Ulthera: Initial and Six Month Results

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**KEYWORDS**
- Facial rejuvenation
- Neocollagen deposition
- Noninvasive facial rejuvenation
- Skin laxity
- Ulthera
- Ultrasound

**Key Points**
- For most nonsurgical methods of facial rejuvenation, improvement is dependent on a robust wound healing response consisting of increased expression of reparative mediators and neocollagen deposition.
- The ideal patient has mild to moderate skin laxity and mild lipoptosis. A younger patient typically has a more vibrant wound healing response and an inherent skin elasticity, which leads to better results.
- Limitations of the procedure include patients with extensive skin ptosis/laxity, heavy lipoptosis with jowling, and marked platysmal banding. These patients are better served with surgical interventions.
- Relative contraindications include treatment directly over keloids, implants, and fillers because it may cause further scarring, malfunction, or volume loss, respectively. Judgment should be exercised in patients at risk for bleeding complications, poor wound healing, infection, or exacerbation of an autoimmune disorder.

EMERGENCE OF ULTHERA

The demand for facial rejuvenation has increased as patients from the baby boomer generation continue to age and subsequent generations find further societal acceptance of such interventions. Traditional surgical techniques and ablative skin resurfacing remain the gold standard for substantial, predictable improvement for those with extensive neck and facial skin laxity, deep rhytids, jowling, platysmal banding, and lipoptosis. Once shrouded in secrecy, master techniques are now readily shared and have become further refined to improve safety and outcomes. However, not all patients present with such extensive aging changes and some cannot accommodate a lengthy downtime in their schedules. In response, a multitude of alternative noninvasive treatment options have evolved to meet the demand of these patients.

These noninvasive treatment modalities include injectable neurotoxins and dermal fillers (hyaluronic acid, calcium hydroxyapatite, and poly-L lactic acid), intense pulsed light, nonablative lasers (infrared 1100–1800 nm, midinfrared 1320-nm neodymium-doped yttrium aluminum garnet, and pulsed dye), and radiofrequency bulk heating (monopolar and bipolar capacitive). Of these treatments, neurotoxins and fillers are the most frequently used and continue to see an exponential growth because of their ability to treat dynamic rhytids and the volume losses of aging, respectively.

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