

Publication Information

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- The Renuvion® APR Handpiece (K230272) is intended for the delivery of radiofrequency energy and/or helium plasma where coagulation/contraction of soft tissue is needed. Soft tissue includes subcutaneous tissue.
- The Renuvion APR Handpiece is intended for the coagulation of subcutaneous soft tissues following liposuction for aesthetic body contouring.
- The Renuvion® APR Handpiece is indicated for use in subcutaneous dermatological and aesthetic procedures to improve the appearance of lax (loose) skin in the neck and submental region.
- The Renuvion® APR Handpiece is intended for the delivery of radiofrequency energy and/or helium plasma for cutting, coagulation and ablation of soft tissue during open surgical procedures.
- The Renuvion® APR Handpiece is intended to be used with compatible electro-surgical generators owned by Apyx Medical.
- The Apyx One Console (K221830) is indicated for delivery of radiofrequency energy and/or helium plasma to cut, coagulate and ablate soft tissue during open and laparoscopic surgical procedures. The helium plasma portion of the generator can be used only with dedicated Renuvion/J-Plasma handpieces.

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ABSTRACT

Objective

The purpose of this study is to describe the outcomes and complications in patients with moderate to severe skin laxity who underwent a comprehensive lower body lift (LBL) using multilayer liposculpture, abdominal wall volumization, skin retraction technologies and buttocks augmentation with implants or flaps.

Methods

This retrospective case series included ASA 1 or 2 patients with abdominal dermatochalasis, gluteal ptosis, and variable lipodystrophy. Patients were selected with a maximum BMI of 28 kg/m². Surgical techniques combined multilayered liposculpture assisted by ultrasound (UAL), power-assisted liposculpture (PAL), and helium-based radiofrequency-assisted liposculpture (HeRFAL), along with circumferential abdominoplasty, pubic lift, and gluteal lift with implants using the YXZ technique or turnover flaps. Deltoid, rectus abdominis and external oblique were amplified with fat grafting.

Results

From 2021 to 2024, 32 female patients with an age range from 31 to 57 and an average BMI of 24.7 ± 2.7 Kg/m² were treated. Surgery times ranged from 2 to 6 hours (mean 5.1 ± 1 h). The most frequent minor complications were seromas in 11 (37.9%) patients and minor dehiscences in 7 (25%) patients. Patient satisfaction was very high, and no patient requested excisional surgery for energy-treated areas.

Discussion

The study shows the feasibility and effectiveness of combining advanced techniques and technologies in LBL for patients with moderate to severe skin laxity. The integration of UAL, PAL, and HeRFAL technologies allowed for effective fat removal and tissue tightening, while RAFT and SPARTAN techniques enhanced abdominal wall. The YXZ technique provided tailored gluteal augmentation.

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