

this issue

Let us answer some questions you may have

- Rosacea
- Laser for leg veins

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Focus on Rosacea

Treatment for rosacea has previously focused on the inflammatory eruption of the disease more so than the vascular and fibrotic sequel. As collagen decreases with age, however, and elastosis worsens due to UV exposure, the supporting structure of cutaneous vessels breaks down, which backs the notion of rosacea showing up with chronic vascular symptoms in the third decade and continuing to worsen without treatment.

Intense pulsed light (IPL) has emerged at the forefront of treatment options to aid in the resolution of telangiectasia and general erythema. Utilised as a combination approach, along with non-ablative 1064Nd: YAG laser, resolution of the acute eruption along with repair of vascular component and fibrosis have resulted in longer lasting relief from symptoms than what may be expected with oral and topical treatments alone.

Patient satisfaction is reported as high following completion of treatment, with reduced redness, less facial flushing, improved texture and less acne-like breakouts listed as benefits associated with use of IPL. Due to the shorter wavelength and inability to reach the deeper vascular damage, the addition of the 1064 YAG laser further improves the outcome by penetrating the papillary dermis and initiating an immune-mediated response, drawing fibroblasts into the treated area and helping to support existing vessels. Scarring and textural improvements result as new collagen is laid down.

Source: Verebelyi M, (2007) Comprehensive treatment for severe rosacea using intense pulse light and a novel non-ablative 1064Nd: YAG.

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Laser for leg veins: Suitable Candidates

The purpose of laser treatment for leg veins is to selectively treat the haemoglobin target (chromophore) without causing thermal damage to the surrounding tissue. Laser light is absorbed by haemoglobin in the vessels and the heat that this produces is caused causes photocoagulation. Heat is then transferred to the vessel wall which ultimately destroys the vessel. The laser treats individual veins, however new veins may appear due to an underlying disorder.

Good candidates for laser vein treatments are telangiectasia or spider veins up to 1mm. Telangiectasia are usually unsightly and disorganised, superficial vessels which can be either purely cosmetic or are sometimes associated with reticular or varicose veins. Reticular vessels may be either normally functioning or refluxing superficial veins that are unsightly and may be symptomatic. Small reticular vessels less than 3mm may be suitable candidates for laser. Bulging, twisted or palpable veins of the lower extremity caused by increased venous pressure or valvular incompetence are not suitable candidates for treatment with laser.

Clients can anticipate usually around 2-3 treatments to achieve approximately 80% resolution. Raised tissue and erythema surrounding the vessels is expected, along with bruising for the first few weeks. Small, mild blisters are undesirable but may occur. Thrombosis (hardening and darkening of the treated vessel) along with hemosiderin hyperpigmentation is expected for larger vessels and will absorb and fade over time.

CUTERA LASER

WPRS is pleased to announce the commencement of treatments with medical grade Laser and light based therapies, using the Cutera Xeo Laser for treatment of:

- Telangiectasia & leg veins
- Capillary Malformations
 - Rosacea
- Pigmentation changes
 - Photo Rejuvenation
 - Hair Reduction