

# HALO®: An Effective Treatment for Acne Scars

## Tips to Achieve Radiant Results

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While multiple pathways for managing acne-prone skin exist, HALO® is an exceptional course of treatment for acne scarring. In the same way acne varies, so do the styles of treatments to relieve the skin ailment. HALO is the first hybrid fractional laser on the market that delivers non-ablative 1470nm wavelength and ablative 2940nm wavelength in the same channel at the same time. It delivers energy with a roller mechanism. As the clinician rolls the handpiece over the skin in a uniform fashion, HALO makes tiny perforations to the skin. While the skin heals MENDS (micro epidermal necrotic debris) will appear and grow out of the channels. The MENDS will first replace with hyaluronic acid as a natural healing response of the skin giving the treated area the ultimate glow. Over time, the hyaluronic acid grows into collagen giving an overall improvement in the appearance of the skin.

The objective of this paper is to provide HALO users with recommendations for treating acne scars. Acne scarring is categorized by five distinct appearances: rolling, boxcar, ice pick, superficial vascular and active acne. HALO is a safe and effective treatment for each type of acne scar. When treating any acne scarring, technicians experience the most success with HALO and other combination treatments such as HALO with Sciton's BBL™ BroadBand Light, or HALO with Sciton's ProFractional™. It is important for users to discuss their expectations and recommendations with patients prior to treatment.

### TYPES OF ACNE SCARS

Rolling scars are defined by their sloping edges and uneven appearance. They can be of different sizes. HALO will help smooth the appearance of the entire area where the rolling scars appear. If the scars are deeper in certain areas, users may perform a focused Profractional pass to untether and add a dimensional treatment. Start the treatment from the deepest part of the scar to the most-shallow part of the scar.

Boxcar scars are the most common type of acne scar. They are

atrophic, have sharp vertical edges, and are wider than ice pick scars. These scars can be treated with HALO. Depending on the severity, users may need to consider a combination treatment with Profractional. Adding filler 6 weeks post combination laser treatment helps give boxcar scarring a smoother appearance.

Ice pick scars are the most difficult to treat. They have deep, narrow depressions. HALO can significantly improve the appearance of this scar, though it is the most difficult to completely remove. As the skin heals from the fractional perforations HALO has made, collagen regenerates and causes the scars to plump and appear less punctured.

Superficial vascular scarring that seems to be a shallow boxcar scar with erythema is the best type of scar to treat with HALO. HALO removes, heals, and prevents deeper scarring with active acne. It will also remove any vascular scar that is on the surface of the skin.

### CASE PROCEDURE AND PREP

Patient 1 is a 49 year old female with Fitzpatrick skin type II, presenting with active acne as well as multiple boxcar scarring and superficial red scarring. Patient 2 is a 41 year old female with Fitzpatrick skin type II, presenting with cystic acne, active acne, superficial red scarring, and has a history of melasma. Both patients medical history confirmed that they are prime candidates for the treatment of acne scars using HALO, and both received the same initial treatment with identical settings and post procedure skin care regimens. Patient 1 chose to receive an additional treatment of BBL which comes highly recommended and is described in the post-care section.

Preparation for both patients consisted of cleansing the skin with Obagi® foaming gel. Benzocaine 20% lidocaine 6% tetracaine 4% topical numbing was then applied for 30 minutes prior to the HALO treatment. The topical numbing agent was removed with a

lukewarm towel, and their faces were cleansed again with Obagi® foaming gel. Both patients took 800mg of Ibuprofen and 10mg Zyrtec® to help with swelling and histamine response. An iPhone was utilized to capture before and after photos in each case.

**PROCEDURE TREATMENT PARAMETERS & TECHNIQUES**

I suggest treating the scars by depth and type of scar. First, numb the patient for 30-40 minutes with BLT numbing cream. When numbing the patient, have a bed warmer on the bed. Doing so keeps the entire body warm and helps with comfort prior starting the HALO treatment. If available, ProNox™ can assist anxious patients while keeping their comfort level tolerable. Patients can expect a minimum of 1 to 2 treatments, 6 weeks apart.

Do not use any cooling such as a Zimmer chiller, cold compress, fan, or ice packs during the HALO treatment. In my experience, patients will encounter a decrease in swelling without using any such agents. The first and only HALO treatment for both patients is targeting the depth of the scars using the following settings:

**HALO Treatment Parameters**

Application	Skin Type	1470 nm (Depth/Density)	2940 nm (Depth/Density)
Facial Texture/ Remodeling scars	II	450 µm/ 20%	60 µm/ 15%

**OPTIMAL COMBINATION TREATMENT POST INITIAL HALO**

The BBL treatment is a wonderful treatment to offer post-HALO. It will remove any residual erythema, clear remaining acne lesions, remove any hyperpigmentation, and relieve leftover inflammation. BBL is the icing on the cake post-HALO. Patient 1 chose to receive BBL as a combination treatment 3 weeks post-HALO:

**BBL Treatment Parameters**

Filter	Fluence (J/cm2)	Pulse Width (ms)	Temperature (°C)	Passes
560	10	10	15	2
560	15	15	15	1
420	5	200	25	2
590	10	200	25	4

**POST-CARE**

Immediately following the HALO treatment, Stratcel is liberally applied all over the treated area. It is also essential to get patients up off the bed and slowly walking around after the treatment is over, allowing for heat in the treated area to dissipate faster. Ensure patients have all products needed for at-home care including Stratacel, a gentle cleanser, a moisturizer, and a physical sunscreen.

It is of utmost importance to adhere to an at-home skin care routine immediately post procedure. Patients need to be provided with detailed printed instructions to ensure compliance. The morning skincare regimen starts with cleaning the face with a gentle cleanser. I suggest Obagi® Foaming Cleanser. However, any cleanser that is perfume and dye-free and appropriate for sensitive skin is acceptable. After cleansing, follow up with a thin layer of Stratacel, and then a moisturizer. I suggest DEJ Face or Hydrating Serum, both from Revision Skincare. Other acceptable moisturizers must be free of perfumes and dyes and approved for sensitive skin. Following the moisturizer, apply a physical sunscreen. I suggest TruPhysical™ by Revision Skincare. For night care, simply follow instructions from the morning, without sunscreen.

**RESULTS & OUTCOMES**

Patients 1 and 2 experienced typical results, including swelling for 2 days post HALO and mild erythema. Day 3 post HALO, the skin had a sandpaper texture, and the MENDS began to flake off. The acne began to clear, and the skin started to glow on day 4 post HALO treatment. Each day and week following, the skin improved to a clear result.

**Patient #1**

**HALO + BBL**



**Before and After 1 Treatment, 6 Weeks Post Treatment**

**Patient #2****HALO****Before and After 1 Treatment, 3 Weeks Post Treatment****PEARLS & PITFALLS**

It is vital to follow the guidelines for at-home care, including behavior recommendations. Avoid direct sunlight for 1 week post-treatment. Change all linens that come into contact with the compromised area. Sleep elevated to alleviate swelling. During the first 24 hours immediately following the HALO treatment, do not travel on a plane and stay away from public areas. Continue the use of 800mg of Ibuprofen every 6 hours and one 10mg Zyrtec every 24 hours as needed. Encourage patients to avoid allowing water to stream onto their face during showering for 48 hours. Be aware of pet dander, do not touch your pet and then your face. I also recommend patients use new make-up sponges and or make-up brushes once they begin applying make-up to the treated area. Such guidelines are designed to prevent any bacterial infection and ensure proper healing.

If you recommend a second HALO treatment for your patient, the treatment should be 4-6 weeks post the first treatment using a setting of 1470nm 275  $\mu\text{m}/20\%$ , 2940nm 60%  $\mu\text{m}/\wedge$ . This setting is targeting more shallow scars, hyperpigmentation, and redness. Follow with a BBL 3 weeks post to treat overall inflammation, lingering erythema, and any mild breakouts that may occur. Use the 560 for erythema, 420 for any remaining active acne, and 590 for inflammation and skin tightening.

For significant ice pick scars and boxcar scars, users may choose to conduct a focused ProFractional pass based on the depth of the scar 250-500 $\mu\text{m}/11\%$  prior to HALO for a combination treatment. Combination treatment with HALO/BBL works well for active acne and hyperpigmentation from acne scarring and sun damage. Use the 560 filter for redness, 515 filter for focused hyperpigmented spots, 420 filter to kill the active P acne bacteria, and 590 filter for skin tightening and overall inflammation prior to HALO.



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