endolift®

Clinical Introduction Pack

Minimally Invasive Laser-Assisted
Skin Tightening and Fat Remodelling

Device: LASEmaR® 1500
Wavelength: 1470 nm
Manufacturer: Eufoton® S.r.l., Italy
Distributor: MediPrisma LLC.
Territory: USA

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FDA ISO 13485 CE

Overview

A Subdermal Laser Platform for Structural Tissue Remodelling

Endolift® is a minimally invasive laser procedure designed to tighten skin, remodel connective tissue, and reduce localized fat deposits using ultra-thin optical fibers inserted beneath the skin surface.

• Local anesthetic only • No incisions • No theater required
• Single session • Same-day discharge

What it does?

- Delivers 1470nm laser energy directly into the subdermal plane via micro-optical fiber
- Achieves simultaneous adipolysis and collagen stimulation in a single session
- Produces immediate tissue contraction with progressive remodeling over 2 to 6 months
- Suitable across all Fitzpatrick skin types due to subdermal delivery bypassing the epidermis
- Energy delivered below the surface entirely, bypassing attenuation that limits all external devices
- Simultaneous fat reduction and skin tightening from a single fiber in a single session
- Permanent adipolysis: disrupted adipocytes do not regenerate
- No epidermal interaction means no skin-type related risk profile

The LASEmaR® 1500

Endolift® is performed using the LASEmaR® 1500, designed and manufactured by Eufoton® S.r.l. in Trieste, Italy since 1999. The device is FDA-cleared for laser-assisted lipolysis (510(k) K092860), CE marked as a Class IIb medical device, and manufactured under ISO 13485 quality management. No other device replicates its mechanism.

Science

Mechanism of Action

The therapeutic effects of Endolift® are a direct consequence of the optical properties of the 1470nm wavelength and the subdermal delivery method. Four biological processes occur simultaneously during a single treatment session.

01
Selective Adipolysis

The 1470nm wavelength is preferentially absorbed by adipocyte membranes, inducing targeted disruption and permanent volume reduction. Surrounding neurovascular structures are preserved when the procedure is performed according to protocol. Disrupted adipocytes do not regenerate.

02
Fibroblast Activation

Thermal energy activates resident fibroblasts in the reticular dermis, initiating a cascade of new collagen and elastin synthesis. Histological biopsy data confirms increased collagen density and new elastin deposition at 1, 3, 6, and 12 months following a single treatment session.

03
Immediate Contraction

Existing collagen fibers undergo immediate thermal contraction during energy delivery, producing a visible initial tightening response. This biphasic result pattern combines immediate visible improvement with progressive long-term remodeling over subsequent months.

04
Progressive Remodeling

Neo-collagenesis continues for 2 to 6 months postprocedure. Results develop progressively as the biological cascade matures. Published 12-month follow-up data confirms improvements are maintained with continued dermal thickening over this period.

Why 1470nm Specifically

At 1470nm, laser energy sits at the intersection of two distinct absorption peaks: lipid-rich adipocyte membranes and water-rich dermal tissue. This dual affinity enables simultaneous lipolysis and collagen stimulation from the same fiber in the same pass. Devices operating at 980nm or 1064nm do not replicate this dual selectivity. The clinical outcome difference is categorical, not incremental.

Differentiation

Structural Remodeling Where Other Treatments Cannot Reach

Most non-surgical aesthetic platforms operate from the surface. The clinical limitations of surface applied devices are a function of physics: energy must traverse the epidermis and dermis before reaching target tissue, with meaningful attenuation at every layer. Endolift® resolves this by placing energy delivery below the surface entirely.

Treatment	Above Skin	Below Skin	Fat Reduction	Collagen Stim.	Anesthetic
RF Microneedling	Yes	Partial	Limited	Moderate	Topical
HiFu / Ultrasound	Partial	Limited	No	Moderate	None
Threadlift	No	Mechanical	No	Mild	Local
External Laser	Yes	No	No	Surface only	None
Surgical Facelift	N/A	Yes	No	No	General
Endolift®	**N/A**	**Yes**	**Yes**	**Strong**	**Local**

Endolift® occupies the clinical space between injectable treatment and surgery. It addresses the structural tissue layer that no other non-surgical platform reaches, converting patients who were previously unable to achieve satisfactory results from surface-based treatments.

Bridges the Gap

Addresses the growing patient cohort between injectable ceiling and surgical threshold, who have no satisfactory option with current non-surgical platforms.

Complements Existing Menu

Does not cannibalise RF, HIFU, or filler revenue. Addresses a different tissue depth and clinical objective, generating incremental income.

Premium Tier Positioning

Supports premium fee structures as a single-session structural procedure delivering outcomes that surface-based alternatives cannot match.

Indications

Clinical Indications Matrix

Endolift® is validated across more than 10 anatomical indications, providing adopting clinics with a single platform capable of addressing structural presentations across the full face, neck, and body.

Face

- Jawline and jowl laxity
- Malar oedema / festoons
- Lower eyelid laxity
- Nasolabial / marionette lines
- Forehead / glabellar lines
- Perioral laxity

Neck

- Submental fat (double chin)
- Anterior neck laxity
- Cervicomental angle definition
- Early platysmal banding

Body

- Upper arms
- Abdomen and flanks
- Inner thighs
- Knees
- Gluteal region
- Atrophic acne scarring
- Cellulite (Grade II-III)

A single device addressing this breadth of indications maximizes utilization and patient conversion across an existing clinic population, with applicability from early facial laxity in patients in their late 30s through to body contouring presentations across all age groups.

Patient Selection

Ideal Patient Profile

Precise patient selection is the most significant determinant of outcome quality with Endolift®. Practitioners who select patients carefully and set expectations accurately consistently achieve the highest satisfaction rates

Best Served for

Patients presenting with mild to moderate skin laxity of the face, neck, or body are the primary Endolift® indication. These patients occupy the clinical space between the ceiling of injectable treatment and the threshold of surgical candidacy. They represent a substantial and growing proportion of aesthetic clinic inquiries, particularly in the 38 to 62 age range.

Less Suitable Presentations

Patients with advanced soft tissue ptosis requiring true surgical repositioning, significant jowling, deep neck bands, or redundant skin requiring excision are better served by surgical intervention. Endolift® does not replace rhytidectomy in these cases.

Optimal Candidates

- Mild to moderate skin laxity of the face, neck, or body
- Patients between injectable ceiling and surgical threshold
- Localized fat deposits resistant to conservative measures
- Combined fat and laxity presenting together
- Post-weight-loss patients with residual pockets and laxity
- Early surgical candidates not yet ready for surgery
- Patients who have plateaued with injectable treatment
- Atrophic acne scarring (rolling, boxcar, icepick subtypes)
- All Fitzpatrick skin types I to VI

Not Indicated

- Advanced ptosis requiring surgical correction
- Active inflammatory conditions in the treatment zone
- Large-volume fat reduction requirements
- Active acne (atrophic scarring is a primary indication once resolved)
- Pregnancy
- Expectations exceeding single-session minimally invasive correction

Treatment Process

Procedure Workflow

Endolift® is designed for integration into a standard outpatient clinical environment. No operating room, no surgical team, and no dedicated recovery facility are required. The procedure is self-contained and suitable for clinic rooms already configured for minor aesthetic procedures.

01

Anatomical Mapping

The treatment area is mapped to identify target zones for fat reduction and skin tightening. Surface anatomy, safety landmarks, and individual patient anatomy are assessed prior to treatment. Safety zones are confirmed and marked before energy delivery begins.

02

Local Anesthesia

Local anesthetic is administered subdermally to the planned treatment zone. The patient remains fully conscious and comfortable throughout. No sedation is required. Treatment begins once adequate anesthesia is confirmed.

03

Fibre Insertion & Energy Delivery

The selected micro-optical fiber is introduced directly into the subdermal plane. The practitioner controls fiber direction, depth, and energy output in real time. RING fibers provide 360-degree emission; FLAT fibers provide directional delivery. All four biological mechanisms are initiated simultaneously during energy delivery.

04

Completion

No sutures are placed and no incisions require closure. Mild compression may be applied where appropriate. Patients typically return to normal daily activity the same day.

Clinical Outcomes

Results Timeline

Results develop progressively. The biphasic response combines an immediate tissue contraction effect with a longer-term biological remodeling cascade. Communicating this timeline accurately at consultation is the primary factor in achieving high patient satisfaction

Immediate (Days 1-3)

- Immediate collagen fiber contraction visible
- Mild erythema: universal, resolves 24 to 72 hours
- Localized swelling mainly attributable to local anesthetic: typically mild, resolves within a few days to one week
- Patient returns home same day

Resolution (Week 1-2)

- Swelling resolves fully in most patients
- Early tissue contraction becomes visible
- Patients typically notice initial result

Early Remodeling (Weeks 4-6)

- Fibroblast activation producing neocollagenesis
- Visible tightening and volume reduction evident
- Most patients report seeing the expected result

Peak Progression (Months 3-4)

- Neo-collagenesis in full biological progression
- Results continue to improve without further intervention
- Optimal comparative photography window

Stabilization (Months 5-6)

- Full biological remodeling established
- Adipolytic results are permanent
- Dermal tightening typically lasts 12 to 24 months

Results vary by patient, treatment area, and skin quality. Individual outcomes cannot be guaranteed.

Combination Therapy

Combination Protocols

Endolift® integrates naturally into existing clinic treatment menus. It addresses the structural subdermal layer, enhancing the outcome of many complementary procedures when used in combination.

Endolift® and Injectable Treatments

Endolift® is frequently used as a structural tightening platform prior to or alongside injectable rejuvenation. Addressing the structural laxity component with Endolift® before applying fillers or biostimulators produces a more natural result and reduces the filler volume required to achieve the patient's aesthetic goal. The combination also reduces the risk of filler-related volume distortion in patients who have previously received significant filler accumulation.

Endolift® and Energy-Based Devices

Endolift® and RF microneedling address different tissue depths and achieve different biological objectives. Endolift® addresses the subdermal structural layer, collagen remodeling, adipolysis, connective tissue contraction. RF microneedling addresses the mid-dermis and skin surface, texture, pore size, fine lines, and superficial scarring. Used sequentially, typically Endolift® first, followed by RF microneedling once the subdermal remodeling is established, the combined result addresses the full depth of the ageing process. CO2 and fractional laser resurfacing similarly complement Endolift® at the surface level, providing the epidermal quality improvement that subdermal treatment cannot address.

Endolift® and PRP or Biostimulators

Platelet-rich plasma and collagen biostimulators including polynucleotides and calcium hydroxyapatite work synergistically with Endolift® by amplifying the fibroblast activation response and providing additional dermal nutrition. Published combination protocol data with hyaluronic acid and calcium hydroxyapatite demonstrates improved outcomes at 12 months compared to either treatment alone.

Endolift® and Thread Lifts

In patients with more advanced laxity, Endolift® can be used to address the adipose and skin quality components while threads address mechanical repositioning. The combination produces a more comprehensive structural correction than either approach achieves independently.

A Note on Treatment Sequencing

Endolift® is generally performed as the structural foundation of a combination protocol. Surface treatments - resurfacing, RF microneedling, biostimulators are typically introduced once the subdermal remodelling phase is established, usually from week 6 onwards. This sequencing avoids interference with the inflammatory healing cascade during the early remodelling phase and allows each treatment to operate optimally within its target tissue zone.

Evidence Base

Clinical Evidence Summary

The clinical evidence base for Endolift® spans over a decade of international use and includes peerreviewed publications across multiple journals. Key findings are summarized below. Full papers are available at endolift.us/clinical-evidence.

RCT • Longo, Dell'Avanzato et al. • Laser Therapy, 2022

Randomised controlled trial in 96 subjects (ages 45-55) with lower facial skin laxity. Statistically significant improvement in standardized ptosis grading. Strong outcomes with Endolift® alone and in combination treatments.

11-Year Observational • Dell'Avanzato • Long-term clinical report

Over 1,000 treated areas across face and body over 11 years. Consistent and reproducible outcomes across diverse patient presentations, skin types, and anatomical zones.

Prospective Case Series • Proietti et al. • Dermatology Journal of Cosmetic and Laser Therapy, 2023

Combined Endolift® and hybrid filler protocol. Reduced submental fat, improved skin elasticity, reduced wrinkle severity. Effects maintained at 12-month follow-up.

Cohort Study • Li et al. • Scientific Reports, Nature Research, 2020

Visible reduction in forehead wrinkle depth and glabellar line severity. Confirms clinical utility of the 1470nm platform beyond adipolysis-dominant indications.

Interventional Study • Nilforoushzadeh et al. • Journal of Cosmetic Dermatology, 2022

21 patients with hypertrophic scars. Vancouver Scar Scale improvement of up to 42%. Scar thickness reduced by approximately 28%. No adverse events reported.

Histological evidence: Biopsy data confirms increased collagen density and new elastin deposition at 1, 3, 6, and 12 months post single-session treatment. MRI-confirmed submental fat volume reduction documented in prospective study populations.

Training & Support

Training Pathway

Every LASEmaR® 1500 acquisition includes a structured training and certification program. Independent practice begins only once the trainer has confirmed competence in both technique and patient safety

01

Device Delivery

The LASEmaR® 1500 is delivered fully configured and tested. No installation appointment or engineering visit is required. The trainer confirms function before the program begins.

02

Theory & Protocol Session

Comprehensive clinical session covering mechanism of action, 1470nm wavelength science, patient selection criteria, full contraindications, pre and post-treatment protocols, anatomical safety zones, and complication recognition and management

03

Supervised Live Clinical Sessions

The trainer performs the initial treatment, or one anatomical side, while the practitioner observes technique, fiber placement, energy parameters, and patient management. The device is then transferred to the practitioner under direct supervision.

04

Certification & Directory Listing

On successful completion, practitioners receive official Endolift® certification. The practice is listed in the Endolift® practitioner directory, visible to patients searching for a certified provider.

Online Academy

Clinical reference video library covering core techniques, indication-specific protocols, patient selection, post-treatment care, and complication management.

Practitioner Community

Certified practitioners access a private peer network for case discussion, technique questions, and clinical observations.

International Masterclasses

The Endolift® Masters Series delivers advanced technique sessions for certified practitioners. Sessions are held internationally across the US, Europe, and Asia.

Safety

Safety Profile

Endolift® is an outpatient procedure performed under local anesthetic. The safety profile is favorable relative to other minimally invasive procedures in the same category and compares significantly more favourably with surgical alternatives.

Procedure Safety Characteristics

- Local anesthetic only: no general anesthesia, no sedation, no OR-related anesthetic risk
- Outpatient setting: no surgical OR, no overnight admission, no post-anesthesia recovery requirement
- No incisions: no wound healing complications, no suture-related risks, no scar formation at access sites
- Single-use sterile fibers: no cross-contamination risk, no reprocessing protocol required
- Autonomous circuit monitoring in the LASEmaR® 1500 halts laser emission automatically on anomaly detection

Expected and Transient

- Erythema at treatment sites: universal, selfresolving within 24 to 72 hours
- Localized swelling mainly attributable to local anesthetic: typically mild, resolves within a few days to one week in most patients
- Bruising: reported in a minority of cases, consistent with any subdermal procedure
- Mild tenderness at treatment sites: resolves within 1-3 weeks

Serious Adverse Events

No serious device-related adverse events have been documented in published clinical literature when the procedure is performed by trained practitioners following published protocols. No thermal burns, no permanent neurological sequelae, and no permanent scarring have been reported.

Marginal Mandibular Nerve: A note for Practitioners

Temporary aggravation of the marginal mandibular nerve has been observed as a very rare occurrence. Where encountered, it presents as transient weakness in the distribution of the nerve and resolves fully, typically within approximately 6-8 weeks. No cases of permanent damage have been documented. The anatomical safety zones for the mandibular region are covered in detail during the Endolift® training program. Practitioners who observe these safety zones reduce the likelihood of thisoccurrence to negligible levels. A structured aftercare protocol supports resolution in the very unlikely event it is encountered.

Adoption Case

Why Clinics Add Endolift®

The decision to add Endolift® is a decision about clinical positioning in the evolving non-surgical aesthetic landscape and about the patient population a practice can serve effectively

Fills the Structural Treatment Gap

Injectables address surface quality and volume. Non-invasive devices address superficial tissue. Surgery addresses advanced laxity. The growing cohort between injectable ceiling and surgical threshold has until recently had no satisfactory non-surgical option. Endolift® closes that gap.

Complements Existing Energy Platforms

Endolift® does not reduce RF, HIFU, or laser revenue. It addresses a different tissue depth and objective, increasing total treatment revenue by converting patients previously managed with escalating injectable volumes or referred elsewhere.

Bridges Injectable and Surgical Treatment

Clinics offering both non-surgical and surgical treatments find Endolift® particularly valuable as a structural intermediate. It retains patients within the practice who would otherwise be referred for premature surgery.

Minimal Footprint Integration

The LASEmaR® 1500 is a compact desktop unit requiring no dedicated room, no water supply, no ventilation modification, and no structural installation. It integrates into an existing treatment room as any other minor procedure equipment.

Introduces a Premium Structural Procedure Tier

Most non-surgical clinic menus are populated with mid-price tier treatments. Endolift® supports premium positioning as a single-session structural procedure delivering outcomes that surface-based alternatives cannot match.

Positions the Practice as a Clinical Leader

Endolift® is growing rapidly in US aesthetic medicine. Practitioners who certify early establish clinical credibility as a known provider in their geography ahead of market maturation. The practitioner directory drives patient inquiries to certified clinics.

Next Steps to Becoming an Endolift® Provider

Request Pricing and Acquisition Options

Discuss outright purchase and finance lease options with the MediPrisma team. Finance is arranged through Reliant Capital, with credit decisions typically returned within 2 to 4 hours.

Speak with Our Medical Director or Representative

A direct conversation with our Medical Director or dedicated representative is available for practices with specific questions about onboarding Endolift®

Schedule Your Onboarding Pathway

When ready to proceed, the MediPrisma team will guide the process from device acquisition through to training day planning. The onboarding pathway from confirmed purchase to first independent patient is typically completed within a few weeks.

Get In Touch:

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