it dry. Maximum two coats recommended. Observe the reaction of the skin before applying another coat. Application video available at www.skintech.info

**Step 5** Apply a thick layer of one of the SKIN TECH creams that best suits the patient’s problems and massage gently

**Step 6** Recommendation after the treatments:
- The next day, please cleanse your face with special Skin Tech Cleanser.
- To optimize peeling results Skin Tech has prepared complementary daily care products: Skin Tech Purifying cream optimizes the result of young skin impurities treatment, apply it twice a day. Skin Tech Nutritive Cream can be used for a complementary anti-aging treatment, great for smokers. Skin Tech Blending Bleaching Cream helps even out the complexion on your skin.
- Please, after peeling, protect your skin from the UVA/UVB with Melablock-HSP® SPF 30 or Melablock-HSP® SPF 50+.

**Step 7** Recommended number of treatments:
1 treatment per week, 4 treatments average,
Repeat sessions 2 times a year

**Skin Tech Daily Care Line**

<table>
<thead>
<tr>
<th>CLEANSING</th>
<th>DRY/SENSITIVE SKIN</th>
<th>ACNEIC TENDENCY</th>
<th>SKIN AGING</th>
<th>SKIN NUTRITION</th>
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<tr>
<td>CLEANER</td>
<td>VIT. ANTI-OXYDANT</td>
<td>PURIFYING CREAM</td>
<td>DHEA-PHYTO</td>
<td>NUTRITIVE CREAM</td>
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<tr>
<td>Cleansing foam suitable for all skin types</td>
<td>Anti-aging moisturizing cream</td>
<td>Pre-peel &amp; daily care between peeling sessions</td>
<td>Anti-aging, essential for the over-40</td>
<td>VIT. A-C-E LIPOIC COMPLEX</td>
</tr>
</tbody>
</table>
Combined Treatment
For patients 45+

Indications
- Reduce aspect of swollen eyes
- Smooth eyes contour
- Enhance skin elasticity
- Remove superficial wrinkles
- Skin Relaxing
- Enhance the appearance of bags under the eyes

Protocol of application

Step 1 For skin cleansing, use Cleanser pH5 foam.

Step 2 Inject 1 vial (3ml) RRS® HA Skin Relax, deep micro-
dermal papule 0,3ml/injection points & 30G needle. Video available at www.rrs-inject.com

Step 3 Inject 1 ampoule (1,5ml) RRS® HA Eyes for both eyes, micro dermal papule 0,1ml/injection point & 32G needle. Video available at www.rrs-inject.com

Step 4 Apply the Easy TCA peeling solution evenly in a circular motion with cotton buds [without allowing it to drip] over the entire zone to be treated. Let dry completely each coat before applying the next coat. End point: frosting points or clouds. Apply the PPM with the indicated quantity [see the measurement card in the kit], when selected end point has been reached. Application video available at www.skintech.info

Step 5 Recommendation after the treatments:
- The next day, please cleanse your face with special Skin Tech Cleanser.
- To optimize peeling results Skin Tech has prepared complementary daily care products: Skin Tech DHEA-Phyto cream optimizes the result of anti-aging treatment, apply it twice a day. Skin Tech Nutritive Cream can be used for a complementary anti-aging treatment, great for smokers. Skin Tech Blending Bleaching Cream helps even out the complexion on your skin.
- Please, after peeling, protect your skin from the UVA/UVB with Melablock-HSP® SPF 30 or Melablock-HSP® SPF 50+.

Step 6 Recommended number of treatments:
1 treatment per week, 4 treatments average, Repeat sessions 2 times a year
Eyes are different,
Problems are different,
Solution is unique!
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