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 medical technologies




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PLASMAGE®  
 PROTOCOL

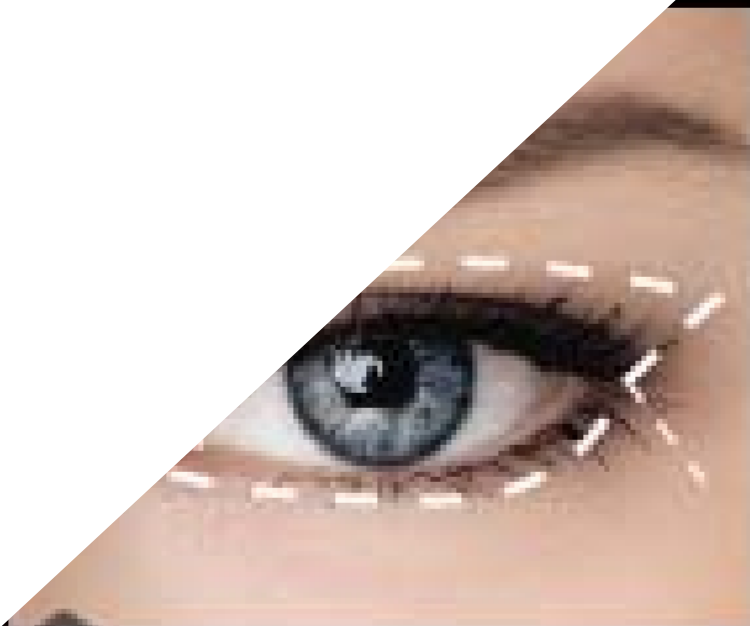
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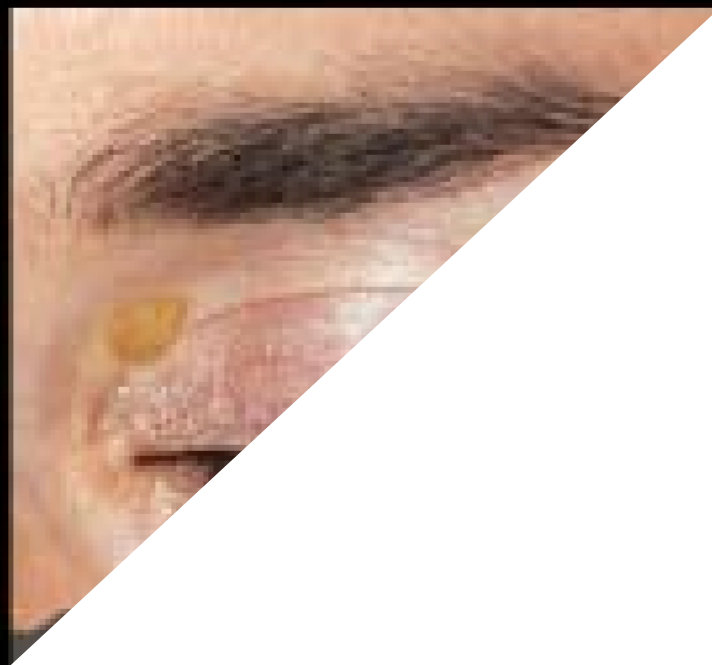
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PLASMA**GE**

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**BLEFAROPLASMA**



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## **BLEFAROPLASMA PROTOCOL**

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## WHAT IS AN **BLEPHAROPLASMA** WITH PLASMAGE

Blefaroplasma® with PLASMAGE® may be defined as a non invasive eyelid treatment that improve abnormal function, reconstructs deformities, or enhances appearance and may either reconstructive or cosmetic (aesthetic). Dermatochalasis, including symptomatic redundant skin weighing down on the upper eyelashes (i.e. pseudoptosis) and surgically induced dermatochalasis after prosthesis repair.

Acquired blepharoptosis, may result from stretching, dehiscence, or disinsertion of the levator aponeurosis. Aponeurotic blepharoptosis is commonly known as involutional ptosis in patients in which the anatomic changes are age-related. Brow ptosis, drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid.

The plasma generated by the ionization of the gas creates a sublimation of superficial tissues thus creating a lifting effect.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- Apply on the treatment areas for a minimum of 45 minutes
- Remove the topical anesthetic gently and apply the technique, first on the one eyelid and then the other. Oral analgesia only if necessary

### **During the treatment:**

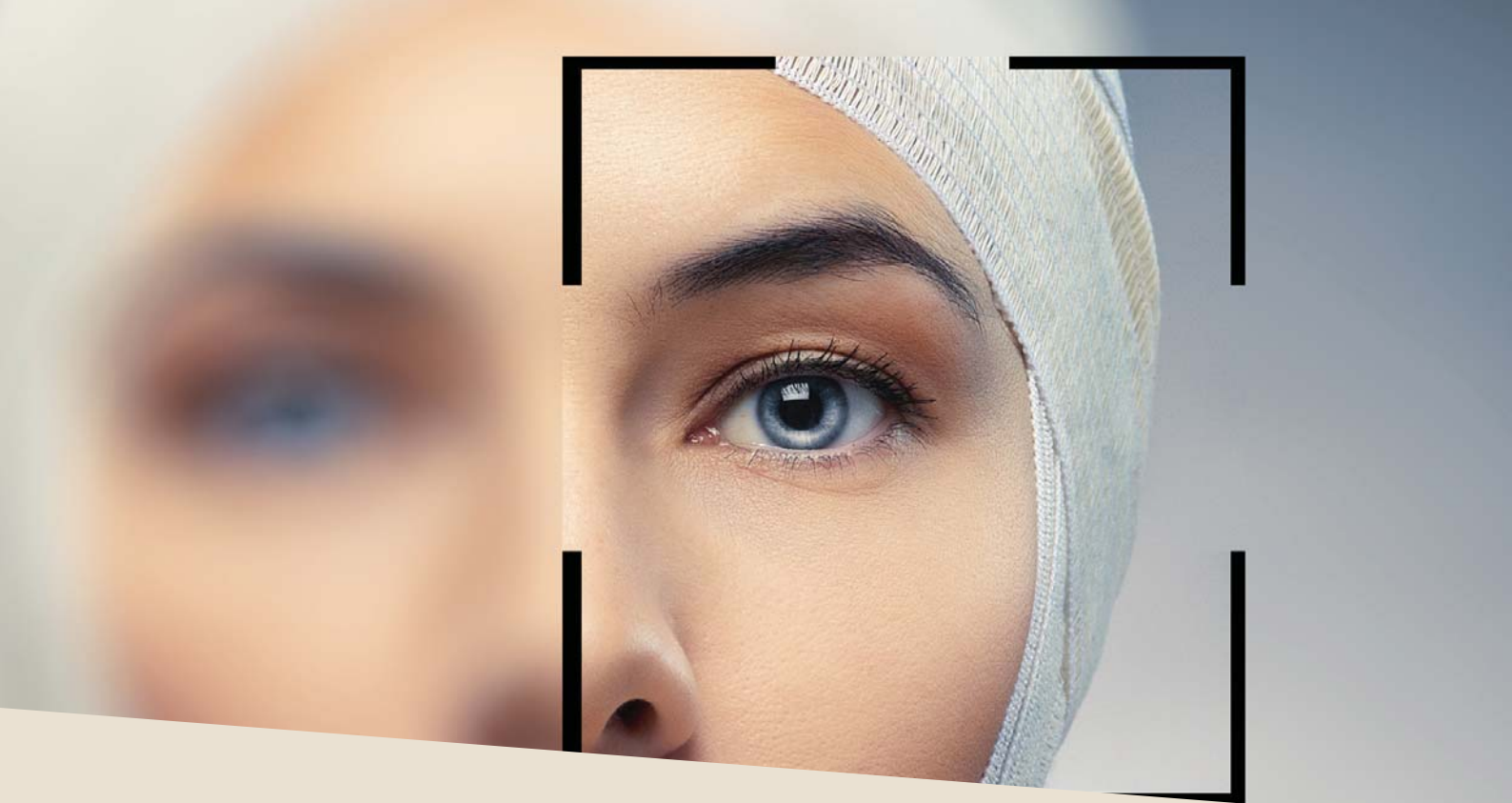
- sterile gauze moistened with an isotonic sodium chloride solution
- gloves ▪ glasses ▪ ice ▪ Dermatological pencil

### **After the treatment options:**

Application of:

- Cool compressed gauze and petrolatum
- Cortimycine ointment (antibiotic)
- Dexamethasone eye drop (antiflammatory)
- Paracetamol
- Sunblock (>50)





## PREPARATION OF THE PATIENT

- Remove patient make-up
- Apply a topical anesthesia on eyelid 45 minutes before the treatment.
- No injection required
- The treatment can start when the patient won't perceive any pain
- Gently remove the topical anesthetic cream and apply the technique first on one eyelid and then on the other

## PROGRAM

Select BLEFAROPLASMA® program  
Pwr: Level 4      Frequency: Level 3

## PLASMAGE SETUP

Insert the needle on the handpiece  
Clean the tip with a disinfected solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure  
Draw the zone that needs to be treated with a dermatological pencil.  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
You can treat from the top to the bottom and alternate spots from the right to the left side to make it more comfortable for the patient or in "spray movement".  
Each spot will sublimate the tissues thus creating a retraction. It is recommended, for each treatment to not sublimate surface greater than 1/3 of the total treatment area.  
During the session, ask your patient to open and close the eyes to bring a maximum precision on the zone you need to treat.  
Only one pass on same spot is needed.

## POST TREATMENT

A skin retraction will be visible right after the treatment.  
Some patients may experience a light edema and swelling on the treated area that will disappear in few days.  
The patient will have some mild crusts lasting 7-15 days  
Advise the patient to not touch the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several times a day until complete healing  
Treatment with topical antibiotic ointment for 6-9 days  
Avoid sun exposure and tanning booths for 7-8 weeks  
Sunblock (>50) during 90 days.



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PLASMA**AGE**

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PLASMA



XANTHELASMA



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# XANTHELASMA PROTOCOL

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## WHAT IS AN **XANTHELASMA** WITH PLASMA**GE**

Xanthelasma palpebrarum is the most common form of xanthoma. The lesions appear as yellowish, flat, soft, with different form and dimension, are located mostly at the medial angle of the eyelid. It is usually bilateral and is characterized by the development of yellowish plaques related to the presence of cholesterol. Lesions are initially situated in the medial canthus and gradually spread to all of the periorbital region in advanced forms.

Histological examination reveals esterified cholesterol deposits situated in the cytoplasm of histiocytes in the middle and superficial layers of the dermis and epidermis.

### **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

### REQUIRED **MEDICATION**

#### **Before the treatment:**

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- Apply on the treatment areas for a minimum of 45 minutes

Gently remove the topical anesthetic

**Oral analgesia** only if necessary

An alternative **anaesthetize with intradermal infiltration** (e.g. Articainer associated with epinephrine 1:100.000)

#### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves
- glasses

#### **After the treatment options:**

Application of:

- Compressed soaked in physiological saline (0,9% NaCl solution)
- sterilrile petrolatum
- Cortimycine onguent (antibiotic)
- Paracetamol
- Sunblock (>50)





## PREPARATION OF THE PATIENT

- Remove patient make-up
- Anaesthetize with topical anesthetic cream or intradermal infiltration
- The treatment can start when the patient won't perceive any pain
- Advise the patient to keep their eyes closed during the entire procedure.

## PROGRAM

Select XANTELASMA program  
Pwr: Level 3                      Frequency: Continuous

## PLASMAGE SETUP

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure.  
Advise the patient to keep their eyes closed during the entire procedure.  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
Pass several times until the removal of the lesion  
Clean with sterile gauze moistened with an isotonic sodium chloride solution  
Apply ophthalmic vaseline after the treatment.

## POST TREATMENT

The patient will have some mild crusts lasting 7-15 days  
Advise the patient to not touch the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser, apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several time a day until complete healing  
Treatment with topical antibiotic ointment for 6-9 days  
Avoid sun exposure and tanning booths for 7 -8 weeks  
Sunblock (>50) during 90 days.



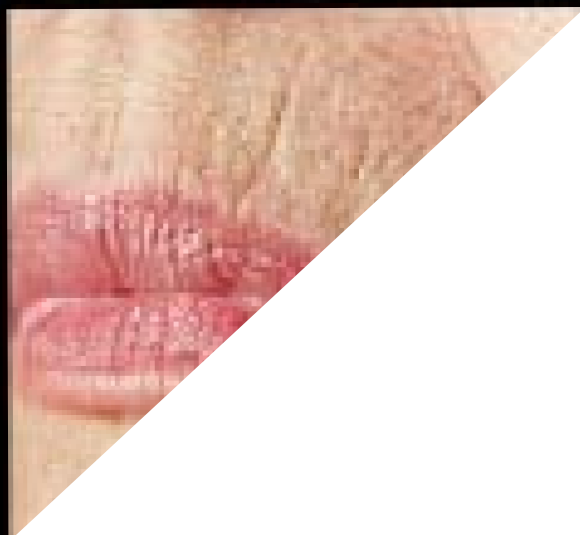
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PLASMA**GE**

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**ACNE**



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**ACNE**  
PROTOCOL

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## WHAT IS AN **ACNE** WITH PLASMA**GE**

Acne vulgaris is the most common cutaneous disorder that affects approximately 80% of the population at some point during their lives. Its prevalence has been estimated to be about 85-100% in boys aged 16-17 years, and 83-85% in girls of the same age.

This common cutaneous disorder can cause permanent scarring and disfigurement, which may lead to severe consequences in psychological and personality development.

Acne is a multifactorial disorder of pilosebaceous units and affects the areas of skin with the greatest concentration of sebaceous follicles.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream** (e.g. topical 4% lidocaine cream)

- Apply on the treatment areas without occlusion for a minimum of 30-45 minutes.

**Oral analgesia** only if necessary

### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves
- glasses

### **After the treatment options:**

Application of:

- Cool compressed gauze and petrolatum
- Cortimycine ointment (antibiotic)
- Dexamethasone eye drop (antifollicular)
- Paracetamol
- Sunblock (>50)



## PREPARATION OF THE PATIENT

- Remove patient make-up.
- Apply a topical anesthesia on the treatment area without occlusion 30 - 45 minutes before the treatment.
- No injection required.
- The treatment can start when the patient won't perceive any pain.
- Divide the subject's face into aesthetic segments and remove the topical anesthesia from each segment with a sterile gauze moistened with an isotonic sodium chloride solution, immediately before treatment on the facial zone.

## PROGRAM

Select ACNE program  
Pwr: Level 2 Frequency: Level 2

## PLASMAGE SETUP

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure.  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
Apply spot in the peripharia of the pustular, cystic or nodular lesion and one spot in the center of the lesion.  
Only one spot in the centre of comedones.  
Apply a thick coat of sterile petrolatum to the face after the treatment.

## POST TREATMENT

Some patients may experience a light edema and swelling on the treated area that will disappear in few days.  
Instruct the patient that after 24 hours, must wash the face with a mild cleanser and apply dilute white vinegar soaks three times a day for 1 week after the treatment.  
The patient will have some mild crusts lasting 5-7 days.  
Some antibiotics can be prescribed as prevention.  
Avoid exposure to the sun. Sunblock (>50) during 90 days.

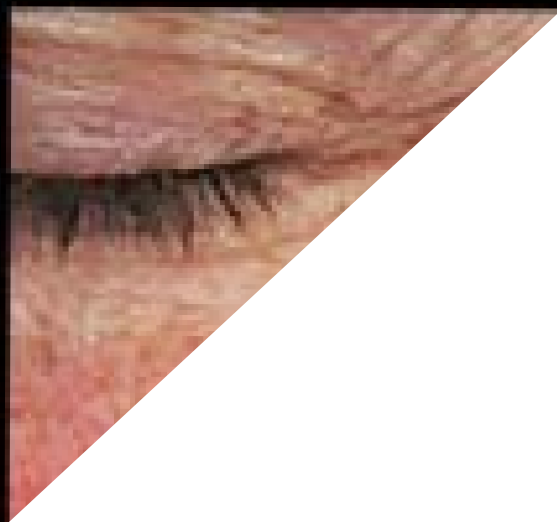




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PLASMA**AGE**

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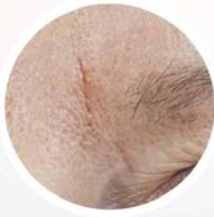
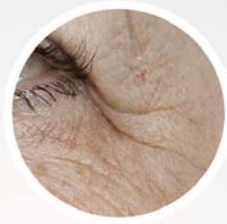
**WRINKLES**

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**WRINKLES**  
PROTOCOL

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## WHAT IS AN **WRINKLES** WITH PLASMA**GE**

### **BEFORE** TREATMENT

### REQUIRED **MEDICATION**

Wrinkles are creases, folds or ridges in the skin. Most commonly, wrinkles appear as we get older. The first wrinkles to appear on our face tend to occur as a result of facial expressions. Sun damage, smoking, dehydration, some medications, as well as a number of other factors may also cause wrinkles to develop.

Wrinkles are an inevitable part of the natural aging process. As we become older our skin gets thinner, drier and less elastic. Our skin's ability to protect itself from damage is also reduced as we age. Eventually, wrinkles, creases and lines form on our skin. Apart from the factors mentioned above, a person's genetic makeup also influences how wrinkly we become, and when and where wrinkles start appearing. Most wrinkles tend to appear in the parts of the body which receive the most sun exposure, including the

- Backs of hands ▪ Face ▪ Neck ▪ Tops of forearms.

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

#### ▪fore the treatment:

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- Apply on the treatment areas for a minimum of 45 minutes
- Remove the topical anesthetic gently and apply the technique, first on the one eyelid and then the other

**Oral analgesia** only if necessary

#### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves ▪ glasses ▪ ice

**After the treatment options:** Application of:

- cool compressed gauze and sterile petrolatum
- Cortimycine ointment (antibiotic)
- Dexamethasone eye drop (antifective)
- Paracetamol
- sunblock (>50)



## PREPARATION OF THE PATIENT

- Remove patient make-up
- Apply a topical anesthesia on eyelid for 45 minutes before the treatment.
- No injection required
- The treatment can start when the patient won't perceive any pain
- Gently remove the topical anesthetic cream and apply the technique first on one eyelid and then on the other

## PROGRAM PLASMAGE SETUP

Select WRINKLES program    Pwr: Level 3    Frequency: Level 2

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure  
Press the pedal once there is distance of one-two millimeters between the tip and the skin to create plasma arc.  
You can treat from the top to the bottom and alternate spots from the right to the left side to make it more comfortable for the patient or in "spray movement".  
Each spot will sublimate the tissues thus creating a retraction. It is recommended, for each treatment to not sublimate surface greater than 1/3 of the total treatment area.  
Do not treat the inner line of the wrinkle but act on the edges and on the around areas. Only one pass on same spot is needed.

## POST TREATMENT

A skin retraction will be visible right after the treatment.  
Some patients may experience a light edema and swelling on the treated area that will disappear in few days.  
The patient will have some mild crusts lasting 7-15 days  
Advise the patient to not touch the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several time a day until complete healing  
Treatment with topical antibiotic ointment for 6-9 days  
Avoid sun exposure and tanning booths for 7 -8 weeks  
Sunblock (>50) during 90 days.





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PLASMA**GE**

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LENTIGO



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# LENTIGO PROTOCOL

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## WHAT IS AN **LENTIGO** WITH PLASMA**GE**

A lentigo is a small, sharply circumscribed, pigmented macule surrounded by normal-appearing skin. Histologic findings may include hyperplasia of the epidermis and increased pigmentation of the basal layer. A variable number of melanocytes are present; these melanocytes may be increased in number, but they do not form nests. Lentigines may evolve slowly over years, or they may be eruptive and appear rather suddenly. Pigmentation may be homogeneous or variegated, with a color ranging from brown to black.

Multiple clinical and etiologic varieties exist. The distinction of a lentigo from other melanocytic lesions (eg, melanocytic nevi, melanoma) and its role as a marker for ultraviolet damage and systemic syndromes is of major significance.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream (e.g. PLIAGLIS lidocaine based)**

- **Apply on the treatment areas for a minimum of 45 minutes**

Gently remove the topical anesthetic

**Oral analgesia only if necessary**

An alternative: **anaesthetize with intradermal infiltration** (e.g. Articainer associated with epinephrine 1:100.000)

### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves ▪ glasses

### **After the treatment options:**

Application of:

- compressed soaked in physiological saline (0,9% NaCl solution)
- sterile petrolatum
- Cortimycine ointment (antibiotic)
- Paracetamol
- sunblock (>50)



## **PREPARATION OF THE PATIENT**

- Remove patient make-up
- Anaesthetize with topical anesthetic cream or intradermal infiltration
- The treatment can start when the patient won't perceive any pain
- Advise the patient to keep their eyes closed during the entire procedure.

## **PROGRAM**

Select LENTIGO program  
Pwr: Level 2    Frequency: Level 4

## **PLASMAGE SETUP**

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## **MANIPULATION**

Wear gloves, the mask and glasses, during the procedure.  
Press the pedal once there is distance of one-two millimeters between the tip and the skin to create plasma arc.  
Pass several times until the removal of the lesion  
Clean with sterile gauze moistened with an isotonic sodium chloride solution  
Apply ophtalmic vaseline after the treatment.

## **POST TREATMENT**

The patient will have some mild crusts lasting 7-15 days  
Advice the patient to not touch the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several time a day until complete healing  
Treatment with topical antibiotic ointment for 6-9 days  
Avoid sun exposure and tanning booths for 7 -8 weeks  
If necessary - Sunblock during 90 days.



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PLASMA**GE**

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**RESURFACING**

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**RESURFACING  
PROTOCOL**

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## WHAT IS AN **RESURFACING** WITH PLASMA**GE**

Years of damaging ultraviolet (UV) light exposure manifests clinically as a allow complexion with roughened surface texture and variable degrees of dyspigmentation, telangiectasias, wrinkling, and skin laxity. Histologically, these extrinsic aging effects are usually limited to the epidermis and upper papillary dermis.

### **BEFORE TREATMENT**

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

### REQUIRED **MEDICATION**

#### **Before the treatment:**

**Topical anesthetic cream** (e.g. topical 4% lidocaine cream)

- Apply on the treatment areas without occlusion for a minimum of 30 -45 minutes

**Oral analgesia** only if necessary

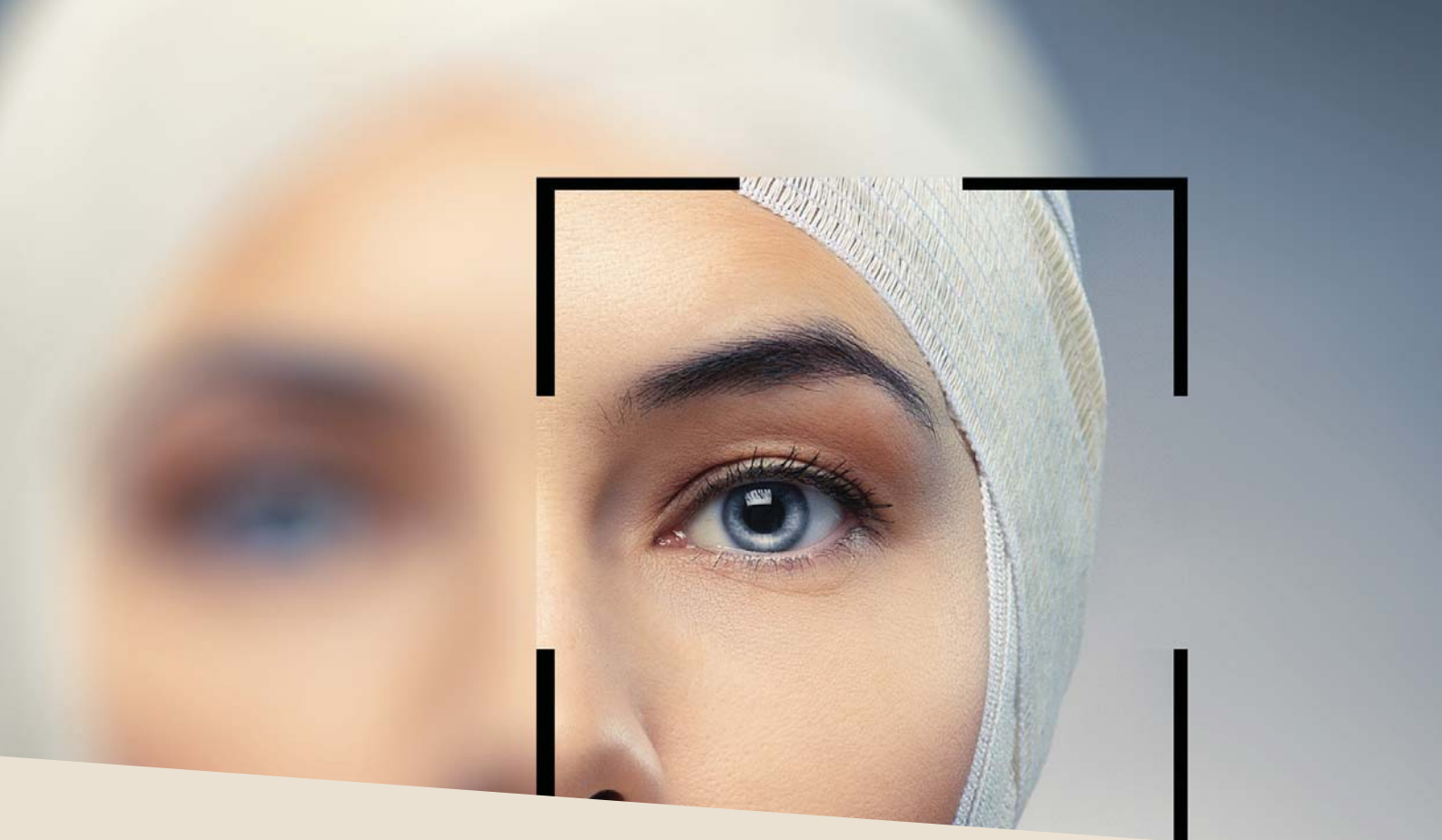
#### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves
- glasses

#### **After the treatment options:**

Application of:

- cool compressed gauze and petrolatum
- Cortimycine onguent (antibiotic)
- Dexamethasone eye drop (antifective)
- Paracetamol
- Sunblock (>50)



## PREPARATION OF THE PATIENT

- Remove patient make-up
- Apply a topical anesthesia on the treatment area without occlusion 30 - 45 minutes before the treatment
- No injection required
- The treatment can start when the patient won't perceive any pain
- Divide the subject's face into aesthetic segments and remove the topical anesthesia from each segment with a sterile gauze moistened with an isotonic sodium chloride solution, immediately before treatment on the facial zone

## PROGRAM PLASMAGE SETUP

Select RESURFACING program    Pwr: Level 5    Frequency: Level 1

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure.  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
You can treat from the top to the bottom and alternate spots from the right to the left side to make it more comfortable for the patient or in "spray movement".  
Each spot will sublimate the tissues thus creating a retraction. It is recommended, for each treatment to not sublimate surface greater than 1/3 of the total treatment area  
apply a thick coat of petrolatum to the face after the treatment.

## POST TREATMENT

Some patients may experience a light edema and swelling on the treated area that will disappear in few days.  
Right after the session, a skin retraction will be visible right after the treatment.  
Instruct the patient that after 24 hours, must wash the face with a mild cleanser and apply dilute white vinegar soaks three times a day for 1 week after treatment and application of petrolatum.  
The patient will have some mild crusts lasting 5-7 days.  
Some antibiotics can be prescribed as prevention.  
Avoid exposure to the sun. Sunblock (>50) during 90 days.



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PLASMA**AGE**

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SCARS

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**SCARS**  
PROTOCOL

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## WHAT IS AN **SCARS** WITH PLASMA**GE**

Hypertrophic scars are characterized by excessive deposition of collagen in the dermis and subcutaneous tissues secondary to traumatic or surgical injuries.

Contrary to the asymptomatic fine-line scar that results from normal wound repair, the exuberant scarring of hypertrophic scars results typically in distressing disfigurement, hypertrophic scars are erythematous.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- applied on the treatment areas for a minimum of 45 minutes
- Remove the topical anesthetic gently and apply the technique, first on one eyelid and then on the other.

Oral analgesia only if necessary

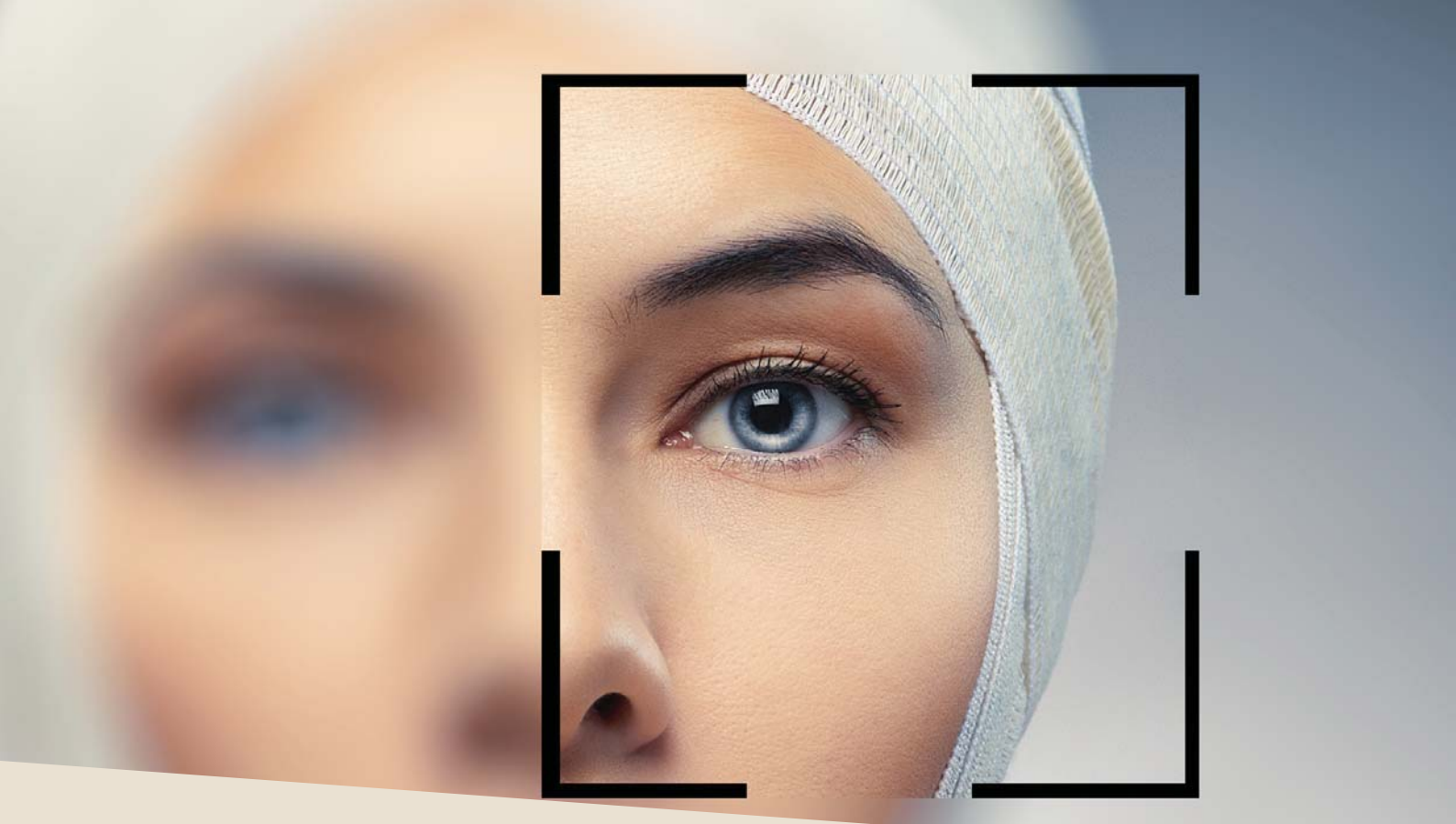
### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves
- glasses
- ice

### **After the treatment options:**

Application of:

- cool compressed gauze and sterile petrolatum
- Cortimycine ointment (antibiotic)
- Dexamethasone eye drop (antiflammatory)
- Paracetamol
- sunblock (>50)



## PREPARATION OF THE PATIENT

- Remove patient make-up
- Apply a topical anesthesia on eyelid 45 minutes before the treatment.
- No injection required
- The treatment can start when the patient won't perceive any pain
- Gently remove the topical anesthetic cream and apply the technique first on one eyelid and then on the other

## PROGRAM

Select SCARS program  
Pwr: Level 4      Frequency: Level 4

## PLASMAGE SETUP

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
You can treat from the top to the bottom and alternate spots from the right to the left side to make it more comfortable for the patient or in "spray movement".  
Each spot will sublimate the tissues thus creating a retraction. It is recommended, for each treatment to not sublimate surface greater than 1/3 of the total treatment area.  
Only one pass on same spot is needed.

## POST TREATMENT

Some patients may experience a light edema and swelling on the treated area that will disappear in few days.  
The patient will have some mild crusts lasting 7-15 days.  
Advise the patient to not touch the delicate crusts.  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several times a day until complete healing.  
Treatment with topical antibiotic for 6-9 days.  
Avoid sun exposure of the treated parts for 7-8 weeks.  
Avoid exposure to the sun. Sunblock (>50) during 90 days.





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PLASMA**GE**

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FIBROMA

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**FIBROMA**  
PROTOCOL

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## WHAT IS AN **FIBFROMA** WITH PLASMA**GE**

Cutaneous fibroma is a relief or a skin growth of normal skin color springs, is typically connected to the skin by a stalk. The skin papilloma may occur in any area of the body, although the preferred locations are the areas where there are skin folds such as the eyelids and around the eyes, the sides of the neck, armpits, groin and upper of the chest. These small skin tumors are benign and are usually asymptomatic unless they are not traumatized voluntarily or involuntarily by clothes or other.

There are no known causes, however, it seems that the irritation due to rubbing in skin folds stimulates growth. The pendulous fibroids are very common in middle age. They develop in both men and women. They may be skin-colored or darker and of variable size between 1 and 5 mm.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- applied on the treatment areas for a minimum of 45 minutes

Gently remove the topical anesthetic

### **Oral analgesia only if necessary**

**An alternative anaesthetize with intradermal infiltration** (e.g. Articainer associated with epinephrine 1:100.000)

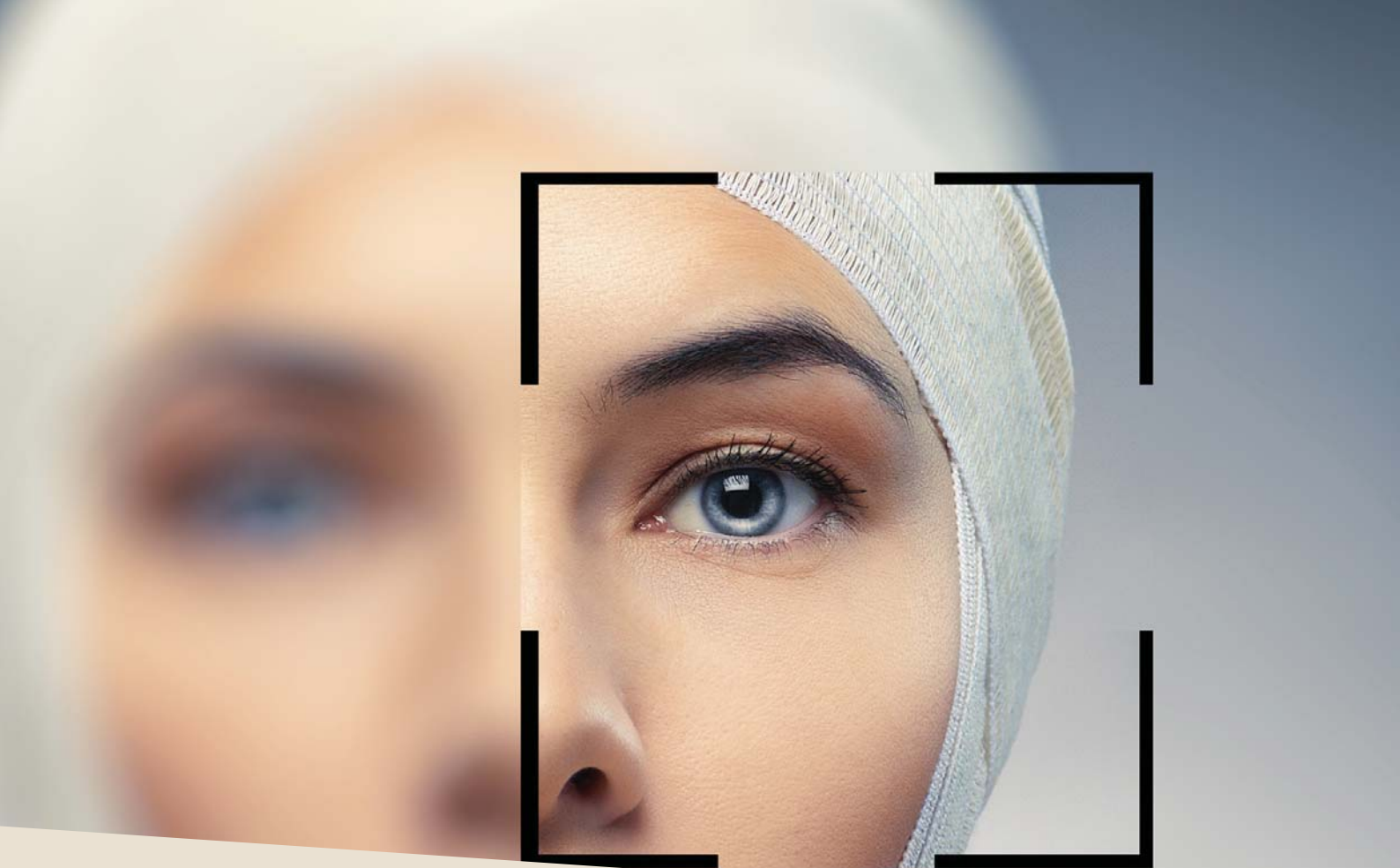
### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves ▪ glasses

### **After the treatment options:**

Application of:

- compressed soaked in physiological saline (0,9% NaCl solution)
- sterile petrolatum
- Cortimycine ointment (antibiotic)
- Paracetamol
- sunblock (>50)



## PREPARATION OF THE PATIENT

- Remove patient make-up
- Anaesthetize with topical anesthetic cream or intradermal infiltration
- The treatment can start when the patient won't perceive any pain
- Advise the patient to keep their eyes closed during the entire procedure.

## PROGRAM

Select FIBROMA program  
Pwr: Level 4                      Frequency: Continuous

## PLASMAGE SETUP

Insert the needle on the handpiece  
Clean the tip with a disinfecting solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## MANIPULATION

Wear gloves, the mask and glasses, during the procedure.  
Press the pedal once there is distance of one-two millimeters between the tip and the skin to create plasma arc.  
Pass several times until the removal of the fibroma  
Clean with sterile gauze moistened with an isotonic sodium chloride solution.  
Apply ophtalmic vaseline after the treatment.

## POST TREATMENT

The patient will have some mild crusts lasting 7-15 days  
Advice the patient to not touch at the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NACL solution) and application of sterile petrolatum several time a day until complete healing

Treatment with topical antibiotic ointment for 6-9 days  
Avoid sun exposure of the treated parts for 7 -8 weeks  
Avoid exposure to the sun. Sunblock (>50) during 90 days.



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VERRUCAS

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**VERRUCAS**  
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## WHAT IS AN **VERRUCAS** WITH PLASMA**GE**

Verruca Vulgaris - A flesh-colored, firm papule or nodule due to infection of epidermal cells with human papillomaviruses. Also known as warts. On close inspection, normal skin lines over the surface of the lesion are typically disrupted. The dome-shaped lesions can also be studded with black puncta. The growth is characterized by hypertrophy of dermal papillae and thickening of the keratin layers of the epidermis. The surface is hyperkeratotic with many small filamentous projections. Verrucae commonly occur on hands and fingers, and can occur in groups or in a linear pattern.

## **BEFORE** TREATMENT

Inform the patient about the risks, benefits, and potential adverse effects of the procedure, and obtain informed consent (written and oral). See example attached

## REQUIRED **MEDICATION**

### **Before the treatment:**

**Topical anesthetic cream** (e.g. PLIAGLIS lidocaine based)

- Apply on the treatment areas for a minimum of 45 minutes

Gently remove the topical anesthetic

### **Oral analgesia only if necessary**

An alternative **anaesthetize with intradermal infiltration** (e.g. Articainer associated with epinephrine 1:100.000)

### **During the treatment:**

- sterile gauze moistened with an isotonic sodium chloride solution
- gloves ▪ glasses

### **After the treatment options:**

Application of:

- compressed soaked in physiological saline (0,9% NaCl solution)
- sterile petrolatum
- Cortimycine ointment (antibiotic)
- Paracetamol
- Sunblock (>50)



## **PREPARATION OF THE PATIENT**

- Remove patient make-up
- Anaesthetize with topical anesthetic cream or intradermal infiltration
- The treatment can start when the patient won't perceive any pain
- Advise the patient to keep their eyes closed during the entire procedure.

## **PROGRAM**

Select VERRUCAS program  
Pwr: Level 3                      Frequency: Continuous

## **PLASMAGE SETUP**

Insert the needle on the handpiece  
Clean the tip with a disinfected solution  
Once ready press the activation foot pedal  
If necessary adjust the power

## **MANIPULATION**

Wear gloves, the mask and glasses, during the procedure.  
Press the pedal once there is a distance of one-two millimeters between the tip and the skin to create plasma arc.  
Pass several times until the removal of the lesion.  
Clean with sterile gauze moistened with an isotonic sodium chloride solution.  
Apply ophthalmic vaseline after the treatment.

## **POST TREATMENT**

The patient will have some mild crusts lasting 7-15 days  
Advise the patient to not touch at the delicate crusts  
Instruct the patient that must wash the face with a mild cleanser and apply compressed soaked in physiological saline (0,9% NaCl solution) and application of sterile petrolatum several time a day until complete healing  
Treatment with topical antibiotic for 6-9 days  
Avoid sun exposure of the treated parts for 7 -8 weeks  
Avoid exposure to the sun. Sunblock (>50) during 90 days.

# PLASMAGE®

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