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- The report/ratio benefit cost of the treatment is accepted in the large majority of the cases.

Techniques

- The selection of the patients has been described above.
- The material to be used is the following:
- The medical device like oily acid carbolic (DocTNB)
- Syringes 1 ml luer lock
- Flexible needles for the body 25 or 27g
- 1 needle 18g to aspire the solution of oily carbolic acid
- An anesthetic specific gel containing lidocaine 23%, tetracaine 7%, using an emollient lipophilic lubricating gel like vector
- A post, Endopeel, cold cream
- Finally one not alcoholic disinfecting product, gloves and gauzes.
- The technique known as standard treats: the whole gluteal area on all sides, the banana fold, eventually the areas under the banana fold as the area above the bitrochanteric line.
- Areas of, love handles, can be treated as well if there is no fat excess. In case of fat excess a prior lipoplasty should be done and Endopeel technique can follow 1 month after the lipoplasty procedure.
- The basic technique consists in injecting in subcutaneous perpendicular to the plan of the muscles 0.10 ml of oily acid carbolic each 2cm and same in the perpendicular plan to the precedent following the direction and the sense to obtain the wished lifting effect using crisscross-technique.
- Errors: The intra vascular injection of carbolic acid cannot be regarded as an error, considering the sclerosing effect of this substance. The injection into the motor plate or any nerve of carbolic acid may slow down the speed of nervous conduction for short duration.
- Safety: It is recommended for toxicity reasons not to inject more than 25 ml/ day/ patient . In case a patient needs more than 25 ml, this technique can be divided in consecutive days, respecting the maximal dose per day per patient.

Conclusion

Until now, the concept of Gluteoplasty was based only on volume augmentation concept, without taking care of the gluteopexy. With Endopeel techniques one acts not only on the myotension by preserving the muscular mass and without affecting the muscular contraction but also on the myoplasty and the myopexy . With this fact the indications of the fillers become more restricted and will apply only to the depressions which remain after tissue tension of the selected area. Indications of sutures will be too more restricted as they are not only painful but it is rare that a patient submits 2 times to sutures gluteal lift. Finally chemical gluteopexy with a handing-over in tension of tissues with tightening effect like the Endopeel techniques give a better shape of the gluteal area, project a nice convexity of the new gluteal shape , which is tighten too , with redraping of the oranges skin due to cellulitis (which gets the, iron effect, with Endopeel). Also the eventual stretch marks will only optically disappear, being as well redraped through the, iron effect, of Endopeel.

The technique Endopeel is a new strategic weapon for the Dermatologists and Plastic Surgeons enabling them to complete and/or maintain a Gluteoplasty which is an alternative to the surgery.

Biography

Alain Tenenbaum, is the President of Swiss Academy of Cosmetic Dermatology and Aesthetic Medicine (SACDAM) and President of International Peeling Society (ISPC). He is a specialist in ENT (Oto Rhino Laryngology) and Facial, Plastic, Reconstructive and Cosmetic Surgery. Also, he is an inventor of Endopeel and many other peelings like Peeling de Luxe. He is a Silver medalist faculty of University of Paris, France and an International expert of Complications of Fillers and Endoprosthesis. He is known as a worldwide trainer of Aesthetic Medicine and Cosmetic Dermatology.

He is an expert in SEO- Search Engines Optimization, for Aesthetic Medicine, Anti-Aging Medicine, Cosmetic Dermatology and Aesthetic Plastic Surgery. He is an active member of European Society for Cosmetic and Aesthetic Dermatology (ESCAD), European Academy of Facial Plastic Surgery (EAFPS), and FMH.

endopeel@aol.com