



The energy-based approach to a nonsurgical mommy makeover

Tara Delle Chiaie, MSN, FNP-BC, APRN

From a physical, emotional, and psychological standpoint, there is a lot that happens to a woman after giving birth. Among the many challenging adjustments are the increase in post-pregnancy cellulite and loss of their pre-pregnancy body shape. And let's not forget the lack of personal time available to exercise regularly and reshape the body. A sag here, a stretchmark there, and stubborn pockets of fat everywhere – the physical consequences of childbirth can lower a woman's self-esteem.

In the past decade or so, there has been growing interest among women who are done having children and want to revive their before-baby body. A “mommy makeover” may be the solution they are seeking. “Mommy makeover,” is a catch-all phrase that refers to a combination of body contouring procedures performed to improve physical changes that linger in the months and years after pregnancy.¹

According to the American Society of Plastic Surgeons, procedures that are typically included in a mommy makeover include breast augmentation, breast lift, buttock augmentation, liposuction, tummy tuck, and vaginal rejuvenation. These are typically surgical procedures requiring anesthesia and considerable post-procedure downtime of up to two weeks.¹ For some women, that isn't a problem, but for the subset who either don't want or are afraid of surgery, or are poor surgical candidates due to use of blood thinners or other medical issues, a nonsurgical version of the mommy makeover may be an attractive option.

The nonsurgical mommy makeover is not just beneficial for the patient, it is also beneficial for the practitioner. For the business owner, the mommy makeover provides an opportunity to attract an affluent demographic with disposable income, while potentially cementing long-term relationships. It may also be a great way to increase the usage of the energy-based technology you have already acquired.

Why a nonsurgical mommy makeover makes sense

The general interest in a mommy makeover is driven, in my opinion, by two primary needs: the physical and the emotional. The physical needs are more obvious – sagging breasts, loose skin and added girth around the belly, stretch marks, etc; but

the emotional needs are often just as significant, if not more. A woman's emotional well-being is often tied to her physical appearance and can affect the way she feels about herself, the way she parents, and her general attitude. A 2009 study following women after childbirth (Gjerdingen et al.) found that body dissatisfaction at nine months postpartum was associated with worse mental health, among other factors analyzed.²

Starting a few years ago, I had a steady stream of patients coming to my practice who all had a common complaint. “I've lost all my pregnancy weight,” they'd tell me, “but my clothes still don't fit. I cannot get rid of these small pockets of fat or flaps of skin that stick out and make me feel unattractive.” Many had already decided that they needed a series of cryolipolysis treatments to address their treatment concerns. However, in my opinion, cryolipolysis is more of a debulking tool that addresses fat more so than skin issues. It doesn't always address the textural or skin laxity concerns that many women experience following childbirth. These require a more thoughtful, nonsurgical approach that may involve multiple modalities.

Initially, that suggestion was difficult for many of my patients to understand. They assumed that cryolipolysis is a one-size-fits-all answer for any fat-related issues around the abdomen. It takes additional patient to explain that the outcomes achieved may not address the unique combination of skin issues women suffer following pregnancy.

Nonsurgical mommy makeover: pros and cons

Pros

- Only local anesthetic required
- Less downtime when compared to other surgical procedures
- Cost to the patient is significantly less than the surgical alternative
- No permanent, unsightly surgical scars for patients to cover up

Cons

- Providers must be skilled at performing the procedure; practice on low-risk cases prior to introducing a mommy makeover procedure into your practice
- Treatment outcomes can vary from patient to patient

The core demographic

The sweet spot for the nonsurgical mommy makeover is women in their 30s and 40s who are done having children. Patients in their 20s generally cannot afford the treatments, which can run anywhere from \$6,000 to \$15,000, while patients in their 50s and older are generally more concerned about problem areas above the neck. Although I may occasionally treat a patient in these age brackets, they are the minority.

Most women undergoing the procedure are not first-time patients in my practice, but rather regulars who have sought less invasive procedures such as neurotoxins and fillers in the past. They are loyal patients who share their concerns and trust me to help produce the kinds of results they are looking for. There is a certain amount of trust building that needs to occur with the patient before they are comfortable sharing their vulnerabilities.

It is important that patients have realistic expectations prior to a nonsurgical mommy makeover. Do they understand the recovery and post-care required after treatment? Can they handle the initial healing phase, will they be accepting of the downtime? Are they more concerned with the way their clothes feel or the way they look naked? What are they more concerned about: cellulite appearance, sagging skin or overall bulkiness?

Patients who are significantly overweight and/or have large pockets of fat and sagging skin won't benefit significantly from a nonsurgical mommy makeover. It's the same with women who love to go tanning. Patients with darker skin are also not ideal candidates for ablative fractional laser therapy.

It is also important to assess the emotional and psychological health of your patient prior to starting treatment. If they have underlying body dysmorphic disorders and are not willing to see themselves as beautiful, they may be unlikely to appreciate the results.

One of the things I like to do is record the language my patients use to describe how they feel. If they say, "I feel sad" or "I feel old" or "I feel like a dried-up flower," those are the words I write down, and then when they come back for follow-up, I try to remember and ask "Are you feeling less sad?" or "How is your flower today?" Using their own words is the best way to assess their psychological health and satisfaction with the treatment.

My treatment protocol

It took me several years to develop the right combination of nonsurgical treatments to address the most common needs of patients asking for a mommy makeover. I had to learn my audience and hone my device skills before finding the practical solution that made the most sense for my patients and my practice.

In my practice, a nonsurgical mommy makeover³ involves the use of two platforms: the CO₂RE[®] laser and Profound[®]

radiofrequency (RF) microneedling system⁴, both manufactured by Candela. Marketed as the ProCO₂RE™ Mommy Makeover treatment, it focuses on improvement on the body (abdomen) and overall skin quality.

The ProCO₂RE treatment begins with advance preparation. Prior to treatment, I tell most of my patients to obtain a kit of hydroquinone with vitamin C, along with tretinoin, that they can use to help prep the skin. This combination can also be used for up to 8–12 weeks in the post-procedure healing phase to help reduce the amount of redness that is sometimes seen after laser therapy.

On the day of the procedure, when the patient arrives in my practice, I first apply a topical numbing agent and after application, I occlude the area with plastic wrap. A patient will typically need to wait 45-60 minutes for the full effects of the topical numbing agent to kick in.

Once the skin is numbed topically, inject 1% Lidocaine with Epinephrine 1:100,000 buffered with 8.4% Sodium Bicarbonate solution in the intended treatment area and according to the patient's total weight.* Because I want the skin numb and prepped adequately, I am careful not to flood the area with too much solution as this could create for variable impedance tolerances in the skin.

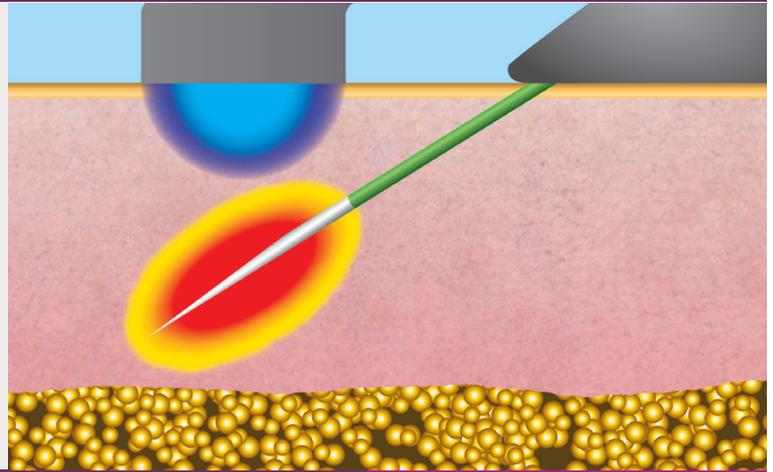
Beginning with the SubQ handpiece of the Profound system, I evaluate the levels of cellulite at the treatment area to determine the temperature and technique applied. If the patient has mild-to-moderate baseline condition, I'll set the temperature to 67°C with a four second pulse duration and apply insertions using a cross hatching technique (approach). This technique thoroughly breaks down the adipose tissue. In a patient with more significant bulk and baseline condition, I'll increase the temperature to between 70-72°C and perform 2-4 passes with the handpiece using consistent-stable pressure.

Once I'm done heating the tissue and breaking up the cellulite below the dermal layer of the skin, I switch to the Dermal handpiece. I typically cover the entire targeted treatment area, as well as one inch beyond it, to increase the creation of new elastin and collagen needed to reduce skin laxity and improve skin contractility. For most patients, I set the temperature to 67°C and perform one pass over the entire area set at a 3-second pulse duration. My spacing is about 2 mm apart. In patients with thinner, more lax skin, I will space the needle insertions 4 mm apart. In patients with more supple skin, I will space them 2-3 mm apart. It is vital that providers be mindful of the type and quality of their patient's tissue and overall condition of the skin to select the most appropriate settings and spacing for treatment.

The next step of the ProCO₂RE Mommy Makeover treatment involves use of the CO₂RE laser. A single pass over the top layer of the skin with the CO₂RE laser helps to generate additional skin contracture and improves potential issues with skin texture and tone irregularities. The CO₂ beam heats water in the skin which results in a cascade of temperature-

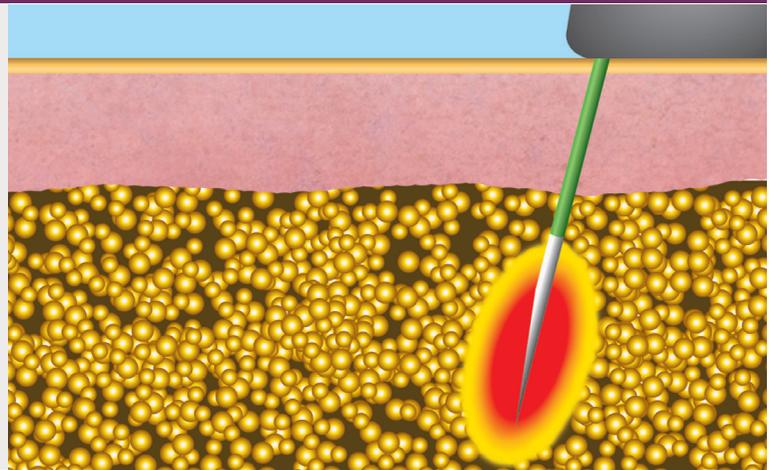
SubQ Handpiece

The Profound system's SubQ handpiece involves seven pairs of 32-gauge needles that can be inserted at a depth between 2.9 and 5.8 mm into the skin at a 75° angle. The target temperature can be set anywhere from 67 to 72°C. Target temperatures are reached and maintained throughout the treatment given the nature of control over the bipolar RF energy delivery and insulation of the needles. The temperature controlled- fractionated thermal lesions deposited in the skin is a key differentiating factor compared to other RF microneedling systems.



Dermal Handpiece

The Dermal handpiece delivers an injury 1-2 mm beneath the surface of the skin with five insulated bipolar RF needles. It also measures temperature 10 times per second to ensure target temperatures are reached and maintained regardless of skin condition throughout the energy delivery process.



dependent bioreaction zones or controlled thermal tissue effects. Hence the importance of the appropriate amount of local anesthesia injected into the skin before the procedure is started.

The total treatment, including paperwork, numbing and the actual procedure, takes approximately three hours to complete. Obviously that will vary somewhat based on the total surface area that needs to be treated.

Post treatment

Immediately following the ProCO₂RE treatment, most patients' skin will be quite red, hot, and show signs of edema. I inform my patients that in addition to some bloating and swelling, they may experience a burning sensation similar to that of a painful sunburn. The burning sensation will usually last about 1-3 days, while the swelling should subside in approximately 5 days.

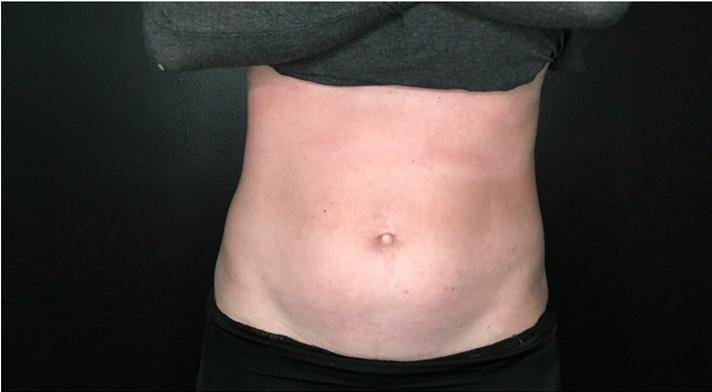
Patients should expect the treated skin to have an underlying red hue for up to three months post treatment. The actual duration will depend upon their pre- and post-care treatment regimen, amount of sun exposure, and even their choice of clothing (tight pants may cause a stripe of hyperpigmentation, for example).

We send all patients home from their initial treatment with literature on what to expect during the healing phase and continue to follow up with emails. Patients often need a bit of extra hand holding during the recovery phase. To help address their concerns, we not only send them home with written materials, but also follow up with emails and phone calls to stay connected with the patient.

At my practice, we have patients return at intervals of one, two, three and six months post-treatment to monitor healing and treatment outcomes.

Conclusion

For practices specializing in the use of non-invasive energy-based procedures, a mommy makeover package is a wise addition to your list of patient offerings. The return on investment is excellent, with the cost of consumables and the overall price tag for patients bringing me a profit of roughly \$5,000 for a three-hour procedure. It meets a growing patient demand in a population that has the financial capability to pay for procedures that will help them regain the physical and emotional confidence they had prior to having children.



Before ProCO₂RE™



After 4 months, 1 treatment



Before ProCO₂RE™



After 4 months, 1 treatment

All photos courtesy of T. Delle Chiaie, MSN, FNP-BC, APRN. Photos are unretouched.^a



Reference

1. American Society of Plastic Surgeons. Cosmetic procedures: Mommy makeover. Available at <https://www.plasticsurgery.org/cosmetic-procedures/mommy-makeover> 2. Gjerdingen D et al. Predictors of Mothers' Postpartum Baby Dissatisfaction. *Womens Health*. 2009 Sep; 49(6):491-504. 3. Profound system FDA 510k clearance (K161043). 4. CO₂RE laser FDA 510k clearance (K181523). a. The ProCO₂RE treatment may be associated with side effects such as redness, swelling and bruising. Individual healing times, discomfort, treatment results and satisfaction can vary. Please discuss the potential side effects, risk and benefits of this procedure with your treatment provider to determine whether the ProCO₂RE treatment is appropriate for you.

^aAnesthetic agents have systemic as well as local effects, medication calculations assume weight-based toxicity, and vary depending on type of agent, concentration of agent, manufacturer, country recommendations, patient-specific, site-specific, and block-specific factors. Administration of medications should be individually assessed by the qualified healthcare professional.