

Carboxytherapy in the treatment of Cellulite

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Lipodystrophy and edematous fibrosclerotic panniculopathy are pathologies in which microcirculatory disorders and resulting interstitial edema constitute triggering factors that also support the pathological process. Microangiopathy due to stasis is the morphological substrate.

Since it improves capillary blood flow and reduces stasis, carboxytherapy contributes to restore the microvascular-tissular unit exchanges.

Administered both through percutaneous and subcutaneous route, CO₂ causes subcutaneous microcirculation vasodilatation expressed in flow speed increase and the opening of “virtual” capillaries that normally are closed under paraphysiological conditions.

CO₂ is administered through subcutaneous route with Microlance 30 G needles. For this use, there is a special device which regulates the flow, time, amount and speed of the CO₂. With this new device we can work without pain for the patients.

The therapeutic dose derived from instrumental analysis, is: 400 cc gas per limb at an infusion rate of 20-50 cc per minute. For localized forms, it is administered at the most affected areas because the gas diffuses easily through tissues. On the other hand, for diffuse forms, different injection sites in lower limb affected areas (delimited with a dermatographic pencil) are selected for maximum gas diffusion.

The average number of therapeutic sessions ranges between 12 and 18, twice a week.