

LA & HA

Gynecology Edition

MAGAZINE

The Latest Trends: Paving the Way for Minimally-Invasive Laser Treatments

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ProlapLase[®]: A new non-invasive laser treatment solution for Pelvic Organ Prolapse

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May, 2018

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Breakthrough Laser Technology at our Doorstep



Dr. Masa Gorsic Krisper

Head of the LA&HA Institute

A handwritten signature in red ink that reads "Masa Gorsic Krisper". The signature is fluid and cursive, written in a professional style.

The increasing prevalence of gynecological disorders such as stress urinary incontinence, vaginal atrophy and pelvic floor dysfunction is an important factor driving the rising demand for less invasive clinical treatment options and the growing awareness among clinicians of newer therapeutics for gynecological conditions.

“When you start talking about these issues in public,” says Dr. Sabina Sencar from the Juna gynecological laser clinic in Slovenia, “it is like you have lifted a roof, which has been hiding countless embarrassments and anxieties. We are pleased that women have begun to talk to each other about such things. When we realize that we are not the only one with the disease and that we are not alone, we begin to solve the problem.”

But it's not only the hidden embarrassments that have to be overcome. What is more concerning is women's overall lack of knowledge about available treatment options. Patients deserve the best and the least invasive treatment options, and every physician's main goal should be to improve their patient's quality of life.

Keeping in mind the latest trends, such as aging populations, obesity, under-diagnosed and undertreated gynecological disorders, and patients' dissatisfaction with conventional treatment options, modern gynecology will need to adapt to the rising number of menopause-related gynecological conditions and the fast pace of modern life by offering treatments with a minimal burden on the body, after which patients can immediately return to their everyday activities.

In this issue of LA&HA magazine, we feature an interview with Prof. Dr. Marco Gambacciani, Director of the Menopause Center at Pisa University Hospital, who shares his experience and knowledge of working with laser technology for the past 5 years. We introduce some of the latest innovations, such as two new, non-invasive laser therapies: RenovaLase® and ProlapLase®. We present six marketing tips and strategies on how to grow your laser practice into a successful business. And several experts share their professional insights and practical knowledge in their particular regions. Also, don't miss our overview of the latest research developments in the In-depth section.

We live in an exciting age in which technology is rapidly changing the world as we know it, and there's no question that gynecology is also undergoing rapid changes. Never before has there been a better opportunity for gynecologists to introduce minimally-invasive technology to their practice. What seemed to be science fiction just a few years ago is at our doorstep today: laser technology has every possibility to become the mainstream treatment solution in the field of gynecology.

Join us on this exciting journey!

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By Tjasa Presern **Due to aging populations, the number of patients with post-menopausal indications is rapidly increasing. Traditional treatment methods (non-invasive and invasive) are still often introduced to patients as the most proven and effective solution. But are they?**

Yesterday, Today, Tomorrow: Traditional and Modern Treatment Options in Gynecology

There is a need for more effective and less invasive treatment options in the everyday modern gynecological practice. This is where the laser comes in.

As studies have shown over the past 3-5 years, new minimally-invasive, non-surgical treatment options such as Er:YAG lasers are proving to be more effective. The latest research predicts that with the growing awareness in gynecology of the effectiveness of energy-based devices such as lasers, the prevailing use of traditional treatment options will most likely change in the very near future.

Low Effectiveness and Safety Concerns with Traditional Treatment Options

It is important to consider the long- and short-term effectiveness and safety of traditional non-invasive and invasive treatment options. **Non-invasive behavioral treatment options** such as Kegel exercises have proven to provide only short-term effectiveness. Various prescribed tightening creams, sprays and hormonal treatments provide limited results and require repeated application. Vaginal pessaries, a popular treatment option for pelvic organ prolapse, can occasionally cause unpleasant smelling vaginal discharge (bacterial vaginosis), irritation and sores, bleeding, stress urinary incontinence, and even urinary tract infections.

The use of hormonal therapy has caused some controversy and concern among patients and practitioners. Two large studies - the Million Women Study (2003) and the Women's Health Initiative (2002) - pointed to a slightly increased risk for deep vein thrombosis, coronary heart disease, breast cancer, and stroke connected with oral administration of estrogen. As a result, patients have become reluctant to use hormonal treatments in menopause (Rossouw, Anderson & Prentice, 2002). More recently, researchers have sought a reappraisal of the

Lasers offer a comprehensive, and often a more effective and simplified approach to gynecological indications, significantly improving the patient's symptoms with very little downtime.

risks versus the benefits (Langer, 2017), but the need for non-invasive treatment options other than hormone therapy needs to be addressed by the gynecological community. Additionally, the safety of hormonal therapy with breast cancer survivors is not established because of the risk of possible recurrence.

Invasive methods that are most often performed by practitioners include surgical procedures in which the vaginal and associated tissues are incised and reshaped (e.g. vaginoplasty). Although these methods offer longer lasting results than Kegel exercises, creams and pessaries, they come with increased risk of scar formation, infection or nerve damage. With surgical repair there is also the additional risk of being under general anesthesia, along with a recovery period of 6 to 12 weeks, and with surgical repair of POP for instance, pregnancy can cause the prolapse to happen again. More serious side effects of surgery include damage to the surrounding organs, such as the bladder or bowel, infection, discomfort during intercourse, vaginal discharge and bleeding, experiencing more prolapse symptoms, which may require further surgery and even deep vein thrombosis.

Significant concerns have also been raised recently over the use of vaginal meshes. Namely, the Medicines and Healthcare products Regulatory Agency (MHRA) has received reports of complications associated with meshes such as long-lasting pain, incontinence, constipation, sexual problems and mesh exposure and protrusion. For this reason, the National Institute for Health and Care Excellence (NICE) has recently published new guidance stating that meshes should only be used for the treatment of pelvic organ prolapse under research circumstances.

Genitourinary problems do not go away and are more likely to get worse with time. Studies show that many chronic and progressive post-menopausal syndromes are underdiagnosed and undertreated. What's more, a recent report (Global Vaginal Laxity Market: Size, Trends & Forecasts (2017-2021)) indicates that the global vaginal laxity market has seen an upward trend over the past few years and is expected to grow at a rapid pace in the next five years. There is a clear **need for more effective and less invasive treatment options** in the everyday modern gynecological practice. **This is where the laser comes in.**

Fotona is leading the way in introducing the future of non-invasive, highly effective gynecological treatment solutions.

The Laser - A Modern, Effective, Non-Invasive Solution

The use of **laser technology in gynecology** has become widespread since the CO₂ laser was initially used by Kaplan and colleagues in 1973 for the treatment of cervical erosions, and later by Bellina for treatment of cervical intraepithelial neoplasia, as well as for microsurgery of the fallopian tube. The use of KTP, argon, and Nd:YAG lasers became popular in the early 1980s. Since then, many advancements in laser technology have been made.

As one of the true pioneers in the research and development of lasers in gynecology, **Fotona was the first manufacturer** to introduce the Er:YAG wavelength in gynecology to improve upon the performance of CO₂ lasers. The company's exceptionally innovative R&D capabilities have allowed it to develop a unique SMOOTH mode technology for non-ablative thermal-only treatments as well as adjustable cold-to-hot ablation regimes, enabling a greater degree of precision.

In the past six years, Fotona has introduced groundbreaking non-invasive laser treatment options for common gynecological conditions:

Fig. 1: Non-invasive laser applications and benefits

INDICATION	NON-INVASIVE LASER METHOD	WHAT IT IS	BENEFITS
Stress Urinary Incontinence	IncontiLase®	<ul style="list-style-type: none"> • non-ablative Er:YAG tightening of the urethral and anterior bladder wall region • collagen neogenesis and remodeling leads to the shrinking and tightening of irradiated tissues, and the return of normal continence function 	<ul style="list-style-type: none"> • safe treatment • incisionless, minimally invasive • no anesthesia needed • walk-in/walk-out procedure • little-to-no downtime • high success rate and patient satisfaction
Vaginal Relaxation Syndrome	IntimaLase®	<ul style="list-style-type: none"> • non-ablative Er:YAG photo-thermal treatment of the vaginal canal • immediate strengthening of the vaginal walls and narrowing (tightening) of the diameter of the vaginal cavity • collagen regeneration in the vaginal mucosa 	
Pelvic Organ Prolapse	ProlapLase®		
Genitourinary Syndrome of Menopause	RenovaLase®	<ul style="list-style-type: none"> • non-ablative Er:YAG photo-thermal treatment of the vaginal canal • improved vascularization and trophism of the vaginal wall • collagen regeneration and improved water content 	

Fotona lasers, such as the FotonaSmooth SP, additionally include the deeper absorbing Nd:YAG wavelength. Combining the Er:YAG wavelength with the Nd:YAG wavelength has proven to be highly effective with clinical and aesthetic gynecology treatments.

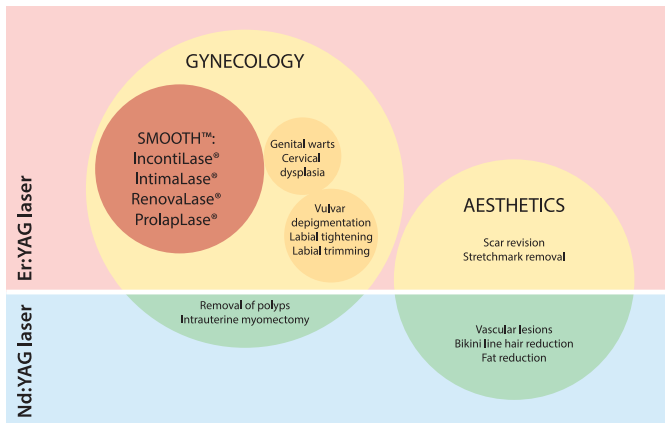


Fig. 2: Popular aesthetic and clinical gynecological treatments performed with Er:YAG and Nd:YAG lasers

The Future of Gynecology

Lasers offer a comprehensive, and quite often a more effective and simplified approach to gynecological indications, significantly improving the patient’s symptoms with very little downtime. Symptoms of GSM, vaginal laxity and genitourinary symptoms have been reported to improve by over 90% with these non-invasive technologies and protocols.

In the forecasted period from 2017 to 2021, the Global Vaginal Laxity Market report (2017) predicts that this market is expected to grow significantly together with the use of energy-based devices (lasers) and the emergence of genital aesthetics and technological advancements. And Fotona is definitely leading the way in introducing the future of non-invasive, highly effective gynecological treatment solutions.

IncontiLase®
Minimally-invasive solution for Stress Urinary Incontinence

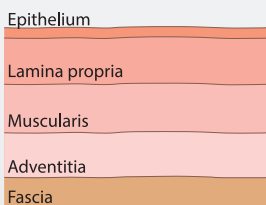
- Utilizes the power of Fotona’s 2.94 μm Er:YAG non-ablative laser with proprietary SMOOTH™ mode technology.
- Works on connective tissue in the vaginal mucosa with emphasis on the anterior vaginal wall.
- Improves urethral support by photothermal strengthening of the vaginal wall.
- The resulting collagen neogenesis and remodeling leads to the shrinking and tightening of irradiated tissues, and the return of normal continence function
- Incisionless, minimally invasive, no anesthesia needed
- Safe, quick and easy to perform without building up excessive pressure.

IntimaLase®
Non-surgical laser treatment for Vaginal Relaxation Syndrome

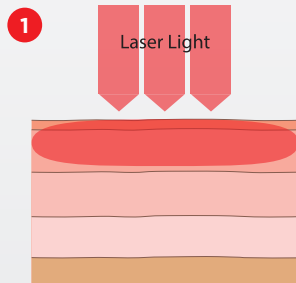
- Unique SMOOTH™ mode Er:YAG laser-induced thermal effects in the vaginal tissue stimulate collagen remodeling and the synthesis of new collagen fibers.
- The final result is tightening of the vaginal canal.
- Mechanism of action is based on shrinking and thickening of the connective tissue in the vaginal wall.
- After one single treatment clinical results show a tightened vaginal canal, greater sexual satisfaction and significant improvement in a patient’s quality of life.
- Walk-in/walk-out procedure
- High success rate and patient satisfaction

MECHANISM OF ACTION

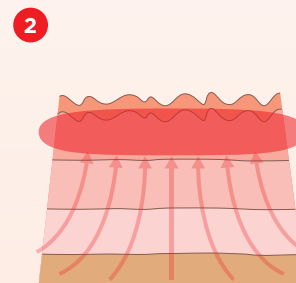
Before



Vaginal wall structure

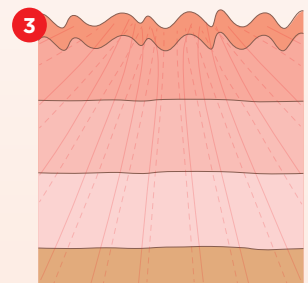


1 Photo-thermal heatwaves reaching up to 0.5 mm below the vaginal mucosa surface. Collagen fibers get shorter and thicker as a result of heat-induced collagen remodelling.



2 Deeper tissue layers get pulled up and tightened by the remodelled superficial tissue layer.

After



3 Vaginal walls are further strengthened by the process of neo-collagenesis (formation of new collagen fibers).



TREE



NIDS

TRENDS

By Tjasa Presern **Modern gynecology will need to adapt to the rising number of menopause-related gynecological conditions and the fast pace of modern life. What current trends are shaping modern gynecology?**

The Latest Trends: Paving the Way for Minimally-Invasive Laser Treatments

The number of patients with gynecological disorders is on the rise. Let's first look at the numbers:

25% of women in the US are affected with pelvic floor disorders.



Pelvic floor disorders, which include urinary incontinence, fecal incontinence, and pelvic organ prolapse, are highly prevalent conditions in women, affecting almost 25% of women in the US.

1 out of 3 women over the age of 45 have stress urinary incontinence.



Approximately 1 out of 3 women over the age of 45 and 1 out of every 2 women over 65 have **stress urinary incontinence**, the most prevalent form of incontinence among women.

Vaginal atrophy is affecting over half of post-menopausal women aged between 51 and 60.



Vaginal atrophy is another very common indication, affecting over half of post-menopausal women aged between 51 and 60, with significant impact on their sexual satisfaction and quality of life.

It is likely that the aging of the population and the obesity epidemic will lead to increases in the number of women affected by these common gynecological conditions.

Almost every woman in her thirties or forties who has experienced a vaginal delivery will suffer from **vaginal relaxation syndrome** to some degree, especially if having given birth to more than one child.

There are several trends that impact the prevalence of these common gynecological disorders.

One important issue is the **aging of the population**. Gynecological disorders become more common with increasing age, and virtually every country in the world is experiencing growth in the number of elderly citizens. Population ageing has implications for nearly all sectors of society, including healthcare, and these changing demographics have resulted in an increase in the prevalence of pelvic floor disorders, which include prolapse as well as urinary incontinence.

According to an article recently published in the Washington Post by Tara Bahrapour, the average age that women notice such problems is 56; by the age of 80, half of all women have one or more symptoms. One in ten of these women end up in surgery, which is still the main line of treatment for many pelvic organ disorders.



Trend 1

Aging Population



Trend 2

Obesity

The second issue affecting the trend in the rise of gynecological disorders is **obesity**. Today, more than one in two adults are overweight or obese in OECD member countries. The obesity epidemic has spread further in the past five years, although at a slower pace than before. Nevertheless, new projections show a continuing increase of obesity in all examined OECD countries.

The main reason behind the rising number of overweight people is frequent consumption of fast food. In the fast pace of modern life, where both husband and wife are often working long hours, increasing numbers of people are turning to fast food for their main meals.

It is likely that the **aging of the population** and the obesity epidemic will lead to increases in the number of women affected by these common gynecological conditions, especially those living in developed Western countries. As the number of patients with gynecological disorders rises, research shows that the rates of surgical procedures for urinary incontinence and prolapse have increased over time. This is despite the fact that in 2014 the FDA reclassified surgical mesh for transvaginal pelvic organ prolapse from a moderate-risk device (class II) to a high-risk device (class III), after gathering numerous reports of injury, malfunction and even death. Similarly, a recent study revealed that 56% of patients undergoing vaginal ring pessary for the treatment of pelvic organ prolapse experienced complications, and over time the majority of those women chose to discontinue using pessaries.

Trend 3

Patients Unsatisfied With Conventional Treatment Options

TRENDS

The trend of **low patient satisfaction with conventional (more invasive) treatment options** doesn't stop there. Until now, effective results for vaginal relaxation syndrome could only be achieved through invasive surgical treatments such as anterior and posterior vaginal plastic surgery. There are many post-operative complications associated with these procedures and a high degree of dissatisfaction with the results. The treatment options for vaginal atrophy due to menopause typically involve hormonal therapy. Yet studies reveal that participants using vaginal prescription products showed a high degree of concern with long-term use, namely concerns about side-effects, aspects related to hormone exposure and a possible predisposition for developing cancer and concerns about the unknown implications of long-term use.

Trend 4

Breakthrough Technological Developments in Gynecology

Over the past three years many developments have been made using **lasers** for treating these conditions. Fotona in particular has been at the forefront of laser gynecology, having been the first manufacturer to introduce the Er:YAG wavelength to improve upon the performance of CO₂ lasers and enable more effective and less invasive treatments. The company's Er:YAG lasers, such as the **FotonaSmooth**, feature SMOOTH mode technology for non-ablative, thermal only treatment as well as adjustable cold-to-hot ablation regimes to enable a greater degree of precision.

Fotona's SMOOTH mode technology opened the door to a truly revolutionary development in laser gynecology based on the discovery that the delivery of an optimal sequence of heat pulses to the vaginal mucosa results in strengthening and rejuvenation of the vaginal wall. The non-invasive, non-ablative 2.94 μm Er:YAG wavelength, in conjunction with Fotona's patented "SMOOTH mode"

delivery, allows for a highly controlled, safe procedure with no impact to any critical structures, including any penetration or disruption of the mucosal lining. For this reason, treatment of a number of gynecological disorders has now become a quick, minimally-invasive walk-in/walk-out procedure.

SMOOTH mode technology has proven to be very successful in providing more effective clinical and aesthetic gynecology treatments for indications such as Stress Urinary Incontinence (IncontiLase®), Vaginal Relaxation Syndrome (IntimaLase®), Pelvic Organ Prolapse (ProlapLase®) and Vaginal Atrophy (RenovaLase®).

Although numerous studies have shown that laser use in gynecology is a safe, non-invasive, non-surgical and patient-friendly alternative for treating numerous gynecological indications, the demand for laser treatments is still not as prominent as might be expected. This is most likely a direct consequence of the fact that patients are not being introduced to alternative treatment possibilities such as non-invasive laser solutions and are unaware of the latest technological advancements in the field of gynecology.



Trend 5

Under-Diagnosed and Undertreated Gynecological Disorders

Another important trend that researchers have found in gynecology is that indications such as urinary incontinence, vaginal atrophy, vaginal relaxations syndrome and pelvic organ prolapse often go under-diagnosed and undertreated. For example, studies show that **only one in five women affected seek help for incontinence issues**. This may be due to embarrassment, or because many women believe that the symptoms are a natural component of the aging process, or for some women, the symptoms are not bothersome enough to be considered problematic. A recent study (European REVIVE survey) revealed that almost 47% of participants that had been diagnosed with vaginal atrophy were not aware of the condition. In the same study, 65% of participants acknowledged that they expect their doctor to initiate a conversation to inquire about menopause-related symptoms, yet only 10% of women indicated that their doctor usually asked about their sexual activity during the routine physical examination.

Open communication related to menopausal symptoms between patients and the doctor should be initiated from the doctor. Patients expect it. Understanding the prevalence of these disorders is crucial for both patients and healthcare providers, so that these symptoms can be addressed proactively and treated in the most effective, safe and patient-friendly manner.



The Future of Laser Gynecology is Now

Keeping in mind the latest trends, modern gynecology will need to adapt to the rising number of menopause-related gynecological conditions and the fast pace of modern life by offering alternative solutions that are more-effective, faster, and less-invasive – offering treatments with a minimal burden on the body and after which patients can immediately return to their everyday activities.

In the past few years, **lasers have made a breakthrough** in the effective treatment of many menopausal conditions as well as aesthetic gynecological indications. Research shows that laser-induced, mild and controlled heating of the vaginal tissue stimulates angiogenesis, fibroblast activity and new collagen formation without thermal or ablative damage. Laser technology offers the operator unique properties that can be of aid to the 21st Century practicing gynecologist.

Women's lack of knowledge of available treatment options is concerning, however. The fact that many discontinue their conventional therapy of prescription drugs or decide not to treat their indication - out of fear of the invasive-nature of a surgical procedure, because they have a skeptical view that these conventional treatments can effectively reverse the vaginal changes, or due to a fear of the possible side effects (especially with hormonal therapy) - has a direct global negative effect on sexual health, satisfaction, and sexual behavior. Patients deserve the best and least invasive treatment options, or as Sabina Sencar, MD from the Juna gynecological laser clinic in Ljubljana, Slovenia puts it: "The laser has greatly facilitated my work because it is the primary task of every physician to improve a patient's quality of life."

Never before has there been a greater opportunity for gynecologists to **introduce minimally-invasive technology to their practice**. In a few years' time, laser technology has every possibility to become the mainstream treatment solution in the field of gynecology. To set this process in motion, the role of the gynecologist is important in two main therapeutic aspects. First, the practitioner must be more active in creating educational awareness of less invasive treatment options such as laser therapy. And second, they must facilitate discussions with their patients on menopause symptomatology in order to treat common gynecological indications in the early stages and improve their patients' lifestyles and sexual health.

With laser light, the future of minimally-invasive gynecology is certainly looking bright.

By Edita Krajnovic

An interview with Prof. Marco Gambacciani, Director of the Menopause Center at Pisa University Hospital.

About

Marco Gambacciani, M.D.

Dr. Marco Gambacciani graduated in 1978 from the University of Pisa and finished his residency in Obstetrics and Gynecology in 1982. He then attended the University of California where he undertook his Fellowship in Reproductive Endocrinology. Since 1987 Dr. Gambacciani has been a Professor of Obstetrics and Gynecology and the Director of the Menopause Center at the Santa Chiara University Hospital's Department of Reproductive Medicine in Pisa, Italy. He has also been member of the medical advisory board at Bionovo, Inc. since 2010. Dr. Gambacciani has served as a member of the Executive Committee of the International Menopause Society and is a member of the Executive Committee of the European Menopause and Andropause Society, as well as being a member of other professional societies. He has authored more than 120 papers in peer-reviewed international journals.



FotonaSmooth[®]: The Best Choice in Terms of Safety, Results and Patient Satisfaction

You have been working with laser systems for treating gynecological disorders since 2013, after being introduced to minimally-invasive Er:YAG technology. What convinced you that traditional treatment methods were not enough?

In the last 40 years I have treated thousands of postmenopausal women. I can say that the management of the postmenopausal years requires extreme personalization according to the needs, characteristics and preferences of each particular postmenopausal woman. That's why there is no best cure, or only choice. One choice, one size doesn't fit all. Consequently, I was excited by this new opportunity to treat vaginal atrophy with the laser. With one machine, by simply changing the settings, we have the ability to treat the initial stages of vaginal prolapse and stress urinary incontinence. It's a great achievement for improving women's well-being and quality of life.

There are many laser manufacturers on the market. You chose Fotona and their FotonaSmooth® gynecological laser. What makes them different from other laser manufacturers?

I reviewed all the available literature back when I approached this new option for my research activities and clinical work. No other machine was able to provide the option to treat, with the same non-invasive technology, either vaginal atrophy, vaginal prolapse, or stress urinary incontinence. In the following years, we have personally established new, and I believe strong, evidence that the Fotona Smooth® technology offers the best choice for the practicing gynecologist in terms of safety, results and patient satisfaction.

One common belief is that clinicians are averse to new technology, but you appear to have embraced it. Which are your favorite technological features of the FotonaSmooth® laser system, and why?

The FotonaSmooth® laser technology is not just minimally invasive, it is a completely non-invasive procedure. The Erbium SMOOTH™ mode is not ablative, causes no bleeding, pain or scars. It is really a patient-friendly procedure. The gentle, but intense heating of the vaginal tissues can guarantee positive results in more than 80% of patients.

I believe that in the near future a real turning point will be laser treatment for prevention in order to maintain normal vaginal functions.

Most gynecologists still stick to traditional, often more-invasive gynecological methods such as surgery, and fail to see the benefits of laser technology for both the practitioner and patient. What is your experience? Are your colleagues and patients aware of laser technology and its benefits?

Let's say that the vast majority of OB/GYN practitioners around the world are not aware of this new opportunity. Consequently when they hear about it, they are suspicious, uncertain, and skeptical. They don't believe that such a gentle treatment can offer an effective and long-lasting treatment. The same apply to the vast majority of women. They simply don't know about Erbium SMOOTH™ technology and the Vaginal Erbium Laser (VEL). That's why I started the Vaginal Laser Academy (VELA), an independent scientific organization devoted to women's health and quality of life by developing and implementing innovative VEL medical applications for functional vaginal restoration. VELA promotes Erbium SMOOTH™ laser in schools, local and international meetings, congresses, and encourages the exchange of research and professional experience between members.

If we look at specific disorders, vaginal atrophy is a very common indication, affecting over half of post-menopausal women in their

50s and having a significant impact on their quality of sexual life. What is your experience with RenovaLase® when you compare it with standard therapies?

In a word, great! I have treated hundreds of women, and we have published many papers about the significant and rapid effects of RenovaLase®. In normal postmenopausal women, the effects of VEL are very rapid compared with the standard hormonal therapies, but also longer lasting - up to 12-18 months after the laser application. In our studies, 83% of our patients asked to repeat the treatment: in my mind this is the best demonstration of the effectiveness of VEL on vaginal atrophy. VEL is the best treatment for breast cancer survivors. With these women, hormonal therapies are not allowed, and these women, often young in their thirties and forties, are really "lone survivors" left alone by practicing physicians, oncologists and gynecologists. Their sexual life becomes a real nightmare after the iatrogenic menopause. With RenovaLase® the effects are astonishing and their sexual life is not jeopardized by atrophy anymore, without hormones and also without the annoying moisturizers and lubricants.

You also have a lot of experience performing the so-called IncontiLase® treatment for stress urinary incontinence. Could you tell us more about this application and how laser treatment of SUI has improved patient outcomes?

The effects of IncontiLase® on urinary incontinence are really surprising. The effects are evident in my experience after the second and sometimes after the third laser application, but definitely the effects can improve incontinence. Again, the effects are there in more than 80% of our patients, with significant improvement of continence for up to 12-18 months. More than 70% of our patients repeated the treatment, thereby avoiding surgery. Only 7% of the women selected for VEL treatment underwent SUI surgery. I think that with IncontiLase® we can avoid unnecessary surgical procedures, save money as well as patient distress and pain.

Up to now, there were only two solutions available for pelvic organ prolapse: supporting pessaries and surgical mesh. With the introduction of the ProlapLase® minimally invasive laser treatment option, the future of POP treatment is looking bright. What do you see as the main benefits of POP laser treatment?

The effects of ProlapLase® on the initial steps of POP are really encouraging, mainly when we are dealing with a defect of the anterior vaginal wall, the cystocels. However, when a woman is presenting with a severe grade of hysterocele, the prolapse of the uterus with minimal if any prolapse of the vaginal walls, the laser procedure cannot be effective. Patient selection is by far the most important and limiting factor for ProlapLase effectiveness. The gynecologist must select the proper patient: ProlapLase is a great option in young women with anterior wall prolapses or in women of all ages with cases of vaginal laxity, particularly those who have delivered large babies, and it's more common with ageing. The treatment can restore a woman's self-confidence and sexual gratification.

Practitioners don't believe that such a gentle ProlapLase® treatment can offer an effective and long-lasting treatment. The same applies to the vast majority of women.

If we move on to aesthetic laser gynecological treatments, such as vaginal tightening, what is your opinion on the latest innovations in this field of gynecology?

Vaginal tightening is not just an aesthetic procedure, but it is a functional application of the laser, since it does affect sexual functions, sexual response, orgasm and satisfaction. This is a great innovation for women's sexual well-being and quality of life.

Amara's Law states, "We tend to overestimate the effect of a technology in the short run and underestimate the effect in the long run." A laser system is a substantial investment, but are practitioners underestimating the long-term higher value of providing gynecological laser treatments? Has your practice grown since introducing laser technology?

Amara's Law doesn't apply to my own laser experience. I was really skeptical and doubtful in the beginning, I was not a confident user. After just 6 months, looking only at the very first, objective data we were collecting, I already recognized the great opportunity I was experiencing. I definitely gained reputation after introducing VEL in my practice. In addition to the scientific paper I published, the laser gave me the opportunity, after treating many patients, to become a reference physician with my gynecology colleagues. The laser investment can increase gynecology revenue in a very short time.

What emerging trends do you see in minimally-invasive laser gynecology in five to ten years' time? Could you say that soon, modern gynecology without a laser will just not be modern?

I do believe that in the near future the functional vaginal restoration for vaginal atrophy, relaxation and urinary incontinence will be a common practice in gynecology, not only for therapy but also for prevention. This will be the future, a real turning point: laser treatment for prevention in order to maintain normal vaginal functions. Our recent findings suggest to repeat the laser treatment every 12 to 18 months.

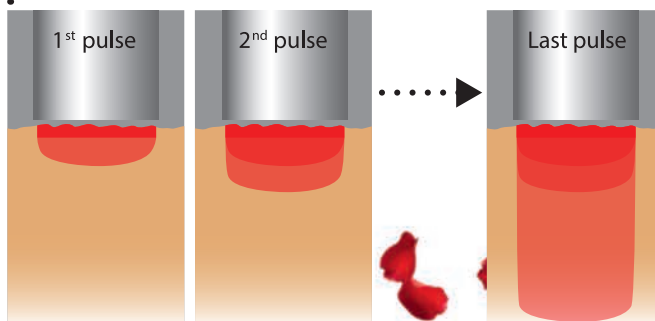
SMOOTH™ mode

A revolutionary technological development for delivering the optimal sequence of heat pulses to the vaginal mucosa

- Delivers patented sequential Er:YAG laser pulses to the vaginal wall mucosa, generating controlled and optimal distribution of heat within the tissue in a non-invasive, non-ablative manner.
- The result is collagen remodeling and neo-collagenesis which strengthens and rejuvenates the vaginal wall, improves the pelvic floor support and diminishes symptoms of pelvic floor dysfunction.
- Highly controlled, safe procedure with no impact to any critical structures, including any penetration or disruption of the mucosal lining.
- **SMOOTH™ mode non-invasive treatments include:**
 - **Stress Urinary Incontinence (IncontiLase®)**
 - **Vaginal Relaxation Syndrome (IntimaLase®)**
 - **Genitourinary Syndrome of Menopause (RenovaLase®)**
 - **Pelvic Organ Prolapse (ProlapLase®)**

SMOOTH™ mode pulse

Optimal sequence of sub-ablative micro pulses



Unique sequential SMOOTH™ mode Er:YAG laser pulses generate an optimal structure of heat waves.



In addition to the scientific paper I published, the laser gave me the opportunity, after treating many patients, to become a reference physician with my gynecology colleagues.

What is your motivation for constant improvement, and what final advice would you offer to your colleagues?

We should cite Steve Jobs' motto, "Stay hungry. Stay foolish". In order to improve our medical skills, we must gain new knowledge. Don't be happy with your yesterday - learn something fresh day after day! As gynecologists, we are used to performing surgery and prescribing hormones, but rarely are we

laser experts. The laser training is straightforward: it took me only few sessions to become confident with the procedures, thanks to the well-defined and characterized Fotona applications and protocols. The Fotona laser gave me a great new opportunity to improve my clinical practice in the management of very common female disorders. We can learn from the past, but we can only grow in the future, with passion, confidence and intuition.



The medical power of light

RenovaLase[®]

Er:YAG SMOOTH Mode

Laser Treatment of Genitourinary Syndrome of Menopause

- Non-ablative Er:YAG photo-thermal treatment of the vaginal canal
- Improved vascularization and trophism of the vaginal wall
- Collagen regeneration and improved moisture in the vaginal mucosa
- Safe treatment without long-term hormonal therapy
- Minimally invasive walk-in/walk-out procedure
- High success rate and patient satisfaction

Available with **FotonaSmooth[®]**
The revolutionary non-surgical gynecological laser

By Dr. Masa Gorsic Krisper

GSM (Genitourinary Syndrome of Menopause) is a common condition symptomatically affecting approximately 50% of all postmenopausal women. Studies show low satisfaction among women being treated by conventional vaginal and hormonal products. RenovaLase® laser therapy offers an extremely effective and patient-friendly alternative treatment solution.

RenovaLase®: An Innovative and Effective Laser Solution for GSM

GSM is a consequence of decreased estrogenization of urogenital and pelvic tissue that results in dryness, decreased lubrication and loss of vaginal elasticity, with associated irritation, dyspareunia, and urinary symptoms. The number of women suffering from GSM symptomatology is increasing, especially in those reaching their final menstrual period, and this is a direct consequence of an aging population.

A recent study (REVIVE) of 3768 postmenopausal European women with diagnosed GSM symptomatology revealed that the most common associated symptoms are vaginal dryness (70%), followed by vaginal irritation (33%), pain during intercourse (dyspareunia, 29%) and vaginal tenderness (14%).

Low Patient Satisfaction with Conventional Treatments

The most common treatments for GSM are local over-the-counter, non-hormonal vaginal products. According to the REVIVE study, the condition is still under-diagnosed and under-treated, with a high rate of dissatisfaction for available conventional treatments in the four European countries surveyed. Amazingly, less than half of the women treated by conventional methods were actually satisfied with the treatment. What's more, 25% of treated participants discontinued their treatment, and close to 40% abandoned it completely.

In the same study, participants using prescription vaginal products showed a higher degree of concern with long-term use,

namely concerns about side-effects (56%), followed by aspects related to hormonal exposure and a possible predisposition for developing cancer (25%), and finally, many patients also expressed concerns about the unknown implications of long-term use (20%).

Clearly there is low satisfaction among women being treated for GSM by conventional vaginal and hormonal products. Moreover, patients express significant concerns for over-the-counter and/or prescription medication, mainly justified by a skeptical view that available treatments can effectively reverse the vaginal changes, as well as by safety and convenience considerations.

A Unique and Innovative Laser Solution

RenovaLase® is a new, non-invasive 2940 nm Er:YAG laser therapy developed by Fotona for the symptoms of vaginal atrophy. It is based on non-ablative photothermal treatment of the vaginal canal. Clinical studies show that it is an efficient, safe and patient-friendly alternative that eliminates the need for long-term estrogen administration. For this reason, RenovaLase® is also appropriate for patients with estrogen-dependent cancer (such as endometrial cancer, breast cancer, etc.) or with a family background of such cancers, as shown in clinical studies by Dr. Juan F. Bojanini and Dr. Marco Gambacciani.

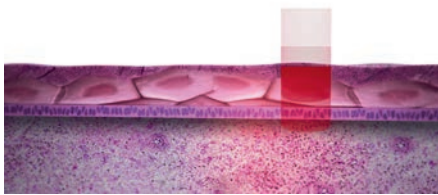


The RenovaLase® treatment is based on laser-induced, mild and controlled heating of the vaginal tissue.

How Does RenovaLase® Work?

The RenovaLase® treatment is based on laser-induced, mild and controlled heating of the vaginal tissue, which stimulates angiogenesis, fibroblast activity and new collagen formation without thermal or ablative damage. The final result is increased epithelial thickness as well as vascularization of the lamina propria, along with a reduction of symptoms such as dryness, itching, irritation and dyspareunia.

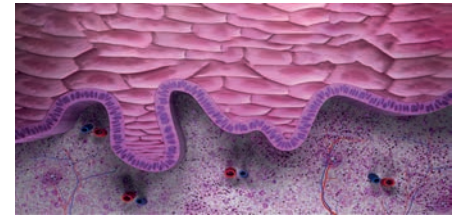
This non-invasive treatment option utilizes the unique “SMOOTH mode” developed by Fotona, which delivers an optimal sequence of thermal laser pulses to the vaginal mucosa, generating controlled and optimal distribution of heat within the tissue, enabling new collagen formation, enhanced fibroblast activity as well as stimulating angiogenesis. The 2.94 μm wavelength, in conjunction with its patented “SMOOTH mode” delivery, allows for a highly controlled, safe procedure with no impact to any critical structures, including any penetration or disruption of the mucosal lining.



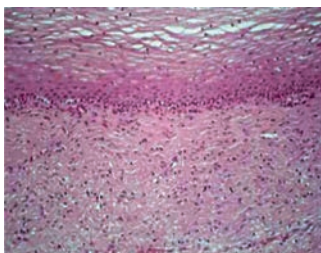
Gentle, non-ablative photothermal treatment of the vaginal canal using mild hyperthermia via SMOOTH™ mode.



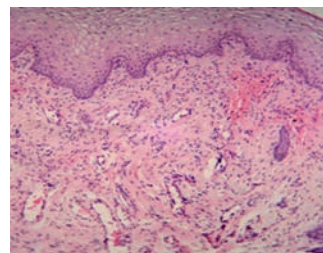
Enhanced synthesis of new proteoglycan and hyaluronic acid molecules, which improves tissue water content and collagen structure.



The result is improved vascularization and tropism of the vaginal wall and restored structure and function of the vaginal mucosa.



Before

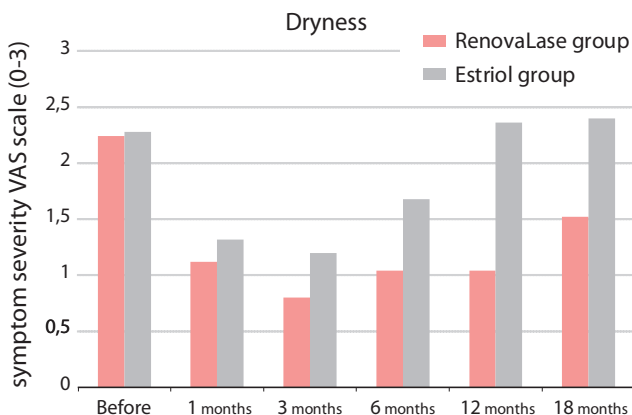


After treatment

Excellent Clinical Results

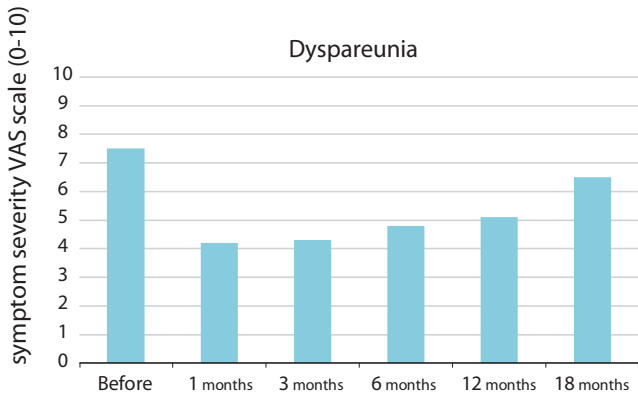
Recent scientific results presented by Dr. Marco Gambacciani and Dr. Adrian Gaspar show a clearly noticeable improvement in the symptoms of vaginal atrophy after RenovaLase® treatment. The results show favorable changes in the tropism of the vaginal mucosa, with increases in collagen and vascularization as well as in the glycogen level and the epithelial thickness. The positive effects were long lasting; results were sustained at follow-up 6 months after the treatment.

In another study, Dr. Gaspar et al. compared the effectiveness of RenovaLase® treatment and local estriol on the severity of vaginal dryness over a period of 18 months. Results show that patients in the RenovaLase® treatment group experienced significantly higher effectiveness in the relief of GSM symptoms.



Gaspar, Adrian, et al. “Efficacy of Erbium: YAG laser treatment compared to topical estriol treatment for symptoms of genitourinary syndrome of menopause.” *Lasers in surgery and medicine* 49.2 (2017): 160-168.

Clinical studies show that RenovaLase® is an efficient, safe and patent-friendly alternative that eliminates the need for long-term estrogen administration.



In another study by Dr. Gambacciani and Dr. Levancini, the effectiveness of the RenovaLase® treatment on breast cancer survivors was studied. The results revealed that RenovaLase® significantly decreased the severity of dyspareunia in breast cancer survivors suffering from GSM, with the effect lasting for more than 12 months after treatment.

Gambacciani, Marco, and Marco Levancini. "Vaginal erbium laser as second-generation thermotherapy for the genitourinary syndrome of menopause: a pilot study in breast cancer survivors." Menopause 24.3 (2017): 316-319.



"I'm especially thrilled with the positive results we've had when treating vaginal atrophy. The use of the FotonaSmooth® laser in this very common pathology has set a new standard of treatment for my practice. We are able to move away from long-term hormone replacement therapies that have received negative media attention and created concern in our patients, and toward laser-light treatments that have the patient symptom-free for many months with no adverse complications."

Adrian Gaspar, MD; Mendoza University, Argentina

As the population is aging, the number of women suffering from GSM symptomatology is increasing, especially in those reaching their final menstrual period.

Getting Started With RenovaLase®

FotonaSmooth® (by Fotona) is a gynecological laser system developed specifically for performing "SMOOTH mode" treatments. FotonaSmooth® operates at the optimal infrared Er:YAG laser wavelength (2.94 μm) that coincides with the maximal absorption peak of the mucosal tissue. This ensures that the laser light is delivered to the tissue in a controlled superficial manner without the risk of affecting deeper-lying structures.

FotonaSmooth capabilities can be expanded with an additional Nd:YAG laser source.



Fotona[®]
choose perfection

The medical power of light

ProlapLase[®]

Er:YAG SMOOTH Mode
Laser Treatment of Pelvic Organ Prolapse

- Non-ablative photo-thermal tightening of the tissue and contraction of the vaginal canal
- Collagen regeneration in the vaginal mucosa
- No scalpel, no sutures, no anesthesia
- A safe and non-invasive alternative to traditional methods
- Excellent results and high patient satisfaction
- Suitable also for higher grades prolapse

Available with **FotonaSmooth**[®]
The revolutionary non-surgical gynecological laser

www.fotona.com

By Dr. Masa Gorsic Krisper

Pelvic organ prolapse (POP) is a very common female health condition that has been on medical record for over 4000 years. Vaginal childbirth and menopause are the two leading causes of pelvic organ prolapse, affecting almost 50% of parous women to some degree.

ProlapLase®: A new Non-invasive Laser Treatment Solution for Pelvic Organ Prolapse

Unfortunately, POP receives little acknowledgment, is under-diagnosed and often left untreated. Women in every country around the world experience symptoms of POP, yet have little idea what is occurring in their bodies because they are embarrassed to discuss the problem with anyone, even their gynecologist.

Pelvic organ prolapse (POP) can occur when the pelvic floor muscles weaken and one or more organs shift out of their normal positions into the vaginal canal. In advanced cases of POP, tissues push through the vaginal canal and bulge outside of the body. There are 5 types of POP: the organs that can prolapse are the bladder (cystocele), intestines (enterocele), rectum (rectocele), uterus (uterine), and vagina (vaginal vault). We distinguish 4 levels of severity: grade 1 is the mildest, grade 4 the most severe.

High-Risk Conventional Treatments

Up to now, there were only two solutions available: supporting pessaries and surgical treatments with the use of a mesh, both of which have been associated with problems and high levels of adverse effects. Namely, a recent study revealed that 56% of patients undergoing vaginal ring pessary experienced complications, and over time the majority of women chose to discontinue using pessaries. As for the use of urogynecological surgical mesh products, which have dominated the treatment of POP over the last decade, a search for adverse events associated with the use of mesh conducted by the FDA found 3979 reports of injury, malfunction and even death over a period of 5 years. For this reason, the FDA reclassified surgical mesh for transvaginal POP from a moderate-risk device (class II) to a

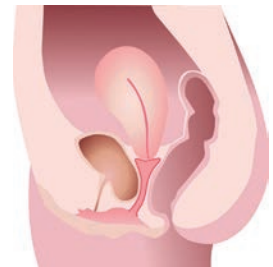
high-risk device (class III).

New Minimally-Invasive Laser Treatment

The latest research in laser technology has led to the development of a unique non-invasive Er:YAG laser alternative for the treatment of POP called ProlapLase®. This innovative new treatment option utilizes the gentle, nonablative photothermal effects of “SMOOTH mode” technology (Fotona) to tighten the tissue and contract the vaginal canal. Preliminary clinical studies show that it is an efficient, easy-to-perform and, most importantly, a safe procedure.



*Anterior
Compartment
Prolapse (Cystocele)*



*After ProlapLase®
treatment*

How Does ProlapLase® Work?

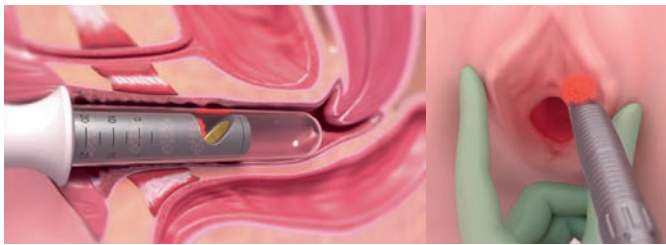
The ProlapLase® treatment is based on precisely controlled, laser-induced photothermal effects from the application of 2940 nm Er:YAG laser in mucosa tissue, stimulating collagen remodeling and the synthesis of new collagen fibers. The end result of this collagen neogenesis and remodeling is the shrinkage and tightening of the vaginal canal without the removal of any tissue.

Preliminary clinical studies show that the new ProlapLase® treatment is an efficient, easy-to-perform and, most importantly, a safe procedure.

The ProlapLase® protocol includes three steps:

- Step 1: Circular (360°) irradiation of the whole vaginal canal.
- Step 2: Angular irradiation of the prolapsed side of the vaginal wall.
- Step 3: Irradiation of the vestibule region and prolapsed vaginal wall.

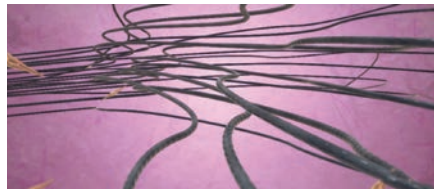
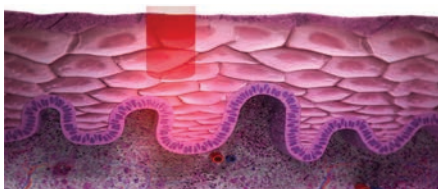
For higher grades of prolapse, at least three sessions with a one month interval are needed.



Fotona Er:YAG SMOOTH made treatment for pelvic organ prolapse

With ProlapLase® the overall impact and burden on the patient’s organism is minimal, as opposed to more invasive classical surgical procedures. No special pre-op preparation or post-op precautions are necessary, and patients can immediately return to their normal everyday activities. Additional advantages of ProlapLase® for the patient are that the procedure is incisionless and virtually painless, with no cutting, bleeding or sutures.

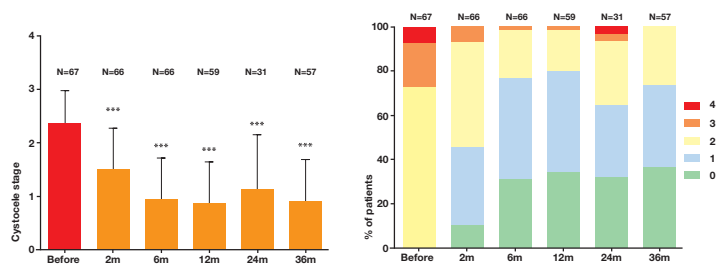
Non-ablative SMOOTH mode for controlled and optimal distribution of heat within the tissue enabling collagen remodeling and neo-collagenesis for strenghtening and rejuvenation of vaginal wall.



Outstanding Clinical Results

The latest scientific results presented by Dr. Urska Bizjak-Ogrinc and Dr. Sabina Sencar clearly show that this novel thermal laser treatment is an effective and safe, non-invasive option for the treatment of POP. The study revealed that:

- The average POP grade was already significantly reduced after the first session (Fig.1).
- The POP continued to improve with further sessions (Fig. 2).
- Treatment discomfort was very low (mean VAS score 0.4) and patient satisfaction high (median 4 on 1-5 scale).
- There were no adverse events reported.



Getting Started With ProlapLase®

ProlapLase® and other clinical gynecology treatments can be performed with the following laser systems:

FotonaSmooth® (by Fotona) is a gynecological laser system developed specifically for performing “SMOOTH mode” treatments. FotonaSmooth® operates at the optimal infrared Er:YAG laser wavelength (2.94 μm) that coincides with the maximal absorption peak of the mucosal tissue. This ensures that the laser light is delivered to the tissue in a controlled superficial manner without the risk of affecting deeper-lying structures. FotonaSmooth capabilities can be extended with additional Nd:YAG laser source.

By Tjasa Presern **You possess the technology and knowledge needed to run a successful practice. All you need now are patients. Here are 6 easy marketing tips to build your laser practice.**

How to Find Your Patient?

Demand for non-invasive gynecological treatments is on the rise. First, the world's population is aging and the risk for gynecological indications connected to pelvic floor disorders increase with age and the postmenopausal period. Second, the laser gynecological market is growing because it suits the patient's needs. It offers less invasive procedures, little or no-pain and more effective results. What's more, laser treatments suit the patient's busy lifestyle. They are faster, there is less downtime, results are longer-lasting, fewer follow-up treatments are needed, etc. And third, more and more people are taking steps to improve their health and well-being. Thus,

the gynecological laser industry not only provides clinical gynecological treatments, but also cosmetic gynecological procedures.

You already possess the technology and knowledge needed to run a successful practice. Now you need to share this with your patients in order to boost your clinical reputation and increase revenues. Here are 6 marketing tips that you can use and apply to suit your personal business needs, the particular market situation and competitive position of your practice.

It is a fact that most women avoid discussing certain vaginal or urinary problems with their gynecologist. The most common reasons for avoiding a discussion with their doctor are beliefs that the symptoms are a natural component of the aging process, or for some women, that the symptoms are not bothersome enough to be considered problematic.

Many gynecologists also don't ask their patients about problems that they may be experiencing. A recent European REVIVE survey revealed that only 10% of women indicated that their doctor usually asked about their sexual activity during the routine physical examination. By contrast, 65% of participants acknowledged that they expect their doctor to initiate a conversation to inquire about menopause-related symptoms. Remarkably, depending on the specific symptom, between 36% (vaginal/vulvar irritation) and 50% (pain associated with sexual intercourse) of participants suffered GSM (Genitourinary Syndrome of Menopause) for more than 6 months before they initiated a discussion with a doctor. This confirms that GSM is an under-recognized, under-diagnosed and undertreated condition among postmenopausal patients who, although



experiencing bothersome symptomatology, quite often do not seek medical help. Similarly, a study among Australian patients revealed that 70% of those with urinary leakage do not seek advice and treatment for their problem.

Direct doctor-patient communication must be actively promoted from the professional point of view in order to convey to the patient the diagnosis, its progressive nature and the benefits of undertaking a minimally invasive laser therapeutic

approach. The majority of patients are unaware that many gynecological indications can be treated. The other problem is that patients are not aware that these indications can be treated with a laser in a minimally-invasive manner, with a simple walk-in-walk-out procedure. Because of the invasive nature of some surgical treatment options, the inconvenience of lubricants or moisturizers and the fear of cancerous side effects of estrogens, many patients that are aware of their diagnosis and have received conventional treatment, lapse from their conventional treatment schedule or prefer not to undertake it at all.

MARKETING TIP:

Talk to your patient. Inform her of the menopausal problems she may soon start to observe and the treatment options available at your practice. Stress the benefits of laser treatment: less or no-pain procedures, long-lasting results, speedy treatments and little-to-no downtime. Patients often choose their doctor on referrals and trust. If your patient is not suffering from these common indications, perhaps her friend or mother is.

2 INITIATE WORD-OF-MOUTH ADVERTISING

Word-of-mouth advertising is still the most powerful form of marketing. In an article entitled "Why Word Of Mouth Marketing Is The Most Important Social Media" published in Forbes magazine, the author states that 92% of consumers believe recommendations from friends and family over all forms of advertising.

MARKETING TIP:

A complete list of the services you offer should be clearly visible to patients in the waiting room so that you are able to get the most out of your laser system, your practice and personal career growth as well.

You could also give your patient an incentive to talk about your practice to others. Incentives are best given with special offers and discount prices. For example, hand out business cards with a discount for certain procedures.

Educating your patient about available laser procedures is crucial in order to increase revenues and build one's reputation.

Talk to your patients – the majority of them are unaware that many gynecological indications can be treated.

Educating your patient about available laser procedures is crucial in order to increase revenues and build one's reputation.

3 ADVERTISE IN YOUR OFFICE



MARKETING TIP:

No. 1: Create print materials – Patient Leaflets, Posters, Postcards

Print promotional materials in the office are primarily intended for educating the patient and stimulating interest. They should be placed in your waiting room or lounge area. Postcards are primarily intended for stimulating interest among new potential patients. The patient fills in the address of her acquaintance and leaves it in a "mailbox" positioned in your office. Postcards can also be placed in bars, restaurants, hotels, central bus and train stations, fitness centers, health spas, retirement homes and any other public places your potential customers are likely to visit. Postcards should give the patient an incentive to invite others to come to your practice (i.e. discounts, special offers).

No. 2: Gather patient testimonials

Patient testimonials are a great tool for gaining trust among potential new patients. You can gather testimonials by asking your patient to give you feedback on how she is healing, feeling, and how satisfied she is with the procedure.

TRENDS

In establishing and maintaining a successful practice, social media can play a big role. Here your creative input is unlimited as this modern consumer-generated media lets you follow popular trends in your field of practice, build business relationships, and go to where the patient is. With social media you do not advertise directly, you engage people and they, unknowingly, advertise for you.

MARKETING TIP:

Create a profile on different social media networks and remember to provide new content regularly:

Blog

Having a blog for business purposes is a great way of showing you understand your patient's needs and concerns. By adding a blog to your website, you are able to add news on a particular subject, event, activity, promotional offer or treatment outcome. Additionally, a blog is a great marketing, branding and public relations tool, giving your practice additional credibility and creating trust by letting them share their experiences with laser treatment.

Facebook

Facebook can significantly help you promote your website. Your practice's Facebook profile should include photos of the office, contact information, a description of the services you offer and other relevant information. The main feature of Facebook is that it offers the opportunity to constantly update and add new information.



4
GET NOTICED
WITH SOCIAL
MEDIA



Twitter

Twitter is a microblogging service that enables its users to send and read other users' short messages. It differs from SMS texting in that what is posted is generally public for all to view. This is a simple and effective way of informing your potential patients of what is new in your clinic as users subscribe to your business profile.

LinkedIn

LinkedIn is a business-oriented professional social networking website. In contrast to a social networking service, this site promotes business interactions. LinkedIn allows you to get hundreds of visits to your website. Additionally, you can expand your business opportunities by creating a list of contact details. Find the contact that suits your business needs and invite them to join your network.

Ryze Networking

This social network also helps you make connections with business professionals and grow your practice. Both paid and unpaid membership levels are offered.

Another method of communication that will expand your practice and increase revenues is advertising and promotion using other channels targeting primarily potential new patients.

MARKETING TIP:

Target new patients through the following media:

Website

It is crucial your practice has a well-designed website for easier communication and to have a professional level of operation. If you have patient testimonials, a website is a great place to promote specific treatment options through patient testimonials.

5
USE
TRADITIONAL
MEDIA FOR
ATTRACTING
NEW PATIENTS

According to Forbes 92% of consumers believe recommendations from friends and family over all forms of advertising.



Radio

Contact the radio station(s) and make a schedule for the running of your commercial. The commercial should run continuously, on the same radio station(s), at the same time of day. Make sure to add your practice name and website address at the end.

Television

Despite the Internet's steady rise in popularity, television remains a powerful advertising medium. Advertising on television, though expensive, also allows you to show your practice and services so your potential clients will know exactly what to expect. To create an effective television commercial you must have a good script (story) and a good production team behind it. Thus, it is advised that you have the help of an advertising agency, which can help you create a strong television campaign.

Magazines, Newspapers (print or online)

Use print and online advertising to promote recognition and maintain awareness and let your potential patients know which treatments you offer. Request a Marketing Kit to get the rates, an editorial calendar and the required sizes of ads. You can also write editorials introducing the treatments your practice offers or clinical cases you have performed on your patients. You can send editorials to magazines (editor contact details and prices should be stated in the magazine's Marketing Kit or online) or contact a news reporter about possibly writing a story on your business practices.

With social media you do not advertise directly, you engage people to do it for you.

Get noticed by going to where your patients are. There are many creative and original outside-the-box marketing tools you can choose to help build your practice's reputation and increase your client base.

MARKETING TIP:

Here are some examples of great direct doctor-patient communication opportunities:

Talk shows

Think outside the box and get invited to talk shows as an expert clinician, which will give you additional free exposure and allow you to build awareness and visibility by spreading the word on gynecological laser treatments and the benefits laser technology offers. In return, you can offer the TV station your office for filming purposes free of charge (filming crews often have problems finding locations for shooting hospital scenes).

Local events

Participate in local events related in some way to your business (e.g. health and fitness, retirement homes, local hospitals, and other similar locations and events).

Free patient education seminars

Offer free patient education seminars which will again raise awareness and increase the number of your referrals. Seminars can take place in your office, at public clinics, universities, retirement homes, spas, fitness centers, hotels and numerous other local venues your potential clients visit. Be sure to promote your educational seminar online, as well as with leaflets and/or advertisements in your local newspaper. Give out your business cards and postcards at the end of the event.

By Matjaz
Kljajic

LA&HA Institute: A State-of-the-Art Training Center



Since day one, LA&HA's mission has been to support innovation, development and education through workshops designed to improve the knowledge and skills of Fotona laser users.

If you have a Rolls Royce in your garage, you absolutely need a driving license. But where does one learn how to operate a complex device such as a medical laser?

The best place to educate yourself is at one of the most advanced institutes in the world, the LA&HA Institute, located right next door to Fotona's headquarters in Ljubljana, Slovenia.

The seed for this magnificent facility was planted in 2007 when the Laser and Health Academy (LA&HA) was born. Since day one, LA&HA's

mission has been to support innovation, development and education through workshops designed to improve the knowledge and skills of Fotona laser users. Throughout the years, the activities of LA&HA expanded enormously. "In order to continue to improve the quality of our services, we had to expand our activities and invest in a laser training and research center, which opened its door in 2016" explains Dr. Masa Gorsic Krisper, head of the LA&HA Institute.

Dr. Gorsic Krisper, what knowledge and experiences do clinicians obtain from the Institute?

Lasers are like a living being and one has to learn how to work with them. Continuous training and education on the effective and safe usage of lasers in medicine and dentistry are a must. Users recognize the benefits of having both theoretical and practical training on medical laser technology in one place. The Institute offers numerous possibilities: we can lead simultaneous workshops, educate large groups of up to 100 participants, with each having - with the help of live video transmission from the laser room to the lecture room - equal access to observe live procedures up-close. But hands-on experience is equally important, so all participants also have the chance to work with the lasers themselves. Besides all this, the LA&HA Institute is a place for continued research on new applications, as well as organized meetings for the exchange of ideas and practices.

Who are the attendees of LA&HA Institute trainings and events?

In the past year we have organized 88 workshops for more than 500 attendees from 55 countries around the world. Living proof that we are doing a good job is that we have many repeat clients, including one clinician who came to our workshops more than 5 times!

The training center is also magnificent in design. Why? What was the inspiration?

Our goal was to place the world's best-made and highest-performance laser devices in the type of environment they truly deserve - a beautiful, modern and futuristic institute incorporating modern architectural design, and to fulfill all of the special requirements of this type of working environment.

In 2017 we have organized 88 workshops for more than 500 attendees from 55 countries around the world.

What differentiates the LA&HA Institute from other similar institutions?

We see the Institute playing a key role in supporting LA&HA's mission, which is to serve as a global platform for the exchange of knowledge among peers and the promotion of evidence-based laser medicine and dentistry among practitioners and the general public. The Institute offers access to the latest innovations in lasers, laser handpieces and applications, in a modern and at the same time welcoming environment. The workshops and research are led by highly educated and experienced staff. At the Institute's opening, many attendees said that it's the most state-of-the-art laser facility they have ever seen. We are positive that the majority of Fotona users are starting to feel our 'One family together' moto. I personally see the LA&HA Institute as the 'living room' of our big Fotona family house.



E X P E



HERTS

By Daniel Levec **An interview with Prof. Adrian Gaspar, director of the Argentine Institute of Aesthetic Medicine and Laser Gynoplasty**

About Prof. Adrian Gaspar

Prof. Gaspar is an OB/GYN specialist, cosmetogynecologist, associate professor at the Gynecology Department of the Faculty of Medicine at Mendoza University, Argentina, and an owner and director of the Prima Piel Clinic in Mendoza. He received his medical diploma from the Graduate School of Medical Sciences of Universidad Nacional de Cuyo in Mendoza, in 1995, followed by postgraduate study in Gynecology and Obstetrics at the Hospital Italiano de Mendoza.

With more than ten years of education and experience in the use of lasers in medicine, Prof. Gaspar is among the pioneers in the use of laser treatments for vaginal rejuvenation. He is a member of several eminent medical and organizations as well as director of the Argentine Institute of Aesthetic Medicine and Laser Gynoplasty, the Chilean College of Reconstructive and Aesthetic Medicine, and associate professor at the Argentine School of Aesthetic Medicine in Buenos Aires.



“With the right technology, I could meet patient expectations and differentiate my practice”

What inspired you to immerse yourself into the world of medical lasers?

After graduating I quickly discovered how difficult it was to establish a fast growing practice. My vision was that with the right technology, I could meet patient expectations and differentiate my practice in a very competitive market. This required a leap of faith since at that time it was a very significant financial decision. Fortunately it paid off and I have no regrets.

You are considered to be one of the pioneers, if not the pioneer in laser gynecology. What was it that first attracted you to using a laser?

I had always seen lasers as a futuristic option in my practice ever since I was working on my residency in Gynecology. I have always been concerned about female sexual health and quality of life, and the laser's potential to be selective in terms of controlled damage and stimulation of human tissues really fascinated me from the very beginning.

About 50% of gynecologists have also incorporated aesthetic applications and found them to be very rewarding, with high customer satisfaction.

So in this sense, I had already thought back then that lasers may come in really handy for Ob/Gyn treatments. Now when I look back and see how, over time, a wide array of laser procedures have gained popularity in our practice, not only for cosmetic but also for functional interventions, I realize that I was not wrong about the future of lasers in gynecology for minimally invasive procedures and aesthetics.

From the diverse applications in gynecology currently offered by the FotonaSmooth® laser, which would you consider as revolutionary in your daily practice?

After traveling to many countries and meeting colleagues that are currently using Fotona's technology, I must admit that I have found different answers to this question. This of course

has to do with a combination of local cultural lifestyles as well as the practitioner's main focus. Personally I use almost all of its applications but most users have been delighted with the results produced by IntimaLase® and IncontiLase® since we can achieve great improvement without causing any unwanted side effects or pain, either during or after the procedure.

About 50% of gynecologists have also incorporated aesthetics applications and found them to be very rewarding, with high customer satisfaction.

How do you establish a pricing strategy for the laser treatments that you currently offer?

Fortunately for my practice, gynecology laser practitioners are still a small percentage of the market. This provides some flexibility to decide for an optimal pricing strategy with-

out having to focus on using "market prices" as would happen with conventional non-laser treatments. I would

always recommend establishing a two-stage approach to maximizing practice growth. In the first phase it is critical to attract as many patients as possible and to make the treatment very affordable, thereby creating a large base of satisfied patients who can refer friends and family. The Fotona approach to laser design has helped me to be successful in this concept since there are no consumables, the procedures are performed in only 10 minutes in an ambulatory manner, thus keeping my treatment costs very low. Once you notice that the patient appointment calendar is pretty full for an extended time, that's a signal that it's time to enter a new phase in which you can make price adjustments that will maximize your return.

The use of the FotonaSmooth® laser has set a new standard of treatment for my practice: a laser light treatment that has the patient symptom-free for many months with no adverse complications.



What future gynecological applications do you envision for Fotona's Erbium SMOOTH mode laser technology?

I'm very enthusiastic about a research project that I have been working on for several months that addresses the treatment of urethral sphincter deficiency. As defined by the International Urogynecological Association, every stress urinary incontinence case has some degree of urethral sphincter deficiency. I believe that we can enhance our treatment results by providing a focalized laser treatment to this particular area by taking advantage of the Erbium laser's SMOOTH mode ability to provide the affected tissue with improved trophism and the necessary biostimulation to recover its function. I look forward to sharing these results as soon as we conclude our investigation of optimal parameters for effective treatments.

How do you attract patients? Is there any advice that you could give to clinics starting to promote these treatments?

Advertising strategies vary among different cultures, but I can certainly share some concepts that I believe are pretty universal and that have helped me with promoting my practice. First, market your new laser treatments well in advance to starting your actual laser activity. Don't wait until you have finished your laser installation and education to start your laser-practice patient recruiting. This is a long process that involves talking to patients that attend your practice daily and sending out information to new potential patients. Working in advance to start your laser practice will strongly set you on a successful path right from the beginning. This is one of the great advantages I have found when starting with the Erbium SMOOTH mode. Having a very short learning curve and no fears of clinical complications allowed me to put my laser practice in full gear right from the start.

And secondly, always let your happy laser patients know that you would highly appreciate it if they would share their success story with those friends or family members who may benefit from this procedure. It is a common mistake to assume that they will automatically do so. Sometimes they may send you a special gift or a nice letter to express their gratitude, simply because they don't know what you appreciate the most.

Which other laser gynecological treatments beside IntimaLase® and IncontiLase® do you offer?

We are very successfully treating a wide variety of protocols that range from non-invasive to minimally invasive treatments, among which I could name ectropion, benign lesions, condilomas, labial and vulvar melanosis, HPV and several aesthetic procedures. I'm especially thrilled with the positive results we've had when treating vaginal atrophy. The use of the

FotonaSmooth® laser in this very common pathology has set a new standard of treatment for my practice. We are able to move away from long-term hormone replacement therapies that have received negative media attention and created concern in our patients, and toward laser light treatments that have the patient symptom-free for many months with no adverse complications.

You also work frequently in different countries around the globe as a consultant and a teacher. Does this excite you?

I have to admit that having the possibility to travel in order to teach and train colleagues around the world has made me grow in my profession since I have the opportunity to see how women's concerns and expectations differ from country to country, in close relation with the local culture. This also put me in the best position to meet people and to make new friends, which is something I value the most.



By *Marusa Bertonecelj* **An Interview with Dr. Jorge Gaviria, specialist in obstetrics, gynecology and human reproduction**



There are two main benefits that the technology has brought to my practice: sustained growth and exceptionally high patient loyalty and a high rate of referrals.

“I want everyone to have this technology!”

What are the key advantages that laser technology has brought to your practice?

There are two main benefits that the technology has brought to my practice. In the first place it has allowed me to have sustained growth, since many patients really search for better treatments and the technologies that can provide them. Secondly, it has also created exceptionally high patient loyalty and a high rate of referrals.

What do you consider are the main characteristics that a laser must meet in order to be useful in a gynecological practice?

I've had several types of lasers in my practice and from my experience I can say that the most distinctive characteristics are effectiveness, cost efficiency and a wide spectrum of applications. It needs to excel at the treatments it was intended to perform, with a high rate of success. Consumables and cost of maintenance have to be in line with what the laser can produce. And, since in Latin-America our per-procedure fees are relatively low compared to other countries, it is important to optimize the use of the laser system. So it is very helpful when a broad spectrum of treatments can be performed with the same laser platform.

What advice would you give to a professional who is considering the possibility of incorporating laser technology into his or her practice?

In a competitive sales environment, not all laser suppliers provide all the valuable information needed to make the right decision, so it can sometimes be misleading or confusing. Workshops represent a great opportunity to expose yourself to live usage of these technologies for a better understanding of how things really work, so invest time to obtain hands-on

experience. Also, as gynecologists we generally have very little education on how to evaluate return on investments. It's important that you create a simple chart in which you can estimate the amount of revenue received from treatments versus the cost associated with the purchase of a system and its maintenance.

Once a practitioner has decided to start a laser practice, what should the focus be on?

First of all, master your tool. You don't need to become an expert in laser physics, but you need to put the time and effort into the education that will provide you with the proper understanding of what your laser can do and what are its limitations are. Second, make sure that your current patient base receives notification of the new or improved treatments that your new technology can perform. Involve all of your staff in communicating this information so that every person that enters the practice can be aware of what you offer. Finally, ensure that your laser procedures are affordable to your patients so that most of them can benefit from its treatments and thereby allow many more new potential patients to find out about it.

What do patients rate as the highest benefit of the Fotona SMOOTH mode procedures you perform?

You can tell during the initial consultation that they are very pleasantly surprised to discover that we can offer non-invasive treatments. Most patients decline or postpone a treatment decision when they are offered a surgical option due to its inherent risks, potential pain and the inability to return immediately to their normal lives. Many also find it very important that as ambulatory procedures these treatments are much more affordable than the alternative of going to a surgical environment.



Was it difficult to use the laser for the first time?

Not all lasers have the same learning curve. I have experienced this with several types of lasers and by far the FotonaSmooth system was the most simple and provided the shortest time to master. It was also the only one in which my mistakes created no damage to the patient. This provided me with full confidence in its use and has placed it as #1 on my list of treatment options.

Which gynecological procedures do you perform with your Fotona laser?

I started using my Fotona in 2008 on the exterior of the vagina and for vulva skin tightening, and in 2010 began doing vaginal laser tissue induction to achieve vaginal tightening and sexual enhancement. After a few successful treatments I noticed an improvement of continence in patients who were leaking after stress! I then started doing reinforcements of

the anterior wall, and after having successfully treated a few thousands patients, I can say now that more than 60% of my patients come for a solution to the symptoms of stress urinary incontinence. Some are even associated with Genitourinary Syndrome of Menopause.

You also treat many patients who want to have aesthetic treatments. What do you offer?

Being a gynecologist and also an aesthetic doctor allows me to be non-conventional, due to the reality that the vulvar area has the same skin qualities as the rest of the patient's body, just that it is more sensitive, with more moisture and more friction during walking. So I treat my patients' vulvar area as any other area of the body, but with less energy for vulvar tightening or bleaching. I also treat scar tissue, episiotomies, C-section hypertrophic scars and stretch marks, plus genital hair removal and treatment of folliculitis.



Being a trainer has let me further transmit the good energy that I feel when one of my patients tells me how improved or cured they are.

When patients realize that this can also improve their facial skin, I offer Fotona4D® non-ablative facial rejuvenation or TightSculpting® for body areas. Having a multi-protocol machine gives me the advantage to help patients with many ways to treat different pathologies.

You work in different countries around the globe as a consultant and a teacher. Does this excite you?

I started being a consultant and teaching my colleagues how to help their patients, because I believe in this method so much and I've cured so many patients that I want everyone to have this technology! Being a trainer has let me further transmit the good energy and vibes that I feel when one of my patients tells me how improved or cured they are. Being a researcher and writing protocols allows me to be part of history, because I believe that eventually all

gynecologists will own and use a laser in their office - as will all dermatologists and aesthetic doctors as well.

How do aesthetic standards differ between countries?

After visiting more than 30 countries and almost 100 different cities around the world, giving conferences, workshops or medical laser training on aesthetics, and coming from Venezuela - with the highest regards for female aesthetics! - I can definitely say that everywhere in the world the standards are pretty much the same. Social media and the internet has helped to create this worldwide need to improve, look and feel younger, and many patients (even males) are searching for this. Being able to provide non-ablative, no-downtime procedures to achieve this places me as one of the top choices among interested patients.

By Romana Pahor

An interview with Dr. Sabina Sencar, MD, specialist in obstetrics and gynecology and dr. Urska Bizjak Ogrinc, MD, specialist in obstetrics and gynecology

About Prof. Sabina Sencar and Dr. Urska Bizjak

Dr. Sabina Sencar is the founder of the Juna Clinic in Slovenia, where she applies her specialist medical skills and training to aesthetic and clinical gynecology laser treatments. Dr. Sencar graduated from the Medical Faculty of the Ljubljana University in 1996. She joined the Gynecological Clinic of the Ljubljana University Medical Center in 2002. As a specialist in OB/GYN she continued to work there until 2012, when she founded her own clinic. Dr. Sencar helped pioneer the use of the Er:YAG laser for stress urinary incontinence and vaginal relaxation syndrome in Slovenia, and made important contributions to the popularization of these procedures in the broader region. She also published the first Slovenian pilot study on minimally invasive laser therapy for stress urinary incontinence in 2012.

Dr. Urska Bizjak Ogrinc graduated from the Medical Faculty of the Ljubljana University in 1998. After her residency at the Ljubljana University Medical Center and Oncology Institute, she joined the Gynecological Clinic of the Ljubljana University Medical Center in 2003. She completed her specialization in 2008 and continued working there until 2012 as a Specialist in Obstetrics and Gynecology. In 2007 she also finished her medical master degree. In March 2012 Dr. Bizjak Ogrinc joined her friend and colleague Dr. Sabina Sencar to become a partner at the Juna clinic. Together with Dr. Sencar, Dr. Bizjak Ogrinc pioneered the use of Er:YAG lasers in treating pelvic organ prolapses.



In the past seven years we have never been without work. This tells us more than just the numbers. I would estimate that we have treated around 3000 patients with a laser.

“The most precious thing is a fully satisfied patient”

Where did you first hear about gynecological laser treatments?

I heard a rumor from some of my colleagues that another colleague of ours in Zagreb had started with a new method of gynecological treatment involving laser therapy. At that time this therapy was not available in Europe and no one else in our community had ever seen it, let alone knew the details.

What made you decide to start working with a laser?

We went to Zagreb and saw exactly what Dr. Fistonc was doing there and we were delighted. Once you understand the theory behind the procedure, you really cannot have any argument against the use of this type of therapy.

Was it difficult to use the laser for the first time, and was the treatment procedure difficult to learn?

The basic operation of the laser is simple, but to take advantage of all the laser's capabilities, however, requires a bit more commitment. If you buy the best phone or the best car in the world, it doesn't mean that you will immediately become the best driver or user – it's possible that you may never take full advantage of your device's capabilities. Knowing that the laser can also be used as a very powerful knife, I'd be lying if I said that at the beginning I was not a little scared.

Did you have any hesitations about opening one of the first private clinics to offer such treatments in your country?

Was Eliza Doolittle (Pygmalion) still the same street flower seller, when she met and learned new tools of communication, new words? When you start using a new medicine, a more effective method, it is very difficult to change back to the old tool. Considerations about the clinical setting or the room that you will be using to perform the new procedure are a necessary part of this. So the decision was not difficult.

When you start talking about women's issues in public, it is like you have lifted a roof which has been hiding countless embarrassments and anxieties.

How did you plan for this new venture, and how concerned were you about return on investment?

At the beginning, with the establishment of the new office it was necessary to invest a significant amount of money. With my partner Dr. Urska Bizjak Ogrinc, we acquired a loan and now with our successful work, we are paying it back. We never missed a meal in return and we are not hungry. The price that we set for the procedure was advised by our colleagues, who carefully calculated the cost/investment.

How did you attract patients? Is there any advice that you could give to other clinics starting to promote these treatments?

The most precious thing is a fully satisfied patient. Information from word of mouth is critical in the application of new methods of treatment. The truth is that diseases such as incontinence of urine and feces, and vaginal wall laxity are a very stigmatized subject. Women with these problems have never talked to friends or even their doctor, let alone the wider public. When you start talking about these issues in public, it is like you have lifted a roof which has been hiding countless embarrassments and anxieties. When one finds such a roof, light overcomes the darkness. We are pleased that women have begun to talk to each other about such things. When we realize that we are not the only one with the disease and that we are not alone, we begin to solve the problem.

How many patients have you treated up to now?

I don't know the exact number of patients who have, in one way or another, been treated in our clinic. The fact that I am not keeping count any more is probably a good sign, because it means that there are so many, and also because of the large amount of work, that we simply don't have time to keep count. In the past seven years we have never, not even for a single day, been without work. This tells us more than just the numbers. But if we try to calculate what this adds up to over seven years of time, I would estimate that we have treated around 3000 patients with a laser.

You and Dr. Bizjak Ogrinc are also known as innovators. Have the two of you developed any new laser applications?

If you are not afraid and if you trust in your work, then the applications will develop together with the needs of your patients.

From the beginning we already had the tools, knowledge and the desire for conducting research. Although at first glance, the area of gynecology may seem narrow, it contains many disorders and conditions that have been underestimated for centuries.

With our previous surgical knowledge we began to explore the potential of the most precise tool in surgery, the laser. Starting with the ordinary aesthetic vaginal tightening procedure, we crossed over to the treatment of pelvic organ prolapse. From anti-inflammatory applications in dermatology, we crossed over to the broad field of lichens. There is still a lot to do in gynecology for the benefit of women, and there is still a lot of potential in new laser treatment options. Combining the laser with gynecology is the first step in the right direction.

What are the most common laser treatments performed in your clinic?

I have noticed that the frequency of specific treatments has been changing regularly. When we started with stress urinary incontinence treatment, and we were the only ones in Slovenia who used a laser for this treatment, patients with urine leakage symptoms prevailed. When numerous other gynecological practices also introduced laser technology, the number of women who came to us with this problem decreased accordingly. Then we were the only ones who treated severe pelvic organ prolapse, and soon this treatment was also performed in other clinics, so we had the time and space for introducing a new treatment, lichens. So far we are the only ones in Slovenia who use a laser for suture-less labiaplasty. We also have many other minor and major treatments, both aesthetic and clinical, but also completely everyday gynecological treatments. We will not run out of work.

By Vita Vukotic

An interview with Dr. Christian Phillips, Consultant Gynecologist and Urogynecologist at Hampshire Hospitals NHS trust

About Dr. Christian Phillips

Prof. Christian Phillips graduated from the University of Southampton in 1994. He trained in urogynecology in the Wessex region from 1995 to 2004, including a 2-year research fellowship assessing collagen metabolism in pelvic floor disorders. He has worked as a consultant gynecologist at Hampshire Hospitals, UK since 2004, where he is the head of the department of urogynecology and pelvic floor reconstruction. He is recognized as an international expert on laparoscopic surgery in pelvic floor reconstruction and runs workshops and surgical master-classes around the world sharing his expertise. He is a fellow of the Royal Society of Gynecologists and chair of the RCOG pelvic floor clinical studies group. He is an active member of the British Society of Urogynecologists (Treasurer) and the European and International Urogynecological Associations (Education and Scientific committees, respectively).



I am seeing increasing numbers of women who are keen to explore non-surgical treatment for their stress urinary incontinence.

“The future of gynecology is based on out-patient treatments”

Why did you choose Fotona lasers?

I was always wary about lasers and their use in gynecology. Historically, they have been ablative to the patient's tissue, which seemed counterintuitive to me. My thesis looked at collagen metabolism in prolapse, and so I was intrigued when I learned of the Erbium YAG non-ablative laser, which promoted collagen remodelling by heating the tissues rather than ablating them. The Erbium YAG laser has been extensively trialed in aesthetics and has shown amazing results, so I was interested to see if it would have similar results in gynecology.

How does using a laser benefit your practice? Has your practice grown since introducing laser technology to your patients?

I have been trialing the Fotona laser for the management of stress urinary incontinence for the past eighteen months. We have been leading the United Kingdom arm of a multicenter randomized control trial assessing the benefits of laser therapy for stress incontinence. We have certainly seen benefits in our patients and we are getting increasing referrals not only from women complaining of stress incontinence, but also genitourinary syndrome of menopause, vaginal laxity and vaginal prolapse.

Where and when did you learn to use a laser? Did you receive any training before you started using the system in your practice?

Having been invited to be a chief investigator for the UK for the Erbium laser and stress urinary incontinence trial, I went to the Fotona headquarters in Slovenia for full comprehensive training. I already had the 'laser training' certificate but specific use of the Fotona laser was invaluable.

Was it easy or difficult for you personally to learn how to use your laser system and properly select the right parameters?

I have found the laser extremely easy to use. It is ergonomically well designed and the touch-screen display takes you through the different treatment modalities in a step-by-step fashion without any problems. Also, the ease of use of having two modalities in the one machine is obviously not only cost effective but space saving as well.

I have found the laser extremely easy to use. The ease of use of having two modalities in the one machine is obviously not only cost effective but space saving as well.

What are the benefits of using a laser for your patient?

I am always keen to explore non-surgical treatments for gynecological conditions wherever possible. Laser technology achieves this option for many patients and allows them to get on with their activities without any 'down time' that would occur after surgery. Treatments usually only take between 20 – 30 minutes and recovery is almost immediate.

Which non-surgical treatments are your patients asking for?

I am seeing increasing numbers of women who are keen to explore non-surgical treatment for their stress urinary incontinence. This has increased significantly since the concerns over the use of vaginal mesh. We have seen almost no side effects and certainly no serious problems after using the laser, and patients find the treatment to be extremely well tolerated with low discomfort scores. Patient satisfaction has been excellent throughout, which is most gratifying.

Is stress urinary incontinence treatment the most often performed procedure in your practice?

We have used the IncontiLase® treatment extensively during the course of the research trial and we are now exploring the applications for Genitourinary Syndrome of Menopause as well as vaginal laxity and prolapse. I am also intrigued to use the laser to treat lichen sclerosis, which historically has been extremely difficult for gynecologists to manage and causes a lot of distress on the part of the patient.

Would you recommend Fotona laser systems to other practitioners?

I would certainly recommend the Fotona laser to colleagues. I see the future of gynecology having greater emphasis based on out-patient treatments rather than invasive surgical treatments, wherever possible and appropriate.

By Vita Vukotic

An interview with Prof. Barry O'Reilly, head of the Department of Urogynecology and Pelvic Floor Reconstructive Surgery at Cork University Maternity Hospital in Ireland

About Prof. Barry O'Reilly

Prof. O'Reilly graduated from the Royal College of Surgeons in Ireland in 1991 and continued his training as a Research Fellow in Urogynecology at Guy's and St. Thomas' Hospitals at Kings College London from 1998-2000. After finishing his specialty training he served as a Fellow in Urogynecology and Pelvic Surgery at Mercy & Royal Women's Hospital in Melbourne, Australia from 2002-2004, where he was appointed as a Consultant in Obstetrics and Gynecology. He is currently an Associate Professor, UCD Consultant in Obstetrics / Gynecology, and Subspecialist in Urogynecology at Cork University Maternity Hospital in Cork, Ireland. He is considered a European expert in robotic pelvic floor reconstructive surgery, having established CUMH as the foremost Epicentre for robotic gynecological surgery in Europe. Prof. O'Reilly is a member of several respectable British and Irish associations.



Despite reassurances about stress incontinence surgery, many patients are keen to look at newer options like transvaginal laser therapy.

“A unique therapy with a great future”



You have extensive experience as a gynecologist. What has convinced you to try Erbium laser therapy to address your patients' problems?

As a fellowship-trained urogynecologist and head of the department of urogynecology and pelvic floor reconstructive surgery at Cork University Maternity Hospital in Ireland, I was intrigued by the concept of transvaginal laser treatment for urogynecological conditions that had previously required surgical correction. I was aware of the use of CO₂ lasers in urogenital atrophy but had concerns regarding the highly ablative nature of this form of laser therapy and so I chose to use the erbium option. It is extremely timely that we now have an option to treat stress urinary incontinence, vaginal laxity and urogenital atrophy in the office setting.

What kind of gynecological laser treatments have you introduced to your practice?

I started using IncontiLase® in 2015 and am leading a major European multi-center placebo controlled randomized trial, which is recruiting at a fast pace. I have recently commenced IntimaLase® and RenovaLase® treatments. I hope to set up a similar placebo-controlled randomized trial for RenovaLase® in the coming

months, and I think this is a very exciting therapeutic option in the future as we are now seeing a huge increase in morbidities associated with urogenital atrophy, in particular recurrent cystitis with its resulting economic burden, and also patients have been dependent on long-term prophylactic antibiotics.

Are your patients generally satisfied with the treatment?

My patients have been very happy with the idea of an office-based solution for stress urinary incontinence. In particular, it is an ideal option for young women who have not yet completed their family and for women with young children who are not yet mobile (both groups that would not be appropriate for mid-urethral sling surgery). It has also proven to be an ideal option for women who cannot take time off from work as well as for those who have concerns related to the use of mesh in stress incontinence surgery. Our patients are very aware of the international concerns that have been raised with regard to transvaginal mesh, and despite reassurances about stress incontinence surgery, many are keen to look at newer options like transvaginal laser therapy.

How do you reach out to patients?

I have written some articles for national media and hope to run a series of patient information evenings. My website requires updating and I am keen to explore the options of social media in the near future.

What do you think about the future of lasers in gynecology?

I think we have reached a very exciting time in gynecological surgery with the use of transvaginal laser therapy. This is a unique therapy with a great future and it is important that gynecologists and urogynecologists embrace the future.

By Zala Kerle

An interview with Dr. Luis Diego Carazo, Honorary Professor of Obstetrics & Gynecology at the University of Costa Rica and Coordinator of the Pelvic Floor Unit at the San Vicente de Paul Hospital in Heredia, Costa Rica

About Dr. Luis Diego Carazo

Dr. Luis Diego Carazo graduated as Specialist in Obstetrics & Gynecology at the University of Costa Rica in 1993. He additionally specialized in Cosmetogynecology at the Pinto Institute, John F Kennedy University in Buenos Aires, Argentina and in Gynecological Endocrinology at the University of Alcalá in Spain. Dr. Carazo is also an Honorary Professor of Obstetrics & Gynecology at the University of Costa Rica, a Coordinator of the Pelvic Floor Unit at the San Vicente de Paul Hospital in Heredia, Costa Rica and a Delegate of SOLAGEF (Sociedad Latino Americana de Ginecología Estética y Funcional) for Costa Rica.



Laser compared to surgery? You can avoid the risk of bleeding, the risk of infection, the post-surgical pain.

“The learning curve of using a laser is fast and easy”

Why did you choose Fotona's lasers for your practice?

I am always looking for new technologies to improve the way I take care of my patients. Fotona is a well-known manufacturer of high quality lasers and I have been a proud Fotona user for almost 5 years.

What sets Fotona's laser systems apart from the competition?

There are many lasers in the market, but when you do your homework and read the papers published in prestigious magazines, there is no doubt that Fotona is the way to go, with two complementary wavelengths in a single machine that gives you the versatility no other company offers.

How are Fotona systems more versatile?

Having two lasers (Er:YAG and Nd:YAG) in one machine opens up a much wider range of possibilities. You don't have to limit your practice to just a small number of protocols, you have the chance to increase the number of problems you'll be able to treat. And of course, the more procedures you offer, the more patients you will receive.

Did you have any laser training before you started using the system in your practice?

Before starting, Professor Jorge Gaviria gave me extensive theoretical and practical training. But even if you have no previous knowledge on how to use a laser, the learning curve is fast and easy. The fact that Fotona has pre-installed parameters for every single protocol makes it a very safe and reliable resource. As a beginner, you can always rely on the pre-set parameters, but when you start gaining experience, you can also store your own custom parameters. Plus, the laser has the potential for many new treatment possibilities, so, when a new procedure is introduced, you can simply set the new protocol without having to make a new investment in technology.

Has your practice grown since introducing laser technology to your patients?

It was a little difficult when I started, as I was among the first in my country. Most of the patients did not know what we can use the laser for. I worked hard promoting IncontiLase®, IntimaLase®, etc. and at this moment I am present on a nationwide TV show at least once a month. I also get patients referred by other colleagues for laser treatment.

Do your patients prefer to be treated with laser technology? What are the main benefits for them?

Of course, pain is always a big concern, and patients always chat about how painless the laser is compared with other procedures or surgeries and how happy they are with the results. Treatments are safe, fast and painless, with little or no recovery time. It does not interfere with the working life of today's modern women. The versatility offered by different modes (PIANO, SMOOTH, etc.) gives you the chance to interact with the tissues exactly the way you want in order to obtain the desired results you are looking for.

Which gynecological procedures do you most often perform with a laser in your practice?

I am the coordinator of the Pelvic Floor Unit in my Hospital, so IncontiLase® is top on my list, closely followed by IntimaLase® and CIN vaporization.



If you do not have laser in your office practice, your patients will go away looking for someone who does have it.

Why do you personally prefer to use a laser for treating these indications as opposed to using conventional treatment methods?

Laser compared to surgery? You can avoid the risk of bleeding, the risk of infection, the post-surgical pain. The patient does not need to stop working, and again, you avoid the pain.

What about the end result? Is laser technology more efficient than conventional treatments, and how long do the results last?

You can match the results between laser and cryosurgery for CIN I, but with no discomfort. With SUI the results are just great. I use an initial set of 3 sessions (one every 3 weeks) and a single session every 6-8 months as maintenance for IncontiLase® and the same protocol but with just 2 initial sessions for IntimaLase®. Working that way, you can keep your patient dry and happy.

Would you recommend Fotona laser systems to beginners, experienced practitioners or to both?

Fotona is for everyone - it is safe for beginners and has the expert mode for advanced users. It guides you as novice user, but does not limit you once you acquire expertise.

Where do you see laser gynecology in 10 years' time?

The laser phenomenon will go exactly as with 3D/4D ultrasound. When it showed up 20 years ago just a small group of doctors made the jump to 4D, now, if you do not have it in your office practice, your patients will go away looking for someone who does have it.

This is just the beginning; we are taking our first steps into a much larger world.

By Marusa Bertonecelj

An interview with Dr. Ivan Fistonic, MD, PhD, specialist in obstetrics and gynecology

About Dr. Ivan Fistonic

Dr. Fistonic graduated in 1978 from the Faculty of Medicine in Zagreb, Croatia and accomplished his specialisation in gynecology and obstetrics at the Sestre milosrdnice clinical hospital. In 1994 he received his masters degree and in 2001 his doctorate degree from the Faculty of Medicine in Zagreb. He specializes in the problems of menopause. Dr. Fistonic is a secretary of the Croatian Society for Menopause and a member of the Croatian Society for Gynecology and Obstetrics (HLZ), the International Menopause Society (IMS), the European Menopause and Andropause society (EMAS) and the North American Menopause Society (NAMS). He is the author of numerous published scientific papers. He actively participates in a number of national and international congresses and symposia.



“I have become entirely convinced about the efficacy of the method”

The most important thing is to share the information widely, developing interactions that will improve not only the method itself but also universal comprehension of preventive treatments for stress urinary incontinence and vaginal relaxation syndrome.

You were the first gynecologist in Europe to undertake research on a pioneering new gynecology laser treatment - what made you decide to get involved with laser medicine?

It was actually by chance. I was invited to Moscow, where Dr. Maletic, my close friend and colleague, held a workshop on laser applications in aesthetic medicine. An offer to become involved with researching these new laser techniques for gynecological use was first extended to me on this occasion by Mr. Zdenko Vizintin, a research specialist from Fotona. Mr. Vizintin had initiated a discussion on these new minimally invasive applications, which are nowadays known as IntimaLase® and IncontiLase®.

Did you receive any support from fellow colleagues and researchers?

The first attempts at research in this field were started by Dr. Rivera from Bolivia in 2009. His support and pioneering ideas were the trigger for the start of a project I am running at the Medical School University of Rijeka, Croatia. The study's goals include the assessment of the efficacy of laser treatment of stress urinary incontinence of lower grades, and the efficacy of laser treatment of sexual gratification in women with vaginal relaxation due to multiple vaginal births.

Did you have any prior experience in using a laser? And were you initially apprehensive about using laser technology for gynecology?

Not at all. Honestly, I was a little sceptical when I started using a laser beam for vaginal applications. That is why I developed a protocol that involves several metric parameters assessing the profile of pelvic muscle strength before intervention and during follow-up visits. I have to admit now that I became entirely convinced about the efficacy of the method.

Was it difficult to recruit patients for the study? And how did your patients react to the treatment?

At first it was a great challenge to present a new and untested method to my female patients. The initial consultations were lengthy but the interest that my patients expressed had built up my optimism.

What aspects of the research were difficult to overcome?

In general it is very difficult to overcome multiple obstacles in the professional community when promoting new ideas. That is why any serious research has to be crowned by publication in a relevant, high impact journal. The research itself was fairly easy with those patients who chose the laser as the intervention method. On the other hand, those who decided for the Kegel method were less compliant, and there was a significant drop out rate from the study in the control group.

Were you surprised by the results of the study? What in particular stood out?

The most surprising finding was that the laser effect on collagen retraction has extended for over six months, approaching one year, according to my latest measurements.

Do you enjoy lecturing and training other gynecologists in the field of laser gynecology?

It is my great satisfaction to discuss this new method with colleagues from different countries and cultures. The most important thing is to share the information widely, developing interactions that will undoubtedly improve not only the method itself but also universal comprehension of preventive treatments for stress urinary incontinence and vaginal relaxation syndrome.

The most surprising finding was that the laser effect on collagen retraction has extended for over six months, approaching one year, according to my latest measurements.

By Zala Kerle

An interview with Nobuo Peter Okui, MD, PhD, President Uro-Gyn.net Health Care Coop, Director of the Anti-aging Society of Urology and the Association of Anti-aging Medicine, Japan

About Nobuo Peter Okui, MD, PhD

Dr. Okui received his PhD in Medicine from the Graduate School of Medicine, University of Tokyo in 1999 and completed his clinical fellowship in Urology in 2000 (University of Tokyo Hospital) and Obstetrics and Gynecology in 2001 (Harvard Medical School, Brigham and Women's Hospital). He is a nationally recognized Urogynecology physician who practices at Yokosuka Urogynecology and Urology Clinic in Yokosuka City, voted annually as the top Urogynecology hospital in Japan. In 2010 Dr. Okui became chairman of the medical corporation Uro-Gyne-Net. He has also worked as an Established Part-time Professor at Teikyo University Hospital in Yokyo and at Dokkyo University in Saitama.

As an expert on sex hormones and their influence on athletic performance, Dr. Okui is an adviser for the 2020 Olympic Games. He has received a number of awards and recognitions and has been selected as a principle speaker & representative of Japan for the World Meeting of the International Society for Sexual Medicine to be held in 2020.



“Delicate treatments that cannot be resolved with surgery have now become possible”

Why did you decide to start using laser technology in your practice?

I have performed about 800 urinary incontinence and pelvic organ prolapse surgeries annually. However, due to the recent increase in the side effects of polypropylene mesh, we decided to adopt a new treatment method as soon as possible and disseminate it to Japan.

How does using a laser benefit your practice? Has your practice grown since introducing laser technology to your patients?

I think that Fotona's laser device has given new treatment options to patients with genitourinary syndrome of menopause (GSM). In other words, if the risk to the whole body is high, we cannot perform traditional urinary incontinence surgery or pelvic organ prolapse. Moreover, in order to avoid insertion of an artificial mesh, a new treatment method that can be used in combination with the Manchester method and LAZ method is necessary. In that respect, the Fotona Laser is in a good position.

What are the benefits of having two lasers, Er:YAG and Nd:YAG, in one device?

We believe that having multiple modes with two wavelengths has expanded the device's suitability in our organization. We also expect future developments and expansion of the range of indications using both wavelengths.

What are the main benefits of using a laser for your patients?

Delicate treatments that cannot be resolved with surgery have now become possible. GSM, for example, has subtle troubles that are difficult to understand. In this regard, Fotona's laser instruments are compatible with that treatment.

Would you recommend Fotona laser systems to beginner laser users, experienced practitioners or to both? Why?

I would recommend Fotona's laser systems to everyone, from beginners to advanced users. Recently, in Japan, we have started educational support for Fotona's urinary incontinence laser, mainly through seminars at the Antiaging Urology Association.

The laser promotes blood flow and cell synthesis without changing the morphology. In that respect, as well as being a low risk treatment, it has a high return.



Where do you see laser gynecology in 10 years' time?

Since surgery is an act of changing the form of an organ, it is considered a high risk treatment, but also with high return. Things like Fotona's laser systems are considered anti-aging. The laser promotes blood flow and cell synthesis without changing the morphology. In that respect, as well as being a low risk treatment, it has a high return.

In addition to running a successful practice you also lecture at important international conferences and meetings. What are your plans for the near future?

In the World Meeting of the International Society for Sexual Medicine, to be held in Japan in 2020, I was elected as a representative of Japan as the Principle Speaker. Of course, gynecological laser treatment will be an important theme. We sincerely look forward to welcoming everyone from all over the world to join the Japanese convention.

Fotona's laser device has given new treatment options to patients with genitourinary syndrome of menopause. In other words, if the risk to the whole body is high, we cannot perform traditional surgery.



By Sasa Gnezda

**An interview with Midori Mitsuyuki, MD, Midori Beauty Clinic
- Hiroo**

About Midori Mitsuyuki, M.D.

In 2001, Dr. Midori graduated from the Faculty of Medicine at Saga University. Two years later, she became Chief Director of the Yokohama Branch of the Major Chain aesthetic surgery clinic. She worked on various types of treatments including vaginal plastic surgery and liposuction. In 2009, she began training at the Laser Vaginal Rejuvenation Institute of America and was the first female Japanese doctor to receive a license for the LVR technique. One year later, Dr. Midori founded the first Aesthetic Gynecology specialized clinic in Japan, the Midori Beauty Clinic Hiroo, introducing Fotona's IntimaLase treatment in 2013. She is a member of the Japan Society of Aesthetic Surgery (JSAS) and the American Society of Laser Medicine and Surgery (ASLMS). She is also a frequent speaker at national and international conferences.



**“Laser treatments
have no side
effects and are
safe”**

What in your opinion sets Fotona's laser systems apart from the competition?

I have used Fotona since October, 2013. I had previously used an RF device for vaginal tightening, but it did not work for atrophy and incontinence. Fotona has a wider range of applications such as vaginal tightening, atrophy and incontinence. There are NO side effects and it is safe, with very short treatment times and almost no consumables.

How does using a laser benefit your practice? Has your practice grown since introducing laser technology to your patients?

For vaginal tightening, patients now have another option besides surgery. Also, currently some of my patients are returning for maintenance treatment with a laser. With surgery, the patients don't come back for more!

What are the benefits of having two lasers in one - Er:YAG and Nd:YAG?

In addition to vaginal tightening treatments, the 2nd wavelength (Nd:YAG) can treat stretch marks and other applications. Also, the Nd:YAG wavelength can target different layers with optimal temperatures.

Does laser technology make the procedure safer, faster and more efficient?

Yes, because laser treatment is non-invasive and it minimizes the risk of bleeding, hematoma, as well as post-surgical pain.

Was it difficult for you personally to learn how to use your laser system or properly select the right parameters?

I visited the Intima Laser clinic in Korea before buying my laser, and received installation training from a Korean trainer. Also, I visited Fotona's HQ and KOL clinic in Slovenia, and additionally attended a lecture there. Learning how to use my laser was not especially difficult. All of the parameters and settings are stored in the laser system. The basic parameters are easily accessed, and I often adjust the parameters for each case.

Do your patients prefer to be treated with laser technology as opposed to undergoing other, perhaps more commonly used yet invasive treatment methods?

Women in Japan are rarely open about their sexual life, but I

The benefit of the laser for me is that it has minimum down time compared to surgery. This is why it is easy to recommend this technique.

do know that short downtime and more effective treatments are highly preferred. Previously, I had offered surgery for vaginal tightening, but downtime was always a problem.

Additionally, many women in Japan have arranged treatments for themselves in secret, without telling their partner. And many are afraid of surgery and prefer laser treatments. So, the laser has minimum down time compared to surgery, which makes it easy to recommend this technique. That is the benefit of the laser for me.

Which gynecological procedures do you most often perform with a laser in your practice?

Vaginal tightening is our most popular procedure, followed by vaginal atrophy and sexual pain.

What about the end result? Is laser technology more efficient than conventional treatments, and how long do the results last?

Surgery improves vaginal relaxation, but does not improve vaginal dryness. Laser treatment improves both vaginal relaxation and dryness. There are many people who visit for a maintenance treatment once a year, but some people visit after four years had passed.

Would you recommend Fotona laser systems to beginner laser users, experienced practitioners or to both? Why?

I would recommend it for both beginners and advanced users. It is recommended for beginners because it allows you to treat your patient safely - if you set the basic settings at the beginning. For advanced users, it is also possible to customize settings for your favorite treatment.

Let's look into the future. Where do you see laser gynecology in 10 years' time?

When I opened the clinic eight years ago, no one in Japan knew of gynecological laser treatments, but now it is gradually spreading. I think it will become more common after 10 years.

How do you keep up-to-date with the latest developments in laser gynecology?

I am very grateful that Fotona laser users around the world are happy to share their information on new treatments.

By Sasa Gnezda

An interview with Dr. Jennifer Poning Lee, Director of the Beijing International Medical Center, Sexual Rejuvenation & Regenerative Center

About Dr. Jennifer Poning Lee

Dr. Poning Lee graduated from Kaohsiung Medical University in Taiwan in 1999. After becoming a Taiwan board Obstetrician & Gynecologist, she served as Director of the Obstetrics and Gynecology Department at the Ministry of Health and Welfare's Pingtung Hospital from 2010 to 2013. She has also specialized as an aesthetic surgeon for vaginal rejuvenation and a cosmetic physician. In 2014 she became the Director of the Vaginal Rejuvenation & Regenerative Centers at the Vigor medical group and the An Her Women and Children's Hospital. Since 2015, Dr. Poning Lee has served as the Director of Beijing International Medical Center, Sexual rejuvenation & regenerative Center, as well as Vice President of the Asia-Pacific Association of Anti-aging and Health Management. She is an Associate of the Laser Vaginal Rejuvenation Institute of America and a member of the American Association of Aesthetic Medicine and Surgery. Dr. Poning Lee is an Authorized instructor for Fotona vaginal laser treatments in Greater China & Taiwan.



“The Erbium laser gynecological procedures have opened a new era of women’s health”

Obstetrics and gynecology is a vast field offering clinicians the opportunity to care for a dynamic population of females. During your professional career, have you been focused on any specific condition?

I had been working as a gynecologist especially focused on infertility and laparoscopy for more than 15 years. In recent years, I have added vaginal rejuvenation and regenerative therapies into my clinical practice, setting up a pioneering new field in Asia. I was pleasantly surprised to find that these vaginal laser therapies have successfully rescued my patients from annoying symptoms such as vaginal relaxation syndrome and stress urinary incontinence. Actually, among all the traditional treatments it's really difficult to improve a patient's sexual quality back to its youthful stage by hormone therapy or biofeedback treatment when they suffer from vaginal relaxation after birth or atrophic vaginitis after menopause. So the Erbium laser gynecological procedures have really opened a new era of women's health.

Can you tell us more about your experiences with erbium gynecological laser treatments?

The Erbium laser gynecological procedures were first introduced to me by the Fotona sales manager in Taiwan in early 2013. Before that, my vaginal rejuvenation therapy was mainly focused on cosmetic surgeries. After I reviewed the clinical papers, I decided to try the IntimaLase® and IncontiLase® procedures on myself. One month after the first treatment, I felt a lot of improvement in my own condition. So we purchased the first Erbium Laser for our aesthetic medical group two months after my first treatment. Since then, we have already set up three main leadership vaginal rejuvenation centers in Taiwan and two in Beijing, China. For 2016, my team plans to set up six to eight more of these kinds of leadership vaginal rejuvenation centers in the whole of China. I will be cooperating with the Fotona distributor in China to train more doctors to apply the Erbium vaginal laser in clinical fields as I had learned previously.

I decided to try the IntimaLase® and IncontiLase® procedures on myself. One month after the first treatment, I felt a lot of improvement in my own condition.

How long have you been working with erbium gynecological laser and how many patients have you treated?

Since early 2013, I have treated more than 500 patients in Taiwan and China. And I have been a consultant and instructor for teaching the clinical use and marketing of vaginal rejuvenation for more than two years. I also travelled to over 15 major cities in China to give professional lectures related to vaginal laser. I use the laser to treat clients for vaginal relaxation syndrome, stress urinary incontinence and vulva skin rejuvenation. Recently we further used it to treat birth stretch marks, with really nice results. Among all those cases, I performed vaginal relaxation

syndrome tightening (IntimaLase®) most often, and from autumn 2015 we have combined our treatments with the use of a pelvimetry measurement machine, which has been developed by our own R&D team to evaluate the real vaginal pressure before and after each treatment. We used the measuring data to help with consulting our clients and found out that they were highly satisfied by our treatments and consulting.

So after we had started to do the real vaginal pressure measurement for IntimaLase® clients, I collected some of the data and made it into a clinical study of the patients who received the Erbium laser IntimaLase® procedure. We measured their vaginal pressure before and after each treatment. The results have been published in the lectures of aesthetic laser conferences in Taiwan and Shanghai. The data further helped doctors to understand the real effects of the vaginal laser on vaginal relaxation syndrome based on scientific evidence.

The standards of beauty have changed, and even intimate parts now need to be up to certain aesthetic standards. Have you experienced increasing demand for aesthetic gynecological procedures in your clinic?

The beauty of intimate parts has played an increasingly important role in the field of vaginal rejuvenation. I set up three major goals of vaginal rejuvenation: the first is tightness, the second is beauty and the third is pleasure (orgasm). The intimate parts have already been treated as another "face" in Asian women's hearts, and the chief demand when they first come to see me has often been on the cosmetic concern of "the secret face". So I often used the Erbium laser to rejuvenate the vulva skin after cosmetic gynecological surgeries, and the patients were really satisfied with the improved shape, symmetry, texture and also the color of the intimate parts, which are four important factors of cosmetic beauty.

Which types of gynecological laser procedures are of greatest importance to you?

IntimaLase® has opened another window in my brain for helping my patients who were bothered by sexual dissatisfaction due to vaginal relaxation syndrome. Before the vaginal laser was invented, those women suffered both from clinical symptoms, such as loss of sexual sensation due to vaginal loosening, as well as from a relationship crisis. Throughout the period of time I have used vaginal laser rejuvenation therapy, I have witnessed many patients repair the relationships with their partners after receiving the IntimaLase® procedure. These invisible but precious rewards keep me passionate about continuously devoting myself to this field to create more wonderful harmonic sexual relationships between couples.

DE



I I N I

P T H

Long-term Effects of Vaginal Erbium Laser in the Treatment of Genitourinary Syndrome of Menopause

By M. Gambacciani, M. Levancini, E. Russo, L. Vacca, T. Simoncini and M. Cervigni

Published in *Climacteric*.2018;1-5



1. Two-year follow up of patients

First longitudinal study on the use of minimally invasive Er:YAG technology for the treatment of genitourinary syndrome of menopause (GSM), showing long-term efficacy of RenovaLase®.

2. Large group of treated patients

205 postmenopausal women received three laser sessions of RenovaLase® at 30-day intervals. Study assessment was performed throughout the 24-month follow-up period and included the subjective visual analogue scale (VAS) and the objective vaginal health index score (VHIS). Furthermore, postmenopausal women suffering from stress urinary incontinence symptoms were evaluated with the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF).

3. Better results compared to local treatment

Non-ablative Er:YAG laser treatment induced a statistically significant ($p < 0.01$) decrease in VAS for vaginal dryness and dyspareunia, and VHIS was significantly increased ($p < 0.01$) up to the 12th month after the final laser treatment. Values reported after 18 and 24 months returned to the baseline level. Furthermore, 144 women suffering from mild to moderate SUI also showed improvement in urine leakage. No major adverse events were reported.

4. Strong proof of efficacy and safety of the RenovaLase® treatment

The efficacy of non-ablative Er:YAG laser treatment has been demonstrated by several clinical studies, but data on long-term effects was lacking to fully support it. This longitudinal study therefore fills an important gap in the story of non-invasive treatments for GSM.



Non-ablative Vaginal Erbium YAG Laser for the Treatment of Cystocele

1. New minimally invasive option

The principle of non-ablative Er:YAG laser has been widely adopted for treating various conditions associated with pelvic floor dysfunction. Lately it has also been used to treat pelvic organ prolapse (POP). Since surgical treatments often come with the cost of long downtime and a high possibility of adverse events, developing alternative minimally invasive treatments is of a great importance.

2. Methodology

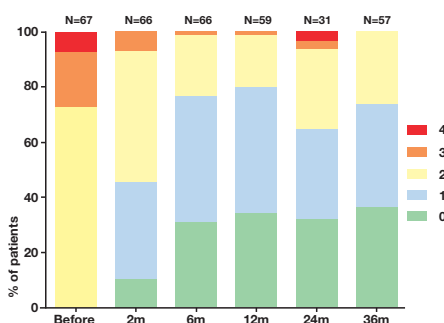
61 patients with grade II-IV cystoceles were treated 2-5 times at 2-month intervals. Prolapses were photographed and graded using the Barden-Walker scale.

3. Excellent results

95% of the patients showed a reduction of at least one grade, 85% of which had achieved grade 0 or I, and 15% achieved grade II. 90% of the patients were very satisfied or satisfied with the treatment. No major adverse effects were noted.

4. ProlapLase® is a breakthrough, minimally invasive option for patients with POP

Clinical research supports the efficacy of the ProlapLase® treatment. With additional studies this innovative procedure may become a well-recognized minimally invasive alternative to surgery.



The effect of ProlapLase® on cystocele grade distribution at baseline and follow-ups.

By Urska B. Ogrinc and Sabina Sencar

Published in: Italian Journal of Gynaecology and Obstetrics.2017;29(1):19-25



Non-ablative Er:YAG Laser Therapy Effect on Stress Urinary Incontinence Related to Quality of Life and Sexual Function: A Randomized Controlled Trial

By M. Blaganje, D. Scepanovic, L. Zgur, I. Verdenik, F. Pajk and A. Lukanovic

Published in: *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 2018(224):153-158



1. First Ever Randomized Controlled Trial of IncontiLase® Treatment

The study presents the first ever randomized controlled trial which evaluates the efficacy and safety of non-ablative Er:YAG laser therapy as an alternative, non-invasive treatment of SUI and the improvement of sexual gratification in parous women.

2. Study Examines a Large Number of Patients

114 premenopausal parous women with SUI were randomized in two groups of 57 women: a laser intervention group and a placebo group. Both groups were treated according to the IncontiLase® clinical treatment protocol for SUI developed by Fotona, with an Er:YAG laser, except that there was no energy output when treating the placebo group and patients were not aware of this fact. At baseline and 3 months after treatment, patients were clinically examined, answered questionnaires for SUI severity and sexual function assessment and their pelvic floor muscle function was assessed with perineometry. ICIQ-UI SF was used as the primary outcome measure. PISQ-12 and FSFI were used to assess the sexual function. Patients were monitored for discomfort and side-effects during treatment and in the follow-up period.

3. Results Show Significant Improvement in the Laser Group

3 months after treatment the ICIQ-UI SF ($p < 0.001$), PISQ-12 ($p = 0.014$) and FSFI ($p = 0.025$) scores collected were significantly more improved in the laser group than in the placebo control group. 21% of laser-treated patients were completely dry at follow up (ICIQ-UI SF = 0), compared to only 4% of the placebo control patients. No serious adverse effects were observed or reported.

4. IncontiLase® is a Minimally-Invasive Safe Treatment Alternative for SUI

The results of this randomized trial reveal that a single session of IncontiLase® treatment improves the impact of SUI symptoms on quality of life and sexual function in premenopausal parous women significantly better than a placebo treatment.

Effects of Laser Treatment for Female Urodynamic Stress Incontinence on Pad Weight, Urodynamics, and Sexual Function

1. Published in high impact peer-reviewed urogynecology journal

The International Urogynecology Journal is the official journal of the International Urogynecological Association (IUGA). It covers active topics on urogynecology and pelvic floor disorders and presents interdisciplinary coverage of all aspects of the field.

2. Methodology

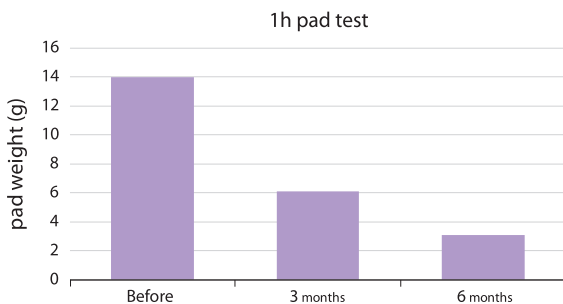
Thirty-two patients with mild, moderate, and severe SUI were treated once and followed for 3 and 6 months. Urodynamic studies, LUTS, and sexual function questionnaires (PBCC, USS, KHQ, and others) were assessed before and after the treatment.

3. Outstanding results

Thirty-five women underwent the IncontiLase® procedure. Among the 28 women with baseline pad weights >1 g, 11 (39.3%) were objectively cured and 11 (39.3%) had improved. Among the 18 women with mild SUI, nine (50%) were cured and five (27.8%) had improved. Among the ten women with baseline pad weight >10 g, two (20%) were cured and six (60%) had improved. Data gained from different questionnaires also shows significant improvements. 40% of the partners of these patients reported improved sexual function.

4. Clinically meaningful improvement in SUI symptoms

Compared to surgical procedures, the IntimaLase® procedure seems to be very effective in the treatment of SUI and is not associated with any severe adverse effects. Further studies should be performed to assess the long-term sustained efficacy of this minimally invasive therapy.



By Yi-Wen Tien, Sheng-Mou Hsiao, Chien-Nan Lee, and Ho-Hsiung Lin

Published in: *International Urogynecology Journal*.2017;28(3):469-476



Non-ablative Erbium YAG Laser for the Treatment of Type III Stress Urinary Incontinence (Intrinsic Sphincter Deficiency)

By Adrian Gaspar and Hugo Brandi

Published in: *Lasers in Medical Science*.2017; 32(3):685-691



1. New treatment option for type III stress urinary incontinence (SUI)

This pilot study aimed to determine the safety and efficacy of the IntimaLase® treatment for managing the symptoms of type III stress urinary incontinence (intrinsic sphincter deficiency) in women.

2. Methodology

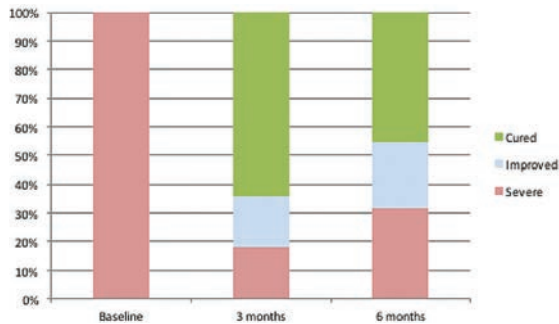
Twenty-two patients having diagnosed ISD participated in the study and were treated with the laser throughout the whole length of the urethra through a specially designed cannula. Treatment consisted of two laser sessions with a 3-week interval in-between. Therapeutic efficacy was assessed by the ICIQ-SF questionnaire for determining incontinence severity and quality of life, and the 1-h pad test for objective measure. Patients were followed for 6 months.

3. Very promising results

According to the ICIQ-SF questionnaire, 64% of patients were cured and 18% had improved at 3 months post-treatment, while at 6 months 46% were cured and 23% had improved. No change in SUI stage was observed in 18% at 3 months and 32% at 6 months. Importantly, however, even those patients that saw no improvement in their SUI stage had a slight improvement in their absolute ICIQ-SF scores. Furthermore, according to the Pad test, clinical improvement was shown in 82% of patients at 3 months and in 50% of patients at 6 months after the treatment.

4. Non-ablative Er:YAG technology seems to work also for type III SUI

This study suggests that IntimaLase® treatment is a safe and efficacious alternative for patients with type III stress urinary incontinence. Future controlled studies will confirm this data and evaluate the long-term effects.



Patient distribution (in %) based on SUI improvement rates at 3 and 6 months following intraurethral Er:YAG laser treatment

Vaginal Erbium Laser as Second-generation Thermo-therapy for the Genitourinary Syndrome of Menopause: a Pilot Study in Breast Cancer Survivors.

1. A minimally invasive solution for breast cancer survivors

The objective of the study was to evaluate the efficacy and acceptability of the RenovaLase® procedure for treating patients with premature GSM due to estrogen blocking therapy.

2. Methodology

Forty-three postmenopausal breast cancer survivors received 3 RenovaLase® treatments with 30 days in-between the sessions. Symptoms were evaluated before the treatment and after 1, 3, 6, 12, and 18 months using two methods: subjective Visual Analog Scale (VAS) and objective Vaginal Health Index Score (VHIS).

3. Very promising results

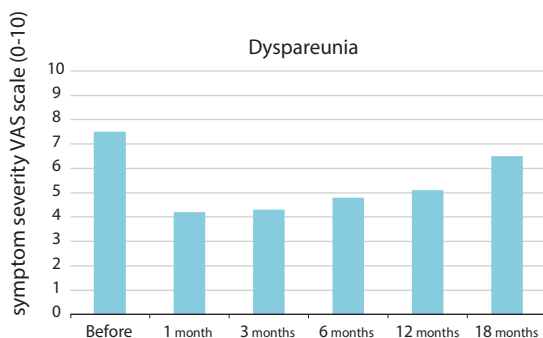
VAS values for vaginal dryness showed a statistically significant reduction from baseline 8.5±1.0 cm to 4.4±1.2 cm after 3 months, to 5.5±1.5 cm after 12 months, and returned to nearly baseline levels at 18 months (NS vs basal values). VAS values for dyspareunia followed a similar pattern. VHIS score showed a statistically significant increase from baseline values of 8.1±1.3 to 21.0±1.4 after the third treatment and to 18±1.8 at twelve months from the final laser treatment. VHIS score was kept above baseline values even after 18 months from the final treatment (NS vs basal values).

4. RenovaLase is a safe treatment for breast cancer survivors

Results from this study indicate that RenovaLase® is a treatment option for GSM in breast cancer patients whose current treatment options are still very limited.

By Marco Gambacciani and Marco Levancini

Published in: *The Journal of The North American Menopause Society*.2016;24(3):316-319



Up to 3-year Follow-up of Patients with Vaginal Relaxation Syndrome Participating in Laser Vaginal Tightening

By Jorge E. Gaviria P, Branka Korosec, Jessica Fernandez, Geramel Montero

Published in: *Journal of the Laser and Health Academy*.2016; 2016(1):1-6



1. Minimally invasive approach to significantly improve women's QoL

Non-surgical treatments that promote perineal muscle strength and certain pharmacological agents are very safe, but offer limited efficacy. On the contrary, surgical interventions offer high efficacy but are at the same time associated with a high risk of nerve damage and therefore loss of sensation. The gap between both extremes has been filled with the IntimaLase® treatment, which offers minimal invasiveness but high efficacy.

2. A 3-year follow-up to prove IntimaLase® efficacy

Several other clinical studies have shown a positive effect of the laser treatment on vaginal tightness, however, data on the long-term effectiveness was missing. 60 patients received 1-4 laser sessions of IntimaLase® at 15 to 30-day intervals. Study assessment was performed throughout the 36 months and included laser vaginal tightening (LVT) questionnaires and self-assessment reports.

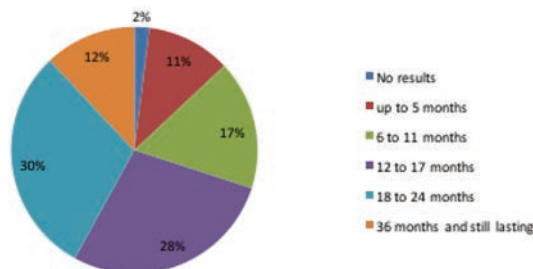
3. Great results

Patients reported the average duration of effect from the treatment was 16 months, with significant improvement of stress urinary incontinence and prolapse. No serious adverse effects were reported. Furthermore, data showed that 58% of patients were extremely satisfied or very satisfied with the treatment and 83.3% of participants would be willing to repeat the therapy.

4. IntimaLase® technology as an alternative for uncomfortable, high-risk surgical procedures

Because of its minimal invasiveness and positive results, a vast majority of patients finds the principle of IntimaLase® therapy very appealing. Longitudinal studies are bringing more evidence to the field and hopefully more women will stand a chance to undergo the laser treatment first before considering surgical intervention.

The duration of results



OPEN ACCESS

Baseline ICIQ-UI Score, Body Mass Index, Age, Average Birth Weight, and Perineometry Duration as Promising Predictors of the Short-Term Efficacy of Er:YAG Laser Treatment in Stress Urinary Incontinent Women: A Prospective Cohort Study

1. New Predictive Model for Assessing Expected Results of SUI Laser Treatment

Dr. Ivan Fistonic et al. developed a new predictive model which will help practitioners assess the expected result of SUI laser treatment. The model identifies four key pre-intervention predictors which effect short-term Er:YAG outcomes.

2. Method

An analysis was performed on a sample of 84 female patients ranging in age from 30 to 70 who suffered from SUI. The patients were treated with a 2940 nm wavelength Er:YAG Fotona laser. In a three-step protocol (30 days in between), the laser irradiation was applied to the anterior vaginal wall, the entire circumference of the vaginal canal, and the vestibule area.

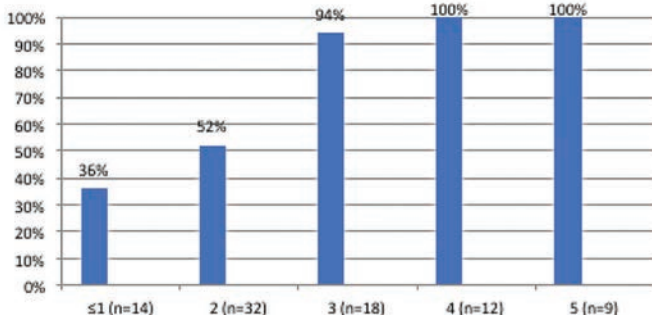
The analyzed predictors were: patient age; body mass index; number of births; average birth weight; last delivery weight; menopausal status; pelvic floor muscle strength (PFMS) of the pelvic diaphragm; adequacy of anatomic support to the bladder neck and urethro-vesical angle measured by Q-tip elevation; ICIQ-UI baseline, pre-intervention value.

3. Results Identify Four Key Predictors Effecting Outcome

The study reveals that age, body mass index, Q-tip elevation, and ICIQ-UI values prior to treatment are the four predictors that can be used to assess the outcome of laser treatment for SUI in female patients.

The effects of laser treatment were evident by an absolute change in the ICIQ-UI SF score and a relative decrease of 30% in the ICIQ-UI score 2-6 months after the treatment. The association between the Q-tip test and treatment outcomes was moderated by age. Q-tip was a significant predictor for patients between 44 and 53 years of age.

Percentage of participants



Number of positive predictors

By Ivan Fistonic and Nikola Fistonic

Published in: *Lasers in Surgery and Medicine*.2018;50(1):1-7



Lasers in Surgery and Medicine

Baseline ICIQ-UI Score, Body Mass Index, Age, Average Birth Weight, and Perineometry Duration as Promising Predictors of the Short-Term Efficacy of Er:YAG Laser Treatment in Stress Urinary Incontinent Women: A Prospective Cohort Study

Ivan Fistonic^{1,2*} and Nikola Fistonic¹
¹University of Rijeka, Medical School, Rijeka, Croatia
²Department of Obstetrics and Gynecology, Maternity Hospital, Rijeka, Croatia

Background and Objectives: A promising role of various methods that enable minimally invasive, office-based, non-surgical treatment for stress urinary incontinence (SUI) in women. The primary objective was to identify pre-intervention predictors of short-term efficacy of laser treatment in SUI patients. **Methods:** A prospective cohort study performed in 2017 at Maternity Hospital, Rijeka, Croatia, included 84 female patients who suffered from SUI. The intervention was performed with a Fotona laser (Er:YAG laser 2940 nm, Fotona, Slovenia). Outcome was defined as the improvement of ICIQ-UI score by at least 30% compared to baseline. The secondary objective was to identify patient predictors of short-term efficacy. **Results:** A relative decrease in ICIQ-UI score was observed for the whole population. All four predictors (age, body mass index, Q-tip elevation, and ICIQ-UI score) were significantly associated with short-term efficacy of laser treatment. **Conclusions:** A relative decrease in ICIQ-UI score of 30% can be predicted based on age, body mass index, Q-tip elevation, and ICIQ-UI score before the intervention. The association between laser treatment and short-term efficacy was moderated by age. Q-tip was a significant predictor for patients between 44 and 53 years of age. The best model identified for predicting short-term efficacy was a model based on age, body mass index, Q-tip elevation, and ICIQ-UI score.

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Intraurethral Erbium:YAG Laser for the Management of Urinary Symptoms of Genitourinary Syndrome of Menopause: A Pilot Study

By Adrian Gaspar, Sandra Maestri, Joaquin Silva, Hugo Brandi, Daniel Luque, Neža Koron, and Zdenko Vižintin

Published in: *Lasers in Surgery and Medicine*. 2018



1. Assessing the Safety and Efficacy of Intraurethral Er:YAG Treatment

There are several treatment methods available for the management of VVA symptoms of GSM, whereas urinary tract dysfunction often remains overlooked and undertreated. The objective of this pilot study was to assess the safety and efficacy of intraurethral Er:YAG laser treatment of urinary symptoms of GSM.

2. Two Er:YAG SMOOTH™ Mode Treatments

29 female patients, aged between 56 and 77 years, with diagnosed GSM, having less than 5% of vaginal superficial cells in the cytology, vaginal pH higher than 5, with urinary symptoms of GSM (dysuria, frequency, urgency) and impaired continence due to urethral atrophy, received two sessions of the intraurethral non-ablative Erbium SMOOTH™ mode laser therapy, with a 3-week interval in-between the sessions. The therapeutic efficacy was determined using ICIQ-SF, the 1-hour pad test and VAS scores. Follow ups (FU) were at 3 and 6 months.

3. All Urinary Symptoms of GSM Improved

The intraurethral laser procedure performed in this study successfully reduced the symptoms of dysuria, urgency, and frequency in the treated patients. A statistically significant long-term effect was observed, and the positive effects appear to last up to 6 months following laser treatment.

4. An Efficient, Safe and Reliable Treatment Alternative

Non-ablative Erbium SMOOTH™ mode therapy proves to be a valid and reliable alternative to traditional treatment options, as its positive effects last up to 6 months, and based on the modality, both VVA and urinary symptoms can be addressed. Most importantly, Erbium SMOOTH™ laser treatment can be used in patient populations for which other treatment methods are not recommended (e.g. breast cancer survivors).

Average Improvement Rates (%) from Baseline Values

	3-month FU	6-month FU
Dysuria	87 (12)	64 (25)
Urgency	79 (18)	44 (35)
Frequency	77 (18)	52 (23)
ICIQ-UI	64 (25)	40 (31)
1-h pad test (g)	59 (13)	42 (20)

Results are presented as mean (SD)

Scientifically Proven Results

Scientific research using FotonaSmooth®

STRESS URINARY INCONTINENCE

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IncontiLase[®] and IntimaLase[®] Patient Testimonials from Around the Globe

Manja, 44 years old, Europe:

"As a mother of three, two of my deliveries were very difficult, assisted with a vacuum. My troubles with incontinence started three years ago, one year after the birth of my last child. A couple of years ago I started running to relax from work stress, and that is when the troubles really started. Whenever I didn't have a completely empty bladder, I began leaking, so I decided to start wearing pads.

I talked to my friends and many also complained about this problem, so I came to terms with it for some time. But it was bothering me more and more. I knew that there were some drastic treatment options such as surgery, but I chose not to even think about it. A year ago I read an article about a non-invasive laser treatment and became curious. I contacted a doctor to find out more about it. The non-invasiveness of the procedure persuaded me and I decided to try it. After one treatment I didn't have to wear pads any more. After the second treatment, I was completely dry and an infection that had previously bothered me was now gone. But not only that, I also discovered that sensations during sexual intercourse became much more intense than before.

I was so happy with the procedure that I decided to speak publicly about it so that other women with the same problem will know that there are some excellent new solutions for incontinence available."

Irena, 33 years old, Europe:

"Since I was always an active type I wanted to maintain the same lifestyle after two deliveries. I play tennis and run a lot. Due to leakage of urine, I used to wear pads day and night. I was diagnosed with stress urinary incontinence, but by any standards my problem is not adequate for an operation. Kegel exercises, despite consistency, did not help. I read about the laser therapy in a women's magazine. Six weeks after the procedure I was completely dry. Summer is coming and I cannot believe I have freed myself from the eternal pads!"

Vera, 79 years old, Europe:

"Despite my age and the many medicines I take, I am not written off. I love to travel with my husband, so leakage of urine bothers me. I was even signed up for the TVT operation, but because of my hip, knee and anticoagulant therapy they often rescheduled the surgery. In the meantime I found out about the laser intervention for urinary incontinence. Two months after the procedure, I feel great improvement. During a strong sneeze I still leak a few drops of urine, but otherwise not."

Brenda, 59 years old, North America:

"I had a mild problem with leaking urine and I've experienced a decline in libido. Six months ago I had laser treatment for vaginal laxity. I was surprised at how quick and painless the procedure was. Moreover, I noticed the difference immediately as I walked around town and went to lunch! After the surgery, I was advised to abstain from sexual intercourse for two weeks. Waiting has paid off! My libido and sensation during intercourse have been restored in a sense that is better than ever. Even orgasms are stronger and longer. The problem with urine leakage has completely disappeared."

Maria, 34 years old, South America

"My experience was 100% positive. My partner also felt the difference, and both of us are very happy with the results. I had no pain during the 15-minute procedure and I felt no discomfort after it. The change was very noticeable. I was narrower, I felt more pleasure when having sex and orgasms improved, more intense and better in quality than before. My partner commented: 'Why didn't you do this before?' I've mentioned it to all my friends because the results are great and the effect has lasted. They shouldn't be scared. They should try it because the improvement is significant."

**Florencia, 52 years old, South America**

"Before I had the procedure I had problems with flaccidity. It wasn't the same anymore. Then vaginal tightening was recommended. I did it, and after that, all was good, in fact, perfect. I did this with Dr. Gaviria. At first I was a little scared, but they did my tightening and I felt very well. There was no discomfort, I only felt heat, just a little heat, nothing else.

I had a great experience since it's made me feel better in my sexuality. More satisfaction, better orgasms. My partner said: 'What did you do?' So I explained to him about vaginal tightening and he said: 'Well, that's good, this was really great.' The effects have lasted. I told my friends that I did a vaginal tightening, that I felt wonderful and that my sexual life has changed a lot and that everything has been great. Then they asked me how this was possible. I explained it to them and they said: 'I'm going to get a vaginal tightening. I want to have that.'

Lucia, 46 years old, South America:

"The reason to perform the procedure was to improve the physical appearance of my genitals and to improve my sexual life after having two children and aging. I'm already 46 years old and this was an important reason for me to improve the quality of my sexual life. I always thought that my genitals were different from the rest and that they were ugly and different, so when I learned that vaginal reconstruction existed in my area, I decided to make an appointment.

My partner and I, after we had the procedure (because this was an issue for both of us), agree that it was wonderful. It's like having your vagina as if you didn't have children, as if you had no sexual relations. It's like the first time - you feel more pleasure, more friction, greater orgasms, more intense, both for him and for me. It's like we are again together for the first time again, experiencing better sensations.

More self-assurance, better self-esteem, you don't have that concern of being fully naked in front of your partner, with no taboos, but the contrary - more sure of myself like it was the first time. With the passage of time our relationship has kept improving, enjoying more and more the physical aspect as well as the intensity, and regarding sensations, there is more friction and we keep having a better quality of sexual life. Better orgasms, much, much better orgasms. I've mentioned this treatment to all my friends and all of them are willing to have the procedure because they think it's marvelous based on my experience, so all of them want to have that sensation. Performing this treatment improves our self-esteem and sex with our partners, since it's like starting again with our partner, more confident, with more experience - like having sex, with experience and with a new vagina!"

By Matjaz Kljajic

Studio Virc - the award-winning video production company showcasing Fotona products and applications for the past decade.



Lasers On the Red Carpet



A professional from Fotona is always present to keep an eye on appliances and people with real-life problems who are treated in front of the cameras. Every step of the process is performed in accordance with very strict ethical standards and rigorous instructions.

With well over 1000 films for clients from different industries and fields under their belt, the general public knows Studio Virc primarily for their original production *Houston, We Have a Problem!* This is one of the most successful Slovenian films of all time and was a candidate for the foreign language Oscar in 2016. We sat down with Boštjan Virc, the partner and CEO of Studio Virc, a family-run company for video, film and TV production established in 1992, to discuss their decade-long partnership with Fotona, the production process and current trends which influence the success and effectiveness of corporate and promotional films.

How and when did you begin to collaborate with Fotona?

We carried out the first project for them a decade ago. A fresh opportunity for collaboration arose with the opening of the new LA&HA Institute. The goal was to introduce Fotona products to the critical public through video. This presented a big challenge, particularly with medical applications where we were bound by ethical and medical standards. At the same time, the videos had to be made attractive for viewers who are professionals from all over the world. We had to overcome certain cultural differences because we all know that a professional in India, for instance, has a different perception to that of their European or US colleague.

You are the co-author of the docu-fiction film *Houston, We Have a Problem!* What was so fresh and different about this film that it became a worldwide hit?

This is probably the film with the largest distribution in the history of Slovenian film. In the majority of the world it can be seen on Netflix; it was shown at more than 50 international film festivals and was the Slovenian candidate for the foreign language Oscar in 2016. These parameters speak for themselves.

A good, understandable, attractive story, both locally and globally, about a fictional Yugoslav space programme was apparently intriguing enough. Even in the initial phase the film was placed on an international scale. The film was an exotic coproduction of Slovenia, Germany, Croatia, the Czech Republic and Qatar, which played a very important part because there is a very fine line where a local story has a global reach. Our story successfully achieved just that.

How do you research the subject when you're producing corporate films, in comparison to other types of films?

The fundamental difference stems from the fact that in the production of docu-fiction (combination of documentary and fiction) films the end product is the result of the author's artistic volition, whereas with corporate or commercial production the client hires you to fulfil their need. However, every project begins with collective brainstorming. Fotona also provides the materials, which we need to study closely because the field is very specific and calls for in-depth engagement. Subsequently, we prepare a proposal, which is then jointly examined and, if necessary, adapted or supplemented. What follows then is a standard production process.

While shooting laser applications quite a few safety measures need to be undertaken and the cameras must be protected from the rays. All applicative footage is shot at the LA&HA Institute where the conditions are extremely good. The largest film studio in Slovenia, Viba Film, happens to be situated across the street from Fotona, so the most challenging shots of laser apparatus are occasionally performed there. An interesting anecdote is that because of the proximity, laser devices are moved across the street on trolleys. A professional from Fotona is always present to keep an eye on the laser systems and people with actual indications who are treated in front of the cameras. Naturally, every single step of the process is performed in accordance with very strict ethical standards and rigorous instructions.



What is the goal?

Even after 26 years I get validation when I see that our work brings results. Have the sales increased? Has the viewers' awareness of a certain service strengthened? A major weakness of our line of expertise is the crumbling of old business models due to the audiences' rapidly diminishing attention span. In 1992 when we began our operation it was far from unusual for a corporate film to run 30 minutes long. Nowadays, the viewers' attention span is limited to two minutes. Of course you can produce long form videos when addressing a professional and highly motivated public, but the crucial challenge remains: how to best meet the client's goals with limited funds and limited time.

Fotona is setting the trend in laser technology. What are the current trends in the film industry?

The principle of storytelling remains the same; the focus is on the stories, not on the technology. The real authors are the storytellers. Due to the diminishing attention span the films are getting shorter.

All of the processes in the production of docu-fiction films and in commercial production must be international, otherwise it is extremely difficult to make a breakthrough.

From the technological standpoint the biggest difference, in addition to the reduction in production costs, is in the field of distribution, which is so incredibly broadened that it is all too easy to get lost in an online environment. YouTube and similar channels offer hour upon hour of pointless, substandard material. That is the precise reason one must find the right approach, which is somewhat easier for specialised companies like Fotona.



One family together

1. LA&HA expert clinical lecturers present the latest gynecological laser developments to a captivated audience at IMCAS Paris 2018. **2.** Time for a selfie! Masa Gorsic Krisper, Head of the LA&HA Institute (left) poses with Dr. Jorge Gaviria (top) and Dr. Adrian Gaspar (bottom) at IMCAS Paris 2018. **3.** This is how it works in practice! Zdenko Vizintin (far left) and Dr. Marco Gambacciani (far right) with attendees at the LA&HA Institute's Opening Workshop. **4.** The showroom is an important feature of the LA&HA Institute. Guests gathered around the showcase at the Opening event. **5.** Dr. Jorge Gaviria, LA&HA expert clinical lecturer, gives a presentation on New Trends in Laser Therapy in Functional and Aesthetic Gynecology at IMCAS Paris 2018. **6.** A packed conference room at the 7th annual LA&HA Symposium in 2017.



7. Dr. Matjaz Lukac, CEO of Fotona, listening to guests at the LA&HA Institute's Opening event. What are they saying about the Institute? **8.** We take great care of our Fotona Family: education, good food and great company guaranteed! The LA&HA Institute Opening was no exception! **9.** Sharing knowledge is our mission, because we believe that sharing is caring. Guests listening to the welcome speech at the LA&HA Institute's new lecture room for more than 100 people. **10.** Dr. Leonardo Marini addresses guests from all over the world who gathered in Ljubljana for the LA&HA Institute's Opening event. **11.** Dr. Matjaz Lukac, CEO of Fotona, and Dr. Masa Gorsic Krisper, head of the LA&HA Institute, cutting the red ribbon. The new Institute is officially open! **12.** Dr. Leonardo Marini with guests at the Institute's Opening.



13. LA&HA Masters' Program: top lecturers, incredible participants, one of the best training institutes in the world! **14.** Masa Gorsic Krisper, Head of the LA&HA Institute, introduces the latest technology for minimally invasive gynecological treatments at VELA 2017 in Rome. **15.** You say 'Cheese', we say 'Cheers' to the crew from Shanghai! **16.** From East to West, from North to South, from Europe to China... Welcome to the Beijing satellite meeting! **17.** Dr. Inna A. Apolikhina presents morphological evidence of the effectiveness of Er:YAG lasers for the treatment of SUI at VELA 2017 in Rome. **18.** A healthy balance between business and pleasure at the 7th annual LA&HA Symposium in 2017. **19.** Dr. Ronit Almog (second from left) receives a LA&HA Certificate of participation at the IncontiLase®, IntimaLase®, RenovaLase® & ProlapLase® Workshop. Pictured with Masa Gorsic Krisper (far left), Dr. Sabina Sencar (third from left) and Dr. Urška B. Ogrinc (far right).



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LA&HA Institute



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