



TREATMENT PROTOCOL FOR SKIN DISCOLOURATION

MELASMA/ PIGMENTED DISCOLOURATION/ PIH/ PIE

INDICATIONS



REDUCING
THE VISIBILITY OF
HYPERPIGMENTATION



MELASMA



BRIGHTENING



SKIN STIMULATION



**VENOME FULL
PRP KIT**



**VENOME SUCCINATE
AMBER SAFFRON+**

Hyperpigmentation is a pigmented lesion resulting from an incorrect melanogenesis process. There are three main types of hyperpigmentation: sun spots, melasma and post-inflammatory hyperpigmentation. The most common hyperpigmentations are PIH and PIE, and the type that is most difficult to treat is melasma.

Melasma is a common pigmentation disorder characterised by yellow-brown patches on the face, the formation of which is most often caused by hormonal changes, sun exposure and genetic factors.

Autologous therapies use biological material extracted from the patient's blood and are among the best treatments for hyperpigmentation, including melasma. Platelet-rich plasma (PRP) contains, among other things, high levels of platelets, growth factors, adhesion proteins and immune mediators. The alpha granules released from platelets in PRP are rich in growth factors such as platelet-derived growth factor (PDGF) and transforming growth factor (TGF)- β 1 and TGF- β 2, which stimulate collagen production, accelerate wound healing and regulate homeostasis.

Based on studies, the mechanism of action of PRP has shown that TGF- β plays a key role in melasma treatment. TGF- β reduces the signal transmitted by MTIF (melanocyte transcription-inducing factor), reducing tyrosinase synthesis and melanin production.



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A melasma treatment therapy based on a combination of PRP and Venome Amber Saffron+ uses growth factors and tyrosinase inhibitors to combat melasma. In addition, it brightens the skin and effectively stimulates its natural revitalisation, reducing the appearance of hyperpigmentation. Thanks to the presence of fragmented hyaluronic acid, Venome Amber Saffron+ stimulates the activation of the CD44 receptor on fibroblasts, which initiates faster cell division and high-performance skin regeneration that relies on the production of type III collagen.

PRP PREPARATION

- 1. OPEN THE BOX.**
- 2. OPEN THE STERILE BLISTER.**
- 3. CONNECT THE BLOOD COLLECTION NEEDLE TO THE HOLDER.**
- 4. STERILISE THE SKIN AND THEN, USING A NEEDLE TO DRAW BLOOD, PIERCE THE APPROPRIATE VEIN.**
- 5. CONNECT THE PRP TUBE INSIDE THE BLOOD DRAWING NEEDLE HOLDER.**
(ROUTINE BLOOD DRAWING)
- 6. THE VENOME PRP TUBE IS A VACUUM TUBE. THE TUBE COLLECTS ENOUGH BLOOD AND THEN THE DRAWING STOPS.** USE BOTH TUBES WITHOUT REMOVING THE NEEDLE TO DRAW BLOOD FROM THE VESSEL, IN ORDER TO OBTAIN THE OPTIMAL AMOUNT OF AUTOLOGOUS MATERIAL FOR THE PROCEDURE.
- 7. AFTER BLOOD COLLECTION, PLACE BOTH TUBES IN A CENTRIFUGE** AND SPIN THE MATERIAL AS RECOMMENDED IN THE TABLE BELOW. THE CHOICE OF PROCEDURE DEPENDS ON THE INDIVIDUAL INDICATIONS OF THE PATIENT AND THE RECOMMENDATIONS OF THE PROFESSIONAL.

	Centrifuge with fixed rotor	Centrifuge with swivel rotor
Clean PRP protocol	500 RCF and 3 minutes	1150 RCF and 4 minutes
Amber PRP protocol	500 RCF and 6 minutes	1150 RCF and 8 minutes

500 RF=2000 RPM, 1150 RCF=2900 RPM



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AMBER PRP

LR-PRP (LEUKOCYTE-RICH PRP) - USED TO ACCELERATE WOUND HEALING OR REGENERATIVE POTENTIAL.

CLEAN PRP

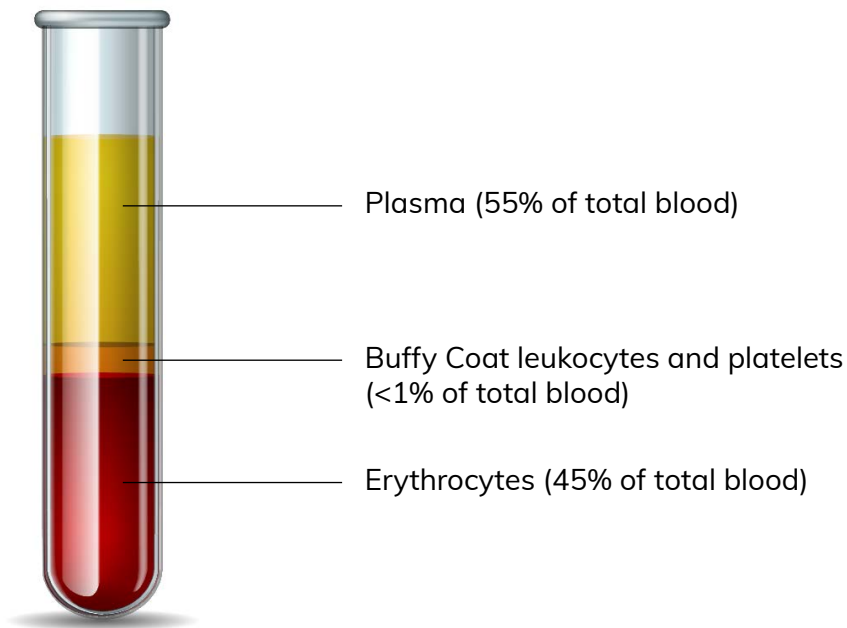
LP-PRP (LEUKOCYTE-POOR PRP) - USED FOR STIMULATION.

PRP PROCEDURE

- 1. THE BASKET** IN THE CENTRIFUGE SHOULD BE COMPATIBLE WITH 16 X 100 MM PRP TUBES.
- 2. CONNECT THE LONG NEEDLE TO A 5 ML LUER-LOCK SYRINGE.**
- 3. COLLECT PRP BY INSERTING A LONG NEEDLE INTO THE PRP TUBE** ABOVE THE RBC (RED BLOOD CELL) LAYER (DO NOT OPEN THE LID OF THE TUBE UNLESS UNDER LAMINAR FLOW CONDITIONS).
- 4. FOLLOWING THE CLEAN PRP PROTOCOL**, ALL PLASMA ABOVE THE ERYTHROCYTE LAYER SHOULD BE COLLECTED.
- 5. FOLLOWING THE AMBER PRP PROTOCOL**, THE LEUCOCYTE COAT SHOULD BE COLLECTED ALONG WITH 2ML OF PLASMA ABOVE THE ERYTHROCYTE LAYER.
- 6. CAREFULLY COLLECT THE PRP LAYER FROM BOTH TUBES.**
- 7. TRANSFER PRP TO A RESUSPENSION TUBE FOR RESUSPENSION.**
- 8. GENTLY SHAKE THE RESUSPENSION TUBE FOR 30 SECONDS** TO HOMOGENISE THE DEPOSITION OF ANY CLUMPED CELLS IN THE PLASMA MEDIUM. (RE-SUSPENSION PROCESS)
- 9. ATTACH THE DRAWING NEEDLE** (GREEN NEEDLE - 21G) TO A 1 ML LUER-LOCK SYRINGE.
- 10. COLLECT PRP FROM INSIDE THE RESUSPENSION TUBE.**
- 11. SWITCH THE DRAWING NEEDLE (GREEN NEEDLE - 21G/70MM)** TO THE INJECTION NEEDLE (YELLOW NEEDLE - 30G/13MM)
- 12. PROCEED WITH THE TREATMENT.**



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FROM THE MOMENT OF CENTRIFUGATION, THE PLASMA SHOULD BE ADMINISTERED WITHIN A MAXIMUM OF 20 MINUTES.

STAGE I. PRP

- 1. PERFORM FACIAL MAKE-UP REMOVAL** AND DEGREASE THE SKIN.
- 2. DISINFECT THE TREATMENT AREA.**
- 3. PERFORM THE PRP MESOTHERAPY TREATMENT:**

AREA: FACE - 3 ML, NECK - 2 ML, NECKLINE - 2 ML, HANDS - 2 ML.

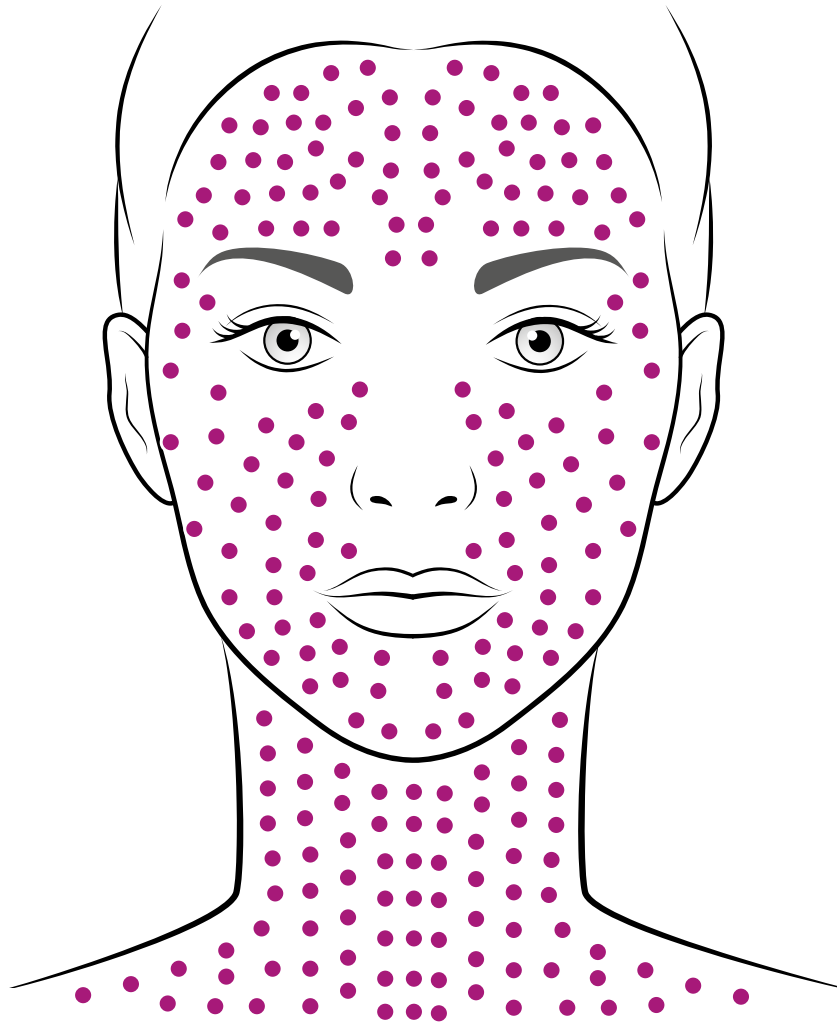
INJECTION METHOD: THE PREPARATION IS INJECTED INTO THE LOWER LAYER OF THE DERMIS, THE RETICULAR LAYER.

FOR THE EYE AREA: INSERTION OF A 1MM NEEDLE AT AN ANGLE OF 15 DEGREES.

FOR THE REST OF THE FACIAL AREAS: INSERTION OF A 1MM NEEDLE AT AN ANGLE OF 30 DEGREES OR HIGHER, MAINTAINING THE RELATION BETWEEN ANGLE AND AVERAGE DEPTH.



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MAINTAIN A 2-WEEK INTERVAL BETWEEN STAGE I AND STAGE II.

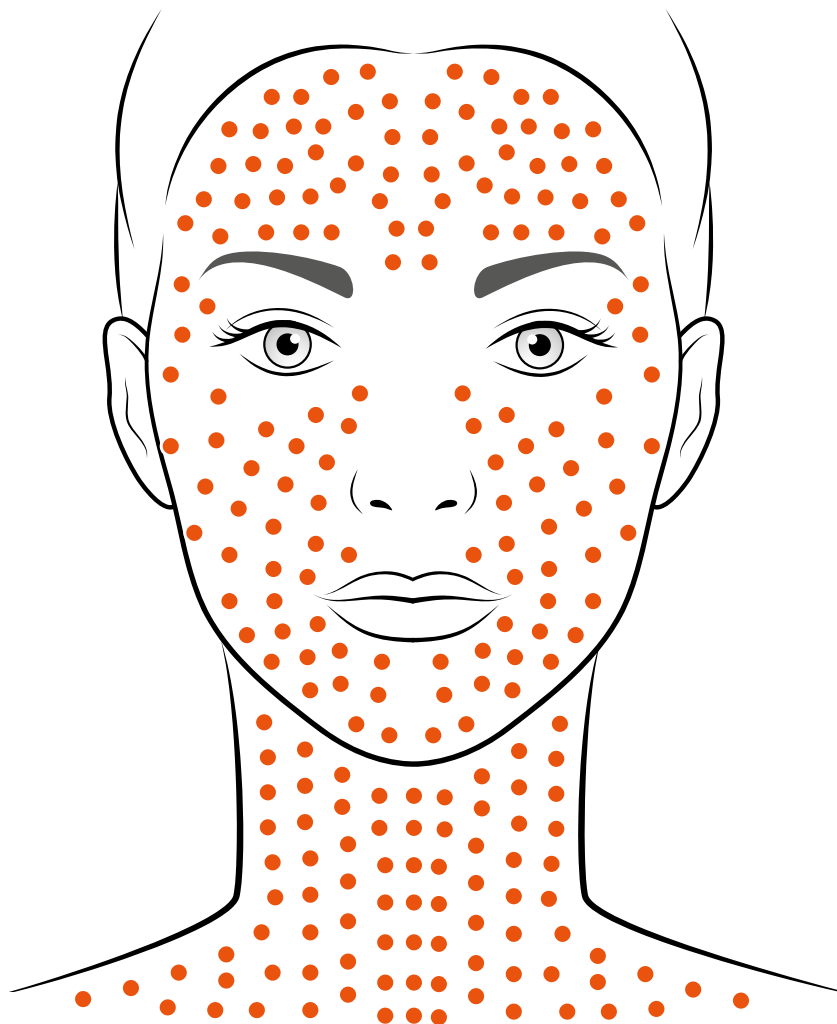
STAGE II. VENOME AMBER SAFFRON+

- 1. PERFORM FACIAL MAKE-UP REMOVAL** AND DEGREASE THE SKIN.
- 2. USING A DRAWING NEEDLE,** DRAW 2-3 ML OF VENOME AMBER SAFFRON+.
- 3. DISINFECT THE TREATMENT AREA.**
- 4. PROCEED WITH A MESOTHERAPY TREATMENT.**

AREA: FACE - 3 ML, NECK - 2 ML, NECKLINE - 2 ML, HANDS - 2 ML



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A SERIES OF 4 TREATMENTS IS RECOMMENDED FOR THE FULL TREATMENT EFFECT.



14 days

14 days

14 days

