



## Presentation LongPulse®

VYDENCE CONTINUING MEDICAL EDUCATION Program

Prepared by Clarissa Bravin, Renata Novais reviewed and approved by Antonio Olivatto

proprietary and confidential

see more at:

LASER ACADEMY tv



### ETHEREA-MX® PLATFORM

#### LEADER IN THE WORLD'S SECOND-LARGEST AESTHETICS MARKET



- Maximum versatility;
- LASER and light technologies;
- 70+ treatment indications;
- LASER for all types of skin;
- Always with new technologies;
- Greater profitability and return;
- Compact design that is easy to transport;
- Reliable: second-generation platforms;

etherea™

- Powerful and with proven results;
- Easily changeable handpieces, plugand-play;
- Dual voltage, with no need for a voltage stabilizer;
- International standard, FDA approved;
- Sold in nearly 20 countries.

## ProDeep® Nd:YAP 1340 nm For deep epidermal nonablative fractional LASER treatments





#### GoSmooth® Er:GLASS 1540 nm Gold standard technology for nonablative LASER skin



7



LongPulse®
Nd:YAG 1064 nm
Nd:YAG LASER with
variable pulse modes.

DualMode® Er:YAG 2940 nm Powerful, dual-effect Er:YAG with improved coagulation effect.

**ACROMA-QS®** 

Fractional Q-switched LASER with optional fractional spot.

Dual-wavelength

Nd:YAG 1064/532 nm







IPL-Sq®
Intense Pulsed Light
Square-Wave Pulse
Technology and all-inone available cut-off
filters







intensel®
Infrared Light
Hi-powered IR light
for skin tightening
of the body and face.

♣\*etherea\*\* | Z Y E





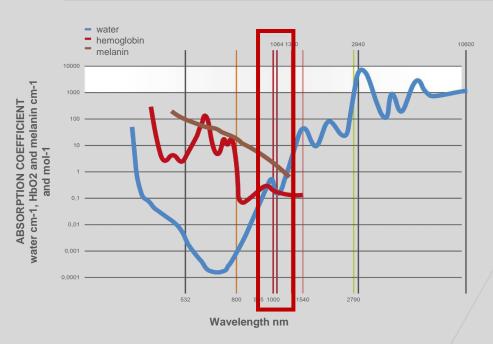
# About LASERs and light: science and technology



## **SCIENCE AND TECHNOLOGY**



#### TARGET CHROMOPHORE AND ABSORPTION CURVE



- Relationship of target chromophore and absorption curve as a function of wavelength;
- High affinity for hbo and metahb;
- Has an affinity for melanin –
   even though low;
- Greater penetration, lower affinity for water vs. melanin;



<sup>\*</sup>Manstein et al. FRACTIONAL PHOTTHERMOLYSIS: A NEW CONCEPT FOR CUTANEOUS REMODELING USING MICROSCOPIC PATTERS OF THERMAL INJURY. LASERS Surg Med 2004:34:426-38.

## **SCIENCE AND TECHNOLOGY**



#### WAVELENGTH vs. DEPTH OF PENETRATION

TYPE OF LASER	WAVELENGTH	ABSORPTION COEFFICIENT	DEPTH OF PENETRATION
DIODO	980 nm	0,0448 per mm	3200 μm
Nd:YAG	1064 nm	0,0177 per mm	81100 µm
Nd:YAG	1320 nm	0,2040 per mm	7000 μm
Nd:YAG	1340 nm	1,5900 per mm	3400 μm
DIODO	1450 nm	3,0400 per mm	470 μm
Er:GLASS	1540 nm	1,1800 per mm	1200 µm
Er:YAG	2940 nm	1220,0 per mm	1,20 μm
CO2	10.600 nm	84,400 per mm	17 μm

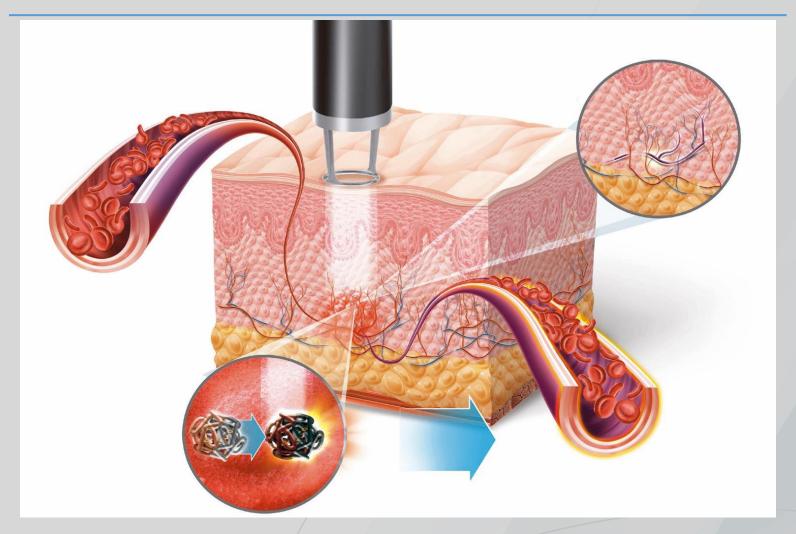
DEPTH OF PENETRATION AS A FUNCTION OF A LASER WAVELENGTH. Nelson et al. 2002



## **SCIENCE AND TECHNOLOGY**



#### SELECTIVE PHOTOTERMOLYSIS EFFECT







LongPulse®: features & technology



## longpulse

#### **TECHNICAL CHARACTERISTICS**



	LongPulse®
Wavelength	Nd:YAG 1064 nm
Operating mode	Long Pulse and DYNAMICS®
Maximum energy	500 J/cm <sub>2</sub>
Pulse time	300 µs to 60 ms
Operating frequency	up to 10 Hz
Spots	2 mm 3 mm 6 mm 9 mm
Additional	Adapter for integrated cooling (Cold-Air Cooling)





**ADVANTAGES LongPulse®** 



- Gold standard for treating vascular lesions;
- Good option for hair removal, mainly for darker skin tones;
- Versatility in the DYNAMICS®
   mode and 4 spots, which ensures
   greater clinical efficacy and safety,
   with automatic recognition;
- More practical: adapter for external cooling.





#### TREATMENT INDICATIONS



	SPOT	LONG PULSE	DYNAMICS
	2 mm	<ul><li>Vascular lesions</li><li>&lt; 1 mm</li><li>Cherry hemangioma</li></ul>	-
	3 mm	<ul><li>Vascular lesions</li><li>&gt; 1 mm</li><li>Cherry hemangioma</li></ul>	<ul> <li>Onychomycosis</li> </ul>
/	6 mm	<ul><li>Reticular veins</li><li>Hair removal</li><li>Facial wrinkles</li></ul>	<ul><li>Facial wrinkles</li><li>Rosacea</li><li>Poikiloderma of Civatte</li></ul>
	9 mm	<ul><li>Hair removal</li><li>Facial wrinkles (Skin Toning)</li></ul>	





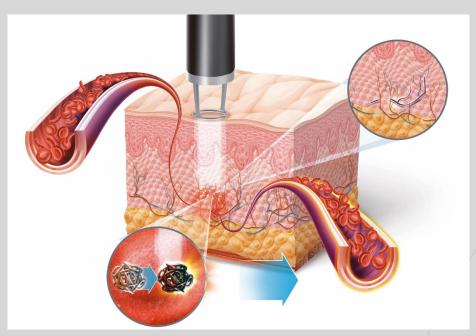
#### **OPERATING MODE**

Two operating modes with different pulse times to deliver energy more aggressively in long pulses or more comfortably, accumulating heat in short pulses.

	LONGPULSE	DYNAMICS®
Definition	Long pulses, in milliseconds (ms)	Short pulses, in microseconds (µs) to 1 ms
Pulse Time	10 to 60 ms	300 μs to 1 ms
Indication	<ul> <li>Vascular lesions</li> <li>Cherry hemangioma</li> <li>Hair removal</li> <li>Facial Wrinkles (Skin toning)</li> </ul>	<ul> <li>Rosacea</li> <li>Poikiloderma of Civatte</li> <li>Onychomycosis</li> <li>Facieal Wrinkles</li> </ul>
Action	Selective photothermolysis	Accumulation of heat, heating, collagen stimulation
Characteristics	More aggressive	More comfortable



#### LONGPULSE MODE

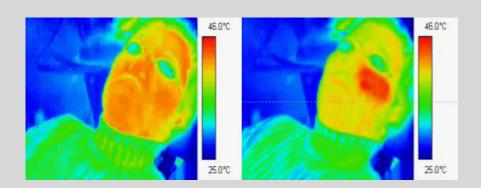


Photothermal effects: light absorption leads to the destruction of the target chromophore (selective photothermolysis) by high temperature.





#### **DYNAMICS MODE**



 Thermal peeling: generates homogenous and controlled heat, stimulating collagen and reducing local erythema.



<sup>\*</sup>Manstein et al. FRACTIONAL PHOTTHERMOLYSIS: A NEW CONCEPT FOR CUTANEOUS REMODELING USING MICROSCOPIC PATTERS OF THERMAL INJURY. LASERS Surg Med 2004;34:426-38.



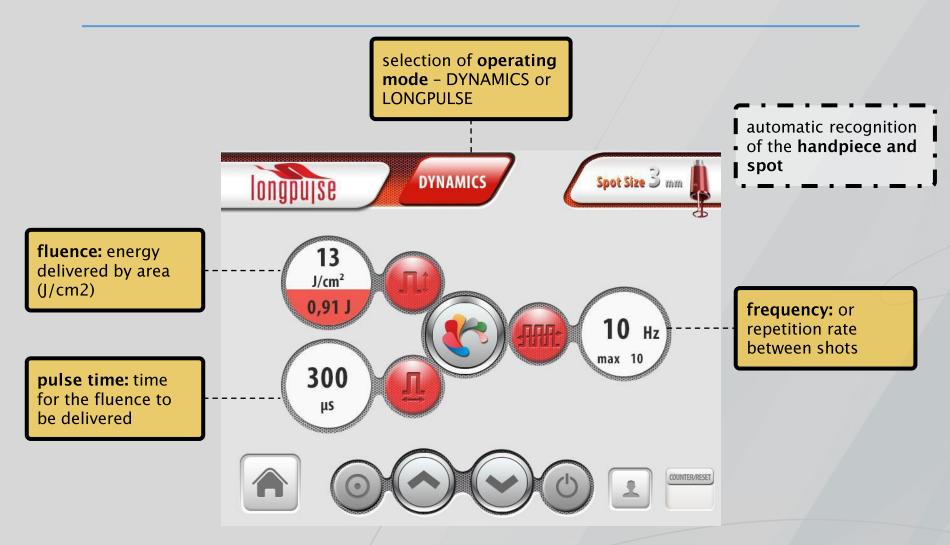
LongPulse®:
interface and
parameterization



### INTERFACE AND PARAMETERIZATION



**INTERFACE - ETHEREA** 







LongPulse®: practice and training VASCULAR LESIONS





#### **QUICK REFERENCE GUIDE**







#### **INDICATIONS**



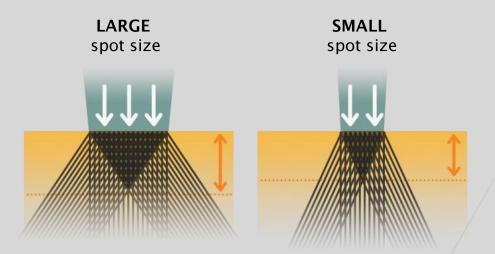
- Vascular lesions on the legs and chest/face, or in other words, superficial and deep lesions;
- Hair removal, especially for darker skin tones (Fitzpatrick scale V-VI);
- DYNAMICS® mode, for fine lines and wrinkles, poikiloderma of Civatte and onychomycosis.





CHOOSING THE SPOT: 2, 3 OR 6 MM

#### Difference between depth of penetration.



The effective penetration of the laser beam is directly related to the size of the spot and the fluency used.

LARGER SPOTS	Deep lesions	Reticular veins
SMALLER SPOTS	Superficial lesions	Face and lower member telangiectasia





#### PARAMETERIZATION VASCULAR LESIONS - SPOT SIZE

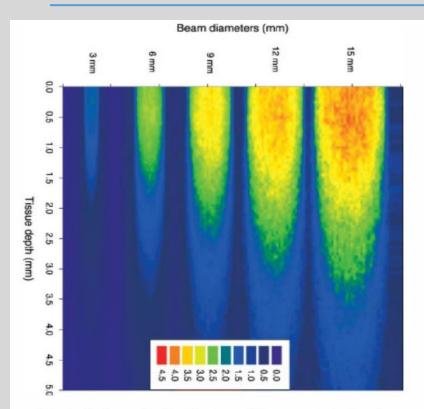


Fig. 4. It shows the distributions of fluence rate in dermis at 1,064-nm laser irradiation for 3-, 6-, 9-, 12-, and 15-mm beam diameters.

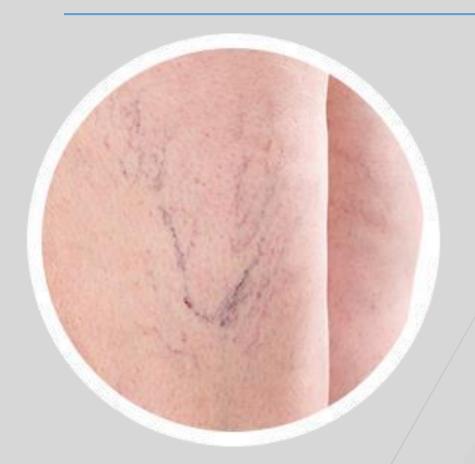
LASERS Surg Med. 2005 Feb;36(2):105-16. LASER TREATMENT OF LEG VEINS: PHYSICAL MECHANISMS AND THEORETICAL CONSIDERATIONS. Ross EV1, Domankevitz Y.

SPOT	PENETRATION
1 mm	0,8 mm
3 mm	1,5 mm
7 mm	3 mm
10 mm	4 mm
12 mm	4,5 mm
18 mm	5 mm





#### PARAMETERIZATION VASCULAR LESIONS - SPOT SIZE



STRUCTURE	THERMAL RELAXATION TIME
TELANGIECTASIA	10 to 20 ms
VENULECTASIS	20 to 30 ms
RETICULAR VEINS	30 to 60 ms

MORE DILATED VEINS

Longer pulse times

**LESS DILATED VEINS** 

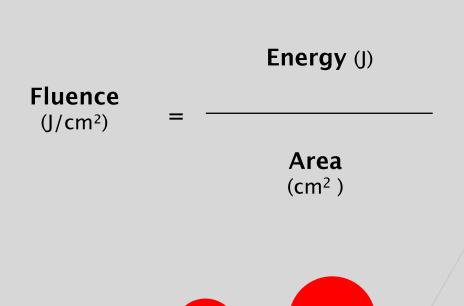
Shorter pulse times





#### PARAMETERIZATION VASCULAR LESIONS - FLUENCE

6 mm



 Larger spots need more energy to have the same fluence as smaller spots.

SPOT	ENERGY	FLUENCE
2 mm	4,7 J	150 J/cm <sup>2</sup>
3 mm	10,6 J	150 J/cm <sup>2</sup>
6 mm	42,4 J	150 J/cm <sup>2</sup>

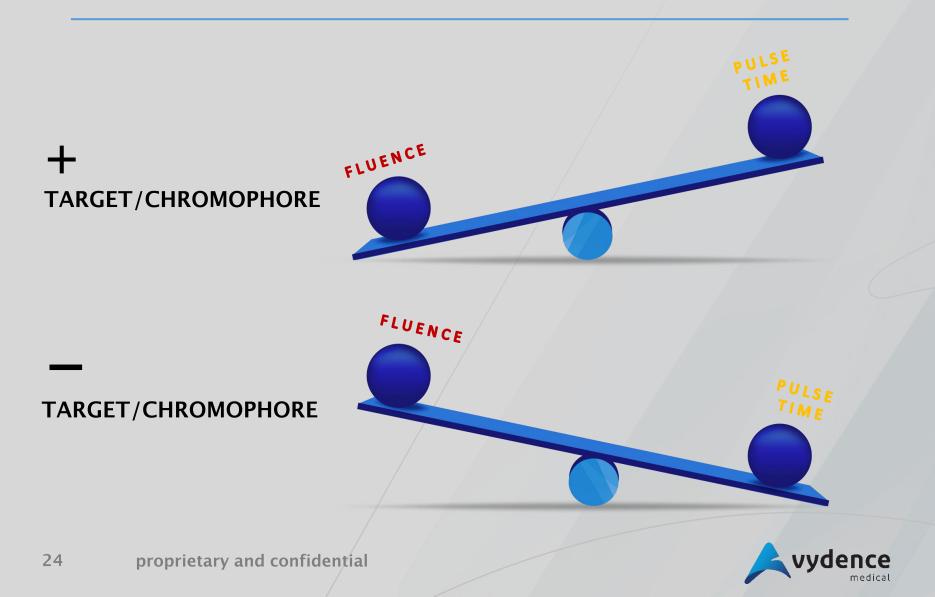


3 mm

2 mm



PARAMETERIZATION VASCULAR LESIONS - FLUENCE VS. PULSE TIME





#### PARAMETERIZATION OF VASCULAR LESIONS

CHOICE OF PARAMETERS FOR TREATING VESSELS		
What is the depth?	Superficial vessels Reticular vessels	Smaller spots, 2 or 3 mm Larger spots, 6 mm
What is the dilation of the vessel?	Finer, up to 1 mm  More dilated, > 1 mm	Pulse time 10-30 ms Pulse time 30-60 ms
How much chromophore?	Red vessels Purple/blue vessels	Higher fluence Lower fluence





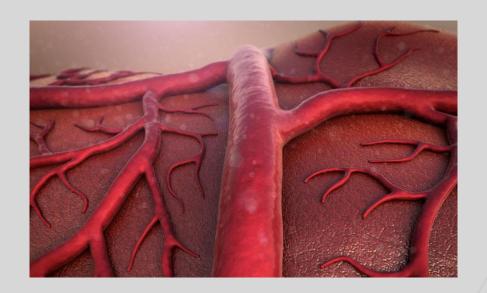
#### PARAMETERIZATION VASCULAR LESIONS

PARAMETER	INCREASE	DECREASE
1st SPOT	Deep vessels Dilated vessels	Superficial vessels Finer vessels
2 <sup>nd</sup> PULSE TIME	Dilated vessels With high blood volume	Finer vessels With low blood volume
3 <sup>rd</sup> FLUENCE	Pink/red vessels Finer vessels Superficial vessels Smaller spots Vessels with higher pressure With high blood volume	Purple/blue vessels Dilated vessels Deep vessels Larger spots Flaccid vessels



## longpulse

#### **CLINICAL GUIDE - VASCULAR LESIONS**



A single vessel can have different diameters and depth over the course of its trajectory. It can therefore be necessary to change the spot and adjust parameters several times over the course of a session.





#### **CLINICAL GUIDE - VASCULAR LESIONS**

#### Efficacy related to the type of vessels that will be treated::

COLOR OF THE VESSEL	% OF THE AREA WITH SIGNIFICANT IMPROVEMENT
Blue	100 %
Red	100 %
Blue/red	60 %

SIZE OF THE VESSEL	% OF THE AREA WITH SIGNIFICANT IMPROVEMENT
Reticular veins 2 to 4 mm	100 %
Venulectasis 1 to 2 mm	83 %
Spider veins 0.25 to 1 mm	58 %

Dermatologic Surgery. 2002 Mar;28(3):220–3. 1,064-NM ND:YAG COOLGLIDE® EXCEL LASER IRRADIATION FOR LOWER EXTREMITY TELANGIECTASIAS & SMALL RETICULAR VEINS: EFFICACY AS MEASURED BY VESSEL COLOR AND SIZE. Rogachefsky AS, Silapunt S, Goldberg DJ





#### **CLINICAL GUIDE - VASCULAR LESIONS**



#### **PHLEBOSCOPE**

#### **Cutaneous transillumination**

The light issued is absorbed by the vessels, making them darker and allowing their path to be seen.

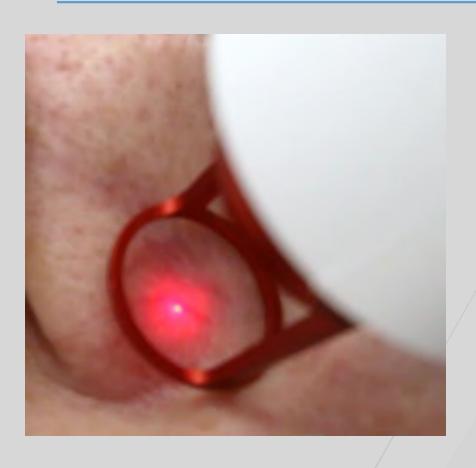
Very effective in dealing with feeder veins, which often are not visible, but are responsible for the appearance and maintenance of micro-vessels.

proprietary and confidential



## longpulse

#### CLINICAL GUIDE - VASCULAR LESIONS



- The application must always be perpendicular to the skin;
- Always begin the treatment with the reticular vessels before the telangiectasias;
- The use of an external cooler is always recommended for greater comfort and safety for the patient;
- You can pass again;
- Do not use stacking.



## longpuise

#### **CLINICAL GUIDE - VASCULAR LESIONS**



USAGE PARAMETERS		
Spot:	2, 3 or 6 mm	
Operating mode:	LongPulse	
Fluence:	60 to 400 J/cm <sup>2</sup>	
Pulse time:	10 to 60 ms	
Use of Siberian:	Yes	
Sessions:	2 to 4	
Interval:	30 days for the same	
	area	





#### **CLINICAL GUIDE - VASCULAR LESIONS**



## Endpoint of the vascular lesions:

Erythema of the lesions;

Collapse of the vessel or

Alteration of its color (gray, blue, purple...)

No visible alteration in the adjacent tissue





#### **CLINICAL GUIDE - VASCULAR LESIONS**

CONTRAINDICATIONS	PRETREATMENT	PÓS-TRATAMENTO
Pay attention to skin tone and to patients with an active tan!	<ul> <li>Remove creams and/or lotions before the application;</li> <li>Remove hair from the region if there is significant hair;</li> <li>Observe the clinical response and pay attention to patient pain</li> </ul>	<ul> <li>Apply local topical corticoid, if necessary;</li> <li>Avoid exposure to the sun for at least 30 days.</li> </ul>





LongPulse®: practice and treatment OTHER INDICATIONS





#### CLINICAL GUIDE - HAIR REMOVAL



USAGE PARAMETERS		
Spot:	6 or 9 mm	
Operating mode:	LongPulse	
Fluence:	30 to 70 J/cm <sup>2</sup>	
Pulse time:	30 to 40 ms	
Use of SIBERIAN-FIT®:	Yes	
Sessions:	4 to 6	
Interval:	30 to 45 days	





#### CLINICAL GUIDE - HAIR REMOVAL



### Endpoint of the hair:

- Perifollicular erythema or edema in finer hair;
- Carbonization in thicker hair;
- No visible alteration in the adjacent tissues.



# longpulse

#### **CLINICAL GUIDE - FACIAL WRINKLES**



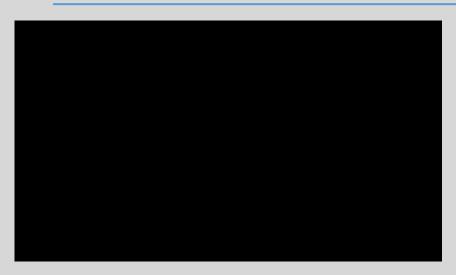
Optionally, it can be done in the DYNAMICS® mode, with the 6 mm spot, pulse time of 650  $\mu$ s, fluence from 8 to 10 J/cm2 and frequency from 5 to 10 Hz.

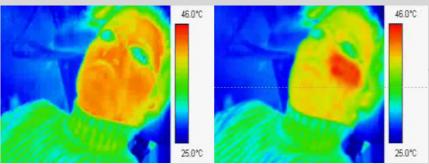
USAGE PARAMETERS		
Spot:	6 or 9 mm	
Operating mode:	LongPulse	
Fluence:	25 to 60 J/cm <sup>2</sup>	
Pulse time:	30 to 60 ms	
Frequency:	0.5 to 1 Hz	
Passes:	1	
Sessions:	3 to 6	
Interval:	15 to 30 days	





#### CLINICAL GUIDE - ROSACEA AND POIKILODERMA OF CIVATTE



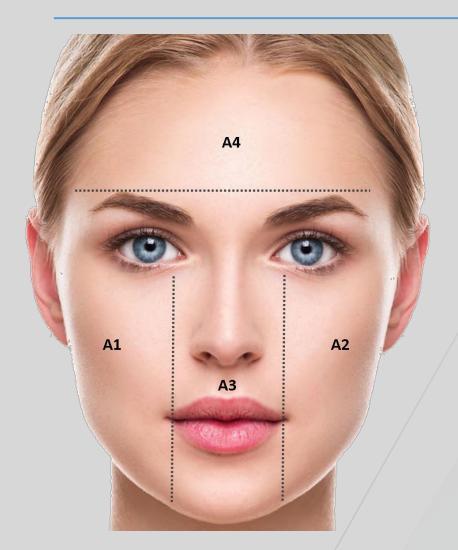


- Principle of action: inducing homogenous and controlled heating, stimulating collagen and reducing local erythematosus;
- Painless treatment;
- No contraindication for skin tone or general tanning condition.





#### CLINICAL GUIDE - ROSACEA AND POIKILODERMA OF CIVATTE



USAGE PARAMETERS		
Spot:	6 mm	
Fluence:	8 to 10 J/cm <sup>2</sup>	
Pulse time:	650 µs	
Frequency:	5 to 10 Hz	
Shots:	500-1000/ quadr.	
Sessions:	1 to 8	
Interval:	15 to 30 days	





#### CLINICAL GUIDE - ONYCHOMYCOSIS

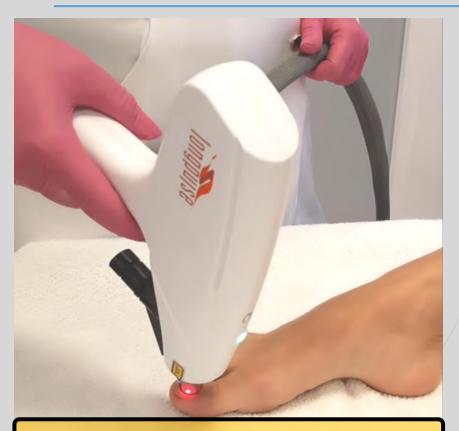


- Thin nail in advance;
- Do not anesthetize: endpoint is a feeling of pain;
- Objective: heating;
- Principle of action: inducing homogenous and controlled heating of the compromised nail;
- Other factors that can determine the efficacy of the treatment: type of fungus, culture, associations, etc.





#### **CLINICAL GUIDE - ONYCHOMYCOSIS**



\*optionally, you can do intermittent cycles of 100–150 shots on the big toe and 25 to 30 shots on the other compromised toenails (5 passes).

USAGE PARAMETERS		
Mode:	DYNAMICS®	
Spot:	3 mm	
Fluence:	9 to 13 J/cm <sup>2</sup>	
Pulse time:	300 µs	
Frequency:	3 to 5 Hz	
Shots:	600 to 800/nail*	
Use of SIBERIAN-FIT®:	No	
Sessions:	2 to 8	
Interval:	15 to 30 days	





CLINICAL GUIDE - LASER Gemini+®

LASER Gemini+®: a combination of two identical wavelengths and active media, but with different pulse times, for personalized effects;

Nd:YAG q-switched, 1064 nm for spots and melanosis, cutaneous clearing in general photomechanical effect only

Nd:YAG short pulsed, 1064 nm for toning, reduction of flushing, closing pores thermal effect only

- Combination in the same treatment session;
- Sessions monthly or every 15 days;
- From 6 to 8 treatment sessions for broadened results;
- No downtime and no restrictions on skin tone or tan.





#### CLINICAL GUIDE - HAIR REMOVAL

CONTRAINDICATIONS	PRETREATMENT	POSTTREATMENT
<ul> <li>Pregnant or Nursing patients;         Systemic, autoimmune or         immunodeficiency illnesses;</li> <li>Acute infections and/or active         infectious processes;</li> <li>Wounds or malignant lesions         in the treatment area;</li> <li>Area filled with nonabsorbable         substances;</li> <li>Use of photosensitizing drugs;</li> <li>Skin sensitized by the sun;</li> <li>Change of the sensitivity of the area to be treated.</li> </ul>	<ul> <li>Remove creams and/or lotions before the application;</li> <li>For the treatment of nails, completely remove polish and creams and thin them;</li> <li>Do not use anesthetics;</li> <li>For thermal peeling, cooling the area is not recommended during or after use of the laser;</li> <li>Always use the protective glasses that accompany the handpiece and place the lead glasses on the patient;</li> <li>Herpes prophylaxis, if necessary.</li> </ul>	<ul> <li>Light to moderate erythema, which can last for up to three hours, is expected;</li> <li>Drug delivery         can be done immediately afterward;</li> <li>Avoid using nonsteroidal antiinflammatories;</li> <li>Tell the patient to use sunscreen and to avoid exposure to the sun during the weeks following the treatment.</li> </ul>



# longpulse

#### MY PRACTICE VYDENCE





The MyPractice is a continued medical education program proposed by VYDENCE® to the doctors that use our products and technologies may share their experiences in a practical and quick way.

#### » My Practice Online





LongPulse®: care and preventative maintenance



#### CARE AND MAINTENANCE

# longpulse

#### CARE AND PREVENTATIVE MAINTENANCE



- Cleaning and disinfection of the applicator spots: use isopropyl alcohol (preferentially) with cotton swabs and/or gauze on the lenses and spacers;
- Spacers can be washed with soap and water and/or enzymatic detergent;
- Clean after of each application;
- Pro rata guarantee of the handpiece:
   200,000 shots in the longpulse mode and 1 million shots in the dynamics mode;
- Careful during transportation, misalignment can result in ineffective treatment;
- Send the handpiece to technical support after reaching the recommended number of shots.



#### CARE AND MAINTENANCE



#### CARE AND PREVENTATIVE MAINTENANCE



**WATCH NOW** 

Learn more about maintenance procedures on our channel

LASER ACADEMY tv

- Use only deionized water;
- Replace all the water in the reservoir annually;
- Change the deionizing filter annually;
- Annual inspection of the platform and handpieces.



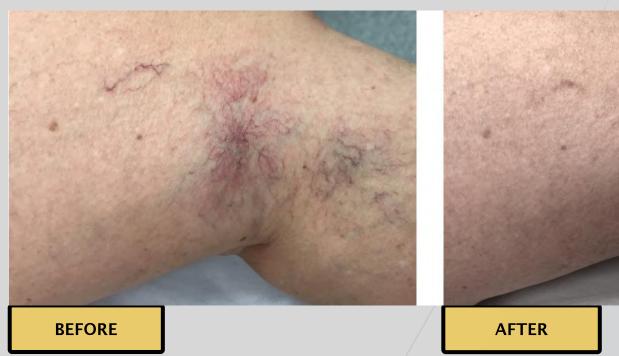


# LongPulse®: cases and results



# longpulse

**VASCULAR LESIONS** 





# longpuise

**VASCULAR LESIONS** 





# longpulse

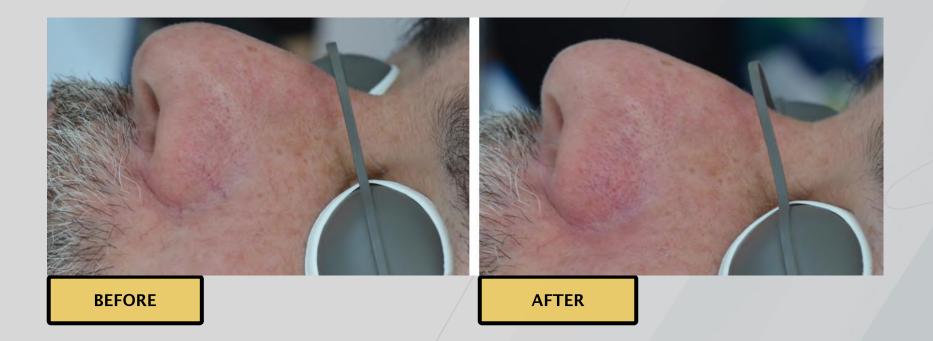
**VASCULAR LESIONS** 





# longpulse

**VASCULAR LESIONS** 







HAIR REMOVAL

VYDENCE Training Center São Paulo, SP







clinical library



#### CLINICAL LIBRARY

#### CO2 vs. ER:YAG



Results obtained with Nd:YAG LASER in the treatment of varicosities of the legs proved comparable to sclerotherapy

#### DISCUSSION

The results of this study show that a Long Pulsed Nd:YAG 1,064-nm high energy laser can provide a safe and acceptable treatment of 1-3-mm leg veins that is comparable to sotradecol sclerotherapy. The 1,064-nm wave-

Comparative Pilot Study Evaluating the Treatment of Leg Veins With A Long Pulse ND:YAG Laser and Sclerotherapy

Charlotte M. Coles, CRC, Richard S. Werner, MD, and Brian D. Zelickson, MD\*
Abbott Northwestern Hospital, Center for Cosmetic Care, Edina, Minnesota

Considered the most acclaimed technology for darker skin tones V-VI. Safe and effective treatment even for tanned patients.

Two prospective, controlled studies were conducted to determine the safety and efficacy of the Cutera CoolGlide aesthetic laser for the removal of unwanted hair in tanned patients of skin type I – IV with brown or black hair. Enrollment for the initial study was 20 tanned subjects. Each subject received a single treatment on three test areas, and an untreated control site, of 3 cm by 5 cm each and was followed at 1, 3 and 6 months to evaluate epidermal response and hair counts. These safety results were further confirmed in the second study in which larger areas, up to 15 cm by 15 cm, were treated on 38 tanned subjects and followed for 1 month. Treatments were performed on arms, legs, backs, shoulders, abdomens and bikini lines. The actual enrollment in the two studies consisted of skin type II (31%), skin type III (24%) and skin type IV (45%) patients. Immediate post-treatment reaction included erythema and edema. No blistering or purpura were seen. The treatments for the first study were performed at 15, 20, and 30 ms pulse widths using the 10 mm spot size and pre-cooling handpiece of the CoolGlide system. The fluence was determined by the investigator for each patient with an average fluence of 63 J/cm<sup>2</sup> (range of 50 to 70 J/cm<sup>2</sup>).



#### CLINICAL LIBRARY

#### CO2 vs. ER:YAG



TABLE 1. Vessel Parameters for This Model Are Seen

	Diameter (µm)	$\begin{array}{c} Depth \ in \ tissue \\ (\mu m) \end{array}$
Vessels	20-150	800-1,200
	150 - 400	1,150-1,660
	400-1,000	1,380 - 3,840
Posterior intercostal vessels	≤600	1,800
Lateral thoracic vessels	$\leq \! 800$	3,200
Deep circumflex vessels	$\leq 1000$	3,840

TABLE 2. Ideal PW and MED Values for Certain Diameter Vessels Are Seen

Vessel diameter (mm)	Pulse width (millisecond)	Fluence (J/cm <sup>2</sup> )
0.2	15	80
0.3	20	90
0.4	20	90
0.5	25 - 30	100
0.6	30	100
0.7	35	100
0.8	35-40	100
0.9	45 - 50	110
1	60	110

#### **OBJECTIVE**

- Combination of parameters that seek to cause precise and exact damage to the vessel or venule, avoiding or minimizing all adjacent damage;
- Prolonged pulse time results in high temperature, which is necessary to close the vessel, increasing the efficacy of the treatment.

LASERS Surg Med. 2004;34(5):420-5. A USEFUL ALGORITHM FOR DETERMINING FLUENCE AND PULSE WIDTH FOR VASCULAR TARGETS USING 1,064 NM ND:YAG LASER IN AN ANIMAL MODEL. Ozturk S1, Hoopman J, Brown SA, Nojima K, Saboorian H, Acikel C, Kenkel J.



#### **BIBLIOGRAPHIC REFERENCES**



- R. Heck, C. Rossi, I.C. Palma Kuhl, L. Bakos. TRATAMENTO DE ONICOMICOSE DOS HÁLUCES POR DERMATÓFITO COM LASER ND: YAG 1064 NM. Surg Cosmet Dermatol 2013;5(3):25760.
- Ozturk S, Hoopman J, Brown SA, Nojima K, Saboorian H, Acikel C, Kenkel J. A
  USEFUL ALGORITHM FOR DETERMINING FLUENCE AND PULSE WIDTH FOR
  VASCULAR TARGETS USING 1,064 NM ND:YAG LASER IN AN ANIMAL MODEL.
  LASERS Surg Med. 2004;34(5):420-5.
- Ross EV, Domankevitz Y. LASER TREATMENT OF LEG VEINS: PHYSICAL MECHANISMS AND THEORETICAL CONSIDERATIONS. LASERS Surg Med. 2005 Feb;36(2):105–16.
- 4. Dover JS, Sadick NS, Goldman MP. THE ROLE OF LASERS AND LIGHT SOURCES IN THE TREATMENT OF LEG VEINS. Dermatol Surg. 1999 Apr;25(4):328–35.
- Kozarev J. USE OF LONG PULSE ND:YAG 1064-NM LASER FOR TREATMENT OF ROSACEA TELANGIECTASIAS. Journal of LASER and Health Academy. 2011(1).
- 6. Lee JH, Park SR, Jo JH, Park SY, Seo YK, Kim SM. COMPARISON OF EPIDERMAL/DERMAL DAMAGE BETWEEN THE LONG-PULSED 1064NM ND:YAG AND 755NM ALEXANDRITE LASERS UNDER RELATIVELY HIGH FLUENCE CONDITIONS: QUANTITATIVE AND HISTOLOGICAL ASSESSMENTS. Photomed LASER Surg. 2014 Jul;32(7):386-93.
- Alshami MA. NEW APPLICATION OF THE LONG-PULSED ND-YAG LASER AS AN ABLATIVE RESURFACING TOOL FOR SKIN REJUVENATION: A 7-YEAR STUDY. J Cosmet Dermatol. 2013 Sep;12(3):170-8.
- 8. Li ZQ, Zhuang L, Feng ZC, Qi QC, Zhong H, Ma WY. ANALYSIS OF THE ENDOPLASMIC RETICULUM STRESS IN NON-ABLATIVE SKIN REJUVENATION USING Q-SWITCHED 1064NM ND:YAG LASER. Zhonghua Zheng Xing Wai Ke Za Zhi. 2013 Mar;29(2):113-6.

- Park SR, Lee JH, Jo JH, Seo YK, Kim SM. THE EFFECTS OF 1064 NM ND:YAG LASER IRRADIATION UNDER THE DIFFERENT TREATMENT CONDITIONS FOR SKIN REJUVENATION: QUANTITATIVE AND HISTOLOGIC ANALYSES. Photomed LASER Surg. 2013 Jun;31(6):283–92.
- Kaune KM, Haas E, Jantke M, Kramer FJ, Gruber R, Thoms KM, Schön MP, Zutt M. SUCCESSFUL ND:YAG LASER THERAPY FOR HAIR REMOVAL IN THE ORAL CAVITY AFTER PLASTIC RECONSTRUCTION USING HAIRY DONOR SITES. Dermatology. 2013;226(4):324–8.
- 11. Brehmer F, Zutt M, Lockmann A, Schön MP, Thoms KM. ND:YAG LASER EPILATION TO PREVENT RECURRENCES AFTER PILONIDAL SINUS SURGERY. J Dtsch Dermatol Ges. 2013 Dec;11(12):1203–5.
- 12. Meral G, Tasar F, Kocagöz S, Sener C. FACTORS AFFECTING THE ANTIBACTERIAL EFFECTS OF ND:YAG LASER IN VIVO. LASERS Surg Med. 2003;32(3):197–202.
- Nathan Y. Hoy, Alexander K. C. Leung, Andrei I. Metelitsa, and Stewart Adams. NEW CONCEPTS IN MEDIAN NAIL DYSTROPHY, ONYCHOMYCOSIS, AND HAND, FOOT, AND MOUTH DISEASE NAIL PATHOLOGY. ISRN Dermatol. 2012; 2012: 680163.
- 14. Kimura U, Takeuchi K, Kinoshita A, Takamori K, Hiruma M, Suga Y. TREATING ONYCHOMYCOSES OF THE TOENAIL: CLINICAL EFFICACY OF THE SUB-MILLISECOND 1.064 NM ND: YAG LASER USING A 5 MM SPOT DIAMETER. J Drugs Dermatol. 2012 Apr;11(4):496–504.
- 15. Satoshi Akaishi, MD, PhD, Sachiko Koike, MD, Teruyuki Dohi, MD, Kyoko Kobe, MD, Hiko Hyakusoku, MD, PhD, and Rei Ogawa, MD, PhD. ND:YAG LASER TREATMENT OF KELOIDS AND HYPERTROPHIC SCARS. Eplasty. 2012; 12: e1.



