

Insulated Needle RF Device - Clinical Architecture & Performance Reference Manual

CLINICAL ARCHITECTURE & PERFORMANCE REFERENCE MANUAL: INSULATED NEEDLE RF DEVICE

EXECUTIVE SUMMARY

The Insulated Needle RF Device represents a paradigm shift in fractional radiofrequency (RF) energy delivery for dermatological and aesthetic indications. Unlike conventional non-insulated microneedles, this proprietary platform integrates precision-depth epidermal protection with volumetric dermal coagulation. The device operates by deploying ultra-fine, gold-coated or 316L surgical-grade needles coated with a high-dielectric insulation layer, exposing only the distal tip. RF current is therefore confined to the targeted dermal or subdermal tissue layers, eliminating epidermal collateral thermal injury. This clinical reference manual details the system architecture, treatment parameters, safety compliance, and operational specifications for procurement and clinical integration.



CLINICAL ARCHITECTURE & DESIGN

The system comprises a main RF generator console, a detachable multi-pin handpiece, and single-use sterile cartridge arrays. The generator delivers monopolar or bipolar RF waveforms (configurable by model) at frequencies ranging from 0.5 MHz to 2.0 MHz. Key engineering differentiators include:

- INSULATION LAYER: Parylene or PTFE coating (thickness 5-15 μm) along the needle shaft, with impedance $> 1 \text{ MOhm}$, ensuring zero energy leakage through epidermis.
- EXPOSED TIP LENGTH: Adjustable from 0.3 mm to 3.0 mm, allowing precise targeting of superficial dermis, deep dermis, or fibroseptal layers.
- PENETRATION DEPTH: Mechanically adjustable via handpiece stopper (0.5 mm to 5.0 mm total insertion).
- RF WAVEFORM: Pure pulsed or continuous sinusoidal output with real-time

impedance feedback monitoring (1 kHz sampling rate).

KEY INDICATIONS & CAPABILITIES

Class I (clearance-based) and Class II (thermal remodeling) applications include:

- Atrophic acne scars (rolling, boxcar, icepick subtypes)
- Enlarged facial pores and seborrheic skin
- Periorbital and general facial rhytides
- Axillary, palmar, and plantar hyperhidrosis (off-label or regional clearance)
- Striae distensae (alba and rubra)
- Lax skin on the neck, submentum, and abdomen

The insulated architecture permits aggressive RF fluences (up to 40 W per pulse) without post-treatment epidermal crusting or prolonged social downtime.

Typical recovery: erythema and micro-crusts resolve within 24-72 hours, versus 5-7 days for non-insulated equivalents.

COMPLIANCE & STANDARDS

- Medical Device Class: IIa (EU MDR 2017/745) or II (US FDA 510(k) clearance pathway)
- Electrical Safety: IEC 60601-1, IEC 60601-2-2 (RF electrosurgical equipment)

- Biocompatibility: ISO 10993-5 (cytotoxicity), ISO 10993-10 (irritation/sensitization) on needle and insulation material
- Electromagnetic Compatibility: IEC 60601-1-2
- Sterility: EO gas or gamma irradiation (SAL 10^{-6}) for single-use cartridges

Parameter	Specification
RF Frequency	0.5 MHz / 1.0 MHz / 2.0 MHz (selectable)
Max Output Power	40 W (peak), 25 W average
Needle Material	316L Surgical Stainless Steel + Gold coating
Insulation Coating	Parylene or PTFE, thickness $10 \pm 5 \mu\text{m}$
Needle Gauge Range	30G, 31G, 32G (cartridge dependent)
Adjustable Tip Exposure	0.3 mm to 3.0 mm (0.1 mm increments)
Penetration Depth Range	0.5 mm to 5.0 mm
Array Configurations	5x5 (25 pins), 6x6 (36 pins), or 7x7 (49 pins)
Pulse Duration	10 ms to 500 ms (1 ms steps)
Impedance Monitoring	Real-time, 50-1500 Ohm range
Cooling System	Forced air + sapphire window TEC (0°C to 4°C)

Display	10.1-inch capacitive touchscreen, 1280x800
Power Supply	100-240V AC, 50/60 Hz, 350 VA
Dimensions (Console)	320 mm (W) x 430 mm (D) x 280 mm (H)
Weight	12.5 kg (console only)

CLINICAL PROTOCOLS

Standard operating parameters for three primary indications:

- ACNE SCARS (FACIAL): Needle gauge 32G, tip exposure 1.5-2.0 mm, RF power 18-22 W, pulse duration 80-100 ms, single pass with 10-15% overlap. 3 sessions at 6-week intervals.
- SKIN LAXITY (NECK): 31G, exposure 2.5-3.0 mm, 25-30 W, 120-150 ms, 2 passes orthogonal. 2-3 sessions at 8-week intervals.
- HYPERHIDROSIS (AXILLARY): 30G, exposure 3.0-3.5 mm, 28-32 W, 150-200 ms, grid pattern with 5 mm spacing. 1-2 sessions, retreatment at 12 months if needed.

Safety notes: Topical anesthesia recommended (30-45 min prior). Do not activate RF while needles are in motion. Always verify skin impedance between

100-500 Ohms before pulse delivery. Treatment endpoint: mild erythema and pinpoint bleeding (scattered) over treated zones.

