WELCOME

Training village
PERFORM EASY AND PAINLESS VAGINAL DRYNESS TREATMENT WITH ELEA®

Dr Bertrand Durantet
Aesthetic Doctor
LYON – France

www.dr-durantet.com
PART 1

FEATURES ON ELEA®

www.dr-durantet.com
Elea
THE MAGNETIC SUPPORT

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Elea

THE FOOT PEDAL

www.dr-durantet.com
Elea
THE PEN

www.dr-durantet.com
2 INJECTION MODES

« Bolus » mode  « Continuous » mode

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Elea

3 CONSTANT COLORS
FOR
3 SPEEDS OF INJECTION

Low speed
(0,3 ml / mn)

Medium speed
(0,6 ml / mn)

High speed
(1,2 ml / mn)

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Elea

3 LIGHTENING COLORS

FOR

3 VOLUMES OF INJECTION:

With 1 mL of HA:
- 80 big drops
- 120 medium drops
- 230 small drops

Small volume (12.5 µL)

Medium volume (8 µL)

High volume (4.5 µL)

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MANUAL VS ELECTRONIC INJECTION

Volume

Pain

Pain

Manual injection

Injection time

Elea

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MANY ADVANTAGES

For the patients
- Significant reduction of pain
- Reduction of side effects
- Faster recovery
- Reassuring practice

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MANY ADVANTAGES

• High precision
• Less muscle fatigue
• Better injection speed control
• Accurate injected volume control
• Optimization of consumables
• High Tech image

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Elea

LIGHT – ACCURATE – INTUITIVE

COMFORTABLE – REASSURING – GRACEFUL
PART 2

ELEA® FOR THE TREATMENT OF VAGINAL DRYNESS
TREATMENT GOALS

Intra-mucous injection of crosslinked HA
In order to biostimulate/ rehydrate the genital mucosa’s superficial layers

• **Trophic** :
  ⇒ Vulvovaginal atrophy
  ⇒ Intimate discomforts, dyspareunia, Burns, dryness

• **Functional** :
  ⇒ Secondary to trophic issues :
  Sexuality disorders : « Feminine sexual dysfunction»

www.dr-durantet.com
www.medecine-esthetique-intime.com
VAGINAL REHYDRATION

Indications

- Postmenopausal mucosal atrophy
- Iatrogenic mucosal atrophy
- Painful or fibrotic perineal scar
- Vulvovaginal dryness of the young woman
- Postpartum
VAGINAL REHYDRATION

Contraindications

- Same as for HA injections
- Vaginal infections in progress
- Menstruation
  - Allergy to HA
  - Systemic disease (neoplasia)
  - Unstable autoimmune disease
  - AAR with cardiac localization
  - Pregnant or lactating woman
  - Non-resorbable implants
VAGINAL REHYDRATION

✓ Case of scleroatrophic vulvar lichen :

- Autoimmune disease (chronic inflammation)
- Contraindicated for HA injections.
- Treatment of relapses: dermocorticoid.
  => But aggravates mucocutaneous atrophy.
- Biopsy essential to confirm the diagnosis.
- AH indication:
  - Disease confirmed by biopsy
  - Disease stabilized for 5 years
  (no symptomatology / dermocorticoid become useless).
### CLINICAL EXAMINATION

<table>
<thead>
<tr>
<th>Burns</th>
<th>Smooth white or zebra patches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyspareunia</td>
<td>Permanent discomfort</td>
</tr>
<tr>
<td>Per-coital pain</td>
<td>Bleeding during intercourse</td>
</tr>
<tr>
<td>Intimate drought</td>
<td>Itching, pruritus</td>
</tr>
<tr>
<td>Vaginal irritation</td>
<td>Tendency to bruises, cracks</td>
</tr>
</tbody>
</table>
## CLINICAL EXAMINATION

<table>
<thead>
<tr>
<th>Paleo &amp; atrophic appearance of the vulvovaginal mucosa</th>
<th>Contact bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vestibulodynia (cotton swab test)</td>
<td>Loss of elasticity</td>
</tr>
<tr>
<td>Drought</td>
<td>Loss vaginal ridges</td>
</tr>
<tr>
<td>Petechiae</td>
<td>Associated genitourinary syndrom</td>
</tr>
</tbody>
</table>

- clear urine cystitis, non-infectious VV
- pruritus, unpleasant odours,
- hyperlaxity and urinary incontinence
REMINDER HISTOLOGY

**FIG. 14.67. Structure de la paroi vaginale**

A. tunique muqueuse  
B. tunique spongiosa  
C. tunique musculaire  
D. adventice ou fascia vaginal

1. lamina propria  
2. couche circulaire  
3. couche longitudinale

**ATTENTION !**  
**ACHTUNG !**  
**ATENCIÒN !**  
**ATTENZIONE !**  
**BE CAREFUL !**
REMEMBER : VASCULARIZATION

Arteries :

✓ Upper part of the vagina :
  • Vesico-vaginal a. (uterine a. branch)
  • Cervico-vaginal a. (idem)

✓ Medium & lower part of the vagina :
  • Long vaginal a. (hypogastric a. branch)
  • Middle rectal a. & internal pudendal a.
INJECTION PROTOCOLE (1/2)

1. If herpetic backgroud (even buccal) :
   => ZELITREX® : 1 cap / day 3 days prior and after.
2. Cleaning and disinfect (gynaecological betadine®)
3. Local anaesthetic of the posterior vaginal fork
4. Only inject the posterior vaginal linings, the vestibule (junction between labia minora and vagina) and the labia majora.
5. 2-3 cm deep from the vagina’s orifice only
6. Injection with an HA filler slightly crosslinked (CE marking)
7. Micro-papules technique (submucous)
8. Very superficial injections: 0,5 to 1 mm deep.
9. Always stay parallel to the mucous plan
10. 0,05 to 0,1 ml per bolus, meaning 10-20 injections
11. 0,5 - 0,8 ml for the linings / 0,2 – 0,5 ml for the vestibule & labia majora
12. 30 G yellow needle recommended
INJECTION PROTOCOLE TIPS

- Insist on the atrophic zones and episiotomy scars.
- Labia majora’s injection possible (bolus or retrograde technique)
- Do not inject the labia minora
- Antibiotic coverage non systematic
REMINDER

Do not inject:

- Intravascularly (IV)
- The clitoris
- Cavernous bodies
- The anterior lining
- The labia minora
- The Bartholin’s glands

ATTENTION ! ACHTUNG ! ATENCIÒN ! ATTENZIONE !

BE CAREFUL !
COMPLICATIONS (RARE)

- Inflammation,
- Redness,
- Œdema,
- Hardening,
- Nodule,
- Slight bleeding,
- Hematoma,
- Bout of herpes.
RESULTS

=> From Month 1 & maximum to Month 3:

Reduction of:

• Dyspareunia
• Vaginal dryness
• Mucosa’s atrophy
• Vagina’s pH
• Repetitive vaginitis
RESULTS

• Study made in 2012 on 8 patients:

  80% enhancement dryness / irritations

• Study made on 52 patients (retouch at Month 1 in 47%):

  94% of women notice an improved or highly improved quality of life up to 6 months after treatment.
POST-INJECTIONS REMINDERS

- No swimming / sauna / jacuzzi for the following 48 hours.
- No sexual intercourse for 4 – 5 days after treatment.
- No cycling, gymnastics or horse riding for 7 days.
- PREMENO Ovule® (hyaluronic acid + lactic acid) :
  1 pill at bedtime for 10 days, 1 taking every 3 days for maintenance, to be continued accordingly to intimate comfort.
In my practice, the use of the pen injector allows:

- More precision with the “pen style” (support points)
- Easy to go inside the vagina with the long grip
- Less painful with speed & flow control than manual injection
- To be concentrated on my injection (no looking at the graduation)
- To have enough product to treat a large area (Vagina, vestibule and the Big Lips)
- To avoid big papula
- No muscular fatigue
INJECTION PROTOCOLE WITH ELEA
PART 3

VIDEO DEMONSTRATION
THANK YOU

Dr Bertrand DURANTET
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