The Safety And Efficacy of 1320-nm Wavelength Laser Lipolysis-Assisted Lipoaspiration In the Remodeling of the Underchin Neck and Jowl

Liposuction combined with laser lipolysis is a more effective and a less invasive alternative to traditional liposuction alone because of the safety of the 1320-nm wavelength. A Laser lipolysis can help liquefy the fat and for enhancement of subdermal tissue tightening. Laser lipolysis to be less invasive alternative to traditional liposuction alone because of the safety of the 1320-nm wavelength.

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Photographs courtesy of Douglas J Key, M.D.

Figure 1. A 45-year-old woman before (left) and three months after treatment with combined 1320-nm laser lipolysis and lipoaspiration. The combination of 1320-nm laser lipolysis and lipoaspiration was visualized immediately post procedure and shown by hand held mirror visualization to the patient. All patients were instructed to wear a standard chi strip compression garment for the day and evening of their procedure and for 4 to 6 hours a day for the second and third post procedure day. All patients were told to expect soft tissue swelling, firmness, and some sensation of numbness in the infrachin in the first week post procedure, and loosening in serial weeks post procedure, and not to judge their results for the first 6 months post procedure.

Photographs courtesy of Douglas J Key, M.D.

Figure 2. A 47-year-old woman before (left) and three months after treatment with combined 1320-nm laser lipolysis and lipoaspiration. The combination of 1320-nm laser lipolysis and lipoaspiration was visualized immediately post procedure and shown by hand held mirror visualization to the patient. All patients were instructed to wear a standard chi strip compression garment for the day and evening of their procedure and for 4 to 6 hours a day for the second and third post procedure day. All patients were told to expect soft tissue swelling, firmness, and some sensation of numbness in the infrachin in the first week post procedure, and loosening in serial weeks post procedure, and not to judge their results for the first 6 months post procedure.

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Figure 3. A 53-year-old woman before (left) and nine months after treatment with combined 1320-nm laser lipolysis and lipoaspiration. The combination of 1320-nm laser lipolysis and lipoaspiration was visualized immediately post procedure and shown by hand held mirror visualization to the patient. All patients were instructed to wear a standard chi strip compression garment for the day and evening of their procedure and for 4 to 6 hours a day for the second and third post procedure day. All patients were told to expect soft tissue swelling, firmness, and some sensation of numbness in the infrachin in the first week post procedure, and loosening in serial weeks post procedure, and not to judge their results for the first 6 months post procedure.

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Figure 4. A 45-year-old woman before (left) and three months after treatment with 1320-nm laser lipolysis and lipoaspiration. The combination of 1320-nm laser lipolysis and lipoaspiration was visualized immediately post procedure and shown by hand held mirror visualization to the patient. All patients were instructed to wear a standard chi strip compression garment for the day and evening of their procedure and for 4 to 6 hours a day for the second and third post procedure day. All patients were told to expect soft tissue swelling, firmness, and some sensation of numbness in the infrachin in the first week post procedure, and loosening in serial weeks post procedure, and not to judge their results for the first 6 months post procedure.

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CONCLUSIONS

These observations support the safe and effective use of 1320-nm laser lipolysis with lipoaspiration as an approach to both effective removal of small volumes of fat and for enhancement of subdermal tissue tightening. These observations were seen in those patients treated with both laser lipolysis and laser lipolysis with lipoaspiration. The characteristics of close confinement of laser energy with the use of the 1320-nm as a chosen wavelength is seen to have a direct and positive impact on the endpoint of closure of vessel and the optimal choice of wavelength, particularly in the near and mid-infrared in the subcutaneous tissue compartment of the neck.

DISCLOSURES

Dr. Key received discounted equipment for this study.

RESULTS

All patients reported a high degree of satisfaction with their procedure of combined 1320-nm laser lipolysis and lipoaspiration. There was no incidence of adverse effect in any patients treated. From this group of patients treated with combined laser lipolysis and lipoaspiration, the photographic assessments of 12 patients were randomly selected as to pre-procedure and post-procedure settings with an identical local technique of liposuction alone, i.e., a baseline of 1.83 as to a mean gain of 3.8. This represents a doubling of the clinical improvement as visualized with 1320-nm laser lipolysis combined with lipoaspiration versus the laser lipolysis alone.

Additional patients outside of this report group were treated as well with lipoaspiration in smaller areas of fat excess and tissue laxity in the zones of the pyriform, upper abdomen, anterior axillary fold, and upper chest above the bra line.

Comparison scores of the before patients treated with laser lipolysis combined with lipoaspiration of the infrachin neck showed a mean gain of 2 grading points on a one to five scale, i.e., a baseline of 1.78 as to a mean gain of 4.38 versus a mean gain of 4.13 as to one grading point in the group treated with laser lipolysis alone, i.e., a baseline of 1.78 as to a mean gain of 3.8. This represents a doubling of the clinical improvement as visualized with 1320-nm laser lipolysis combined with lipoaspiration versus the laser lipolysis alone.

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METHODS

Initial submental tumescent anesthesia was achieved with lidocaine 0.5%, epinephrine 1:80,000 in saline infiltration. With this method the patients were not promised of personal expression either post treatment. All patients were treated with combined laser lipolysis combined with lipoaspiration as compared to lipoaspiration performed with identical technique but without laser lipolysis.

Background.
The impression of ‘aging’ of the face and the neck appears to be firstly a problem of the neck and chin than by any other aspect of the face alone. We really never ‘see’ the face as such but rather form a visual impression of the face and neck as one visual image. Syringe assisted-lipoaspiration of the underchin neck and jowl has offered our patients a visual image. Syringe assisted-lipoaspiration of the underchin neck and jowl has offered our patients a visual image.