



Mesoslim

# Mesotherapy

## APPLICATION MANUAL

Taking care of *Your figure*

# Get to know Mesotherapy



- Mesotherapy consists in the local application of drugs, so that their action is done directly and exclusively in the area to be treated, increasing its effectiveness and speed of action by minimizing the long journey that the drugs would follow if they were administered generally, thus minimizing the side effects that may appear.

Small hematomas may occur around the injection site, which should not last for more than 72 hours. There may also be some hives or erythema in the area of application, but this is only a verification that the treatment is taking effect.

The technique used is based on the application of multiple intradermal and/or superficial subcutaneous microinjections in the area to be treated, at a small depth, so that we can act directly on the affected area. Very fine micro needles are used, which makes the treatment practically painless.

The way to apply mesotherapy can be manual, which allows a change of injection mode and the products injected,

The material commonly used for mesotherapy are sterile disposable syringes of 10 ml and disposable needles 30G x ½", 0.3x12 mm. Both are available in Mexico.

# Material Suitable

- The use of special syringes is irrelevant as long as it is applied correctly. It is recommended to purchase the ultra fine insulin syringe 1 ml. BD (30 G x 1/2").

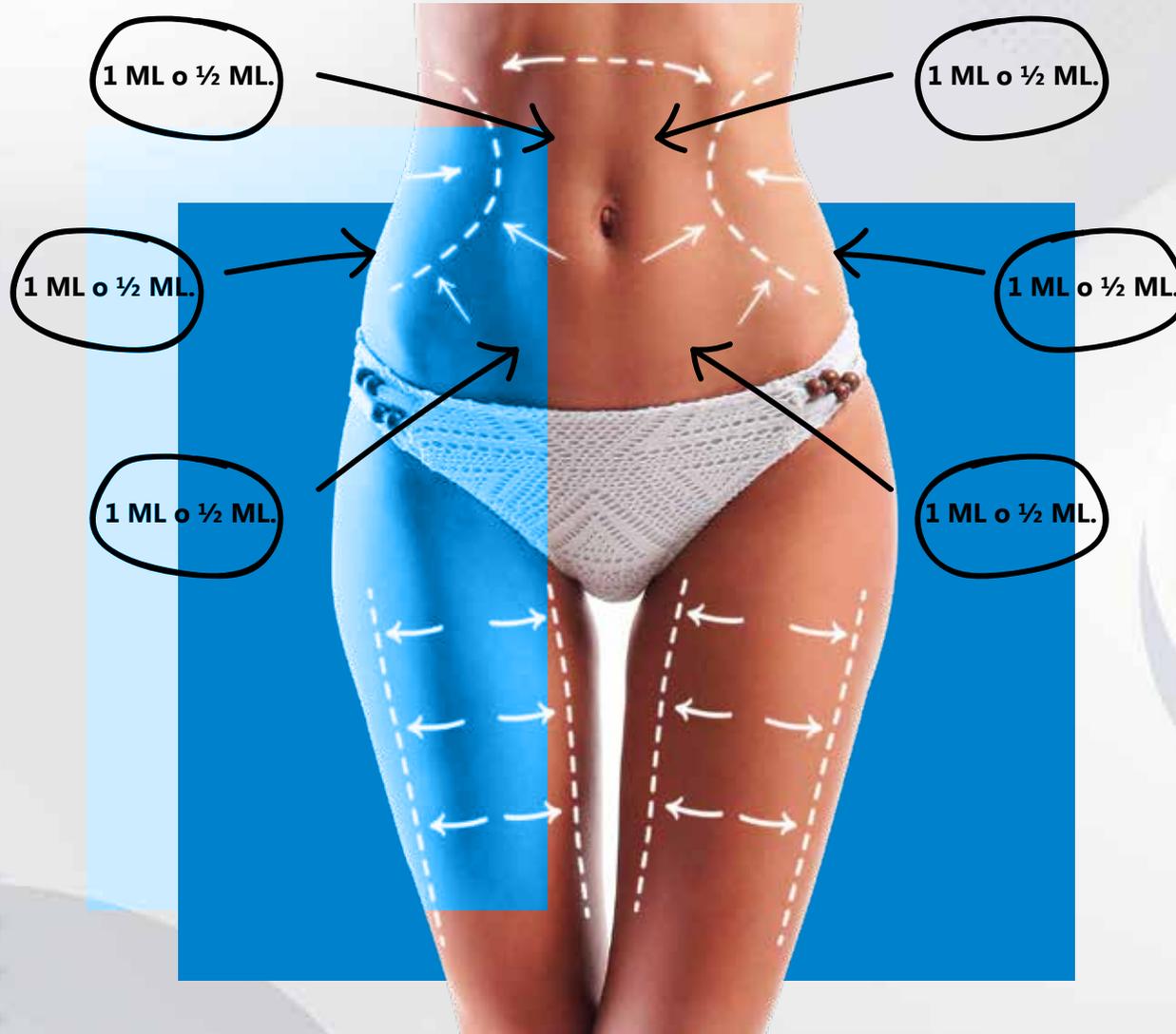


# Material Suitable

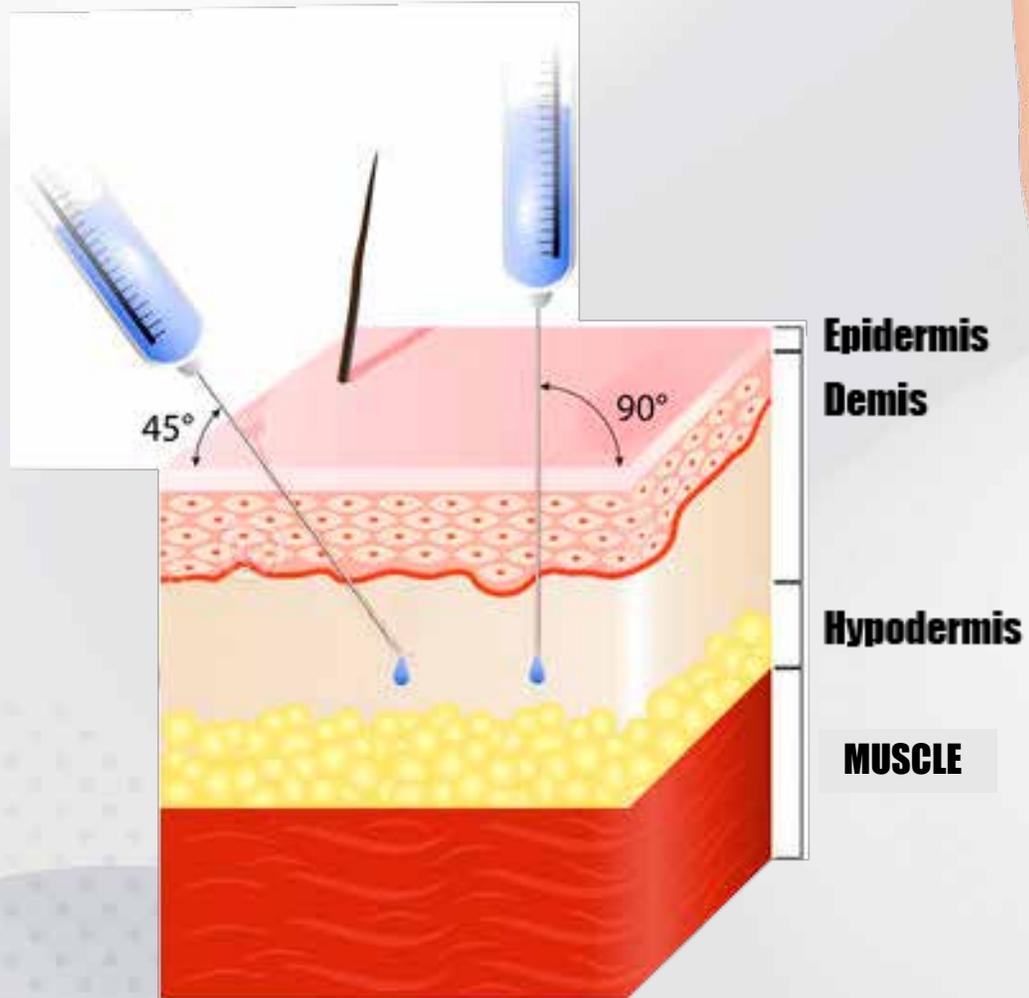
- The use of special syringes is irrelevant as long as it is applied correctly. It is recommended to purchase the ultra fine insulin syringe 1 ml. BD (30 G x 1/2").



# Most common areas for the abdominal area



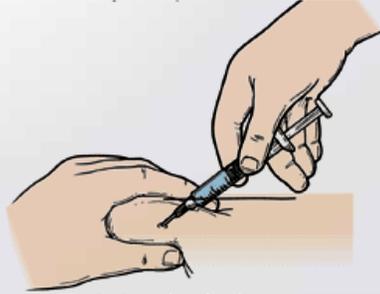
# Injection site subcutaneous



# Administration of Subcutaneous injection



1. Use an alcohol swab to wipe the skin at the site where the injection is to be given.



2. Gently pinch the skin gently and insert the needle insert the needle at a 45° angle.



3. After inserting the needle completely, release the skin.



4. Inject the entire solution pushing the plunger slowly and steadily and steadily.



5. Remove the needle and syringe, and apply an alcohol gauze to the injection site.



Mesoslim



Mesoslim



# Asepsis and Antiseptics Measures

Taking care of *Your figure*

# Asepsis and antiasepsis measures In mesotherapy



- Health care personnel must have the necessary measures in place to avoid biological accidents, among which are the hygienic measures to be taken by health care personnel.



**1-Hand washing:** Hand washing is performed both by the medical professional and the auxiliary personnel who come into contact with the patient, with the aim of eliminating the transitory bacterial flora and reducing the normal or resident flora of the skin, in order to prevent the dissemination of microorganisms through hand contact. It is important that the auxiliary personnel in contact with the patient

It is important that the auxiliary personnel in contact with the patient have a good nail hygiene, as well as avoiding bracelets or rings. The following can be used for hand washing: ordinary soap, antiseptic soap, alcohol-gel.



**2-Employment of protective clothing:** It is mandatory for the staff and auxiliary staff of the clinical area, in order to minimize the possibility of microbial contamination during the mesotherapy procedure. Both surgical gowns and pajamas can be used, made of cotton material with a fabric density between 420 and 810 threads/meter, such clothing should be changed regularly and always when it is worn. The non-disposable drapes are changed with each new patient, even if they are apparently clean.



**3-Use of gloves:** We require the use of gloves, these are latex or vinyl, not necessarily sterile, in order to reduce the transmission of microorganisms from the hands of staff and assistants to the patient during the procedure and to isolate such staff from contact with the patient's blood. These gloves are discarded with each patient.

# From the patient: Prevention of Nosocomial Diseases



● Since ancient times it was observed that skin lesions in patients depended on 2 main factors:

- Direct inoculation of atypical mycobacteria of various types.
- Formation of hematomas by injections that are too deep or too bulky, which injure a vessel and can constitute an ideal culture medium for these pathogens.

Environmental bacteria are distributed in the environment, especially in water and soil. Therefore, complete protection of the patient is sometimes impossible.



In cases of soft tissue infections, the mechanism of transmission is direct inoculation of microorganisms through repeated micropunctures, the most frequent bacteria being: *M. Fortuitum*, *M. Chelonae*, *M. Abscesus*. These can cause a lesion in the skin called cellulitis, localized, evolve to a subcutaneous abscess or dermal nodule; depending on the patient's response, disseminate to other tissues by lymphatic route or by continuity; the following criteria are taken into account:

# From the patient: Prevention of Nosocomial Diseases



## ● **Cleaning of the skin to be treated**

Since environmental microbacteria can be resistant pathogens, there is a skin asepsis procedure, which can be with: chlorhexidine 0.05%, bezalconium chloride 1%, benzyl alcohol excipient, absolute alcohol, thus potentiating the antibacterial effects.

After the treatment with micro punctures, protective sprays are applied, which are usually made of polyurethane, these do not cause irritation or sensitization, they can be applied on large surfaces, preventing contact with clothes or other potentially contaminating surfaces.

## **Of the material used**

Preventive measures are established to avoid infections, as well as the correct handling of contaminated material. A clinical history is taken of all patients, thus making it possible to identify potentially infectious patients who could be potentially infectious.

potentially infectious patients who could pose a risk situation.

The needles used, both those that have been in contact with the patient and those used to extract the drugs from the ampoules to make mixtures, are disposed of in specific, visible and accessible containers.

Decontamination of the surfaces and environments of the office is performed before receiving a new patient, thus avoiding cross-infection.

## **Material handling**

Hands are washed before handling the product, expiration dates are verified, packaging is checked, the kit is opened, it is handled properly in order not to contaminate it, once used, it is disposed of in a special waste area.



# From the patient: Prevention of Nosocomial Diseases



Afterwards, the material used in the act is washed, as well as that which is believed not to have been used; proteolytic or enzymatic soap is used, applied with an instrument brush. Then sterilization is performed, which is a physical or chemical procedure that destroys all microorganisms, both in their vegetative form as well as their spores. It is performed in liquid form with glutaraldehyde or in gaseous form with ethylene oxide; the sterilization time depends on the manufacturer's concentrations, immersion time and temperature; it can range from 10 hours and disinfects in 30 min or 15 min.

## From the consultation room

The work area is cleaned and the surfaces of the furniture and contaminated equipment are cleaned and disinfected. The method of disinfection of non-metallic surfaces is sodium hypochlorite at a dilution of 1% to 1% per thousand; metallic surfaces are disinfected with alcohols or phenols.

The air is conditioned in order to achieve an air free of contaminating particles and microorganisms by means of adequate filtration, humidity control to avoid the generation of particles, air renewal serves to dilute the contaminants generated by the patient himself and the health personnel. The temperature ranges between 21 and 24 degrees Celsius, and a relative humidity of 30% in winter and 50% in summer.



# Management of biosanitary

- These are wastes generated as a result of healthcare activities. They are classified as non-polluting (paper, gauze, cotton, syringes, wrappings) and special waste (needles, scalpels, for example).

Selective collection is carried out in rigid or semi-rigid containers, which are then transferred, closed, to a special waste control center. This is where the process ends, from the moment the patient comes into contact with the staff, as well as the environment, after the application of the material, as well as the handling of waste.

