

Creative

Touch

Radio Frequency
&
Ultrasonic Cavitation



Taking fat
dissolving to the
next level

Creative

Touch

COURSE OVERVIEW

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SECTION ONE

Introduction

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Introduction

Welcome to the online training programme for Radiofrequency and Ultrasonic Cavitation to be used in conjunction with fat dissolving services.

Fat dissolving is a highly effective way of ridding stubborn fat pockets, adding additional services such as RF and Cavitation not only helps increase the results but up to 50% it also begins the improvement of skin tightening to the treatment zone from the very first treatment.

These two services can be used as independent services or as a combination for maximum efficiency. The use of radio frequency and cavitation after the purchase of a machine for a services cost pennies not pounds to provide.

To complete a full service including fat dissolving injections, radio frequency and cavitation will often take less than 60 minutes making it a highly profitable service for any aesthetic clinicians portfolio.

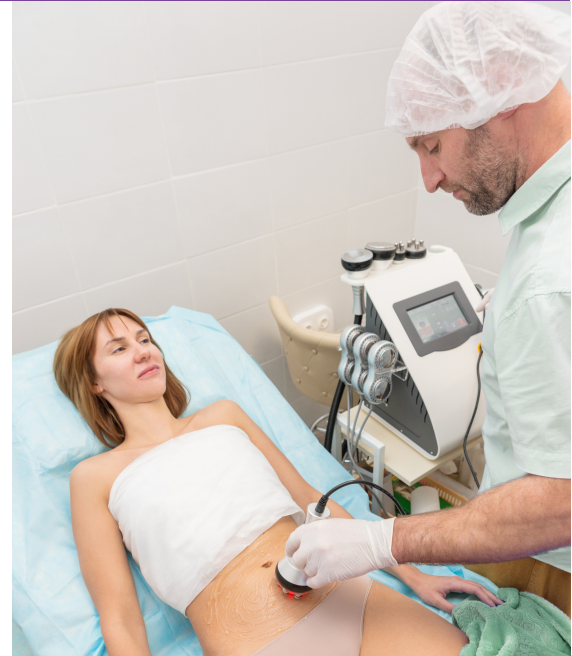


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Benefits Of Adding Radio Frequency and Cavitation To A Fat Dissolving Service

- Increased results by up to 50%
- Zero downtime
- Non-invasive service
- High profit margins
- Quick service
- Improves skin laxity
- Suitable for all skin types and ages



SECTION TWO

Treatment Overview

SECTION TWO

TREATMENT OVERVIEW

PPE Personal Protective Equipment

The use of PPE during aesthetic services has never been more necessary than in recent times. PPE is the use of personal protective equipment some items will be of a clinical nature some are for safety and hygienic practice. Following these health and safety guidelines will protect both you and the client during a treatment.

Basic guidelines are:

Disposable gloves - We prefer to use Nitrile gloves when performing skin needling treatments. They fit snugly on the hand like latex gloves but without the allergy risk. You should always wash your hands prior to putting on your gloves following the NHS guidelines.

How to properly remove gloves:

1. Using your right hand grasp the rim of the left glove and remove it turning it inside out.
2. Whilst holding onto the glove turned inside out, use your left hand, grasp the rim of your right glove and pull it off of your hand without touching anything.
3. Dispose of the gloves in your bio-hazard waste bag.

Wash your hands following the recommended guidelines.



SECTION TWO

TREATMENT OVERVIEW

PPE - Personal Protective Equipment

Face Mask Type II: A medical face mask made up of a protective 3-ply construction that prevents large particles from reaching the client or working surfaces.

Clear visors cover the face (and typically provides a barrier between the wearer and the client from respiratory droplets caused by sneezing, coughing or speaking). Visors should fit the user and be worn properly. They should cover the forehead, extend below the chin and wrap around the side of the face.



Disposable apron - One time use disposable aprons should be worn during your service. These should be fitted correctly and disposed of after each service into the clinical waste disposal.

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NHS Guidelines To Hand Washing

Especially with the impact caused during Coronavirus in 2020, it has never been more important and a basic need to be keeping our hands clean. We advise your clients wash their hands upon arrival and when leaving your premises to reduce the risk of cross contamination.

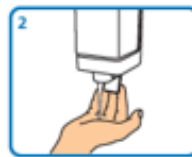
It is important that you wash your hands frequently including before and after a service and between each client.

The poster displayed is the NHS guidelines to handwashing and the advised way of keeping your hands clean. It is advised that you display a copy in your clinic and encourage all attending to follow this guidance.

Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



Rub hands palm to palm



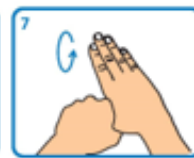
Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



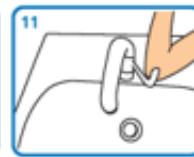
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds



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Personal Presentation

An aesthetic clinician should be a shining example to her trade. A client will look to their clinician as a professional and this will be reflected not only in how they look, but also their attitude and overall demeanour. If a client does not feel satisfied with the hygiene of either the therapist or the clinic, it is highly likely they will not return or recommend you to others.

Your uniform:

Is recommended to be worn at all times during working hours. It should be clean and smell fresh. Ideally a clean uniform is recommended to be worn each day. Your uniform should be kept simple not be decorated with anything other than a name badge or that of a professional organization to which the clinician is a member.

Hair:

Should be clean and secured away from the face.

Nails:

In the event that nail extensions are worn, these should be cleaned thoroughly underneath every time you wash your hands and they should be of a reasonable length and shape so as not to piece your gloves. Maintenance should be kept up regularly so to not look tatty.

Footwear:

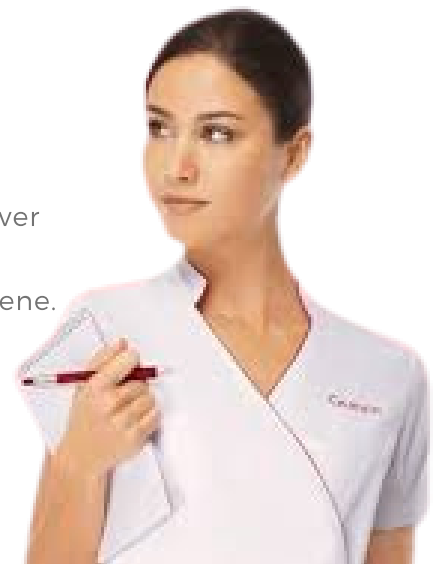
High heels are not to be worn for health and safety, and comfort reasons. All footwear should be enclosed no open toed shoes.

Personal Hygiene:

Deodorant should be worn at all times for person hygiene and try to avoid over powering perfume.

If you are a smoker extra care should be considered with their personal hygiene.

The smell of cigarette smoke clings to fingers, clothes and hair. Clients can often find this offensive. Be aware of fresh smelling breath. If having close contact with a client, avoid garlic and excessively spicy food the previous night. Face masks also help mask smells and allow you to work at close contact with your client.



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Clinical Working Environment

Your working environment is a reflection of the service you will perform, clean, tidy, hygienic settings are a must. Things to consider within your clinic will include:

- Wipeable walls, floors, working surfaces.
- No food and drink to be consumed within the clinic.
- Wipeable beauty couch or chair.
- Clean towels or coverings for every client.
- Disposable couch roll.
- Sharps bin.
- Clinical waste bin.
- First aid kit.
- Medical grade surface cleanser.



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Hygienic Working Environment

During any aesthetic service both you and the client's welfare must be considered at each appointment. Correct treatment set up will reduce the risk of potential complications. The use of good quality products will keep a high professional standard within your clinic.

In the aesthetic industry we are working in a close body contact situation where the risk of cross infection exists between the client and the clinician, As well as between the clients. Clients have a right to expect that in all such personal treatments there will be a high standard of hygiene and cleanliness of surfaces and instruments and the washing of hands prior to treatment should become second nature.

Sterilisation: This is the complete destruction or removal of living organisms on an object. Micro-organisms (bacteria, viruses and fungi) may be destroyed by heat, chemical disinfectants and ultra violet radiation. All tools must, however, be cleaned to remove grease before disinfection is to take place.

Autoclave: This is similar to a pressure cooker, with the water contained inside it reaching temperatures of 121 – 134 C. This is the most effective method for the sterilisation of tools within the salon. Not all objects can safely be placed in an autoclave; check your tools can withstand the heating process. To avoid damage to the autoclave. Distilled water must be used.

Metal tools placed in the autoclave must be of a good quality to avoid rusting. Take care when removing tools from the autoclave - as they will be very hot.



Glass bead steriliser: Small glass beads are retained in a beaker and heated to a temperature of 190C. Tools are placed in these beads for 10 minutes. A disadvantage of glass bead sterilizer is that it cannot hold large items.

UV Steriliser: UV light will only be effective on surfaces that are exposed to the UV light. Tools will therefore need turning during the process to ensure that all surfaces are thoroughly sterilised. UV sterilisation is not suitable for brushes.

Disinfection: This is the destruction of micro-organisms, but not usually bacterial spores, reducing the number of microorganisms to a level, which will not be harmful to health. (Inhibits the growth of micro-organisms) In most salons, 'Barbicide' is a recognised name as a germicide and disinfectant liquid in which tools can be stored. Surgical spirit can also be used.

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Sharps & Clinical Waste Disposal

Sharps bins are necessary for any therapist offering treatments involving blades or needles. Sharps bins are available in a range of sizes to suit the clinician needs and anything 'sharps' must go into the sharps bin. Ampoule's syringes solution bottles all items that are a potential sharps hazard.

Clinical waste is identified by being placed into yellow bags, this must be kept separate to general waste and disposed of by a contract clinical waste disposal collecting agent.

- Any items in direct contact with blood or bodily fluids must go in clinical waste.
- All sharps materials must immediately go into your sharps bin directly after use. Never recap a needle or re sleeve a blade, this will increase a risk of needle stick injury.
- Any other waste which has not been in direct contact with blood or bodily fluid can go in your usual bin.
- Under no circumstances should you dispose of your sharp's items anywhere other than your sharps bin.
- You can arrange collection of both clinic waste and disposal of your sharps bin with specific clinical waste disposal companies. These companies can be found online. Your local council should also be able to provide a list of local collection agents.



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Needle Stick Injury

- Stop treatment IMMEDIATELY.
- Squeeze the fingertip with firm pressure to release blood.
- Run finger under warm water whilst continuing to “flush the area”.
- Cover the area with a plaster.
- Go to A&E.

Treatment Assessment

The healthcare professional will assess your injury and risk based on the evidence you provide for example - how and when the injury occurred and who you were injecting. A sample of your blood may be taken for testing as a precaution.



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Insurance

INSYNC

INSURANCE

As a professional therapist setting high industry standards is a key factor to a successful business. Keeping your records up to date, following guidelines laid out by your insurance provider and keeping your insurance policy current are absolute basics all should follow.

There are many industry specific brokers and insurance firms in the UK that you can obtain a suitable public and professional liability insurance policy from. Several basic level beauty policies start at less than £100 per year. This will need to be put into place before working on the general public and charging for services.

Age of suitability of a service is set out by your insurance provider, always check their guidelines before offering services. From a professional opinion we do not recommend providing treatments to anyone under the age of 18 years.

SECTION THREE

Anatomy & Physiology

SECTION THREE

ANATOMY & PHYSIOLOGY

The Skin

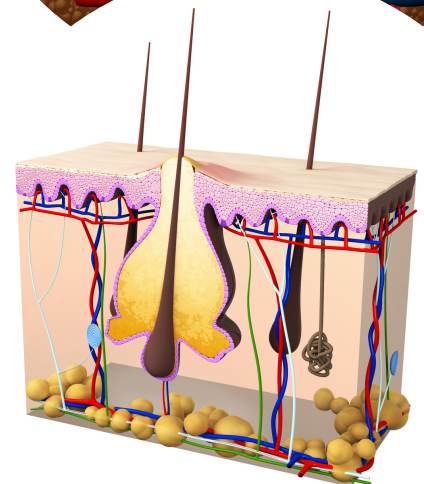
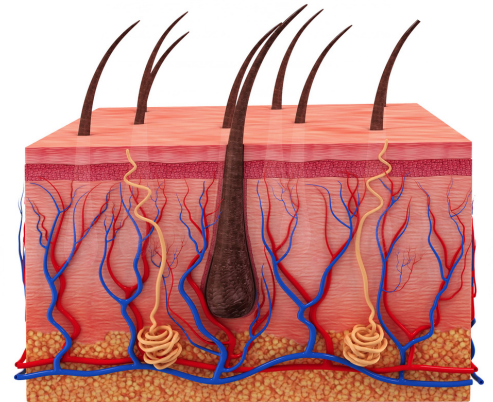
The skin is one of the largest organs in the body in surface area occupying almost 2m square and weighing in on average at 2kg.

The skin is made up of 70% water (of which 300ml evaporates each day).

The skin is made up of 3 layers:

- The epidermis - Has the role of protection and moisturisation.
- The Dermis - Involved in the nutrition and support of the epidermis.
- The Hypodermis - Is the shock absorber and energy reserve.

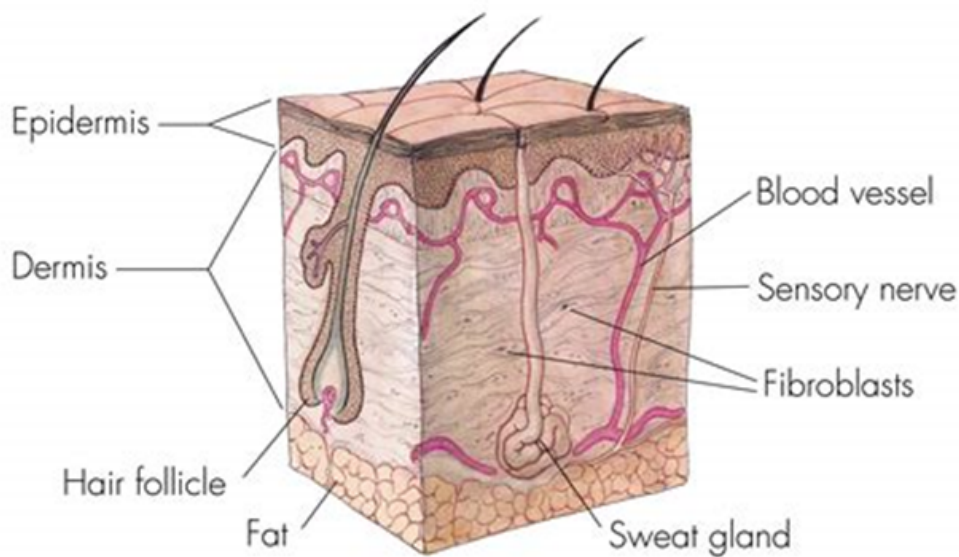
The epidermal turn over time is approx 21-28 days.



SECTION THREE

ANATOMY & PHYSIOLOGY

The Skin Functions



The skin has many functions these include:

SECRETION: The skin secretes sebum from the underlying sebaceous glands. This natural oil helps to keep the skin supple.

HEAT REGULATION: The body temperature is regulated through the skin. Sweating helps to cool the skin. While shivering helps to warm the body up.

ABSORPTION: Substances can be absorbed through the skin which can be transported into the blood stream.

PROTECTION: The skin acts as a protective barrier against germs and bacteria. The skin also contains melanocytes which produce melanin and this helps protect the skin against UV radiation.

SENSATION: The skin contains thousands of nerve endings which act as sensors for pain heat or cold.

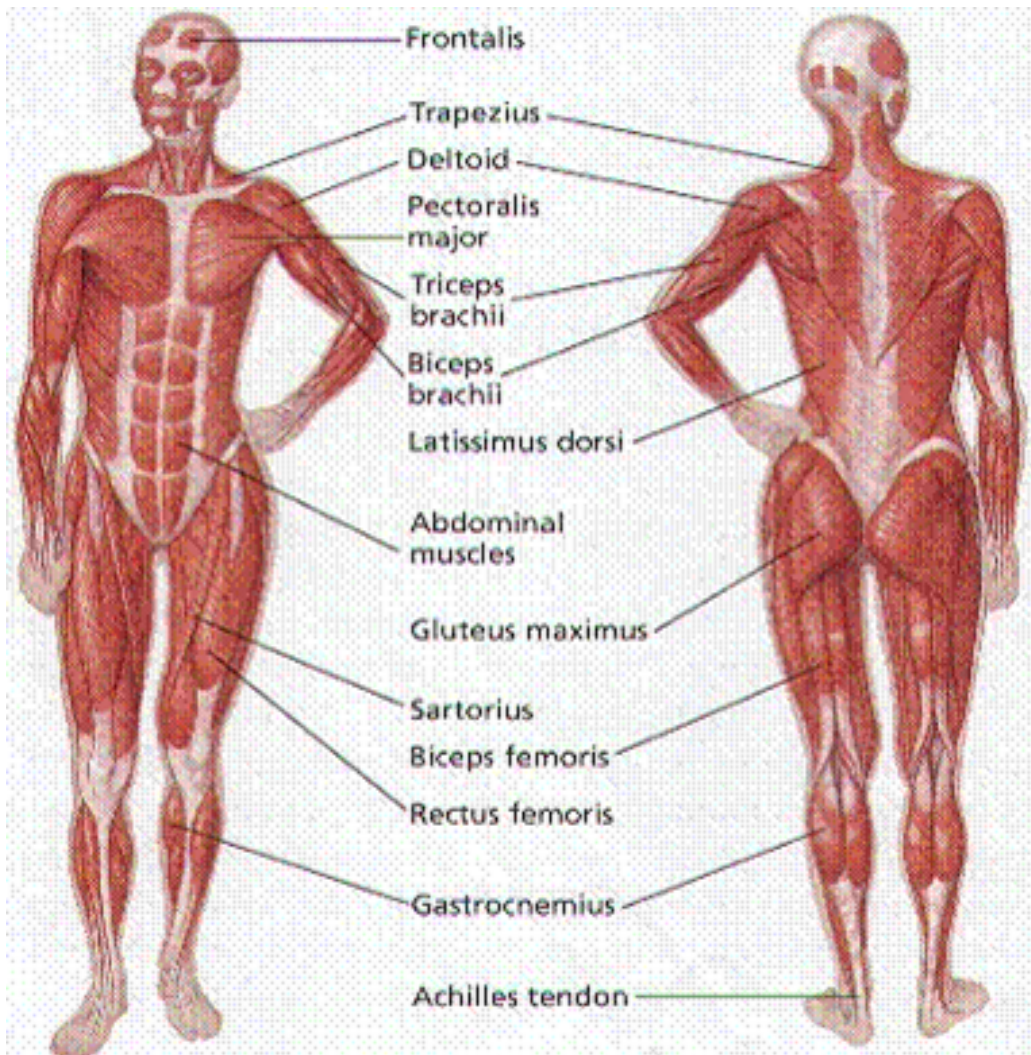
EXCRETION: The skin contains sweat glands which help to excrete excess water and toxins out of the body.

VITAMINS: The skin helps make Vitamin D which is created by a chemical reaction to sunlight.

SECTION THREE

ANATOMY & PHYSIOLOGY

The Muscles



SECTION THREE

ANATOMY & PHYSIOLOGY

The Muscles

Muscle

Deltoid

Position

Forms cap of shoulder

Action

Abduction of shoulder

Gluteus Maximus

Large muscle of buttocks

Adducts hip outwards
Rotation of thigh extension
of knee

Type

Cardiac muscle

Structure

Short striped cylindrical cells
which are branched

Function

Rhythmical beating of the
heart

Involuntary muscle

Spindle shaped smooth cells
Long striped cells

Contracts walls of blood
vessels and internal organs

Voluntary muscle

Contracts strongly when
stimulated to provide
voluntary movement

Muscle Type:

Extensors - Extend a limb.

Flexors - Flex a limb.

Adductors - Bring limb towards body.

Abductors - Move limb away from body.

Sphincter - Surround an orifice (i.e. eye socket).

Supinator - Turns limb to face upwards.

Pronator - Turns limb to face downwards.

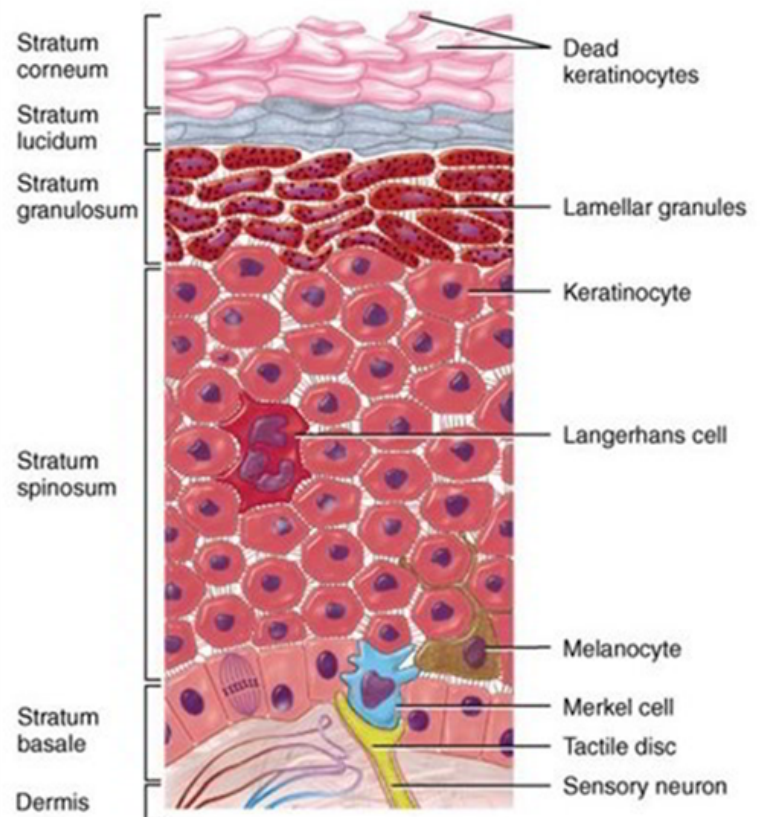
Rotators - Rotate the limb.

SECTION THREE

ANATOMY & PHYSIOLOGY

The Epidermis

- The epidermis, or outer layer of the skin, acts as the skin's primary defence against the environment, and is separated into 5 sections.
- The dermis is the middle layer of the skin, it is composed primarily of connective tissue and provides the skin with a support network.
- Most facial wrinkles and deeper folds occur within the dermal layer of the skin.
- Subcutaneous tissue, which is also known as the hypodermis, is the innermost layer of skin. It is made up of fat and connective tissues that house larger blood vessels and nerves, and it acts as an insulator to help regulate body temperature.
- New keratinocytes grow at the lowest level of the epidermis, which bonds with the next layer, the dermis. The new skin cells gradually push their way to the top layer. When they reach the top, they die and are "weathered" by the environment and your daily activities.

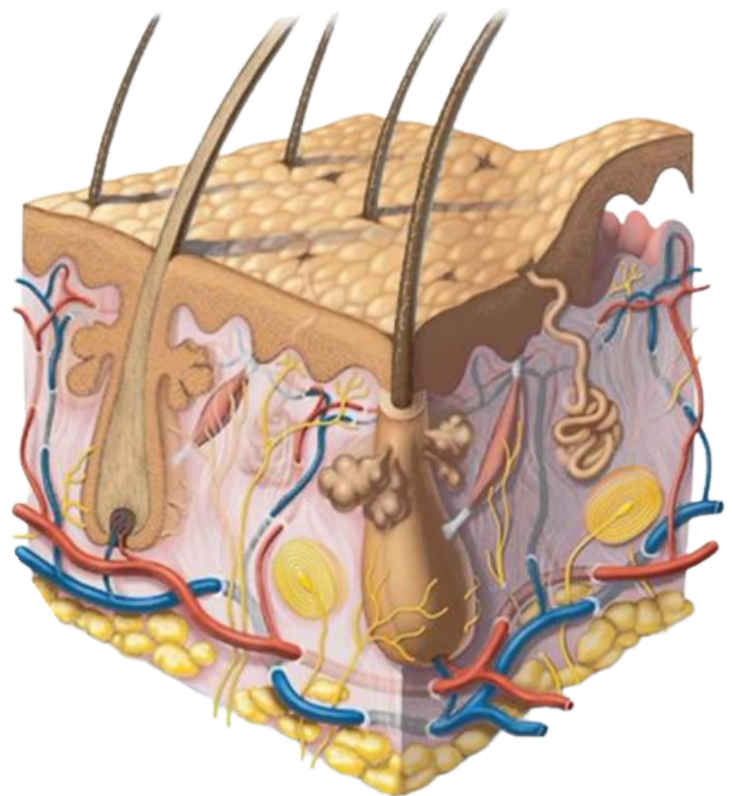


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ANATOMY & PHYSIOLOGY

The Epidermis

The dermal papillae connect the epidermis to the dermis and helps to maintain cell to cell communication between the layers as well as transmit nutrients and oxygen to the epidermis and remove waste. The dermis is the thickest of the three layers of skin and is composed of mostly collagen, elastin and ground substance made up of glycosaminoglycans and proteoglycans as well as cells of the immune system, fibroblasts, blood and lymphatic vessels, hair follicles, nerve fibres and eccrine and apocrine glands. The dermis has two layers, the papillary layer and the reticular layer. The papillary layer contains small, loose collagen fibres such whilst the reticular layer is formed from larger, denser, and interwoven collagen fibres. The whole of the dermis gives the skin its strength, elasticity, and malleability.



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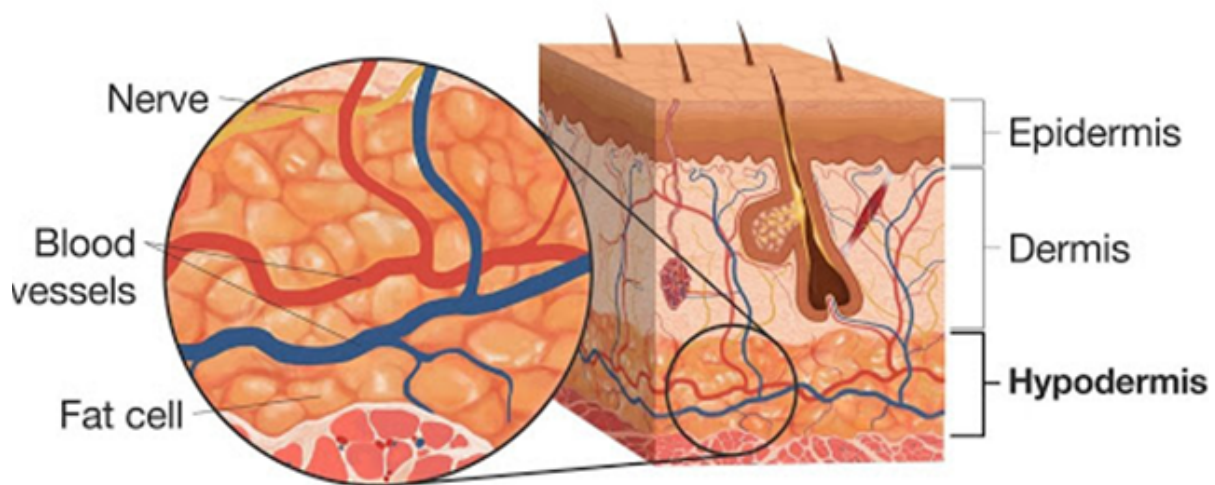
ANATOMY & PHYSIOLOGY

The Hypodermis

The hypodermis lies beneath the dermis and comprises of lobules of adipocytes separated by fibrous septa. The hypodermis provides essential cushioning and insulation for underlying structures and forms the scaffolding that moulds the face and body to give them their cosmetic form.

With age there is a gradual atrophy and redistribution of hypodermal fat. This deterioration and redistribution of the adipocytes of the hypodermis combined with the changes in the epidermis and dermis leads significantly to the typical appearance of elderly skin.

Muscle cells also suffer from progressive damage and atrophy. This gradual loss in neuromuscular control and a loss in muscle cellularity speeds up the formation of sagging skin.



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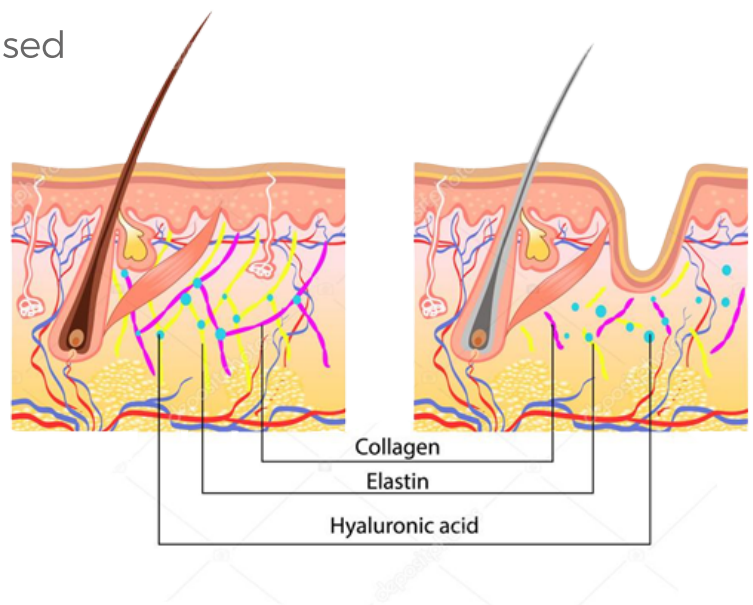
ANATOMY & PHYSIOLOGY

Ageing Skin

From approximately 25 years of age the first signs of ageing start to become apparent on the surface of the skin. Fine lines are first to appear, and over time wrinkles will form and a loss of volume and elasticity will become noticeable. Our skin ages for a number of factors and most of which are completely natural and cannot be altered. Although there are many factors that can cause the skin to age prematurely, these signs can be influenced. Studies show a holistic approach to skin care and lifestyle can help the visible signs of the skin aging and help prevent premature ageing.

Clinical signs of aging:

- Static rhytides are commonly known as facial wrinkles.
- Dynamic rhytides are facial wrinkles caused by muscular contractions.
- Keratoses (sun / age spots).
- Telangiectasia (broken vessels).
- Loss of elasticity.
- Poor skin colour and tone.



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ANATOMY & PHYSIOLOGY

Ageing Skin

Skin Laxity is classed as the loose, relaxed state of the skin that occurs with age as a result of extensive skin stretch and a decrease in skin recoil. Internal and external factors known as intrinsic and extrinsic can cause specific cutaneous changes such as epidermal thinning, loss of collagen or the degradation of elastin and the redistribution of the subcutaneous fat all lead to an increase in skin laxity. Certain factors can increase the degradation process that leads to skin laxity. These include UV exposure, smoking, genetics, menopause or rapid weight gain. Young skin is able to show resilient elasticity recoil when it is stretched or under stress. As the skin ages elasticity begins to decrease causing an increase in skin laxity. The skin is composed of three main layers the epidermis, dermis and the hypodermis all of which undergo significant changes as we age.

As the skin ages it goes through several changes:

- Oxidative damage from intrinsic and extrinsic factors.
- Reduction in the rate of skin cell division.
- Loss of hydration.
- Elastic fibre degradation.
- Other microscopic changes.



SECTION THREE

ANATOMY & PHYSIOLOGY

Cellulite

Cellulite is a condition of human adipose tissue. It is characterized by padded and nodular appearances on the skin in areas prone to cellulite such as the thighs and buttocks. Cellulite is found primarily in women and is caused by a change in skin topography caused by herniation of subcutaneous fat within the connective tissues.

Cellulite is different from obesity and is seen in women with any body mass index (BMI). Cellulite is a result of various factors such as:

- Gender - Cellulite predominantly effects women.
- Ethnicity - Asian women are less likely to suffer from cellulite than European women.
- Diet - A high carbohydrate diet causes hyperinsulinemia and promotes lipogenesis that can lead to an increase in total body fat and enhance the appearance of cellulite.
- Sedentary lifestyle - Prolonged periods of sitting or standing inhibits blood flow leading to a lack of microcirculation in the areas prone to cellulite.
- Pregnancy - Hormones and increased water retention lead to promote cellulite lipogenesis.

Cellulite is characterized by the presence of fatty protrusions through the dermo hypodermal junction. Cellulite can be separated into three main grades based on its severity.



SECTION THREE

ANATOMY & PHYSIOLOGY

Cellulite Grades

Grade 1

Cellulite is characterized by smooth skin with no visible signs of dimpling when lying down or standing up. The skin however, when pinched, shows a mattress type configuration.

Grade 2

Cellulite is a dimpled appearance present upon standing but will disappear when the client is lying down.

Grade 3

Cellulite can be seen in clients who show visible signs of dimpling when both standing up or lying down.



Cellulite can often be treated as 'cellulite' to reduce or shrink swelling in the area or fat cell. Skin laxity and underlying extra cellular matrix also plays a role in the appearance of cellulite and should be taken into consideration when devising a treatment plan.

SECTION THREE

ANATOMY & PHYSIOLOGY

Skin Characteristics

Characteristics of skin play a vital part in making sure we make the correct decisions for our clients. Taking these factors will help you in deciding what course of treatment to take for each client and which product will be best suited.

Dry skin is characterised by a lack of moisture in its corneous layer, resulting in tightness and even flaking. The skin appears dull, especially on the cheeks and around the eyes. It may lack elasticity, with accentuated fine lines and wrinkles. In more severe cases, itching and burning may occur.



Oily skin is acne-prone skin with open pores, a shiny complexion, blackheads, and pimples. Because hormones affect oil production, anything that changes your hormone levels may affect your skin.

Combination skin type is characterized by dry, flaking skin on the cheeks, while excessive oil and shine appears on other areas of the face. Those with combination skin are in a constant battle with their T-Zone, which includes the forehead, nose, and chin.

SECTION THREE

ANATOMY & PHYSIOLOGY

Skin Factors

Signs of Healthy Skin:

- Functioning defence.
- Optimal cell to cell communication.
- Healthy keratinocytes producing denser spinosum.
- Smooth, soft compact stratum corneum.
- Even surface texture.
- Evenly dispersed melanin.
- Well hydrated.



Skin Factors:

- Intrinsic - Genetic aging, lack of sleep, weight fluctuation and stress.
- Extrinsic - Environmental effects, UV, sunlight smoking, alcohol, pollution, weather conditions, hydration, poor diet.

SECTION
FOUR

Client Consultation

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

An important part of being a professional therapist is upholding professional standards. This includes always carrying out an in depth consultation appointment, and agreeing an action plan before completing the service.

The most successful clinics earn their reputation by providing an excellent personal service. A service can only be truly personal when the needs of each individual client are understood, and the treatment recommendations are reflection to their needs.

Clients often have many different reasons for attending a clinic for treatment. We gather a range of information at the consultation by asking a variety of open questions and examining the client's skin both physical and visual to establish the correct treatment plan for the service.

Always ensure you keep eye contact with your client, listen carefully and note the answers given to you. This way, clients know you are genuinely interested in what they are telling you. Remember, clients often disclose information to you of a personal or sensitive nature. It is a breach of the industry code of ethics to discuss or disclose this information with third parties unless it directly affects the treatment being given.

A thorough consultation should be carried out, this is to ensure you have fully understood your client's expectations. Also to ensure they are not contraindicated in any way and is safe to have the service, as a result an effective and satisfactory delivery of the treatment can be achievable.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

Consultation consists of four stages:

- Identification - What would the client like to achieve, why did they choose this service?
- Problem Analysis - What are their primary concerns?
- Treatment Implementation - Complete the treatment based on client expectations, evaluation and treatment plan.
- Treatment Evaluation - Was the treatment effective, how to give appropriate aftercare and continue with a healthy long term skin approach.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

A thorough client consultation indicates you have a professional and caring attitude to your business, it enables the practitioner to properly assess and advise the client, discuss their hopes and expectations and explain what is achievable with fat dissolving, the limitations and possible side effects or complications that may arise.

It is helpful to get yourself into a routine during your consultation to ensure you do not miss any important details, remain disciplined and do not become slapdash with your appointments. When completing hundreds of consultations over the year it is easy for us to become complacent and brush over aspects of the service and even possibly miss something out. Our clients are in our care, treat them with respect. Make every consultation as if the client has never met you before and knows nothing of the service you provide. This will ensure you cover everything that is required and the client has the knowledge and ability to give their informed consent for the service.

Next is a guide of the steps involved during a typical consultation:

Preparation:

Dress appropriately for the occasion, smart formal or in tunic or scrubs to give an instant professional impression. Check what equipment is required, pen, consultation form camera etc. Having to ask the client if they have a pen to hand is a bad first impression. Hold your consultations in a clean and welcoming professional environment, with good lighting that is both comfortable for you and your client. This sets a good first impression and will give confidence in your abilities as a therapist before the client has even spoken.

Acknowledge:

Greet your client with a smile, welcome them as soon as they arrive at your business. If you have a waiting or lounge area invite them to make themselves comfortable and arrange a hot or cold refreshment for them. This shows that you have a caring nature and want to accommodate their every need.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

Consultation:

During the consultation make sure your client is comfortable. Let them know what will happen during the consultation and treatment if they choose to go ahead. Each client will be required to complete a medical questionnaire, this is often helpful to send out before the initial consultation so you have some knowledge on your client prior to their arrival.

The medical form is not informed consent this is a separate document some will combine the two but ensure both are completed.

When discussing the service ask open questions such as 'what would you like to achieve?' and 'why have you chosen this service?' Let your client talk, the ability to listen is the most important feature of a good consultation, take notes and refer to them when making your recommendations. Your client may have more than one concern or area they wish to treat you may be able to address these concerns within the initial treatment or add an additional service through upselling techniques.

As a professional you need to be aware that people may ask for a service that they are simply not an ideal candidate for, they may have body dysmorphia or simply highly unrealistic expectations. These circumstances can be difficult and need to be dealt with in a calm, compassionate and professional manner.

Some clients may be what we call 'treatment hoppers' they jump from salon to salon. These reasons may be because the current salon cannot achieve what they desire or because the price is right elsewhere. They again can be extremely challenging clients, if clients admit to being frequent flyers and have multiple services and different places be sure to know if or what has been put onto the treatment area in recent times. If you have any doubt of a clients version of events or lack of information they can supply in the consultation simply choose the safest option and not treat them for a reasonable time frame, 4 weeks is advised.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

Recommendations:

Once you have had the opportunity to talk to the client in depth and have a good understanding of your clients goals, you can then make your recommendations. Let them know what can realistically be achieved with a fat dissolving service. Do not over sell the service and make false promises of its outcomes and explain in depth the downtime side effects and aftercare and potential need of a course of treatments.

Following the recommendations given and choices laid out to the client a treatment plan can be devised based on the information from both parties.

Once all of these topics have been discussed and satisfied both parties are happy to proceed with the service then informed consent can be obtained and the treatment completed.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

Informed Consent:

Once all aspects of the service have been discussed including, the how, what, where when, why, associated risks and outcomes the client is ready to fill out and date the consent form. It is common practice that a service and consultation carried out on the same day, but should the client want to have a consultation before hand try to accommodate this. In giving them an opportunity to go away and think about the service it allows the clients to reflect on the information they have received, research and possibly return with additional questions they may have before choosing to proceed. In most cases the client is satisfied to have the consultation and service straight away.

In following these processes it allows you to obtain true informed consent this is where the client agrees they understand the process side effects and happy to have the service regardless of the factors that have been presented.

SECTION FOUR

CLIENT CONSULTATION

Completing A Consultation

Post Treatment:

Once the treatment has been complete giving clear guidelines on the aftercare process, what to and what not to do in the days and weeks after their service will aid the best long term results. The largest proportion of service related issues come from the inaccurate or lack of aftercare information given to the client.

SECTION FOUR

CLIENT CONSULTATION

Consultation Forms Should Include

- Written consent to be obtained for best practice.
- Name and explain the procedure.
- Discuss expectations and benefits.
- Check for contraindications.
- Explain possible side effects and recovery.
- Sign, date and store the consent.
- Incorporate a general medical questionnaire.
- Check ID if concerned they could be under 18.
- Failure to complete client record cards will void your insurance.
- All record keeping should comply with GPDR data protection.

Client consultation template available with this training.

SECTION FIVE
What Is Fat

SECTION FIVE

SUBTITLE GOES HERE

SECTION INTRODUCTION

There are three different types of fat cells in the body: White, brown, and beige. Fat cells can be stored in three ways: Essential, subcutaneous or visceral fat. Essential fat is necessary for a healthy, functional body. Subcutaneous fat makes up most of our bodily fat and is found under the skin.

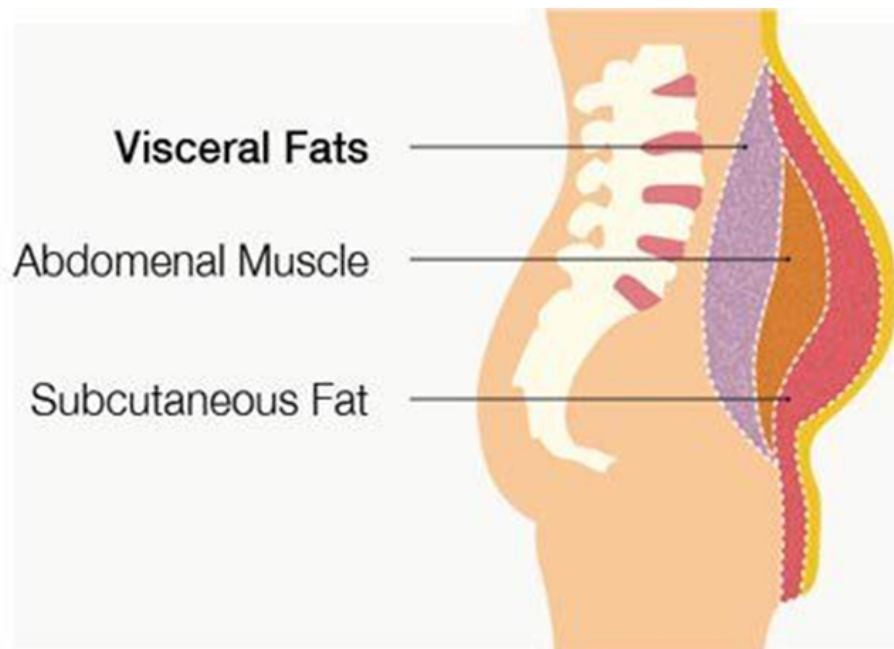
Despite the broad use of the word “fat” to describe all body fat, there are actually several different types of fat in your body.

Some types of fat can have a negative effect on your health and contribute to disease. Others are beneficial and necessary for your health.

Each type of fat serves a different role. Some promote healthy metabolism and hormone levels, while others contribute to life-threatening diseases, including:

- Type 2 diabetes.
- Heart disease.
- High blood pressure.
- Cancer.

Belly fat is excess abdominal fat surrounding the organs in your stomach. There are three types of fat: Triglycerides the fat that circulates in your blood, subcutaneous fat the layer directly below the skin's surface and visceral fat.



SECTION FIVE

SUBTITLE GOES HERE

White, Brown & Beige Fat

White Fat

- White Fat is the type of fat that most people immediately think of.
- It is made up of large, white cells that are stored under the skin or around the organs in the belly, arms, buttocks, and thighs. These fat cells are the body's way of storing energy for later use.

This type of fat also plays a large role in the function of hormones such as:

- Estragon.
- Leptin (one of the hormones that stimulates hunger).
- Insulin.
- Cortisol (a stress hormone).
- Growth hormone.

While some white fat is necessary for good health, too much white fat is very harmful. Healthy body fat percentages range depending on your level of fitness or physical activity.

Brown Fat

- Brown adipose tissue (BAT) or brown fat makes up the adipose organ together with white adipose tissue (or white fat). Brown adipose tissue is found in almost all mammals. Classification of brown fat refers to two distinct cell populations with similar functions.
- Brown fat is a type of fat primarily found in babies, although adults do still retain a very small amount of brown fat, typically in the neck and shoulders.
- This type of fat burns fatty acids to keep you warm. Researchers are interested in finding ways to stimulate the activity of brown fat to help prevent obesity.

Beige Fat

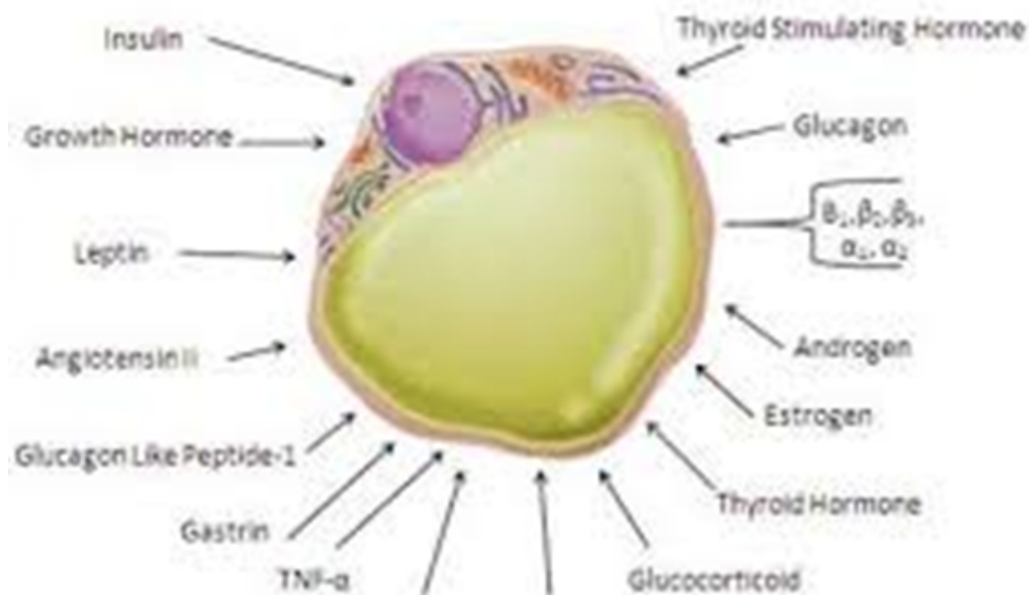
- Beige (or brite) fat is a relatively new area of research. These fat cells function somewhere between brown and white fat cells. Similarly to brown fat, beige cells can help burn fat rather than store it.
- It is believed that certain hormones and enzymes released when you are stressed, cold, or exercising can help convert white fat into beige fat.

SECTION FIVE

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Fat Cells

RECEPTORS FOUND ON ADIPOCYTE



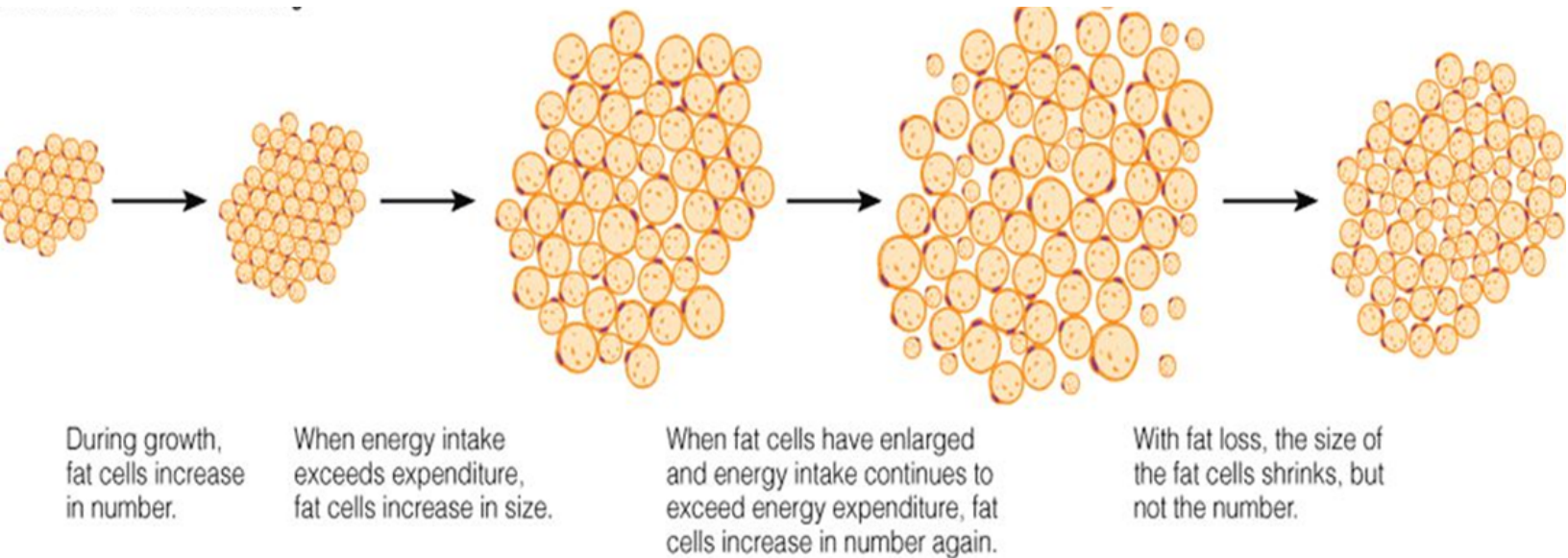
Adipose tissue, or fat, is an anatomical term for loose connective tissue composed of adipocytes. It's main role is to store energy in the form of fat, although it also cushions and insulates the body. Adipose tissue is primarily located beneath the skin, but is also found around internal organs.

Lying three layers deep under the skin, the adipose tissue is composed of a loose collection of specialized cells, called adipocytes, embedded in a mesh of collagen fibres. It's main role in the body is function as a fuel tank for the storage of lipids and triglycerides.

SECTION FIVE

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Fat Cells



SECTION FIVE

SUBTITLE GOES HERE

Subcutaneous Fat

Subcutaneous adipose tissue was once thought to be nothing more than a storage device with a pre-determined number of cells and of limited purpose. Now it is recognised as a complicated organ in its own right with essential endocrine and metabolic functions. An increase or decrease in adipose tissue mass as seen in those with anorexia or obesity have significant effects on multiple systems of the body such as the immune or reproductive system. There are two types of adipocyte cells. These are brown and white cells that not only vary in colour but also in function and each have different vascular and nerve supplies. It has been well accepted that subcutaneous fat is an important component of the skin however the physiology of fat is still poorly understood by dermatologists.

The demand for fat removal, redistribution or manipulation of fat cells are as popular as ever. There are many conditions that affect the distribution of fat cells within the body. Studies have shown that there is a link between obesity and high death rates due to cardiovascular disease and diabetes.

Men and women carry fat differently. Men carry fat in the upper mid-section of the body called android or male type obesity also referred to as visceral obesity.

Women store fat on the lower parts of the body known also as the gluteofemoral region and is known as gynoid or female obesity. The excess of this also can be associated with higher grades of cellulite. The structure of fatty tissue is divided into two layers separated by a superficial fascia. The external layer (areolar layer) comprises of vertically orientated globular large adipocytes. The deeper of the layers known as the lamellar layer has horizontally arranged cells that are smaller in size but with much larger and more numerous blood vessels. The areolar layer is much thicker in women and children and thus is more-thicker in the gynoid areas. During puberty the development of fatty tissue is more robust in women than in men. This is due to an increase in estragon that stimulates the replication of adipocytes. These adipocytes are much more stable metabolically and also resistant to lipolysis. There are only a few hormones that are capable of affecting lipolysis in adipocytes and these are known as catecholamines (epinephrine and norepinephrine which are lipolytic) and insulin (which is antilipolytic).

Fat Dissolving
SECTION SIX
An Overview

SECTION SIX

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Client Selection

This is often the most overlooked part of any treatment. We must be realistic with client's expectations, lifestyle choices and their dedication to complete a course. This type of service is simply not overly effective as a one off stand alone service and many clients will often be disappointed with the results.

With a good plan, small lifestyle changes and a willing to work on a course of action the results are rewarding and sustainable.

An ideal candidate will have no more than 30lbs of excess weight to loose, and clients must remember that this service is not a weight loss option but rather an improvement on stubborn fat areas.

The client must also be prepared to improve on current health and lifestyle choices in order to encourage optimal results. This includes avoiding alcohol for 72 hours post service. Increasing water intake to at least 1.5ltrs of water non carbonated for 3 days pre service and 7 days post. The saying is the more we drink the more we shrink and this is so true, we have to allow our bodies the opportunity to heal and a body lacking hydration often means it will not work well under pressure and the liver and kidneys can often feel the strain.

A reduction of saturated fats and high carb content is also advised to be followed in the days immediately after a treatment. With fat dissolving working hard to destroy the cells and radio frequency and cavitation emptying out additional fat pockets, filling the body with heavy fat and carbohydrates only encourages the body hold newly obtained fat and create new stores.



SECTION SIX

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Treatment Suitability

THE INCH OF PINCH

This basic concept is the best way to assess client suitability for a service. Many people miss treat a client with fat dissolving thinking it is fat when upon closer inspection it is found to be sagging skin in areas like the chin and jowl area. They often are needing alternative treatment such as plasma to tighten the area with services like HIFU. Unfortunately in these cases the client is left with even further sagging skin.

To assess the client for suitability of this service you should be able to comfortably pick up and pinch an inch of fat between finger and thumb, if it is just skin laxity in the area they are not a suitable candidate. Fat will feel like a pocket and often create a bulge or roll when grabbed, where as loose skin is stretchy and thin between the fingers and can be rolled or rubbed against each other with no substance between the two pieces of skin. This would mean there is no fat in the area and not to be treated.



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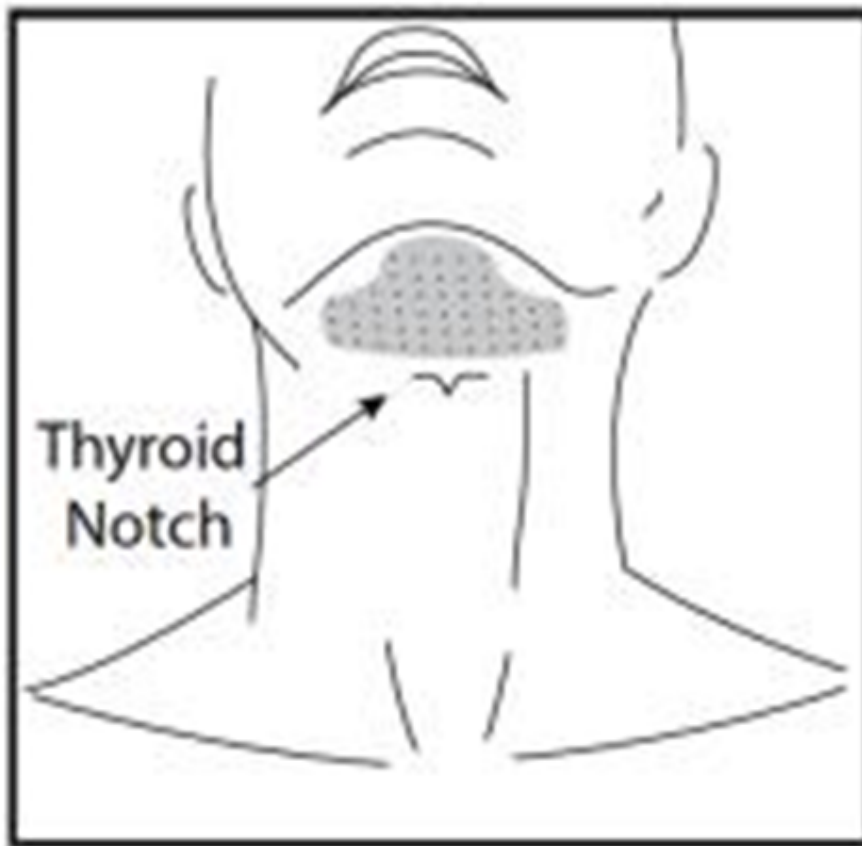
Target Sites

- Fat dissolving treatment should only be carried out by a qualified specialist and on average most areas need at least two applications to achieve the best results.
- Use a pinching technique when establishing the suitability of this treatment for your client, between finger and thumb you should be able to pick the fat up in a pinch. If it is excessively more than a pinch it will require considerably more treatments and weight loss alternatives may be a better option. If it cannot be pinched its a possibility that its loose skin rather than stubborn fat and skin tightening would be the alternative option in that circumstance.
- When marking up our target sites we are going to create a grid in small areas of 1cm square and larger areas 1.5cm square, the treatment will be administered in the centre of each box to allow the product to disburse evenly under the target area.
- The body is being injected with a product to cause inflammation so it is advised to only treat one area at a time to achieve maximum effect. Over treating can cause under healing and ineffective or poor results.

SECTION SIX

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Target Sites



Treatment Area



Injection Pattern

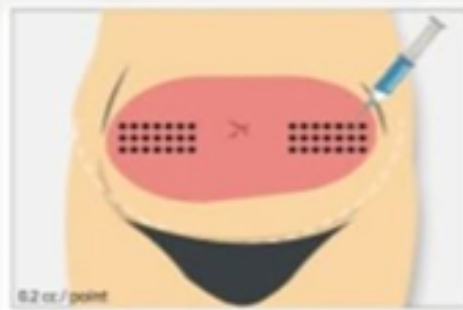
SECTION SIX

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Target Sites



Double chin



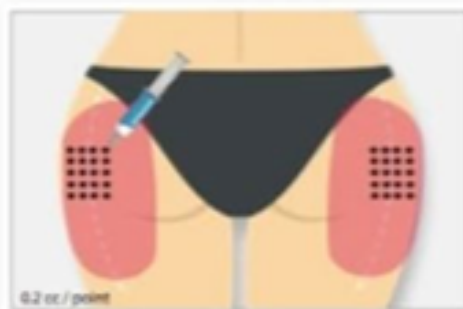
Abdomen



Caderas



Brazos superiores



Muslos Externos



Muslos Internos

SECTION SIX

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Contraindications

Although in general on a fit and healthy person, fat dissolving is a relatively safe and effective treatment to use.

There are of course some things to consider that may stop or alter the way in which we do this treatment.

- Pregnancy and breast feeding - It is never advised to complete any form of fat loss treatment on a pregnant or feeding mother. Studies show breast feeding can aid in the loss of fat in woman in the tummy and hips. Treatment can be carried out 3 months post birth for non-feeding mothers.
- Not suitable on people under 18 and not advised on people over 60 as results may not be as effective.
- Lipodystrophy (where the body is unable to produce fat).
- Lipoedema is an abnormal build up of fat often in the legs and sometimes found in the arms also. Cause is often unknown and liposuction is the only effective way of removal of this stubborn fat.
- Liver and kidney disease or disorders.
- Diabetes.
- Thyroid disorders.
- Permanent use of anticoagulants.
- Skin disease and disorders in the target area - psoriasis, eczema, scabies etc.
- Scar tissue - do not treat in scar tissue area until 6 months post healing.
- Infectious blood conditions – HIV, Aids and hepatitis.
- Current infection or illness.
- For the use of excessive weight loss.
- If you are ever unsure of a client's medical suitability, always get them to seek medical approval before commencing with the treatment.

SECTION SIX

SUBTITLE GOES HERE

What Is Aqualyx

Aqualyx is the name of the product not the process. Aqualyx is a product that is extremely safe for most adults who suffer with stubborn fat pockets, that with no end of dieting or exercise we still struggle to shift.

Suitable and equally effective for both men and women, common areas used to treat include the chin, stomach, back fat, 'bingo wings', hips and knee.

Small areas have great visual improvement in as little as the 1st treatment but an average of 2-3 treatments are recommended for full effects and an average of 3-5 treatments for a larger area.

Aqualyx is an effective alternative to liposuction, it is administered in the form of an injectable compound solution. Its origin is in the deoxycholate family. Its purpose is to liquify the fat cells efficiently and then the breakdown of the fat cells are passed through our lymphatic system and excreted from the body. Aqualyx is one of the most popular fat dissolving products on the market claiming to have sold over 2 million vials, across 40 countries it is extremely popular across the world.



SECTION SIX

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Administering Aqualyx

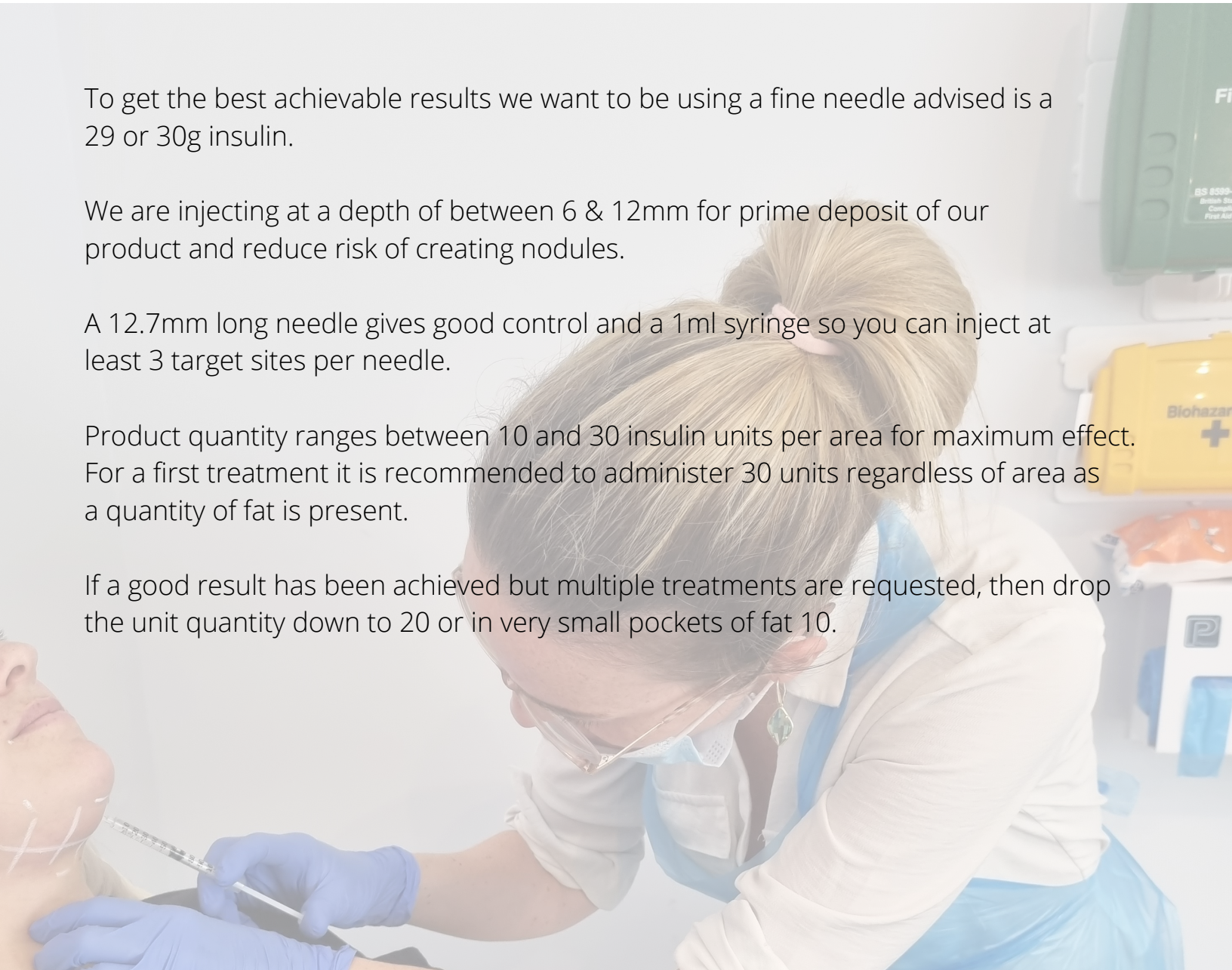
To get the best achievable results we want to be using a fine needle advised is a 29 or 30g insulin.

We are injecting at a depth of between 6 & 12mm for prime deposit of our product and reduce risk of creating nodules.

A 12.7mm long needle gives good control and a 1ml syringe so you can inject at least 3 target sites per needle.

Product quantity ranges between 10 and 30 insulin units per area for maximum effect. For a first treatment it is recommended to administer 30 units regardless of area as a quantity of fat is present.

If a good result has been achieved but multiple treatments are requested, then drop the unit quantity down to 20 or in very small pockets of fat 10.



SECTION SIX

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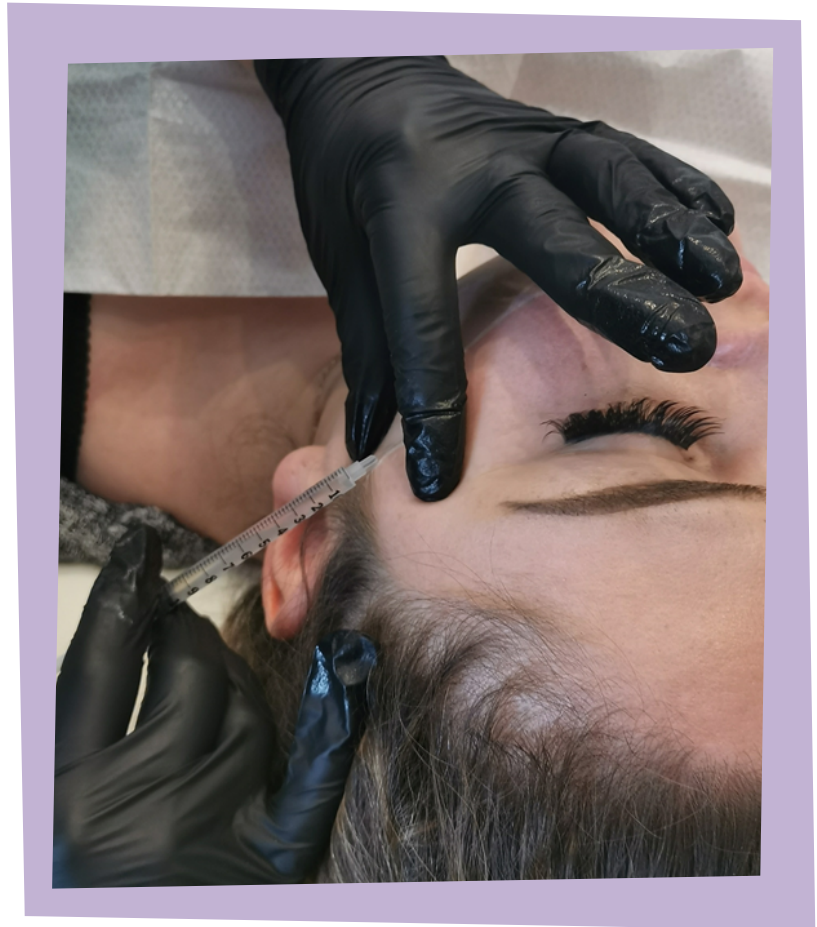
What Is Deso

Desobody and Desoface is the name of the product not the process. It is administered using a treatment called injection lipolysis which means fat dissolving. This works by inducing adipocytolysis by the disruption of the cell membrane. This is an extremely safe service for most adults who suffer with stubborn fat pockets, that with no end of dieting or exercise we still struggle to shift.

Desoface has a rare advantage over other fat dissolving products, due to being able to be used on the face unlike many other alternatives. It will effectively be able to remove stubborn fat from the lower part of the face including the jowl, jaw line and excess to the lower cheeks.

This service is not an alternative to weight loss and needs to be correctly marketed to the client, to loose one kilogram of fat you would need to burn 9000 calories so if you treat a client for excess fat rather than stubborn fat the results will be less effective and often disappointing.

When used in conjunction with a healthy life style plan the results are permanent, this treatment destroys fat cells permanently rather than emptying them. Encouraging healthy choices such as water increase and a calorie controlled diet will increase results.



SECTION SIX

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Deso

When using our 'inch of pinch' theory we can comfortably say our client will have a reasonable level of fat in each area. Due to the nature of the treatment causing an inflammatory response we recommend to not treat more than 1 area in any sitting and advise 7 days between additional treatments. This is because too much pressure on the body to breakdown and remove the fat cells from multiple locations forces the body to often work harder than it is capable of. This may lead to poor results, treating areas in a spread out fashion allows the body to work hard on the isolated area aiding the best outcome for your client.

It is not advised that more than 3 bottles of Desobody are used in any specific area during one session, repeat sessions are to be completed between 4 & 6 weeks and if you choose to treat a second area in one sitting a maximum of 6 vials are used in total across the body.

During the first treatment 30 insulin unit of Desobody per injection site is advised, if the fat in the chin is visible but you feel is less than a good pinch of fat 20 units can be considered, bare in mind less product for less effect. So only used lower does of 20 and eventually 10 units when there is a visible reduction in fat in the area and just requires a little tweak. These injection units are based on using Desobody and not Desoface pre mixed with Lidocaine.

When using Desoface its recommended to use 15/20 insulin units to the lower cheek, jowl, jaw and chin. It is suitable to treat all areas of the face and the neck in the same appointment. Do not use more than one bottle of solution in this zone in one appointment. Treatment to the face can be repeated after 4 weeks.

SECTION SIX

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Quick Step Administering Guide

- In depth client consultation
- Photograph treatment area
- Cleanse treatment area
- Mark up treatment zone
- Draw up desired product
- Complete treatment
- Give aftercare
- Book review for 4-6 weeks

SECTION SIX

SUBTITLE GOES HERE

Common Side Effects To Fat Dissolving

- Inflammation of the treatment area is to be expected.
- Some degree of pain or discomfort during the process and for an average of 2-4 hours post treatment.
- Tenderness to the treatment area for up to 7 days post treatment.
- Light bruising arnica can be applied.
- Erythema.
- Occasionally nodules can be felt under the skin for up to 5 days where the product is deposited.

THERE HAVE BEEN NO SEVERE SIDE EFFECTS REPORTED FROM THE USE OF CE APPROVED FAT DISSOLVING. ALL DESCRIBED SYMPTOMS ABOVE ARE CLASSED AS COMPLETELY NORMAL AND WILL SUBSIDE ON THEIR OWN.

SECTION SIX

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Deso

It is important that you give accurate aftercare advise to make sure you are providing your client with the best healing opportunities. All of the above side effects are normal and can be expected. Things to make your client aware of are:

- No anti-inflammatory drugs for at least 72 hours post treatment. Taking these will adverse the effects to fat dissolving as the process is to inflame and destroy the fat cells. If anti-inflammatory drugs are taken, this will massively effect the outcome of your treatment.
- Avoid touching the treatment area for up to 6 hours. Wash with mild soap, do not scrub the area, just gentle dabbing for 3-5 days.
- No sunbeds or spray tans for 7 days post treatment.
- Use arnica cream if you feel necessary for 7 days to help reduce bruising.
- Avoid blood thinners.
- Hot or cold compress can help reduce swelling.
- Light mineral makeup can be worn after 24 hours. Avoid heavy makeup for 5 days post treatment.
- No swimming for 3 days post treatment.
- No sauna or steam for 3 days post treatment.
- Repeat treatment after 4-6 weeks.

SECTION SIX

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Lidocaine

Lidocaine is commonly used as a numbing agent used most commonly in the dentistry industry. Over recent years its been used more in the aesthetics environment for pain relief for treatments such as lip augmentation.

Lidocaine has been deemed safe and an effective for mixing with the use of fat dissolving agents such as Aqualyx and Deso.

The ration of lidocaine to Aqualyx is 1ml of 2% lidocaine to 1 full bottle of 8ml Aqualyx.

The ratio of lidocaine to Deso is 1ml 2% lidocaine to 1 full bottle of 10ml Deso (body or face).

Lidocaine can be purchased in 1% but will not be strong enough to elevate pain in full. If 2% is used it will reduce discomfort in a fat dissolving service to nothing. 4% lidocaine is at times available on the current market but is not appropriate nor insurable for this service.

Some often give substitutes to Lidocaine such as saline solution or Tor Bac these are not appropriate for the substituting discomfort for this service. These products do not create a pain block they simply dilute the product down making the results less effective and higher concentration of water making the discomfort level reduced not pain free.

Both fat dissolving and lidocaine are non cold chain items so can be left in the cupboard and injected at room temperature.

Only mix the two products together if they are planned on being used immediately, we do not recommend them being mixed then left for more than 24 hours. Once 24 hours have passed dispose of remaining product.

So if the full bottle of fat dissolving is being used add the 1ml of 2% lidocaine to the vial swirl gently until mixed together then draw up into your 30g x 1ml syringes, do not shake the bottle this creates large quantities of air bubbles and makes it difficult to load.

If you only require a small amount of product and a bottle would go to waste draw 0.10ml of the 2% lidocaine directly to your insulin syringe and draw the remaining 0.9ml in your fat dissolving solution. This will be adequate to create a pain free treatment.

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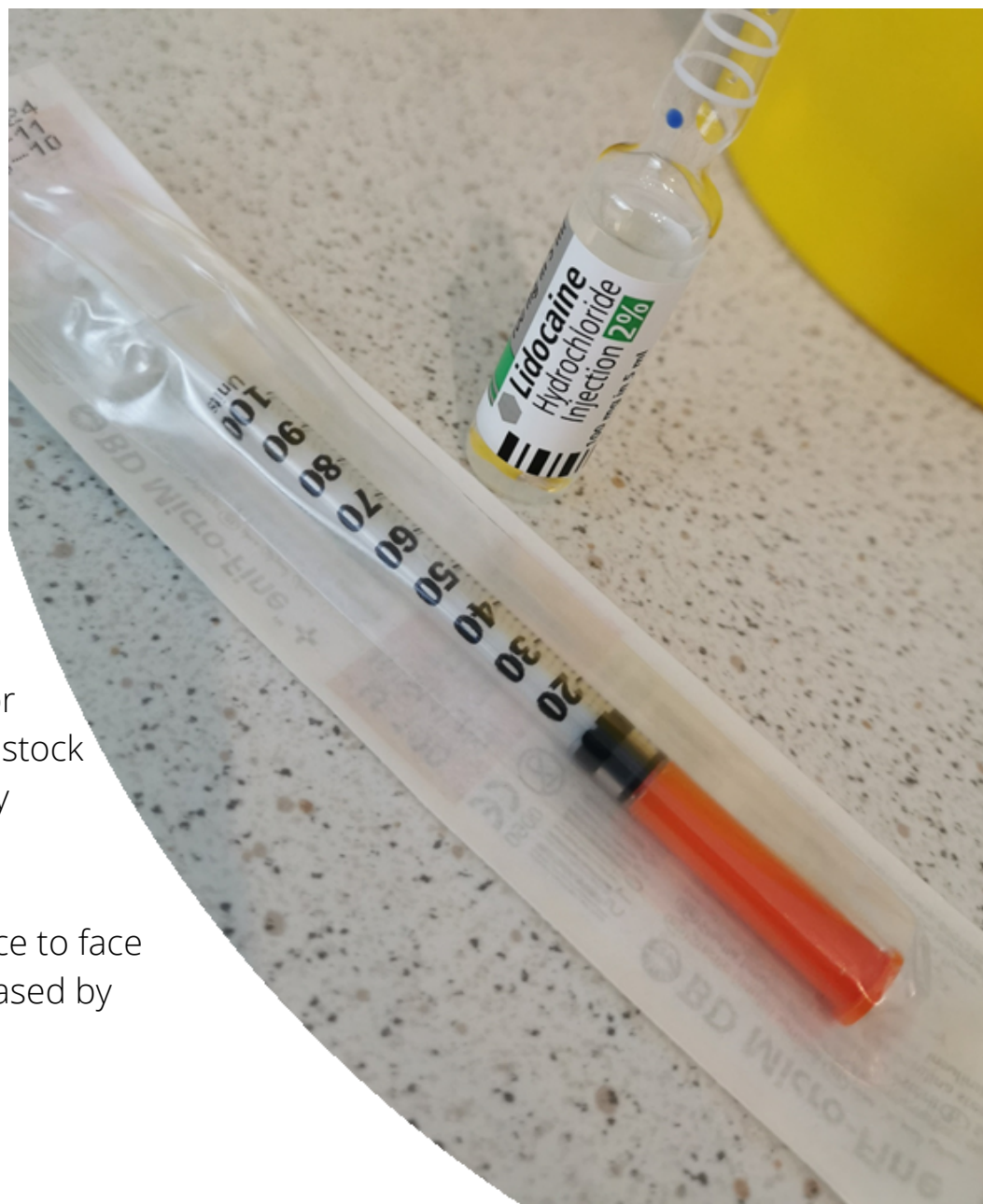
Product Access

Lidocaine is a prescription only medication (POM) and requires a prescription specific directive in order to administer the product.

It is advised to find a suitable prescriber in your local area who is happy to prescribe this pom to yourself for use within your clinic.

Lidocaine is available at all major aesthetic pharmacies and keep stock available in general for next day delivery.

Lidocaine does not require a face to face consultation and can be purchased by remote prescriber.



SECTION SIX

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Topical Anaesthetic



The use of topical numbing cream is completely suitable for this treatment, although unnecessary. The use of topical cream does not create an impact on the product itself only the entry to the skin. Emla or LMX4 applied to the treatment area left for 30 minutes prior to starting may give a little more comfort to your client but using an insulin needle causes little pain to the injection site.

Fat dissolving without the use of lidocaine can cause great discomfort and burning sensation which is why it is highly advised to use it. In the event that an allergy to lidocaine is present fat dissolving can be administered without lidocaine or numbing cream and it is advised and an ice pack to sooth the area is placed on as soon as the treatment is complete and 98% of discomfort is usually subsided within 10 minutes.



SECTION SIX

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Arnica Cream

A 2010 double-blind study looked at topical arnica and found that it reduced bruising. More recently, a 2016 review looked at the effects of homeopathic arnica on pain and inflammation after surgery and found that it was both a safe and effective way to reduce bruising, swelling and pain.

Arnica stimulates your body's natural healing process, facilitating blood flow through the area, which helps to alleviate pain, reduce swelling, and reabsorb bruising.

Applying this to your client after service can be a way of reducing the bruising from this service, if your client is a bit of a peach and bruises easily it would be advised to give a tube of arnica to apply to the area for the following days post service. These can be purchased for as little as a pound so factor this into your costings.



Radio SECTION *Frequency*
SEVEN

SECTION SEVEN

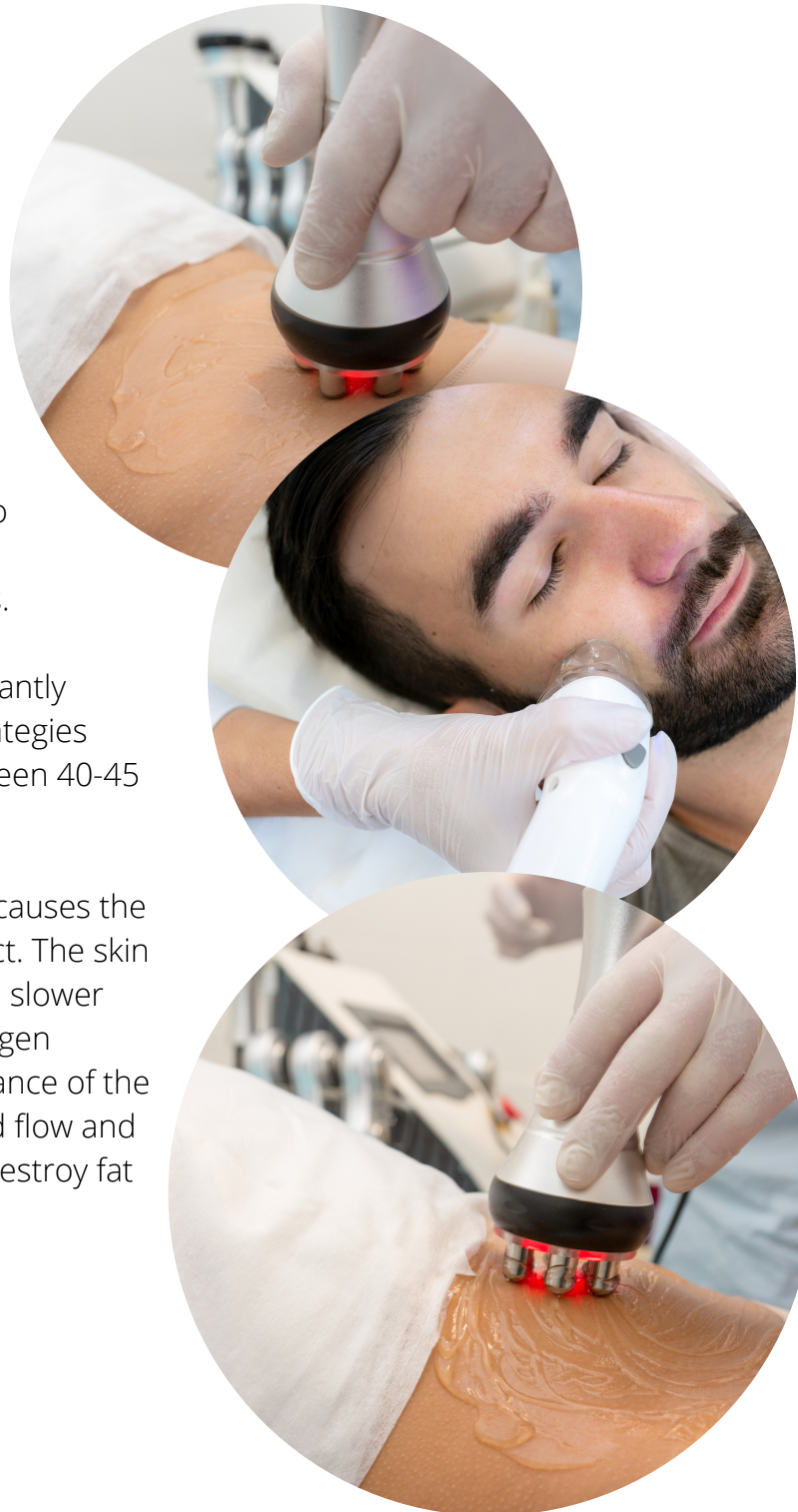
RADIO FREQUENCY

Radio Frequency

Up until a decade ago there was only one method of fat removal or reduction, that was invasive and included liposuction or an abdominoplasty. Clients faced long periods of downtime and many side effects as a result of surgery. Radiofrequency has been found to decrease the appearance of fat and show a decrease in subcutaneous volume. With no downtime or side effects.

The course of treatments and protocols can vary significantly between devices and clients. However, all treatment strategies involve heating this skin to a temperature range of between 40-45 degrees C for a specific length of time.

The immediate effect of the heat from radio frequency causes the dermal collagen to contract, giving a skin tightening effect. The skin glows and is erythematous for 1-2 hours. There is also a slower progressive effect, where the heat stimulates more collagen production, giving a plumper, more rejuvenated appearance of the skin. OTHER EFFECTS The monopolar RF increases blood flow and drainage to the lymphatics. It also has the capability to destroy fat cells!



SECTION SEVEN

RADIO FREQUENCY

Radio Frequency

There are different classifications of radio frequency treatment, depending on the different aspects of this technology. One important classification is based on the “active” poles (electrodes) that are used to treat the skin.

If one “active” electrode (electrical pole) is used for treatment we have monopolar radiofrequency. With two active electrodes we have bipolar radiofrequency.

A very common question asked is what is the difference between unipolar, monopolar, bipolar and multipolar (i.e. tripolar, tetrapolar/quadripolar, octipolar/octapolar) radio frequency? Which one is best for skin tightening and cellulite?

First of all, let's talk pole. There are only two poles in electricity: plus and minus. That's basic Physics. So all the additional names such as tripolar, tetrapolar, octipolar, are a misnomer and a little bit of a gimmick, especially when it comes to eight poles.

The simple facts are the depth reached, a bipolar will work the integrity of the epidermal layer creating improvement to the skin, whereas a monopolar will reach the subcutaneous fat level and aid the break down of fatty deposits.

For aid the destruction of fat the monopolar would be the obvious answer as it reaches the subcutaneous layer, but with fat dissolving solution in the form of deoxycholic acid already being injected the re energy from a bipolar source can help push the distribution of product and overall improvement to the skin in the area including improving cellulite where present.

SECTION SEVEN

RADIO FREQUENCY

What Is Radiofrequency

Radiofrequency lipolysis is a procedure which uses a radio frequency to heat the fat without an instrument making physical contact with the patient. The applicator heats from a distance of one centimetre from the skin.

Radiofrequency skin tightening procedures are non-invasive treatments with low risk, no scarring and no downtime. All radiofrequency devices work by delivering heat in the form of energy to the skin and underlying structures and creates mechanical and biochemical effects that lead to both immediate collagen contraction and delayed remodelling and neo- collagenesis due to the subsequent wound healing response.

Radio Frequency treatment can be offered on its own, or combined with other treatments such as ultrasonic cavitation. Immediate contraction is created of collagen fibres and fibrous septa in the subcutaneous fat due to direct thermal heating. When collagen is heated to a specific temperature, they contract due to breakage of intramolecular hydrogen bonds linking protein chains in the triple helix structure. Contraction causes the helix to fold, leading to shorter, thicker and more compact collagen fibres.

Wound healing helps to tighten collagen through delayed remodelling and neo-collagenases over time. Thermal heating results in microinflammatory stimulation of fibroblasts which induces new collagen and elastin as well as encouraging collagen reorganisation. Dermal thickening is also achieved. Results achieved are dependent on the maximum temperature reached, the exposure time to the heat and tissue hydration and age. Radiofrequency skin tightening is suitable for all skin types and colour and suitable for use on the face, thighs, upper arms, stomach, buttocks and chest.

Results continue to improve over 3-6 months and become more visible with a series of treatments. Younger clients respond better than older clients because heat-labile collagen bonds are progressively replaced by irreducible multivalent cross-links as tissue ages. Older tissue is more resistant to heat induced tissue tightening. Radiofrequency refers to radiation at the very far end of the electromagnetic spectrum and has a frequency of 3kHz and 300 MHz. Energy at this level is not strong enough to be ionizing (change the cell structure by removing electrons). Unlike laser treatments which emit energy in the form of a unique wavelength of light, radiofrequency devices emit energy in the form of electromagnetic waves that induce an alternating current in the targeted area.

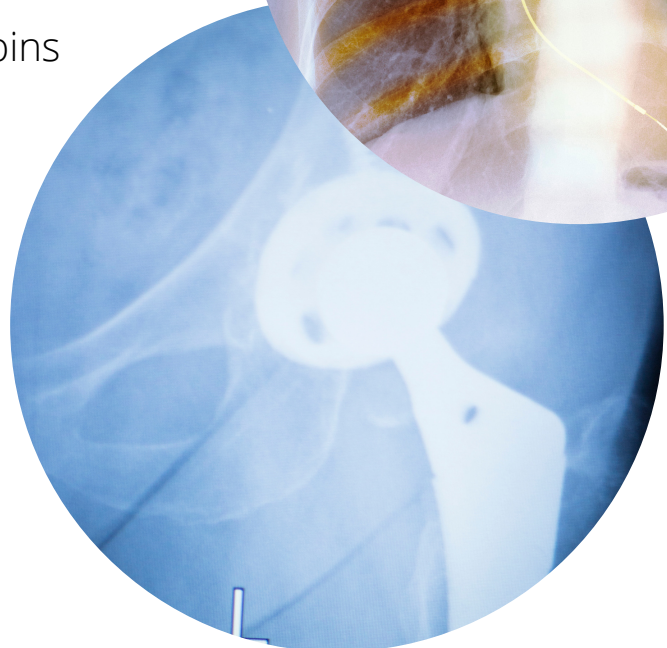
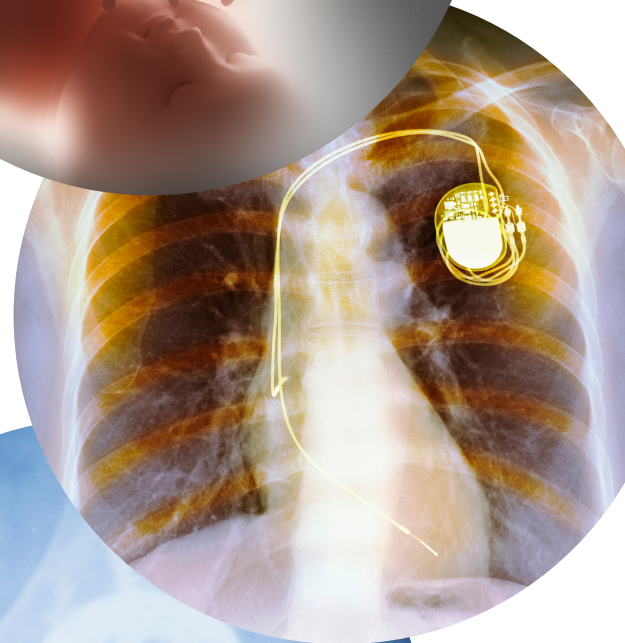
SECTION SEVEN

RADIO FREQUENCY

Contraindications Of Radiofrequency

Taking on board already any contraindications of using fat dissolving, radiofrequency should be avoided if you have any of the following:

- Pregnancy
- Vascular Disorders
- Pacemakers or other electrical devices the RF can interfere with the mechanism
- Metallic plates or pins for example, pins and plates in the zygomatic arch
- connective tissue/muscle disorders
- Severe heart disease



SECTION SEVEN

RADIO FREQUENCY

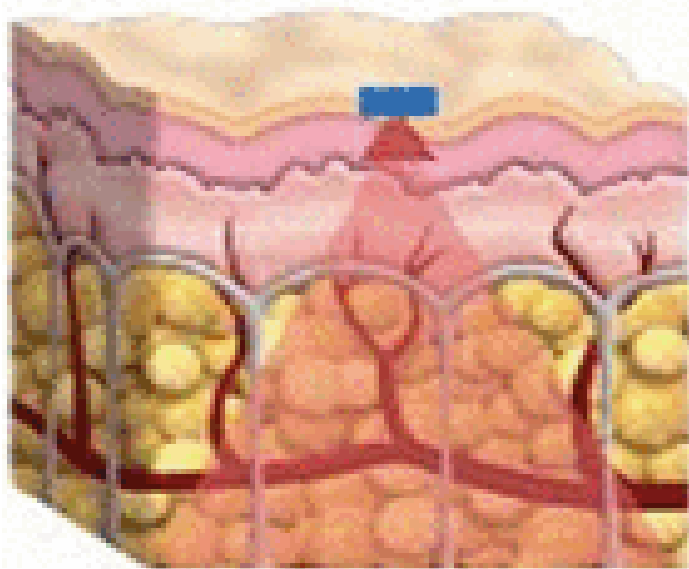
Monopolar

In monopolar RF the (+) and (-) poles are located quite far apart from each other. As a result, the current has no other choice but to traverse through ALL skin layers after entering the skin, travel through the body to the other pole, and exit there.

A split of a second later the polarity changes and the current is forced to go through all skin layers again on the opposite direction. As the polarity changes a few hundred thousand to a few million times a second, molecular vibration / rotation is produced, which results in heat.

The fact that the current is forced to go through all skin layers means that with monopolar RF (and depending on some other factors too) we can treat not only the skin surface (epidermis) but also the middle skin layer (dermis), the deepest skin layer (hypodermis/subdermis) and even the subcutaneous fat deposits below the skin itself.

This is the setting or unipolar if your machine has this setting that you will want to work with to aid the results of fat dissolving.



RF Monopolar

SECTION SEVEN

RADIO FREQUENCY

Bipolar Energy

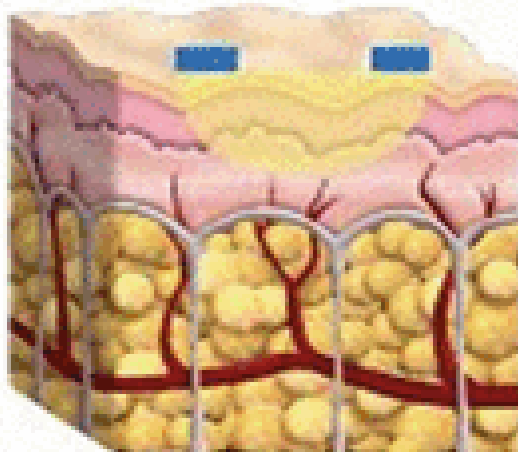
With bipolar radiofrequency the plus (+) and minus (-) poles are located very close to each other - too close for deep treatment, therefore not the appropriate rf energy for reaching fat, but can effectively aid skin improvement in texture, tone and cellulite.

Because the (+) and (-) poles are close to each other (in some machines they are almost adjacent to each other), the current has no other choice but to briefly and superficially penetrate the skin (as little as one millimetre (i.e. the maximum depth of epidermis) and then exit the skin again from the other pole, not very far from where it entered. Quite often the "trajectory" of the current spans just the epidermis.

This means that if we want to properly treat the dermis (and even more so if we want to treat the hypodermis or the subcutaneous fat), we must first literally burn the epidermis, which is in the way, and absorbs almost all of the current. Because nobody would ever want to burn the epidermis, treatment intensity is adjusted at lower levels. This keeps the epidermis happy but deeper skin layers receive very light, if any, treatment.

Epidermal heating gives the impression of a very strong treatment, with lots of redness, heat sensation and quite often irritation, which indeed results in some superficial tightening. However, not much collagen/elastin production is stimulated in the dermis/subdermis below and definitely no cellulite fat or deep fat reduction (which is located even deeper) ever occurs.

If intensity is increased, in order for the treatment to work on deeper skin layers, where collagen cells are found, and produce some skin firming/lifting, the epidermis is burned/irritated and/or severe pain is experienced, hence some of the [issues](#) ; in review websites.



RF Bipolar

SECTION SEVEN

RADIO FREQUENCY

Common Side Effects

Common Side effects post treatment can include:

- Erythema - tends to resolve in 2-4 hours
- Hives – where the heat passes have been to frequent and not allowed to cool the skin
- Swelling – from consistent rubbing to the area
- Mild bruising – will subside within 3 days
- Tenderness - usually improves within 6 hours

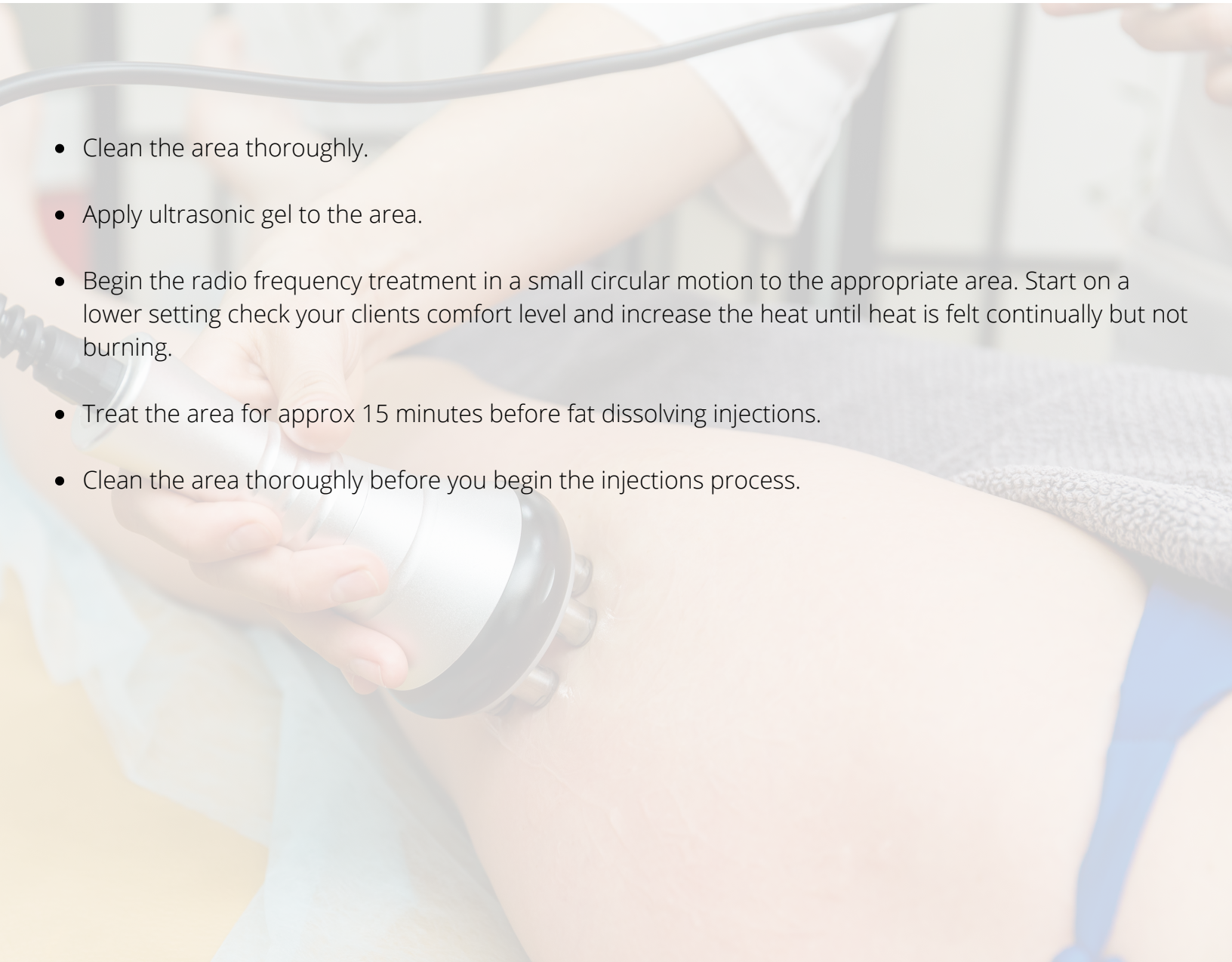
All are common side effects require no treatment and will subside on their own



SECTION SEVEN

RADIO FREQUENCY

Treatment Protocols

- 
- A person is lying on a treatment table, receiving a radio frequency treatment on their abdomen. A practitioner is using a handheld device with a circular applicator head on the skin. The device is connected to a power source by a grey cable. The person is wearing a blue strap around their waist.
- Clean the area thoroughly.
 - Apply ultrasonic gel to the area.
 - Begin the radio frequency treatment in a small circular motion to the appropriate area. Start on a lower setting check your clients comfort level and increase the heat until heat is felt continually but not burning.
 - Treat the area for approx 15 minutes before fat dissolving injections.
 - Clean the area thoroughly before you begin the injections process.

SECTION EIGHT

Ultrasound

Cavitation

SECTION EIGHT

ULTRASONIC CAVITATION

Cavitation

Cavitation is a non surgical and non invasive fat removal procedure. The service is non invasive so requires no surgery or anaesthesia making it a non medical procedure and widely available in a range of beauty salons and aesthetic clinics. This service unlike most other weight loss treatments requires no time off from work and has zero recovery time. Clients often see immediate results and the service will continue to see results in the reduction of fat up to 72 hours following the treatment. Cavitation destroys fat cells by using low frequency sound waves. Once the fat cell is destroyed, the fat is discharged between the cells where they are turned into protein and then changed to free fatty acids and glycerol. Free fatty acids are moved to the liver where they decay and are removed from the body while glycerol is used as energy.

The most common problematic areas that are treated are the buttocks, abdomen, love handles, male chest, upper arms, inner thighs and the chin area. It is especially effective in the reduction and removal of cellulite. Because the procedures are non-invasive and work with your body's natural elimination and detoxification processes, results are not as immediate as surgical liposuction. Fat is removed gently without harming the vascular system and without post-operative symptoms such as scarring and pain.

The Ultrasound Cavitation emulsifies fat and converts solid fat into a liquid substance that is easy to remove through the lymphatic and urinary systems. Some of the melted fat will be used for energy and the rest will be excreted through the urine that is why drinking water is essential. If you do not drink adequate water before and after each treatment, it will be harder for your system to remove the fat. You may notice an increase in urination after each session.

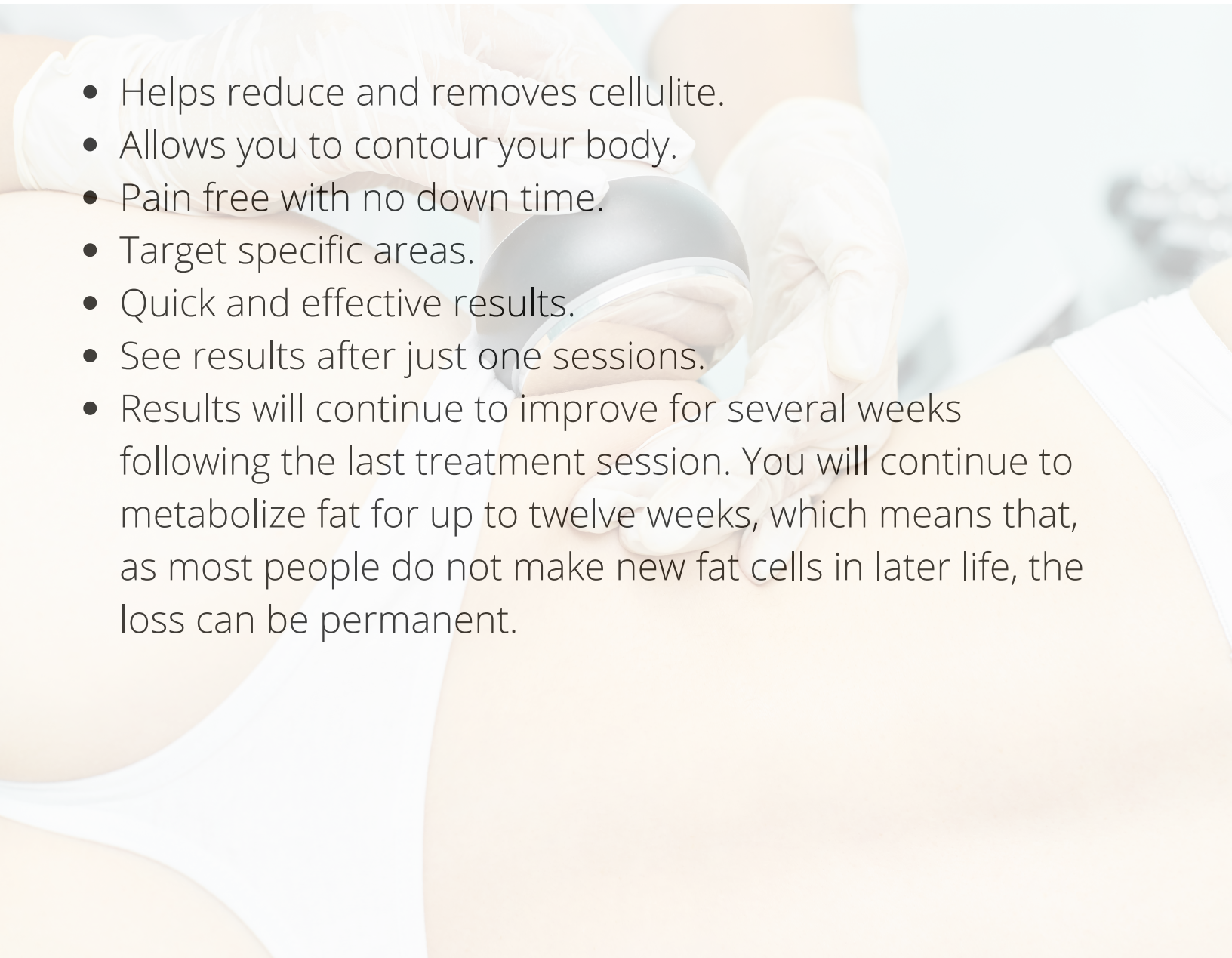
Cavitation is the perfect treatment for people who wish to create more contour to their body and great to be used after fat dissolving for skin laxity and muscle contour. Most clients see an immediate change in their appearance after the first session, with optimum results after 4 to 8 sessions.

Cavitation is the last step when used in conjunction with fat a fat dissolving service.

SECTION EIGHT

ULTRASONIC CAVITATION

Benifits Of Cavitation

- 
- A person is lying down, receiving a treatment on their abdomen. A practitioner wearing white gloves is using a handheld device on the person's skin. The person is wearing white underwear.
- Helps reduce and removes cellulite.
 - Allows you to contour your body.
 - Pain free with no down time.
 - Target specific areas.
 - Quick and effective results.
 - See results after just one sessions.
 - Results will continue to improve for several weeks following the last treatment session. You will continue to metabolize fat for up to twelve weeks, which means that, as most people do not make new fat cells in later life, the loss can be permanent.

SECTION EIGHT

ULTRASONIC CAVITATION

Ideal Candidate

It is ideal for people who are dissatisfied with certain areas of fatty deposits but do not want to undergo any invasive surgical treatment such as liposuction. A good candidate is someone looking for fat removal from a specific area. The treatment does not necessarily result in overall weight loss, but results are improved shape & contour and size reduction in the treatment area. If you are currently following a healthy diet or a good weight loss plan, results will be more significant and weight loss will more likely occur.

Cavitation is ideal for those who have tried to shift the stubborn fatty bulges with diet or exercise and are aiming for a smoother and more balanced shape. Ultrasound Cavitation and RF body contouring is not a treatment for morbid obesity nor is it a weight loss cure. If a significant amount of surplus fat exists, we recommend successfully dieting before beginning the treatment program. A consultation will determine whether or not you are a good candidate for the procedures.

SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use

The effectiveness of a cavitation devices varies. A device that can disburse 4.4–7.5 megahertz (MHz) of ultrasound for a period of 20–50 minutes at a time would be on the correct level to produce a skin tightening treatment you would get in a clinical professional setting.

Cavitation treatment is used to contour the skin so movement needs to be worked in sections across the tummy in a contour fashion. The maximum time an area should be worked on is 60 minutes. A treatment can be repeated as often as every three days but no sooner as the body needs appropriate time to excrete the waste produced during the treatment. When used in conjunction with fat dissolving services it would be recommended that it is completed on the day of the treatment and an additional follow up service every 2 weeks.

- Strong firm movements in a to and fro motion section by section is the correct motion to completing a service.
- Begin on the flanks and across the hip pushing towards the abdominal section of the tummy. Work each side for approx. 5 minutes.
- Move onto the lower abdominal area work in an upwards manner encouraging lower tummy sag to be stimulated to tone during the service. This should be worked for approx. 10 minutes.
- The mid and higher abdominal area is to be done in a side to side manner and small circular motion. This area should be worked for 10 minutes.
- A tummy treatment should take approx. 30 minutes in total.
- Next you will find a range of additional options for the use of cavitation to other stubborn fat pocket areas.

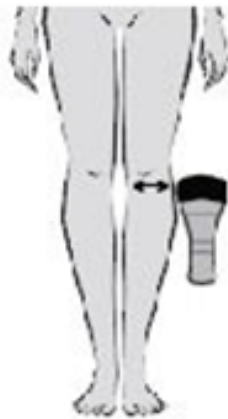
SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use

Legs

1. Slowly move from left to right across, slightly above and slightly below the knee area.



2. Slowly move upwards from above the back of the knee to the top of the outer thigh. Lift up and do the inner thigh.



3. Slowly move in little circles, upwards from above the back of the knee to the top of the outer thigh. Lift up and do the inner thigh.

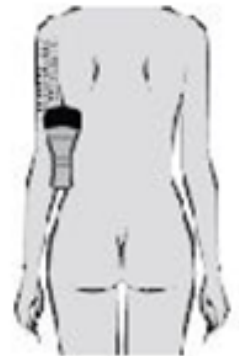


Arms

1. Slowly move upwards from the back of the elbow to the inside shoulder. Lift up and do the outer shoulder. Repeat for the front of the arms.



2. Slowly move in little circles, upwards from the back of the elbow to the inside shoulder. Lift up and do the outer shoulder. Repeat for the front of the arms.



3. Slowly move in spirals at the area indicated in the figure. Repeat for the front of the arms.



SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use

Buttocks

1. Slowly move in little circles, upwards from the upper rear thigh to the top of the buttocks. Lift up and repeat on another area of the buttocks.



2. Slowly move up and down in a small zig-zag motion on the buttocks. Repeat for other cheek.



3. Slowly move in little circles, across the lower back.



4. Slowly move upwards from the top of the buttocks towards the lower back. Lift up and repeat on another area with the same movement.



5. Slowly move in little circles, across the lower back



ABS/Stomach

1. Slowly move in little circles, across the lower abdomen. Lift up and repeat for the upper abdomen.



2. Slowly move in circles, around the naval.







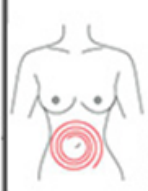











3. Slowly move downwards from the waist towards the lower abdomen. Lift up and repeat on another area with the same movement. Repeat for other side of the abdomen.



SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use

THIGH (Treated time:30min)	BUTTOCKS (Treated time:20-30min)	BACK (Treated time:20-30min)	ARM (Treated time:30min)	ABDOMEN (Treated time:20-30min)
 <p>From down to upper, pushing to the groin to dredge the lymph.</p>	 <p>Along the lymph direction, pulling to the waist.</p>	 <p>First by come-and-go, pushing the bladder nerve 2 to 3 times.</p>	 <p>From the inner elbow to the armpit, doing lymph drainage.</p>	 <p>From small to large, by clockwise direction, circling around the navel.</p>
 <p>Circling push by anticlockwise, can help decomposing fatness.</p>	 <p>From upper to down, by anticlockwise gesture, pull come-and-go.</p>	 <p>By anticlockwise circling, can help to decompose the fatness.</p>	 <p>Circling to stimulate the lymph node.</p>	 <p>From small to large, by anticlockwise direction, circling push down.</p>
 <p>Also can push by come-and-go to decompose fatness.</p>		 <p>Using lymph drainage gesture, pull the toxin to the lymph node.</p>	 <p>From the elbow to the outer, doing tightening gesture.</p>	 <p>From the belly and muscle texture, pull to the groin.</p>
 <p>Pull from the knee and muscle texture to upper, can improve the curve.</p>				 <p>Through lymph drainage gesture, taking the toxin to the place of groin.</p>

SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use



SECTION EIGHT

ULTRASONIC CAVITATION

Direction Of Use

Ultrasonic cavitation is considered to be a low risk service to provide for most people. Common side effects may include:

redness

bruising

headache

In some cases, the skin may not absorb the fat evenly once broken down. Lumps, bumps, and valleys on your skin can appear in the weeks following an ultrasonic cavitation treatment. These pose no risk to the client, simply means there are channels of stubborn fat to still be worked on. These skin irregularities can be resolved effectively by additional treatments.

SECTION NINE

Combined Service

SECTION NINE

COMBINED SERVICE

Why Combine Your Service?

Combined services always aid the best results, with radio frequency to warm the fat cells up followed by fat dissolving injects. The heating of the cells will aid the quick distribution of fat dissolving agent and its effectiveness to target the fat.

finishing with the ultrasonic cavitation allows you to work the skin to improve tone and texture along with removal of fat and waste through the lymphatic system.

SECTION *Pricing* TEN

SECTION TEN

PRICING

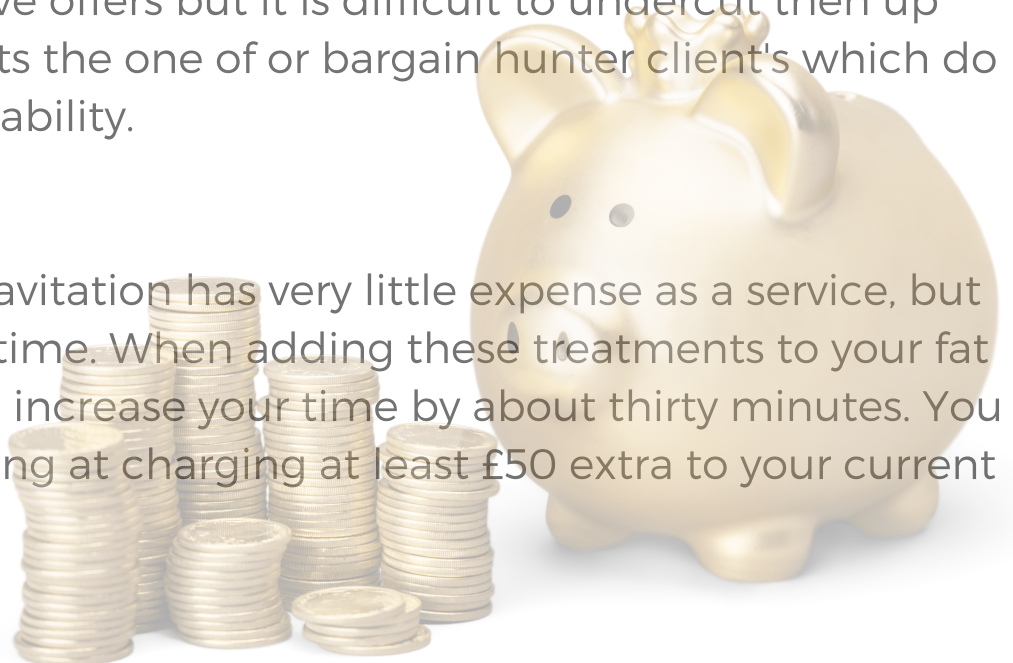
Pricing

Treatment prices vary place to place due to a range of factors. When working out your prices things to consider will include:

- Product costing.
- Overheads - room rent, rates, booking system, waste disposal, card machine.
- Local area and competition prices.
- Profit margins and self worth based on skill and experience.

Accommodating all these factors will allow you to come up with a price that is reasonable and your happy with. Do not undersell your value it is always an option to have offers but it is difficult to undercut then up prices as it often attracts the one of or bargain hunter client's which do not offer a long term stability.

Radio frequency and cavitation has very little expense as a service, but still comes at a cost in time. When adding these treatments to your fat dissolving service it will increase your time by about thirty minutes. You would want to be looking at charging at least £50 extra to your current fat dissolving prices.



SECTION ELEVEN

Next Steps

SECTION TEN

NEXT STEPS

Completing Your Course

Congratulations, you have now completed the first stages of your training, these are the next steps to completing your course.

Watch the training materials found in practical demonstration. This will show you a step by step guide of completing a service.

The questionnaire - This is a multiple choice option to look at ensuring you have absorbed the information provided and show competence in completing a service.

Book a free zoom call - This is optional and can be booked via our website or email to discuss any questions you may have about this course.

Add yourself to the Creative Touch general aesthetics Facebook page here you will find a community of students like yourself who are learning new skills and sharing their experiences with others. This will help industry engagement and give you a place to share your journey and answer additional questions you may have.

Email request to be made to courses@creativetouch.training