

EYES REJUVENATION

2015 | Special edition



In this publication you can find

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!

CLINICAL STUDY

RRS® HA Eyes: A new medical approach for rejuvenation of the periorbital area.

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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, turn-over 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, Hesperidin.
- 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

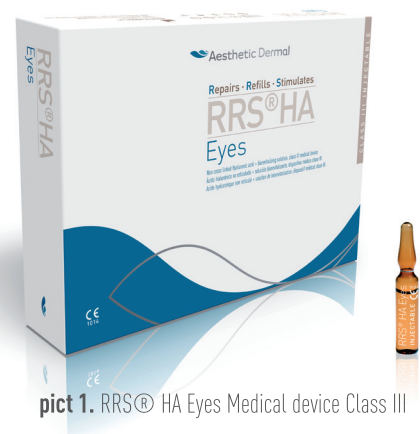
these antioxidants act at the molecular and cellular level include roles in gene expression and regulation, apoptosis, and signal transduction. Antioxidants are involved in fundamental metabolic and homeostatic processes and help repairing damaged biomolecules and defense antioxidant enzymes, which are mostly intracellular.

RRS® HA Eyes: treatment protocol

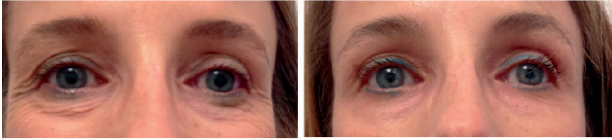
Patients on vitamin E, ginkgo biloba and NSAIDs are recommended to discontinue the same for a week before the treatment to prevent bruising. All the patients are photographed with the same settings and adequate lighting. Written informed consent form was taken.

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-



pict 1. RRS® HA Eyes Medical device Class III



pict 2. RRS® HA Eyes treatment result before & after.

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 papula 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 is injected until 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.

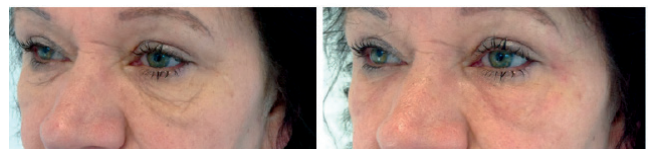
Conclusion

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 palpebromalar 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”



pict 3. RRS® HA Eyes treatment result before & after.

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PERIORBITAL AREA EXPERTS DISCUSSION



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How important are the procedures in the periorbital area in your daily practice?

Dr. Stanković: Human face is my primary 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 complains 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,

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.

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.

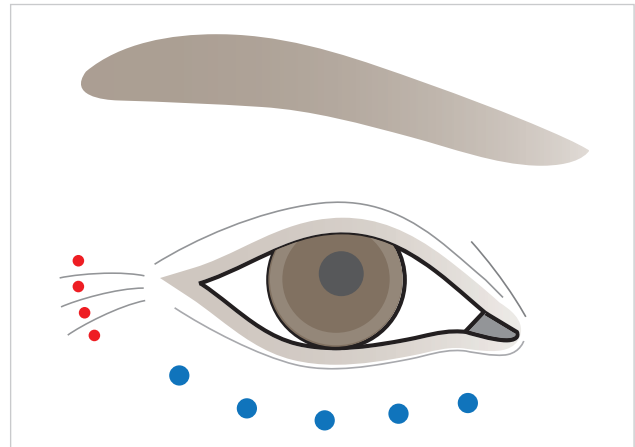
What kind of methods and products, as well as their combinations, do you use to treat the orbital area and why?

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 crows feet and reduce puffiness at the same time (pict.1), 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)

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.

“Different sides of the face can age differently, and such phenomenon happens frequently.”

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 RRS 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



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 choosed 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 .

“A focused anamnesis is necessary”

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?**

Examination

Skin elasticity, skin structure, pigmentation, rhytidosis.

Muscle activity: hypotonia, hypertonia.
Muscle weakness: Bell's palsy, signs of stroke.

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).



pict.2 / pict. 3 Before and after

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 ampoules (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. Siquier: 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 palpebral 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.

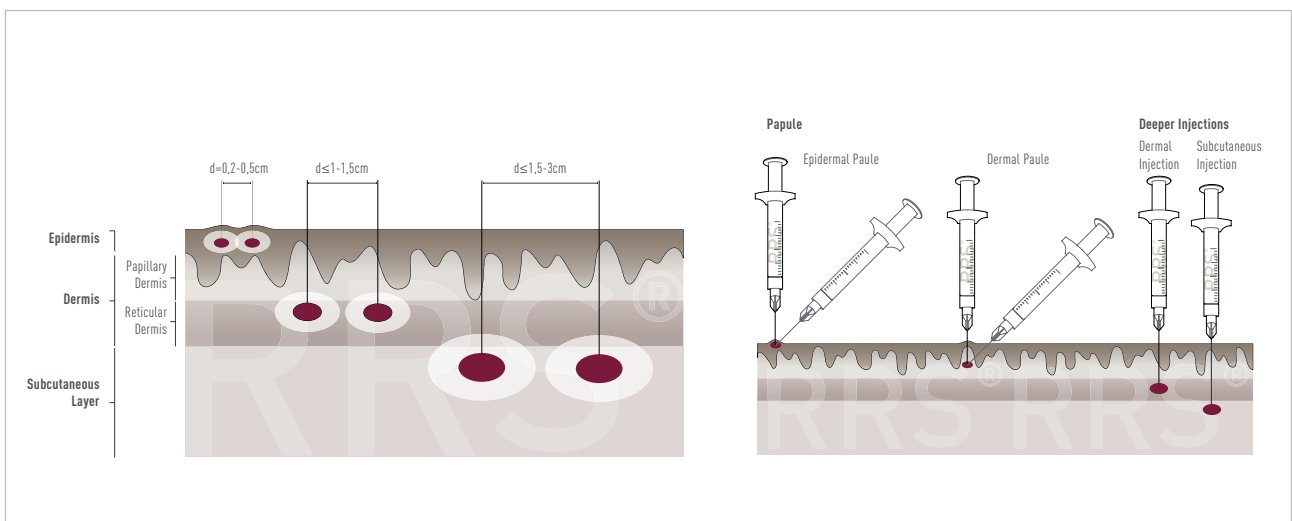
Dr. Szwarc-Szczubiał: I am very familiar with RRS® HA Eyes. The product is effective in improving the tension and tone of the skin and for lymphatic drainage booster.

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

Dr. Ranvea: 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. 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?



pict.4 Depths of injections / Different techniques

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 toxine for the crow's feet area, in case there is also an hiperpigmentation problem, like Dr Ranvea, 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. Ranvea: 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 recommende to apply IPLASE cream twice a day.



pict.5 IPLASE Mask Cream

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 DAYLY 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 is one 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.

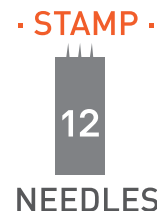
What complications have you encountered during your practice with RRS® HA Eyes? What advice would you give to patients in those case?

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 ask 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 to 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



TRANSEPIDERMAL PENETRATION ENHANCEMENT



Patented Design



Retrival, but formulation of the product designed to help with the common complications after injections.

Dr. Sosoaca: 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.

Describe the most interesting case from the practice that made you to reconsider your point of view, to change the treatment protocol, to use a different combination of products, etc.

Dr. Ranneva: Working during crisis period with patients taught me to search profitable treatments and products. Soft Injections, mesotherapy, bio-revitalization are incomparable with fillers and botulin toxin in the speed and visibility of the effect, but also the aesthetic medicine is not limited to the

visible wrinkles. The vast majority patients tend to establish long term relationships with the aesthetic doctors. And usually after the first well done injections, they want to continue maintenance procedures. Imagine that a patient comes and asks for rejuvenation. We make one session of botulinic toxin injections and we achieve a perfect result in the upper part of the face, the patient is ready to go further, but the trouble is that his budget is limited and he cannot afford to spend the same amount of money for the lower part of the face. Then the time comes for low-budget treatments aimed at improving the skin firmness and skin tone. Treatments with Skin Boosters will improve and refresh orbital areas, tighten the skin in the area of the oval, and at the same time this treatment is accessible for a lot of patients.

Dr. Sosoaca: 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 Skin-Tech peelings are the perfect answer to this needs.

What do you expect in the future in aesthetic medicine?

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.

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. Sosoaca: 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. Szwarc-Szczubiak: I expect that biological methods will be used more often in the future.

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

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EYES REJUVENATION

2015 | Special edition

*Eyes are different,
Problems are different,
Solution is unique!*

RRS[®] HA EYES