

ENDERMOLOGIE® THE LPG (TEHCNIQUE), ASPIRATIVE HYPODERMAL MOBILIZATION AND CELLULITE: MY CLINICAL PRACTICE

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Endermologie was originally developed by Louis Paul Guitay in the 1970's for his personal use to aid massage in the physiotherapy of scar contracture. Introduced into widespread use in France in 1986 and in the US in 1996, their use was initially met with some skepticism due to a lack of supportive clinical trials by practicing physicians. Daver¹ and Cumin² in France reported early success with the use of the device in 1991 and 1996 respectively before its use in the US after 1996 by Ersek^{3,4}, Fodor^{5,6} and others, including myself^{7,8}. In the US, the original emphasis was on the reduction of fat by its effects on fat metabolism in addition to the reduction of cellulite seen by clinicians. At that time, other proposed but unsubstantiated mechanisms included increased lymphatic and blood flow. After a series of research verifying these claims 10-16 initial skepticism gave way to general acceptance by a significant portion of plastic surgeons in the US. Over 6000 machines are in use worldwide and 1000 machines in the US, probably a greater number than made by all other companies combined. There are very few studies in the literature on the use of other machines.

Benefits have been stated as an alternative to liposuction, a pre- and post-operative adjunctive therapy to lipoplasty and as an interoperative aid to dispersing the tumescent wetting solution. In 1997 my clinic completed two clinical trials with blinded observers of unilateral treatment of 10 patients each on one side of the body from the axilla to the calf with the new, untested Luxar-ESC Silhouette device for 2 treatments a week for 8 weeks. We were able to determine by examination which side served as a control and which side had been treated in 10/10 patients in both trials and measurements confirmed a reduction in circumference of the treated extremity compared to the control. Later that year we obtained an LPG ES1 device that has two active, rolling heads, bi-directional movement, a feedback pressure control mechanism and a number of other technological improvements over the ESC device. We now have almost 4 years experience in hundreds of patients. We have employed four technicians in the clinic and one slightly preferred using the Silhouette device while three strongly preferred the Endermologie device and two refused to use the Silhouette device.

Over 2 years ago we discontinued using the Silhouette device. Only a few patients preferred its firmer, single-roller, treatment mechanism that lacks a feedback pressure sensor, but many experienced pain and several developed significant bruising after treatments. Early post-operative treatment was not possible and the lack of a small treatment head eliminated facial therapy. If one machine was presented as the *ibesf* treatment there was general acceptance by the patient. However, in side by side comparisons of Endermologie and Silhouette devices without prejudicial comments, over 75% of the patients choose the LPG technique for their therapy.