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Tissue Stabilized-Guided Subcision® (TS-GS): A revolutionary mini-invasive treatment for cellulite blemishes in 80 consecutive patients

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Introduction: Eighteen months ago, in October 2016, I started, as one of the first in Europe, my experience with Cellfina®, a Tissue Stabilized-Guided Subcision® (TS-GS), a new procedure that represents the only FDA-cleared minimally invasive and clinically proven treatment to improve the cellulite blemishes for nearly four years in only one session.

Materials and Methods: We report our experience in 80 patients (78F; 2M) with cellulite treated in a single session, selected and classified with a simplified Cellulite Severity Scoring (CSS). Follow-up was scheduled after 7 days (T7) and 14 days (T14) for all the 80 patients; after 30 days (T30) for 77 patients; after 90 days (T90) for 72 patients; after 180 days (T180) for 65 patients; 50 patients (49F; 1M) had a medical check at 12 months and 15 months; 3 patients (2F; 1M) at 18 months. Outcome measures included subject photographs, Cellulite Severity Scale (CSS) and Global Aesthetic Improvement Scale (GAIS) assessment. Patient's satisfaction with a 5-point Likert scale and pain rating with Visual Analog Scale (VAS) were also recorded. The treatment takes 45-65 minutes. Cellulite dimples are marked and the device is applied to stretch and stabilize tissue in a vacuum chamber, while local anesthesia is delivered. Then, a precise minimally-invasive subcutaneous release of the connective bands or TS-GS is performed with a micro-blade, without cuts or incisions. We have safely treated 6 to 55 sites in one session. After treatment, a light compression is applied and patients are able to return promptly to their daily life.

Results: The procedure treated successfully the primary structural cause of cellulite blemishes in all the 80 patients with a range of 15-30 sites in 74% of cases, 6-14 sites in 15% and 31-55 in 11%. Concerning patient's satisfaction at T90, 64 patients (88,89%) out of 72 were very satisfied (score of 5) and satisfied (4) while 8 patients (11,11%) were neither satisfied nor dissatisfied (3); these excellent results have been confirmed at T180, 12 months and 15 months, with the first 3 patients that at 18 months were very satisfied (5) and satisfied (4). In our experience, 0% of the patients were dissatisfied (2) or very dissatisfied (1). Transient treatment-related adverse events were mild in severity and the most common side effects reported were soreness and bruising and no serious adverse events were reported. The GAIS showed that the mean baseline CSS score of 3.6 before the treatment, decreased to 1.2 at T90, 1.1 at T180, 12 months and 15 months and 1.0 in the first 3 patients at 18 months. The VAS was 2.2 at T7, 1.8 at T14 and 0 from T90 onwards. None of the 80 patients changed the weight by more than 10%, otherwise they would have been excluded from the present study.

Discussion: This revolutionary FDA-cleared procedure combines a proven approach with an innovative technology to treat the primary structural cause of cellulite blemishes in posterior thighs and buttocks. This study confirms his safety and efficacy with vacuum-assisted precise tissue release for the treatment of cellulite, which is also strengthened by patient's satisfaction.

Biography

Dell'Avanzato Roberto is specialist in Surgery with an University Master in Aesthetic Medicine and Surgery; Professor of Laser and Laser Assisted Liposuction, San Marino University (San Marino); University Diploma in Laparoscopic Surgery, Louis Pasteur University of Strasbourg (France); Honorary Member of the Israel Academy of Beauty; Honorary Member of the Italian Academy of Beauty; Certificate of excellence awarded from The Pakistan Medical Association, for humanitarian services rendered to the burnt and scarred victims of Pakistan; Certificate of Merit awarded from the Combined Military Hospital of Islamabad (Pakistan), for humanitarian services.

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Endolift and Ultherapy® for the best face, neck and body non-surgical lifting

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Background: We evaluate the results after 13 years of Endolift Laser technique for the “soft” rejuvenation of face, neck and body, using a very thin optical fibre connected to a 1470nm diode laser, combined in the last years with Ultherapy® which allows in a single session to lift the muscles and the skin.

Methods: We report our experience after more than 4000 areas treated with Endolift for the treatment of skin laxity of the face, neck and the body. A 200-300-micron fiber is used for the face and the neck; a 400-600-micron fiber is used for the body. The fiber is easily inserted, without incisions under the skin directly in the superficial hypo-derma. After Endolift, a Ultherapy® session is performed.

Results: The areas of skin laxity of the face, neck and body, can benefits from the possibility that the Endolift Laser has to retract the skin and remodel the derma, activate the collagen production, stimulate the neo-angiogenesis. Ultherapy® helps to obtain the maximum result possible working more deeply the middle and deep hypo-derma up to the muscular fascia, permitting to obtain an immediate and a long-term lifting.

Conclusions: Endolift laser combined with Ultherapy® is the best non-surgical treatment for the areas of muscular and skin laxity of the face and the neck.

Biography

Dell'Avanzato Roberto is Specialist in Surgery with an University Master in Aesthetic Medicine and Surgery; Professor of Laser and Laser Assisted Liposuction, San Marino University (San Marino); University Diploma in Laparoscopic Surgery, Louis Pasteur University of Strasbourg (France); Honorary Member of the Israel Academy of Beauty; Honorary Member of the Italian Academy of Beauty; Certificate of excellence awarded from The Pakistan Medical Association, for humanitarian services rendered to the burnt and scarred victims of Pakistan; Certificate of Merit awarded from the Combined Military Hospital of Islamabad (Pakistan), for humanitarian services.

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Effective use of communication as a vital tool for trust development

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Statement of the Problem: Poor communication skills greatly contribute to the mistrust that is often experienced between Patients and clinicians.

It's important to note that patients often experience high levels of apprehension during their clinical/hospital visits. Sometimes, such high anxiety levels manifest as various patient attitudes that could become a deterrent to the development of productive clinician-patient relationship. It is vital for nurses/clinicians to refrain from using a one-size-fits-all communication approach for all patient encounters because people have different personalities and backgrounds and thus perceive and react differently to the same information presented to them. The key for trust development is in the delivery method of information. To attain trust development through effective communication, the clinician's communication style must be tailored to each patient's personality, attitude and back ground.

Naturally, many, if not all nurses and clinicians put their best foot forward during each patient's consultation with the expectation to make a connection with the patient and have a productive conversation. It's important to note that realistically, however hard a clinician may try to make a great impression, due to various reasons, there are still many patients who would not achieve a decent level of comfort with the clinician. As a result, an honest and productive conversation is not achieved which hinders the development of a successful clinician-patient relationship. Often, effective communication between two individuals does not happen naturally at first, it must take a conscious effort on the clinician's part to be realized.

Do you know that there is a strategic approach to experience a stress-free, successful consultation with each patient for improved trust development and productivity? My book, **Simple Tips to Developing a Productive Clinician-Patient Relationship** gives simple tips to achieve this for 16 different patient attitudes/behaviors. I also have a 23-minutes video presentation with concise learning/teaching tools available upon request for school programs, conferences/seminars etc.

Biography

Nonye Aghanya is an author and a nurse practitioner. She co-owned and operated a private medical clinic and currently works in a retail clinic setting in Virginia. She obtained a Master of Science degree from Pace University, New York and has worked in various outpatient/inpatient/home care health settings in New York and New Jersey. She presently serves as a Family Nurse Practitioner at a Retail clinic in Virginia. She worked as a Registered Nurse for 10 years before becoming a Family Nurse Practitioner, a role she currently holds for over 16 years. She is fluent in English and Ibo. She is the author of "Simple Tips to Developing a Productive Clinician-Patient Relationship", a book based on her experience as both a patient and a clinician. She's interacted with patients and clinicians in diverse health care settings for over 25 years. She is also a speaker and entrepreneur.

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Functional rehabilitation approach in low back pain management: A case study

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This case report outlines the use of functional rehabilitation in treating and managing low back pain. Functional rehabilitation approach includes use of Manual therapy, neuromuscular re-education and functional Exercises in management of Chronic Low back pain. The patient is a 38-year-old male with chronic Low back pain. The patient received treatment at the clinic after evaluation. The therapy sections were 1hr per section. Patient was treated 3 times a week for the first 2 weeks and then 2 times per week for the 4 weeks. The Treatment sections were then reduced to 1time per week for the next 6 weeks. Re-evaluation was performed after initial 6 weeks of treatment and at the end of the 12th week. Patient felt improvement after 6 weeks of treatment in range of motion, and pain level. The goal of the treatment which includes decrease pain and spasm, reduce trigger points, Range of motion and Functional improvement was achieved. The result obtained from this patient though is a small sample does suggest that Functional rehabilitation program such as Manual therapy, Neuromuscular re-education and functional Exercises will benefit patients with Low back pain

Keywords: Functional Rehabilitation Low back pain, Functional exercise, Neuromuscular re-education, Manual therapy, Pain Management

Biography

Agaezi Sonya is the founder and CEO of Sonya Health Mart & Chiropractic Inc. She holds a Bachelor degree in Microbiology, a Doctor of Chiropractic, Post graduate Certificate in Diabetes Educator and a post-graduate Certification in Exercise and Lifestyle Management. She has been involved in healthcare and Wellness for more than 2 decades. She is a US trained Doctor of Chiropractic and licensed to practice Chiropractic in both USA and Canada. At present, she is working on Functional medicine and Diplomate in Clinical Nutrition.

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Facial esthetic enhancement for hemifacial palsy patients: Case report

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The first item of beauty is the face, and it is the first page of knowing a person. Impairment facial esthetic of a 50 years old partially edentulous male, by asymmetry due to weakness of the facial muscles caused by permanent facial paralysis lead to psychological problems and isolation of patients. Camouflage prosthetic treatment for this patient using removable appliance improved his esthetic by improving fullness and support of the face on the effected side. Therefore, enhanced his self-esteem.

Biography

Meisan Ali Bukhari has completed her Bachelor of Dental Medicine and Surgery in 2000 from King Abdul-Aziz University and Post-graduate study of Saudi Board of Prosthodontics from Saudi Commission for Health Specialties. She is the Head of Dental Laboratory of Jeddah Specialty Dental Center-MOH and the Head Supervisor of training program for intern doctors in Prosthodontics Department. She is a certified Professional Trainer by MOE, S.A from 2014. She has participated as a speaker and organized many training courses.

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Using big data and prediction technologies to control chronic metabolic conditions via lifestyle management (part of math-physical medicine)

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Background and Aim: The author has spent seven years to monitor and analyze conditions and lifestyle details of a patient who has chronic diseases. He has collected and processed ~1.5M data. This paper provides results and conclusions of the relationship between metabolic conditions and lifestyle management via big data analytics.

Material and Method: In 2014, he researched and developed a metabolism model to measure the multiple interactions of four metabolic disease outputs and six lifestyle inputs. During 2015-2016, he further developed four prediction tools, including weight, fasting plasma glucose (FPG), postprandial plasma glucose (PPG), and hemoglobin A1C based on various technologies, including signal processing, time series, spatial analysis, frequency domain analysis, machine learning, and Artificial Intelligence. He has utilized specifically 388,513 data which include 72,893 metabolic conditions (obesity, diabetes, hypertension, hyperlipidemia) and 295,620 lifestyle conditions (food, exercise, water, sleep, stress, daily life routine) within 2,300 days (1/1/2012-4/20/2018). Finally, he separately calculated the combined scores of four metabolic conditions and six lifestyle categories.

Results: The lower the value indicates better or healthier condition. The results are listed below:

- 1) Metabolic conditions: From 111% in 2012 with a decrease to 75% in 2017, with an average of 89% ;
- 2) Lifestyle conditions: From 75% in 2012 with a decrease to 41% in 2017, with an average of 46%.

During 2012-2013, the results were not as clear due to insufficient data; therefore, an extrapolation method and data from memory were used in computation. Furthermore, only 110 days' data were available for 2018. However, the author believes that the annual result of 2018 would be better than 3.7 months.

The patient's chronic diseases are completely under controlled via a quantitative lifestyle management. His BMI dropped from >30 to <25. His average glucose and A1C decreased from 280 mg/dL to 119 mg/dL and 10.0% to 6.4%, respectively. He no longer has hypertension and hyperlipidemia. About eight years ago, he had difficulty climbing stairs, but recently he completed a 10K marathon. He had suffered three episodes of chest pain in 2000. His cardiovascular risk (Framingham) was 62% in 2012 and now is 26%.

Conclusion: The author has monitored, collected, and processed big data including 10 categories, ~500 elements, ~1.5 million data of medical, health, and lifestyle situations for this 7-year project. The patient's "nearly-collapsed" condition has been turned into a "perfectly-controlled" situation. Along the way, four useful prediction tools were developed via math-physical medicine for other patients to use. All of these tools have reached to 97%-99% accuracy. This clinical case has demonstrated the importance of preventive medicine and lifestyle management for controlling chronic diseases.

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A practical clinic case of using quantitative lifestyle management and glucose predictions to control chronic metabolic conditions (part of math-physical medicine)

Gerald C. Hsu

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Background and Aim: The author has spent seven years to monitor and research medical conditions and lifestyle details (~1.5 M data) of a patient who has chronic diseases. This paper provides concrete results and practical ways of controlling the metabolic diseases via quantitative lifestyle management and glucose prediction technology.

Material and Method: The patient has been diagnosed with type 2 diabetes (T2D), hypertension, hyperlipidemia for a period of 20 years. He has experienced many complications from diabetes such as kidney, bladder, foot ulcers, cardiovascular issues, etc. His medical data during 2000-2010 were:

BMI: 31 (210 lbs., 44" waistline), Glucose: 280 mg/dL, A1C: 10%, ACR: 116 mg/mmol and Triglycerides: 1161 mg/dL

In 2014, the author developed a metabolism index model which defines multiple interactions of four disease outputs and six lifestyle inputs. During 2015 - 2016, he developed four prediction tools, including Weight, fasting plasma glucose (FPG), postprandial plasma glucose (PPG), and hemoglobin A1C based on his various knowledge such as signal processing, optical physics, statistics, mathematics, engineering modeling, machine learning, and artificial intelligence (AI).

He utilized 1,570 days' data (1/1/2014 - 4/20/2018) to study FPG and 1,054 days' data (6/1/2015 - 4/20/2018) to study PPG. He used time-series, spatial, and frequency domain to analyze these big data to extract valuable information.

Results: *Lifestyle and Metabolic Diseases Quantitative Guide:*

FPG (15% - 25% of A1C): Weight has >85% contribution to FPG. Correlation between FPG and Weight is >70%. Patient has reduced his food quantity to 85% of normal intake and walked ~18,000 steps (7 miles or 11 km) per day. Combining these two efforts, he reduced his weight from 210 lbs. to 169 lbs. The consequence of the weight reduction lead into a healthy range of FPG (< 120 mg/dL).

PPG (75% - 85% of A1C): PPG's contributing factors are carbs & sugar intake, post-meal exercise, weather, and others. His average carbs & sugar intake is ~15 gram per meal, and post-meal walking is ~4,400 steps. The combination of these two factors contributes ~80% to PPG (<120 mg/dL). Weather/temperature alone contributes ~10%. His glucose prediction tools have reached to 99% linear accuracy. His A1C prediction tool has ~97% due to build-in safety margin. As of now, his chronic diseases are completely under controlled via a quantitative lifestyle management and three glucose prediction tools.

His current health data are: BMI: 24.95 (169 lbs., 34" waistline), Glucose: 119 mg/dL, A1C: 6.4%, ACR: 15 mg/mmol and Triglycerides: 85 mg/dL.

Conclusion: The patient's "nearly-collapsed" health condition has been turned into a "nearly-perfect-controlled" situation. Furthermore, four useful prediction tools were developed via math-physical medicine. This case report has also provided concrete data and practical guidance on food, exercise, weight, and glucose for other patients to follow numerically.

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