

Important Topics: I put these pages together, to answer specific questions and concerns. You can photocopy or print these pages and hand them out to your patients or "interested people."

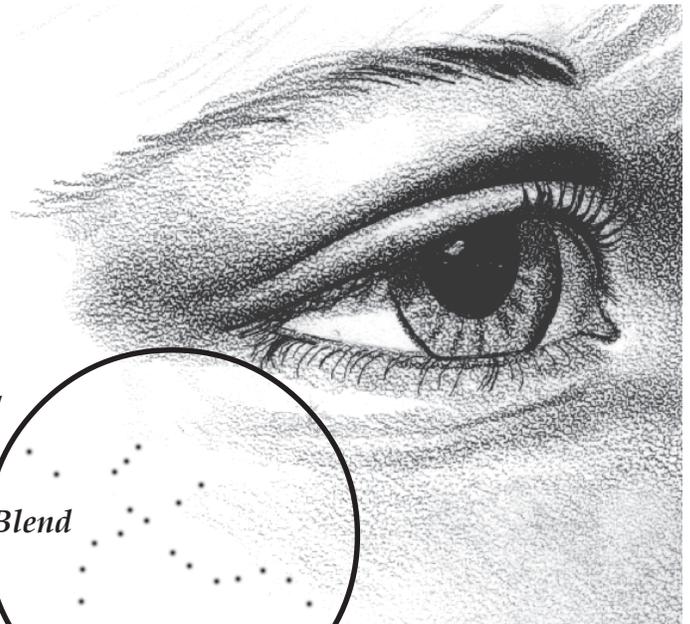
Important Topics ...

- **Crusting: Hyfrecator vs. Blend**
- **Vascular Blemishes: Legs**
- **Galvanic Skin Treatment**
- **Benign "Skin Tags"**

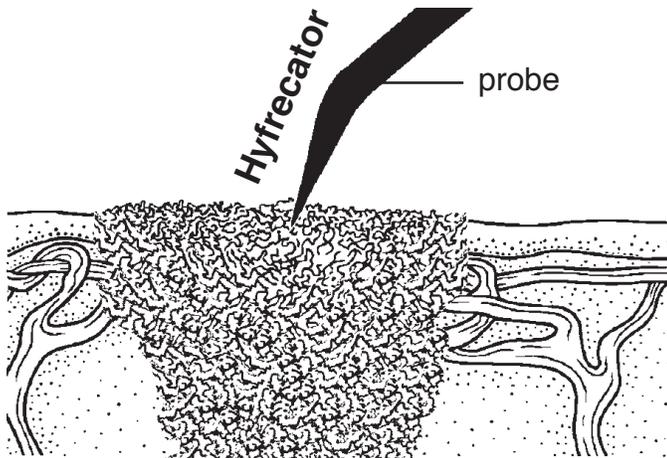
Crusting with Blend ...

Crusting is minimal:

The Hyfrecator (used by physicians) creates large crusts and usually leaves pitted scars. Laser causes black & blue marks, very large crusts, and frequently generates hypopigmentation (whitens the surrounding skin). The Blend procedure produces nearly microscopic crusts. Rarely do any marks or scars result from the Blend system.

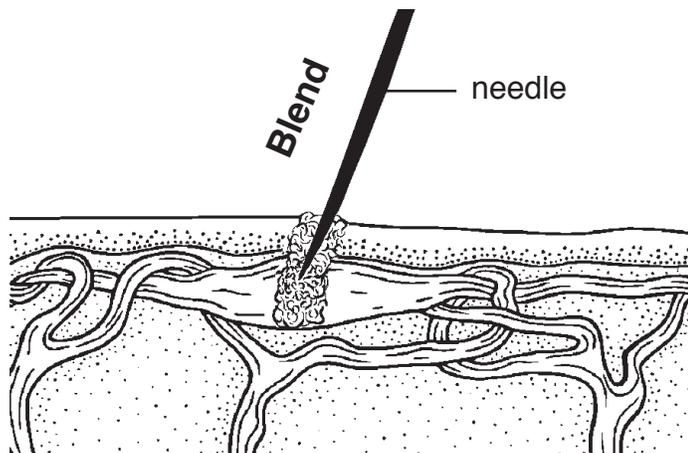
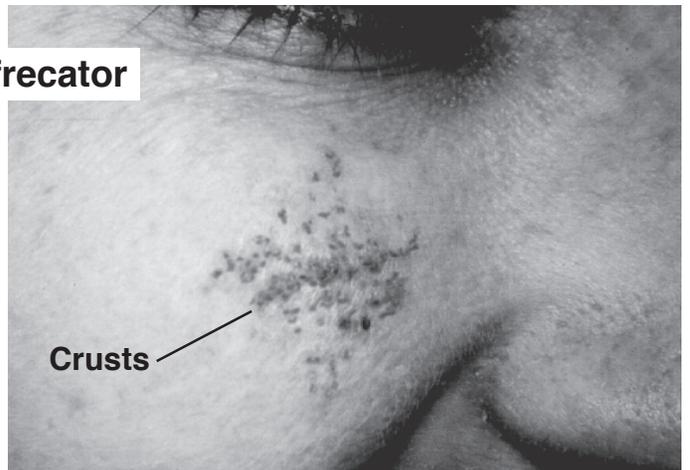


Crusting from Blend



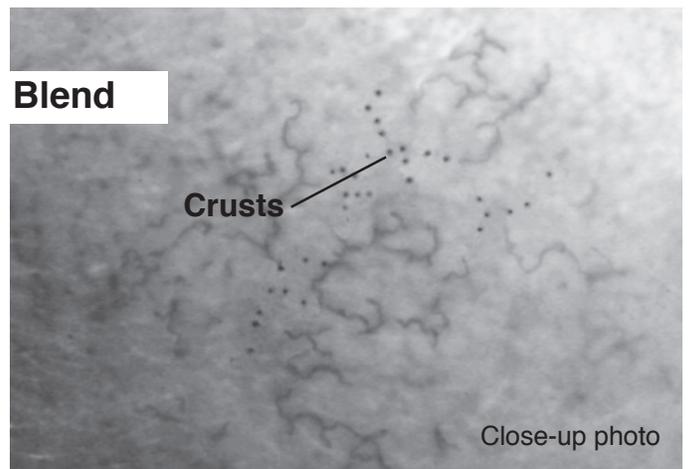
The Hyfrecator uses 500 to 1,000 Volts of HF and creates very large crusts. The deeper dermis is affected and pitted scars are common with the Hyfrecator.

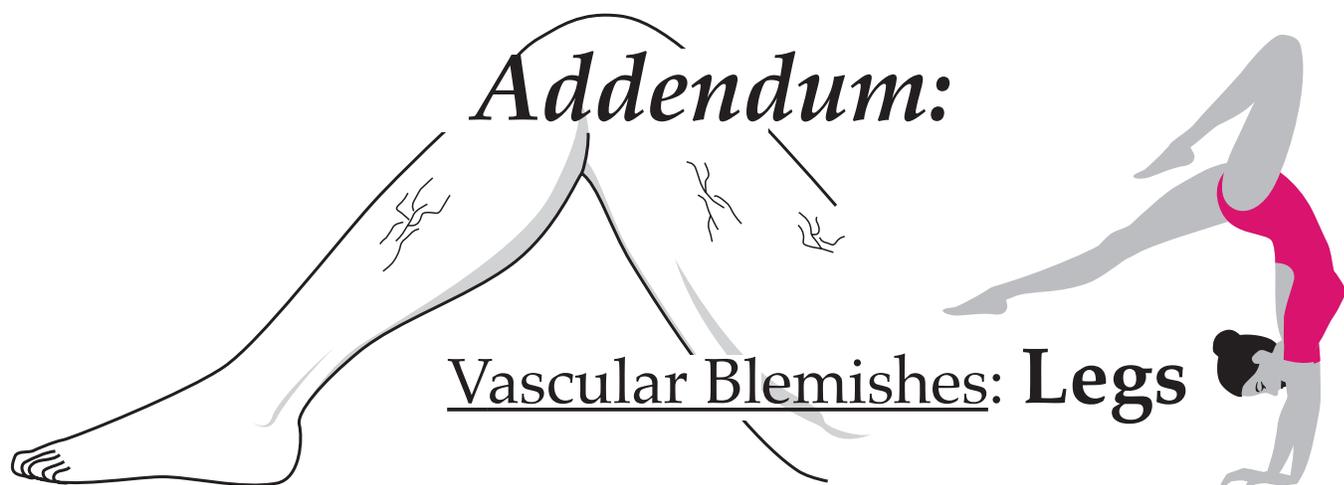
Hyfrecator



The Blend uses 40 to 55 Volts of HF and creates tiny crusts. Scarring or marking is rare because only the epidermis and superficial dermis are affected.

Blend





In my book, *Telangiectasia: Procedures To Remove Dilated Blood Vessels Using the Blend Method* (1996), I state that treatment of vessels on the legs is unsuccessful with the Blend-Technique. Originally, I was reluctant to recommend such treatment, because leg work is not as successful as face and upper body work. Using the Blend-Technique, face and upper body telangiectasia are often eliminated in one treatment. By contrast, one treatment on a leg vessel usually yields only 25-50% reduction in vessel diameter. Patients are seldom happy with such modest results.

Since 1996, physicians have used the Blend-Technique for leg work and experienced reasonably acceptable clinical results. Most of these experts are also using laser and sclerotherapy techniques — but have become unhappy with the posttreatment problems associated with these modalities. Indeed, hyperpigmentation, telangiectatic matting, pain and prolonged healing problems are associated with these techniques. By contrast, none of these "common" postoperative complications have been reported with the Blend-Technique.

Having evaluated clinical results and compared side effects, I feel reasonably confident to recommend the Blend-Technique for the treatment of small "spider veins" on the legs. In particular, vessels that are too small for sclerotherapy seem appropriate for the Blend-Technique (threadlike vessels). Varicose veins should not be treated by the Blend-Technique.

Although posttreatment risks are less with the Blend-Technique, there are posttreatment manifestations. For legs, more current is needed, therefore eschars will be larger: about 1 to 2mm in diameter. There will be edema and erythema that usually resolves in 48 hours. Compression is sometimes recommended for 48 hours (ace bandage). Punctate hyperpigmentation has been reported: about 2mm in diameter; resolving in 6 to 12 weeks. In rare cases scarring has been reported, but the tiny scar is usually preferable to the vessel itself. Bruising has been reported — caused if the operator inserts too deeply and punctures adjacent vessels. Because the Blend-Technique uses very low current levels, inflammation is negligible and telangiectatic matting does not occur. Most leg work requires several treatments for the desired effect. Typically, the vessel diameter will decrease 25-50% after each treatment. Physicians recommend about 6 weeks between treatments.

DC

“Galvanic Skin Treatment”

— with the Blend —

Galvanic means DC or direct current: a stream of electrons moving in one direction, from negative - to positive +

*The Blend also provides galvanic skin treatments. Using DC is greatly beneficial after microdermabrasion!
DC also calms the skin after telangiectasia removal with the Blend.*

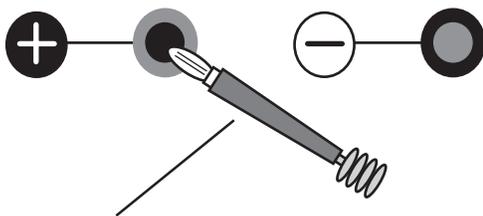
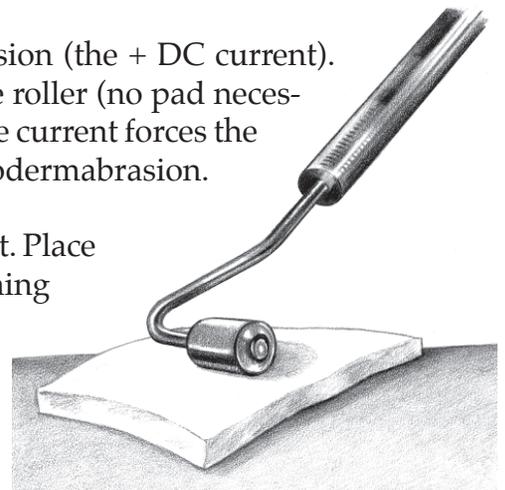
Commonly Used Terms:

- + Cataphoresis +:** Using the positive + as the active electrode. Think of this as a POSITIVE treatment in that it feels good, makes the skin look less red and calms the skin. You can think of petting a “cat” which makes you feel good — “CAT”-a-phoresis. (Technically, term refers to cathode.)
- Iontophoresis +:** (Esthetics term) Using the positive electrode, various products are “forced” into the skin. Used for sensitive aging skin.
- Anaphoresis -:** Using the negative - as the active electrode. Think of this as a NEGATIVE treatment in that it feels irritating, makes the skin red and stimulates the skin. You can think of this as that nasty old “Ana” — that mean old aunt of yours — “ANA”-phoresis.” (Technically, term refers to anode.)
- Disincrustation -:** (Esthetics term) Using the negative electrode, for acne-prone skin. The negative pole liquefies sebum and makes comedo extraction easier. Irritates and increases blood flow to skin. In some acne-prone cases, treatment can worsen the condition.

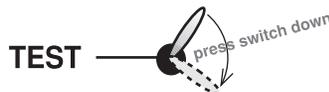
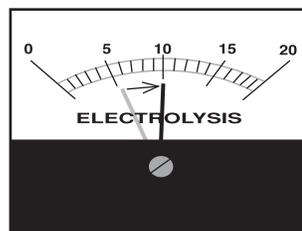
+ MICRODERMABRASION: Use cataphoresis after microdermabrasion (the + DC current). Put a Vitamin C product on the skin and gently work it in with the roller (no pad necessary). This is sometimes called iontophoresis or ionic-treatment. The current forces the Vitamin C into the skin and also greatly soothes the skin after microdermabrasion.

+ BLEND: You may also use cataphoresis after a blood vessel treatment. Place a wet 4 X 4 cotton pad on the skin (use Witch Hazel or other soothing product). Gently move the roller over the treated area to help calm the skin and remove posttreatment redness. Feels good!

+ SET-UP: Plug the ACTIVE electrode (roller) in the positive + outlet. Plug the hand-held electrode in the negative - outlet. Set the DC to between 5 and 10 on the meter. Press down on the DC foot-switch and roll over the treated area for about 5 to 10 minutes.



“active” roller electrode



DC: 5 - 10

“Skin Tags”
Removal of benign epidermal hyperplasia
— with the Blend —

HF & DC

SKIN TAG: a benign (not cancer) overgrowth (hyperplasia) of the epidermis (the outermost layer of skin). Skin tags are common on areas that experience friction, such as the underarm and neck. Because they are epidermal, they are totally bloodless and (lacking melanocytes) appear white in color. Skin tags also have very few nerve endings — again, because they are an overgrowth of epidermis.

LEGALITY: *As with any tissue removed from the skin, biopsy should be performed. Furthermore, removal of skin tags, while very easy, probably constitutes the practice of medicine in the United States. These should not be removed without medical supervision. (Although in Europe, Australia and New Zealand, the practice of skin tag removal is legal for estheticians.)*

PROCEDURE: Use maximum HF power, and set the DC to 5 or 10 (meter reading). Firmly grasp the top of the skin tag with your tweezers (you may hold hard, because the patient cannot feel the tweezer — no nerves, remember?). Hold both currents ON and use the tip of the needle like a scalpel. Use a back and forth motion and cut through the skin tag. About half way through, you may encounter some tough elastin fibers — just cut through these fibers and remove the entire skin tag.

APPEARANCE AFTER TREATMENT: There should be no bleeding at all. There should be little skin tag material left. You should leave a “cut out” depression in the skin, where the tag was removed. The epidermis will quickly bridge this wound gap (epithelization) and, in most cases, the skin tag will not grow back. In predisposed patients, new skin tags will form in time.

