












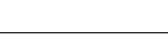






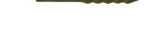




























































0,08
0,10
0,15
0,20
0,30
1,5

	Mode	Time sec/100	Power Watts	Function	Mono/Bipolar	Electromanipule	Ø
Adipolysis <i>Adipolysis is a rapid, simple and inexpensive way to correct all small volume excesses in the face and body. Adipolysis no residual signs of fibrosis</i>	DIRECT PULSED 0,3/5,3	00	27-38	COAG	MONO	EM10 gray insulated 	0.15
Venous lake (angioma of the lip) <i>The tip of the electrode is inserted into the angioma until it has completely coagulated.</i>	DIRECT	00	10	COAG	MONO	EM10 yellow 	0.20
Spider naevus (monopolar) <i>The timed emissions coagulate the fine spider veins that branch off from the central vessel which is not coagulated.</i>	TIMED	05	7	COAG	MONO	EM10 green 	0.10
Spider naevus (bipolar) <i>The two electrodes enter the skin and are positioned near the ascending artery, below the central blood vessel. A series of timed emissions causes electrocoaptation of the artery at its origin in the subcutaneous tissue. The procedure does not leave residual scarring.</i>	TIMED	99	7	COAG	BIPOLAR	2 EM10 green partially insulated 	0.10
Spider naevus <i>After coagulating the spider veins that radiate from the central vessel, a monopolar technique is used to externally coagulate the walls of the central vessel (the electrode does not enter the central vessel).</i>	DIRECT PULSED 5/29	00	7	COAG	MONO	EM10 green 	0.10
Ruby angiomas <i>A blunt tipped electrode is positioned with slight pressure on the angioma before generating the timed emission that vaporizes it.</i>	TIMED	09	50	COAG	MONO	EM15 	1.5
Punctiform ruby angiomas and extremely small neo-formations <i>The tip of the electrode is inserted into the formation accompanied by the formation of extremely small formations timed emissions.</i>	TIMED	09	7 o 10	COAG	MONO	EM10 yellow 	0.20
Upper blepharoplasty (skin incision) <i>The rapid pulsed timed surgical cutting cuts the skin following the line with pinpoint accuracy, leaving no burn margins. The stitches are removed after only 3 days.</i>	DIRECT PULSED 0,3/5,3	00	27	CUT	MONO	EM10 white 	0.08
Upper blepharoplasty (subcutaneous incision and adipose bags) <i>Adipose bags are removed with excellent visibility and an almost bloodless process.</i>	DIRECT PULSED 0,3/5,3	00	50	COAG	MONO	EM10 green 	0.10
Upper blepharoplasty by mixed peeling 0.5 <i>Mixed peeling 0.5 uses a 50 Watt current, emitted half a hundredth of a second. This emission generates a micro-arc, which renders the epidermis permeable to saturated solution of resorcin. The resorcin solution is left on the skin or about 4 minutes.</i>	DIRECT PULSED 0,5/24,5	00	50	COAG	MONO	EM15 	1,5
Transconjunctival blepharoplasty (mucosal incision) <i>Adipose bags can be removed with just two small 1 cm incisions in the conjunctiva. The incisions are not sutured.</i>	DIRECT PULSED 0,3/5,3	00	38	CUT	MONO	EM10 white 	0.08
Transconjunctival blepharoplasty (removal of adipose bags) <i>Adipose bags are removed with excellent visibility at 50 watts. The increased electrode size allows faster hemostasis.</i>	DIRECT PULSED 0,3/5,3	00	50			EM10 green 	0.10
Malar bag <i>After removing the insulation 2 mm from the tip, the electrode is inserted into the subcutaneous tissues for reduction with a back and forth motion.</i>	DIRECT PULSED 0,3/5,3	00	20 - 27	COAG	MONO	EM green insulated  EM gray insulated 	0.10 0.15
Blood vessel coagulation in small outpatient operations	DIRECT	00	50	COAG	MONO	EM15 + clamp	1.5
Whiteheads (closed comedones) <i>The tip of the electrode placed in elastic tension at the tip of the formation, before generating the the timed emission, creates a microincision from which the comedone is drained.</i>	TIMED	02	20	CUT	MONO	EM10 white 	0.08
Keratoses <i>Keratoses are vaporised with the resurfacing. Vaporised keratoses are not removed.</i>	DIRECT PULSED 0,3/5,3	00	27 o 38	COAG	MONO	EM15 	1.5
Small keratoses on the body <i>Micro-vaporisation is a suitable technique for smaller keratoses in the most sensitive area, the cleavage. .</i>	TIMED PULSED 0,3/5,3	06 - 12	50	COAG	MONO	EM15 	1.5
Scarring (repigmentation of) <i>Vaporisation of achromic scar tissue allows gradual repigmentation from the margins.</i>	TIMED PULSED 0,3/5,3	01 - 06	50	COAG	MONO	EM15 	1.5
Genital warts (clotting) <i>They are coagulated at low power to exploit the antiviral effect of the heat.</i>	DIRECT	00	10	COAG	MONO	EM15 	1.5
Couperose <i>The tip of the electrode is precisely positioned on the spider veins to be traversed. One or more emissions can be performed. The larger electrode is more haemostatic. The treatment leaves no residual scarring.</i>	DIRECT PULSED 0.5/25.5	00	7	COAG	MONO	EM10 green  EM10 gray 	0.10 0.15
Hair removal from the cheeks and chin <i>It definitively removes all the hairs, even if contiguous, in one session.</i>	DIRECT PULSED 25/67	00	3, 4 o 5	COAG	MONO	EM10 green 	0.10
Hair removal from the limbs and torso <i>One emission is sufficient for finer hairs, whereas terminal hairs require two or more pulsed emissions.</i>	DIRECT PULSED 25/67	00	3, 4 o 5	COAG	MONO	EM10 green  EM10 gray 	0.10 0.15
Hair removal from the upper lip <i>Properly treated hair does not grow back and there is no residual scarring.</i>	DIRECT PULSED 25/67	00	2 o 3	COAG	MONO	EM10 green 	0.10
Timedsurgical de-epithelialisation <i>It allows skin peeling, removing the epidermis, without damaging the dermis and the papillary capillary plexus. Timedsurgical de-epithelialisation is used for: lip wrinkles, crow's feet and lower eyelids, dermal-epidermal spots, repigmentation of vitiligo, etc.</i>	DIRECT PULSED 4/9	00	2 o 3	COAG	MONO	EM10 yellow (bent at an angle) 	0,20
Electropore Cosmesis <i>Electropore Cosmesis smoothes the skin by removing all the imperfections of the stratum corneum and prepares it for nutrients, anti-aging peeling and depigmentation. It allows the use of lower peeling concentration, with greater effectiveness and fewer inflammatory effects. Electropore cosmesis followed by the application of a saturated solution of resorcinol in H2O prevents aging and depigmentation.</i>	DIRECT PULSED 0,3/5,3	00	14, 20, 27, 38 o 50	COAG	MONO	Smooth and fractionated rotating electrodes 	
Electroshaving of benign neoformation <i>Electroshaving, using a magnifying glass, permits the excision of benign neoplasms neoplasms while preserving the surrounding tissue intact.</i>	DIRECT PULSED 0.5/24.5	00	38	CUT	MONO	EM 10 white  EM 10 green 	0.08 0.10
Electroshaving of facial neoplasms <i>Healing from substance loss can begin immediately. Medication is normally carried out using collagenase, which is always preceded by gentle cleansing with a cotton swab.</i>	DIRECT PULSED 0.5/24.5	00	38	COAG	MONO	EM10 green  EM10 gray 	0.10 0.15
Electroshaving of neoplasms on the eyelid margin <i>When the crust falls away, a slight depression is left in the skin, which is filled in after a few months. The result is natural without any visible surgical effects.</i>	DIRECT PULSED 0.5/24.5	00	27 o 38	COAG	MONO	EM10 white  EM10 gray 	0.08 0.10
Hemostasis with timedsurgical resurfacing <i>Timedsurgical resurfacing is used after the removal of benign neoformation. The pulsed microarc coagulates the blood vessels without causing detectable damage to the tissues. A cotton swab is helpful for drying the small surgical field.</i>	DIRECT PULSED 0,3/5,3	00	50	COAG	MONO	EM15 	1.5
Fibroma of the nose <i>A blunt tipped electrode is positioned with slight pressure on the fibroma before generating the timed emission that vaporizes it.</i>	TIMED	09	50	COAG	MONO	EM15 	1.5
Fibroids mollusca <i>The tip of the electrode is placed in elastic tension on the healthy skin at the base of fibroma molluscum, which is lifted with forceps from neoplasms. When the timed emission is generated, the tip straightens and cuts the peduncle at the base.</i>	TIMED	15	50	COAG	MONO	EM10 gray  EM10 yellow 	0.15
Pyogenic granuloma <i>The pyogenic granuloma is coagulated until there is no more bleeding.</i>	DIRECT	00	27	COAG	MONO	EM15 	1.5
Sebaceous hyperplasia <i>They are vaporised with a brief, high-power emission.</i>	TIMED	09	50	COAG	MONO	EM15 	1.5
Venous lake <i>A prolonged emission clots the venous lake.</i>	DIRECT	00	10	COAG	MONO	EM10 yellow 	0.20
Epidermal patches <i>Epidermal hyperpigmentation is eliminated by timedsurgical resurfacing. The coagulated epidermis is not removed.</i>	DIRECT PULSED 0,3/5,3	00	20, 27 o 38	COAG	MONO	EM15 	1.5

	Mode	Time sec/100	Power Watts	Function	Mono/Bipolar	Electromanipule	Ø
Dermo-epidermal patches <i>Pulsed timed surgical de-epithelialisation is followed by a 20-second application of a saturated solution of resorcinol in H₂O.</i>	DIRECT PULSED 4/9	00	2 o 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20
Marks on the hands <i>Marks on the hands are often not epidermal but dermo-epidermal and require two treatments at a distance of six months apart. The coagulated epidermis is left in place and has a protective function that allows the patient to wet his or her hands after two days.</i>	DIRECT PULSED 0,3/5,3	00	20 o 27	COAG	MONO	EM15 	1.5
Epidermal face and hands spots treated by mixed peeling 0.5 <i>Mixed peeling 0.5 uses a 50 Watt current, emitted half a hundredth of a second. The resorcinol solution is left on the skin until the uniform frost</i>	DIRECT PULSED 0,5/24,5	00	50	COAG	MONO	EM15 	1.5
Melanoma (atraumatic skin cutting) <i>The melanoma must leave no signs of removal. Timed cutting cuts without the high pressure of sharp scalpels. The cut seals the lymphatic and venous vessels of the dermis and can be sutured with fast healing.</i>	TIMED	15	50	COAG	MONO	EM 10 gray 	0.15
Melanoma (cutting of subcutaneous tissues) <i>The subcutaneous tissue is cutting with a direct cut.</i>	DIRECT	00	27 or 38	COAG	MONO	EM10 gray 	0.15
Melasma <i>Melasma is treated in an effective and gentle way with monthly sessions of Electroporo cosmesis with a smooth, fractionated electrode, followed by the application of a solution of resorcinol saturated in H₂O. The treatment is repeated two or three times in the same session.</i>	DIRECT PULSED 0,3/5,3	00	10, 14 or 20	COAG	MONO	Smooth and fractionated rotating electrodes 	
Milia (removal) <i>The tip of the electrode is placed in elastic tension on the dome of the millet grain. The emission causes a cut that allows the epidermal cysts to be drained</i>	TIMED	1 - 2	27	CUT	MONO	EM10 white 	0.10
Corneal neoforations	TIMED	01	14 or 20	COAG	MONO	EM10 white 	0.10
Small, non-pedunculated cutaneous neoplasms <i>The small growths can be vaporised without anesthesia with a brief high-power emission. Timed vaporisation leaves no visible residual marks.</i>	TIMED	09	50	COAG	MONO	EM15 	1.5
Suspicious pigmented neoplasms <i>The removal of suspicious pigmented neoplasms can be performed with rapid pulsed cutting</i>	DIRECT PULSED 0,3/5,3	00	50	CUT	MONO	EM10 green 	0.10
Obliteration of lacrimal ducts	TIMED	15	20	COAG	MONO	EM10 yellow 	0.10
Lower palpebral skin aged treated by mixed peeling 0.5 <i>Mixed peeling 0.5 uses a 50 Watt current, emitted half a hundredth of a second. The resorcinol solution is left on the skin for about 4 minutes</i>	DIRECT PULSED 0,5/24,5	00	50	COAG	MONO	EM15 	1,5
Mixed timed surgical peeling <i>Mixed peeling is a combination of a physical method, timed surgical de-epithelialisation, and chemical peeling.</i>	DIRECT PULSED 4/9	00	2 or 3	COAG	MONO	EM10 yellow (bent at an angle) 	0,10
Premalignant skin lesions <i>Multiple precancerous lesions can be vaporised at high power.</i>	DIRECT	00	50	COAG	MONO	EM15 	1.5
Skin resurfacing (scars, acne) <i>The resurfacing is able to smooth out uneven scarring. The electrode does not touch the skin and is in continuous movement. Timed surgical resurfacing does not heat the underlying tissue</i>	DIRECT PULSED 0,3/5,3	00	27, 38 or 50	COAG	MONO	EM15 	1.5
Rhinophyma (cutting) <i>It allows decortication of the rhinophyma without bleeding. The electrode is bent like a hockey stick. The imperfections of the cuts are smoothed with high-powered resurfacing.</i>	DIRECT	00	20 or 27	COAG	MONO	EM10 yellow 	0.20
Rhinophyma (high-power resurfacing)	DIRECT PULSED 0,3/5,3	00	50	COAG	MONO	EM15 	1.5
Lip wrinkles (removal of) <i>It is the preferred technique for eliminating both deep and superficial wrinkles on the lips. De-epithelialisation is performed using small circular motions, after moistening the skin. When the de-epithelialisation is completed, a saturated solution of resorcinol in H₂O is applied for 1-2 minutes. After washing, an aqueous solution of cortisone is applied and the patient can dry his or her lips with a paper towel for a few hours until a thin crust has formed.</i>	DIRECT PULSED 4/9	00	2 o 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20
Eyelid syringomas <i>Millimetric microexcisions allow full-thickness removal of eyelid syringomas, which may be sutured, glued or left to heal naturally.</i>	DIRECT PULSED 0,5/24,5	00	38	CUT	MONO	EM10 white 	0.08
Losange incision of the skin <i>Slow pulsed cutting allows precise micro-excisions. A diamond-shaped incision can be made between two 1 mm lines</i>	DIRECT	00	38 or 50	CUT	MONO	EM10 gray 	0.15/1
Cutting and coagulation of subcutaneous tissue	DIRECT	00	38 or 50	COAG	MONO	EM10 gray 	0.15
Timed cutting	TIMED	from 1 to 15	20, 27, 38 or 50	CUT	MONO	EM10 white  EM10 green  EM10 gray 	0.08 0.10 0.15
Slow pulsed cutting of the skin and mucous membranes <i>The skin incision can be stitched. Rapid pulsed cutting in the mucous membranes has excellent healing.</i>	DIRECT PULSED 0,5/24,5	00	27 or 38	CUT	MONO	EM10 white 	0.08
Rapid pulsed cutting of the skin and mucous membranes	DIRECT PULSED 0,3/5,3	00	27 or 38	CUT	MONO	EM10 white 	0.08
Eyebrow tattoos (removal of) <i>After timed surgical de-epithelialisation, the de-epithelialised area is massaged with sodium chloride (fine sterile salt) for one minute. The salt is left for 30 minutes, then washed away. The treatment can be repeated after three months.</i>	DIRECT PULSED 4/9	00	2 or 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20
Tattoos (removal by electrosalting) <i>After timed surgical de-epithelialisation, the de-epithelialised area is massaged with sodium chloride (fine sterile salt) for one minute. The salt is left for a time varying between 45 minutes and two hours, and is then rinsed at length. The treatment can be repeated after three months</i>	DIRECT PULSED 4/9	00	2 or 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20
Tattoos (removal by resurfacing) <i>After pulsed timed surgical de-epithelialisation of the area, resurfacing is performed, keeping the tip of the electrode very close to the skin. The characteristic resurfacing micro-arc is produced. The treated areas may be treated once more two months from the re-epithelialisation.</i>	DIRECT PULSED 0,3/5,3	00	27 or 38	COAG	MONO	EM15 	1.5
Nasal turbinates (coagulation of neurovascular centre) <i>Localised coagulation in the neurovascular centre.</i>	TIMED	99	27 or 38	COAG	BIPOLAR	BIPOLAR ELECTRODE 	
Nasal turbinates (coagulation of the nasal mucosa) <i>The two tips of the bipolar electrode move across the mucosa and coagulate it.</i>	DIRECT	00	20	COAG	BIPOLAR	BIPOLAR ELECTRODE 	
Ulcers and infected wounds (cleaning and sterilisation) <i>This cleans and sterilises skin ulcers (except for arterial ulcers) and wounds, facilitating their healing. Treatment is performed once a week until healing is complete.</i>	DIRECT	00	38 or 50	COAG	MONO	EM15 	1.5
Eyelid xanthelasma <i>Even habitual xanthelasmas are removed by timed surgical resurfacing. A check is performed after two months. The areas still showing a yellow colouration are treated again. The result is excellent. There is no loss of the eyelid surface. Re-epithelialisation occurs beneath the crust.</i>	DIRECT PULSED 0,3/5,3	00	38 or 50	CUT	MONO	EM15 	1.5
Flat viral warts <i>Flat warts are coagulated with prolonged low-power emission that utilises the antiviral effect of the heat. Recurring multiple flat viral warts are eliminated with pulsed timed surgical de-epithelialisation of the entire affected area, followed by an application of 10% TCA.</i>	TIMED	25	5	COAG	MONO	EM15 	1.5
Common wart <i>Common warts are eliminated utilising the antiviral effect of heat. The tip of the electric handpiece placed vertically on the wart. To facilitate penetration, the wart is washed with a saline solution. When the electrode tip enters the wart, circular movements are performed until the (epidermal) wart is detached from the dermis. The surrounding skin is cut with scissors and 15% TCA is applied</i>	DIRECT	00	10	COAG	MONO	EM15 	1.5
Common warts (small) <i>Small common warts are vaporized with a brief, high-power emission. After vaporization, 15% TCA is applied</i>	TIMED	09	50	COAG	MONO	EM15 	1.5
Vitiligo (stable) and piebaldism <i>Stable vitiligo and piebaldism can be repigmented using pulsed timed surgical de-epithelialisation followed by implantation of autologous keratinocytes and melanocytes cultured from a one square centimetre piece of healthy skin removed twenty days previously.</i>	DIRECT PULSED 4/9	00	2 or 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20
Crow's feet and eyelid skin <i>Pulsed timed surgical de-epithelialisation is followed by a 20-second application of a saturated solution of resorcinol in H₂O. After a few seconds, when a slight frosting appears, the resorcinol is washed away. No dressings are applied. The patient dries his or her skin with a paper towel for a few hours.</i>	DIRECT PULSED 4/9	00	2 or 3	COAG	MONO	EM10 yellow (bent at an angle) 	0.20