PLEXR: The revolution in blepharoplasty

Sotiris G Tsioumas
Ms Medical Aesthetics, USA

Introduction: Plexr is a cordless micro-surgical hand operated device that transfers concentrated heat to the treated skin tissues. It uses the difference in voltage between the device and the patient’s skin. The difference in voltage generates a small electrical arc, similar to a minute lighting. The small lighting causes the sublimation of the fluids contained in superficial part of the skin, without unwanted heat transmission of the adjacent tissues. This medical device is global patent of Electro-surgery professor at State University of Rome Giorgio Fippi.

Objective: The purpose of the study is to demonstrate that there are other technical methods than conventional surgery and laser that have excellent results, less complications and lower costs.

Methodology: The upper eye lid blepharoplasty performed to 1000 persons (800 women and 200 men). Target group: 23-82 year old (whether they were smokers or not, had large or small excess skin)

Results: 800 out of the 1000 persons have achieved 100% of the desired result in three sessions. 200 out of 1000 persons in one or two sessions compared with classical blepharoplasty surgical outcomes were excellent without sutures and incisions, ectropion and entropion, slanted eyes, lagophthalmos and other complications. The recovery takes place in a shorter period of time (7-15 days) and allows the patients to return to their activities even after treatment.

Conclusion: Plexr proved to be highly effective in removing excess upper eyelid skin without surgical intervention. It has also been used very successfully for the correction of eyelid skin post surgical blepharoplasty. Plexr has become an invaluable asset to my clinic, offering patients a procedure with virtually minimal downtime, minimal cost and outstanding aesthetic results.

s_tsioumas@hotmail.com

Pan ocular surface rejuvenation in chemical burn

Shreya Thatte
Sri Aurobindo Institute of Medical College, India

Journey of ocular chemical burn can lead to sight threatening problems. Delayed complications damage entire ocular surface, from obliteration of fornices by symblepharon to partial or total stem cell loss leading to conjunctivalization of cornea. It requires reconstruction of fornices and rejuvenating conjunctival and corneal surfaces by stem cell grafting. It may be very frustrating as it is not a single stage management; it requires step by step approach. Bilateral involvements are very difficult to treat but in unilateral cases, stem cells of other eye are available to recover loss. This presentation will discuss management of unilateral delayed complications of ocular burn. Step by step approach depends on severity of symblepharon and degree of stem cell loss. Mild to moderate symblepharon can be treated along with stem cell transplantation but severe symblepharon requires, first its correction and later stem cell grafting. Success of stem cell transplantation of cornea depends on environment of ocular surface, therefore it is necessary to rebuild ocular surface. Amniotic membrane is proved to be effective in reconstructing the entire ocular surface. Properties of amniotic membrane enables to reform fornix after release of symblepharon. To rejuvenate cornea, conjunctivalization of corneal surface is cleared off by keratectomy. After preparing bed, stem cells from other eye transplanted by SLET procedures. This step by step surgical management strategy achieves near normal ocular surface and helps in restoring vision.

shreyathatte@gmail.com