

Arisa Ortiz, MD, is director, laser and cosmetic dermatology, and associate clinical professor in the department of dermatology at UC San Diego.



Follow Dr. Ortiz on Instagram **@arisaortizmd** for more cosmetic and laser tips and tricks.



If you have suggestions for topics or content for Clinical Pearls, contact Dean Monti at **dmonti@aad.org**

Clinical Pearls

Clinical Pearls help prepare residents for the future by providing them with top tips from experts about what they should know about specific, key subject areas by the time they complete their residency.

Laser considerations

Arisa Ortiz, MD

It's not about the settings, it's about the endpoint

It's important to not use a cookbook approach to laser medicine. Familiarize yourself with the endpoint and look at the tissue interaction. Settings will vary among different laser companies, or even in your own device after maintenance servicing, so it's important not to memorize settings. When treating blood vessels with a vascular laser, you want to see vessel darkening or clearance. When performing laser hair removal, you want to see perifollicular erythema and edema, or hair singeing. Sometimes, this can take a few minutes to develop so do not increase settings right away if you don't see this endpoint. When using a picosecond or nanosecond laser for pigment/tattoos, you want to see whitening, but not tissue splatter. By following tissue endpoints, you will provide safe and effective laser treatments. (1, 2)

We can't erase scars, but we can make them better

When counseling patients, they need to understand that scarred skin will never look like "normal" skin. Sometimes we get close, but I prefer to underpromise and over-deliver when it comes to scars. Erythematous scars will fade with time, but using a vascular laser can speed up the fading. For textural irregularity, stretch the skin. If the scar improves with stretching, then it is amenable to laser therapy. If the scar does not improve with stretching, then it is likely tethered by scar tissue and may require subcision. When using resurfacing lasers, use conservative settings because scars respond best to lower densities. (3)

Laser procedures can be combined on the same day to improve results

In daily practice, we often combine multiple lasers on the same day. As a general rule, I perform vascular lasers first so that you do not exacerbate nonspecific erythema. I follow this by targeting pigment with intense pulsed light, Q-switched, or picosecond lasers. Then I perform laser resurfacing. Finally, I treat any raised seborrheic keratoses with liquid nitrogen.

Using a neuromodulator prior to resurfacing can augment results

Relaxing muscles with a neuromodulator prior to

resurfacing the area can augment laser results. I generally perform the neuromodulator 1-2 weeks prior to resurfacing. Do not administer botulinum toxin on the same day as the laser procedure because swelling can make the toxin migrate and potentially cause a ptosis. (4)

Make sure to lower your settings when you treat off the face

The neck and other areas off the face have fewer adnexal structures and are more likely to scar. Healing time is also prolonged. With resurfacing, use lower fluences on thinner skin, and lower densities for less aggressive settings to avoid complications. (5)

References:

- 1. Wanner M, Sakamoto FH, Avram MM, et al. Immediate skin responses to laser and light treatments: Therapeutic endpoints: How to obtain efficacy. J Am Acad Dermatol. 2016;74(5):821-833. doi:10.1016/j.jaad.2015.06.026
- Wanner M, Sakamoto FH, Avram MM, Anderson RR. Immediate skin responses to laser and light treatments: Warning endpoints: How to avoid side effects. J Am Acad Dermatol. 2016;74(5):807-820. doi:10.1016/j.jaad.2015.06.025
- Lin JY, Warger WC, Izikson L, Anderson RR, Tannous Z. A prospective, randomized controlled trial on the efficacy of fractional photothermolysis on scar remodeling. *Lasers Surg Med.* 2011;43(4):265-272. doi:10.1002/lsm.21061
- Yamauchi PS, Lask G, Lowe NJ. Botulinum toxin type A gives adjunctive benefit to periorbital laser resurfacing. J Cosmet Laser Ther. 2004;6(3):145-148. doi:10.1080/14764170410023767
- Avram MM, Tope WD, Yu T, Szachowicz E, Nelson JS. Hypertrophic scarring of the neck following ablative fractional carbon dioxide laser resurfacing [published correction appears in Lasers Surg Med. 2009 Jul;41(5):398]. Lasers Surg Med. 2009;41(3):185-188. doi:10.1002/Ism.20755 DR

NEW! Clinical Pearls online

The AAD has recently compiled its Clinical Pearls archives from the pages of *Directions in Residency*. The popular feature provides residents with useful tips from experts in dermatology.

Choose from these topics:

- Autoimmune Bullous Disorder
- Contact dermatitis
- Lasers
- Phototherapy
- Pediatric
- Cutaneous T-Cell Lymphoma
- Dermatopathology

Learn more by visiting the archives at www.aad.org/member/publications/more/dir/ clinical-pearls.