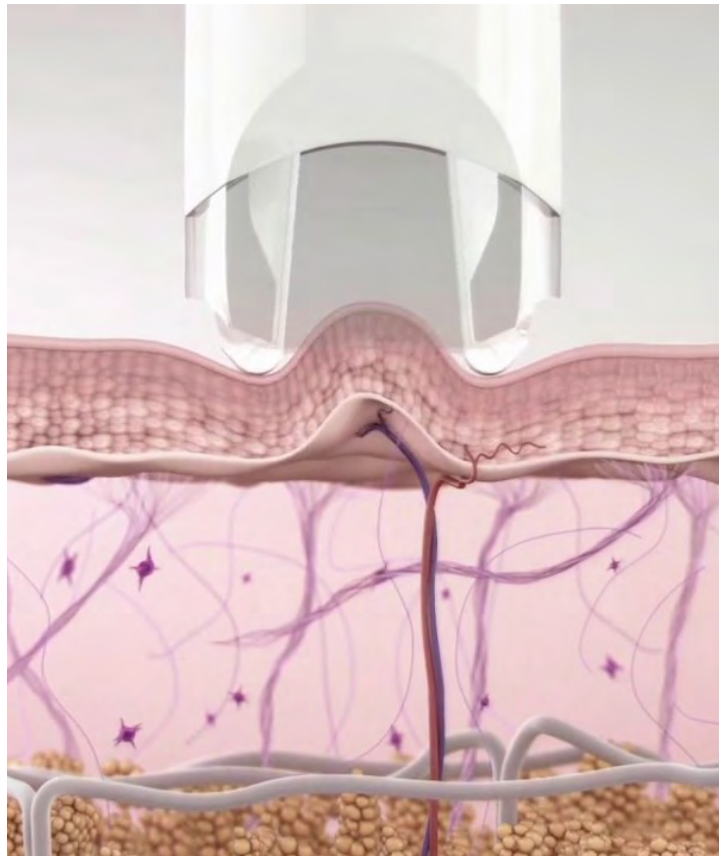


medical endermologie®: **ADDED-VALUE** **IN MEDICAL AESTHETICS**

Endermologie® treatments are based on the mechanical stimulation of skin cells (fibroblasts) in order to trigger deep biological responses (natural production of collagen, elastin and hyaluronic acid). Local microcirculation is also reactivated, tissue barriers are removed to facilitate nutrient and metabolic exchanges of skin cells.



All these properties are of interest when treating the signs of ageing in the face, including wrinkles, fine lines, sagging skin, puffiness and dark circles. Skin is more radiant and has a visible “healthy glow” from the very first session. It takes about twenty sessions to obtain an improvement in elasticity and skin tone, a redrawn shape and a reduction in fine lines. There are no adverse side effects. This technique makes it possible to maintain the complexion and youthfulness of the skin without risk or toxicity.

LPG® PRE-CO-MA-RE PROTOCOL

PRE: PREPARE

CO: COMBINE

MA: MAINTAIN

RE: REPAIR



endermologie® FACIAL TREATMENTS ARE THE PERFECT ADDED-VALUE IN AESTHETIC MEDICINE AND SURGERY FOR MULTIPLE REASONS. HERE'S WHY:

- They **prepare the skin by making it more receptive to treatments**, such as mesotherapy, peeling and filler injections, thanks to a boost in cellular activity.
- They **lighten up procedures** and make them more pleasant by relaxing the tissues and the patients.
- They **support healing after surgery by draining oedemas and reducing scars** after a facelift or blepharoplasty (eyelid surgery). They also reduce possible discomfort and pain.
- They **limit the risk of complications** by making the skin healthier.

- They **maintain the final aesthetic result** by offering maintenance sessions once or twice a month.

Dermatologists, aesthetic physicians and plastic surgeons can prepare the skin, optimise their procedures and maintain the results with pre- and post-procedure anti-ageing protocols and targeted therapeutic protocols (scars, fibrosis and oedema). Medical endermologie® offers combined medical aesthetic treatments for the face, neck, chest and hands.

FOCUS ON FILLERS INJECTIONS



Fillers injections are among the most popular anti-ageing procedures and are now an integral part of cosmetic medicine and surgery. Fillers rank second in the top five non-surgical cosmetic procedures after botulinum toxin injections. They flood the beauty market with a hundred different products.

These **products are classified into three broad classes** according to their longevity in the tissues, which **depends on their structure and composition**:

- Temporary: lasts less than 18 months
- Semi-permanent: lasts more than 18 months
- Permanent: lasts more than 24 months

The vast majority of these products are intended to be broken down and eliminated by the body. But some of them are only partially eliminated or not eliminated at all, remaining in the tissue to some extent. They meet the definition of a long-term surgical invasive device, as they are introduced invasively into the skin, using a syringe, and are intended to remain in place for a period of at least 30 days.

COMBINED WITH FILLER INJECTIONS, MEDICAL ENDERMOLOGIE® TREATMENTS increase the effect. In the Hospital in Montpellier, they are combined with manual massage and integrated into the physiotherapeutic treatment of aesthetic medicine after injections. This treatment optimises results and prevents complications by evening out the distribution of the product and preventing the formation of nodules.

More distant from the injection, the stimulations from the medical endermologie® treatments will allow a “boosting” effect, combining two effects:

- An increase in water fixation by the hyaluronic acid spontaneously present and injected into the dermis, thanks to the hyperaemic effect of the manoeuvres;
- A stimulation of hyaluronic acid synthesis.

They therefore prolong the result of the injection. This is a real facial “physiosculpture”.

SOURCES:

- Beware What You Inject: Complications of Injectables-Dermal Fillers. Vedamurthy M. J Cutan Aesthet Surg. 2018; 11(2): 60-66.
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