SYNERGISTIC EMISSION OF RADIOFREQUENCY AND TARGETED PRESSURE ENERGY FOR POSTPARTUM LAXITY

REDUCTION OF ABDOMINAL SKIN LAXITY IN WOMEN POST-VAGINAL DELIVERY USING THE SYNERGISTIC EMISSION OF RADIOFREQUENCY AND TARGETED PRESSURE ENERGIES

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HIGHLIGHTS

- Investigated device can significantly reduce early signs of postpartum laxity in the abdominal area.
- Overall abdominal skin laxity improved in 91% of treated patients.
- The umbilical circumference decreased in over 95% of the treated patients by 1.43 cm on average.
- 90% of patients reported satisfaction with the achieved treatment results at the 3-month follow-up.



Patient images before (left) and 3 months after 4th treatment (right).

The patient had severe laxity before treatments.

DESIGN AND METHODOLOGY

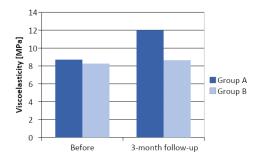
- 46 women with a history of vaginal delivery in the last 6-36 months were enrolled in the study.
- The subjects were divided into two groups: Group A received 4 abdominal treatments delivered once a week; Group B did not receive any treatment and served as a control group.
- Standardized photographs, circumferential measurements, and skin elasticity measurements were taken at baseline and 3 months post-treatment.
- 5-point Likert Scale questionnaire was used to assess patient satisfaction.

RESULTS

- In the treatment group, the average skin viscoelasticity changes in individual patients totaled +37.6% or 3.29 Mpa (retraction time -62.6ms/-22.5%; suction pressure + 1.21 Mpa /+13.9%) (all p<0.0001). In control group there was no statistically significant improvement.
- Retraction time improved in all patients while suction pressure increased in 19 of them.
- The assessment of digital photographs correlated with the viscoelasticity measurements as the degree of skin laxity improved in 86 % of the patients in group A.



Patient images before (left) and 3 months after 4th treatment (right). "The patient had severe laxity before treatments".



The average value of skin viscoelasticity before and three months after 4th treatment for both groups.