

Protocol for Enhancing Fractional Photothermolysis With the Clarisonic® Skin Care Brush

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Today's cosmetic consumer is clearly very savvy with regard to various cosmetic procedures. As skin care professionals, dermatologists must keep abreast of the latest treatments and trends, whether for in-office or at-home use. Consumers investigate treatments, procedures, and devices on the Internet after they learn of them through friends, television spots, and magazine articles. The most motivated of patients are usually those who are most informed before coming into the office.

Whereas the majority of patients present to a cosmetic dermatologist for consultation only knowing which facial features they would like to improve, there is a significant number of patients who request a particular treatment. When it comes to laser treatments, patients often inquire about fractional photothermolysis (FP), Thermage®, and plasma skin resurfacing. Usually they have heard about these treatments from friends or relatives who have undergone such procedures or on television, or they have read about them in a magazine.

FP is one of the most commonly requested nonablative resurfacing procedures in my practice, where it has been performed for almost 3 years. Treatments with FP far outpace any other laser treatments I currently perform. In early 2006, I began incorporating another device, the Clarisonic® Skin Care Brush, into FP procedures. The Clarisonic Skin Care Brush improves the even application of the OptiGuide Blue™ tracking dye and is indispensable in aiding in the removal of the dye once FP has been performed.

BACKGROUND

The Clarisonic Skin Care Brush is the first sonic skin care brush designed for daily facial cleansing and was designed

by the primary inventor of the Sonicare® toothbrush. The Clarisonic brush head has 2 distinct zones: stationary outer bristles and oscillatory inner bristles. This creates a differential motion that works with the skin's natural elasticity to gently flex the pores and skin without overstretching the skin, making it safe and effective on all skin types. It has proven to be particularly effective at cleansing the uneven skin of patients with acne scarring and other skin conditions and dermatoglyphics.¹⁻⁴ Most recently, dermatologists and other skin care professionals have found the Clarisonic Skin Care Brush to be beneficial for preprocedural and postprocedural cleansing for a number of in-office cosmetic procedures, including FP.

FP is a technique that has several applications. Not only does it tighten the skin, thereby reducing fine lines and rhytides, but it also is useful in treating a number of dyschromic conditions, such as lentigines, melasma, and postinflammatory hyperpigmentation. Furthermore, in my experience, FP treatment can substantially improve the appearance of acne scars. Therefore, I encourage use of the Clarisonic Skin Care Brush for more effective pretreatment cleansing and more even application of the blue dye and anesthetic; posttreatment, it is vital in the removal of the blue dye. The brush can be used on all areas treated by FP (ie, hands, face, or other areas of the body).

METHOD

When I see a patient for FP treatment, the patient is instructed on how to use the Clarisonic device during the

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first visit only and is also instructed to cleanse the face before the brush is used. Once the patient's face is clean, a nurse will apply the OptiGuide Blue tracking dye and topical anesthetic.

Before I began using the Clarisonic Skin Care Brush, I had used a mild cleanser, such as Dove® soap or Cetaphil® Gentle Skin Cleanser, but there was no mechanical augmentation of the cleansing process, and I did not feel that enough sloughed skin cells or keratinaceous debris and oils were removed. I still use Cetaphil Gentle Skin Cleanser for preprocedural cleansing, but the mechanical action of the Clarisonic Skin Care Brush improves cleansing. Cleansing with the brush has also improved the even application of the OptiGuide Blue tracking dye. This translates into more even FP treatment with more consistent results.

Thirty minutes to 1 hour (depending on topical anesthetic used) after cleansing the face, the FP treatment is performed in conjunction with a Zimmer air-cooling device to minimize patient discomfort. AFA™, an amino acid-based cleanser, is used in conjunction with the Clarisonic Skin Care Brush to remove the dye, with excellent results.

I had previously used a highly lipophilic cleanser, such as a grease-fighting dishwashing liquid, since the blue tracking dye is difficult to remove using only a mild cleanser. This has always been a challenge and has been significantly ameliorated by the use of the skin care brush.

The brush has significantly improved the FP procedures I perform—in terms of ease and efficacy—and

patients like the device. It is certainly easier for patients to remove the blue dye, and it leaves their faces feeling slightly more exfoliated and tighter than before I began using it in conjunction with FP. Since the FP procedure is “fractional,” patients usually experience no more than a slight sunburn sensation with minimal pinkness for a few days. The Clarisonic Skin Care Brush is not abrasive and can be used immediately after treatments. Quite often, when patients experience the brush in my office, they are inclined to use it at home. Patients feel that it gives them smoother and clearer skin.

Like FP, the skin care brush can be safely used on all Fitzpatrick skin types and to treat a variety of skin conditions, such as acne, rosacea, and seborrheic dermatitis. However, because patients with eczema need to have an intact skin barrier with adequate skin hydration, physicians should be wary of recommending FP in conjunction with the Clarisonic Skin Care Brush to patients with this condition. In my practice, this combination procedure has proven to be successful and has improved the way FP is performed.

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