



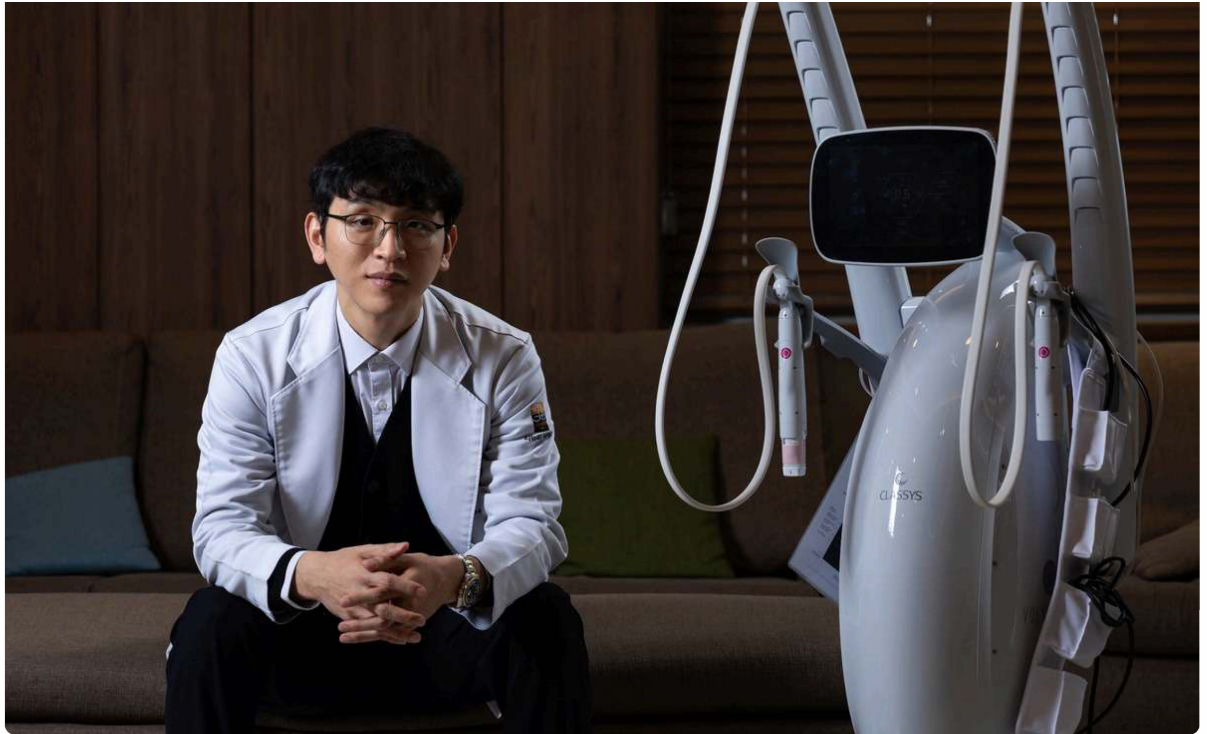
Product Anatomy

Dr. Byung-Han Song of Renewme Dermatology Clinic(Hongje): Continuous Water Cooling and the Hidden Edge

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By Minkoo Lim, Reporter

Dr. Byung-Han Song of Renewme Dermatology Clinic (Hongje) introduced VOLNEWMER in 2022 as a strategic addition to his lifting portfolio, complementing established treatments such as Thermage, Ultherapy, and Shurink Universe. He explains that VOLNEWMER's continuous water-cooling system offers a regenerative advantage by protecting the epidermis while enabling targeted stimulation of the papillary dermis. In addition, the Hidden Edge design, combined with a tiltable tip, facilitates smooth moving techniques that help reduce treatment-associated pain. In clinical practice, VOLNEWMER has been particularly well received by patients in their 40s and 50s who are cost-conscious, those with previous discomfort from Thermage, and individuals seeking a maintenance-based treatment routine rather than premium-priced procedures. Dr. Song emphasizes a treatment approach that begins with establishing the treatment design and vectors using a standard protocol of 600 shots, followed by adjusting the energy level according to the patient's pain response. In this article, he shares his clinical insights into interpreting the differences in immediate treatment responses and target tissue layers, as well as effectively managing patient expectations regarding clinical outcomes and treatment longevity.

**When did you purchase VOLNEWMER and what led you to choose it?**

We introduced VOLNEWMER in 2022, soon after it became available. Since our clinic was already offering Thermage, Shurink Universe, and Ultherapy, we wanted to expand and diversify our lifting device portfolio by adding another monopolar RF platform. We considered both Oligio and VOLNEWMER before ultimately deciding on VOLNEWMER.

Monopolar RF devices were rapidly entering the market at the time. Did that trend influence your decision?

Not particularly. We had already been using Thermage for many years, so monopolar RF technology itself was already well established in our practice. Oligio had also been launched earlier and was already gaining significant market traction. However, rather than relying solely on Thermage, we felt it was important to offer patients another monopolar RF option at a more accessible price point, given Thermage's premium positioning. While we were not looking for a budget device, we wanted an additional monopolar RF platform in the mid-priced segment. Expanding the range of treatment options across different price points was one of the key factors behind our decision to adopt VOLNEWMER.

VOLNEWMER features Hidden Edge technology and a continuous water-cooling system. What are your thoughts on these technologies?

I believe the continuous water-cooling system offers clear advantages. With gas-cooling systems, such as those used in Thermage, the strong epidermal cooling allows higher energy delivery. However, one limitation is that it can reduce thermal stimulation of the papillary dermis. From a regenerative perspective, fibroblasts in the papillary dermis generally exhibit greater biological responsiveness than those in the reticular dermis. Therefore, I have always believed that a device capable of delivering more effective thermal stimulation to the papillary dermis would be beneficial. VOLNEWMER's continuous water-cooling system protects the epidermis while allowing heat to be effectively delivered to the papillary dermis, which I believe provides a meaningful advantage in terms of tissue regeneration. The hidden edge design is another important strength. Because the treatment tip can tilt, moving techniques become possible during treatment. Thermage, by contrast, is essentially designed for stamping rather than continuous movement. In my experience, being able to move the handpiece noticeably reduces treatment-related pain. In fact, the two most common complaints patients express are pain and bruising. Particularly pain can negatively affect patients' willingness to return for repeat treatments and, in some cases, may even lead to refund requests. From this perspective, VOLNEWMER offers meaningful clinical value by maintaining treatment efficacy while reducing patient discomfort. In addition, the Hidden Edge design helps minimize edge-related heat concentration, potentially lowering the risk of adverse events such as burns.

Which patient groups do you most often recommend or perform VOLNEWMER treatments for?

The primary patient population consists of individuals who are relatively price-conscious. Many are in their mid-30s to early 40s and are interested in lifting treatments but are hesitant about the cost. We also see many patients in their 40s and 50s, including those who have previously undergone Thermage as well as those considering it for the first time, who choose VOLNEWMER because it offers a more accessible option for anti-aging treatment. Another group includes patients who experienced significant discomfort with Thermage and have developed concerns about treatment-related pain. In these cases, VOLNEWMER tends to be well accepted because patients generally perceive it as a more comfortable alternative. Among older patients, some consider whether to undergo one or two high-cost treatments per year or receive treatments two to three times a year as part of regular maintenance. In such cases, many patients also choose VOLNEWMER. Overall, the largest patient group is those in their 40s and 50s.

How do you typically set the treatment parameters and distribute the shots?

The most important thing is to first understand the patient's needs. Many patients are particularly concerned about nasolabial folds or the perioral area, so I first determine the treatment vectors accordingly. In simple terms, this is the design stage before the procedure. Once the treatment design is established, I usually start at an energy level of 2.5 and assess the patient's pain response while using a moving technique. Ultimately, I consider the patient's pain tolerance to be the main factor in adjusting the parameters. For patients who tolerate pain relatively well, I may increase the energy to 3.5–4.0, whereas for those who are more sensitive to pain, I generally finish at around 2.0–2.5. The settings are therefore individualized for each patient. Depending on the treatment area, I may first perform one pass of stacking according to the initial design, and then apply the vectors more actively during the moving phase. The vectors may be vertical or diagonal, although I personally tend to use diagonal vectors more frequently. I plan the overall treatment design in advance and then make fine adjustments during the procedure based on the patient's response.

Do you generally use around 600 shots?

Yes. In most cases, I use approximately 600 shots. When VOLNEWMER is combined with SHURINK, I may use around 500 shots, while for VOLNEWMER monotherapy, 600 shots is typically the standard. Depending on the patient's condition and treatment goals, I may use a higher number of shots. I have performed treatments with up to 800 or 900 shots, but overall, 600 shots is the most commonly used setting.

There are several different tips available. How do you use them, and which tip do you use most frequently?

The tip I use most frequently is the 4 cm tip. The 4.0 tip is my standard choice, while the I-tip and F-tip are used as supplementary options depending on the treatment area and clinical needs. I do not use the S-tip very often because I perform relatively few body treatments. In actual clinical practice, the V-tip is the one I use most frequently. I combine different tips depending on shot distribution and the treatment design for each area, but overall, the V-tip accounts for the largest proportion of my treatments.

From what you've described so far, VOLNEWMER seems to cause relatively little pain. How do you manage pain during treatment?

Speaking of the tips, I had an interesting experience myself. I once treated a patient who was allergic to topical anesthetic cream during VOLNEWMER and SHURINK procedures. Since we could not apply any numbing cream, the first treatment was performed without any anesthesia at all. The patient did experience some discomfort at that time.

For the second treatment, we performed a nerve block. In general, topical anesthetic cream is our standard first-line option, and a nerve block can be considered as the next step. However, I do not think nerve blocks are necessary in most cases. If a patient reports significant pain despite relatively low energy settings, then it can be considered additionally.

At our clinic, we offer a wide range of anesthesia options, including pain-relief injection, pain-relief infusion, sedation, sleep anesthesia, nerve block, and topical anesthetic cream. However, with VOLNEWMER, it is very rare to require sedation or sleep anesthesia. These are used more frequently for Ultherapy or Thermage. For VOLNEWMER, a nerve block is generally more than sufficient, and in fact, most treatments are performed without even a nerve block.

Overall, I find VOLNEWMER to be a treatment with a level of discomfort that most patients can tolerate well.

Are there any specific precautions or areas you pay particular attention to during treatment?

The first thing I pay attention to is preventing sudden patient movement during the procedure. Because of the nature of RF treatment, sudden movement of the face or body can increase the risk of burns. For this reason, I usually keep the patient's face stabilized with one hand while performing the treatment.

Another important consideration is adjusting the treatment according to skin thickness. Some patients have generally thin skin, and areas where the underlying bone is more prominent—such as the jawline, malar area, and forehead—also tend to have thinner soft tissue. In these areas, rather than using the same energy settings throughout, I may lower the energy or increase the moving speed.

Since burns are one of the main adverse events to be avoided with RF treatment, minimizing this risk is a key focus throughout the procedure. Hair management is also important. If hair becomes trapped between the tip and the skin, it may also increase the risk of burns, so I always make sure that no hair or other foreign material is caught in the treatment area.

I also consider the treatment fluid to be very important during RF procedures. If an insufficient amount of fluid is applied, energy delivery may become uneven, which can increase the risk of adverse events. I therefore make sure that enough fluid is applied, either by instructing the assistant to apply more or by reapplying it myself when necessary.

Overall, minimizing the risk of burns is the most important consideration during treatment.

Are there any aspects that you have found lacking or would like to see improved based on your experience using the device so far?

One advantage of CLASSYS devices, including VOLNEWMER, is that they are equipped with two handpieces. If one handpiece suddenly malfunctions, I can immediately switch to the other and continue the treatment. In practice, when a malfunction does occur, it often happens toward the end of a procedure, so having a second handpiece provides a good level of operational stability.

Another advantage is the availability of multiple tip types. Since different tips can be used without having to repeatedly replace a single tip, this also improves convenience during treatment.

One area I would personally like to see improved is the contact-sensing function. For example, having a feedback mechanism that allows the operator to confirm proper contact with the skin—similar to the visualization feedback available with Ultherapy—would provide greater confidence during treatment. VOLNEWMER already has a rounded, curved tip design that helps maintain contact to some extent, but I feel that the ability to immediately detect partial loss of contact and automatically control energy delivery could be further enhanced.

If this function were improved and made more responsive, I think it would further increase the overall completeness and usability of the device.

You have been using VOLNEWMER for about four to five years, since its early days. Compared with when you first started using it, have you noticed any changes in patient awareness or from a marketing perspective?

Compared with the early days, awareness has definitely increased gradually. However, there is still a noticeable gap compared with SHURINK. When I mention devices such as SHURINK, Thermage, or Ultherapy, patients often immediately say that they have heard of them, whereas quite a few patients still say that VOLNEWMER is new to them.

Many patients are familiar with Oligio, and personally, if VOLNEWMER is considered to be in a similar category, I would like to see its level of awareness rise to a comparable level. In addition, with so many monopolar RF devices entering the market recently, VOLNEWMER may appear relatively less well known compared with some of the latest devices.

One interesting point, however, is that there are studies suggesting that VOLNEWMER may provide advantages over Thermage. I have heard of publications demonstrating superior outcomes with VOLNEWMER compared with Thermage, and I personally think that VOLNEWMER's relatively flexible energy delivery may have contributed to those findings.

Structurally, the skin consists of the epidermis and dermis, with the dermis further divided into the papillary and reticular dermis, followed by the subcutaneous fat layer. Monopolar RF primarily acts on the dermis rather than directly targeting fat. Because the reticular dermis is relatively thick, targeting this layer can produce stable treatment effects. However, when the papillary dermis is improved, visible changes in overall skin condition may appear more rapidly and intuitively.

Ultimately, the key is how precisely the more superficial layers can be stimulated, which is technically more challenging. Nevertheless, when the papillary dermis is effectively stimulated, the skin can show a more immediate visible improvement. I consider this type of superficial and precise tissue response to be one of VOLNEWMER's clinical strengths.

Could the relatively lower degree of cooling actually allow the energy to reach the more superficial layers more effectively?

I think that is certainly one possible interpretation. The epidermis must be adequately cooled, because insufficient cooling can increase the risk of burns, so a certain level of epidermal protection is essential. However, if the cooling is too strong, the cooling effect may extend into deeper tissue and potentially limit energy delivery. Conversely, with relatively less intense cooling, it may be possible to protect the epidermis while allowing heat to be delivered more effectively to the papillary dermis.

From that perspective, I think VOLNEWMER may have certain characteristics that are favorable for stimulating the papillary dermis. For this reason, I would not consider it a completely different type of device from Thermage; rather, I think it can be positioned at a comparable level in some respects.

That said, in my experience, the duration of effect can sometimes feel somewhat shorter than with Thermage. Structurally, if the treatment targets relatively more superficial layers, the visible effects may appear earlier, whereas the gradual response arising from deeper tissue may be less pronounced, which could contribute to a difference in perceived durability.

With Thermage, for example, there can be an immediate change after treatment, while additional effects gradually develop over time. As a result, even during the period when the full effect has not yet developed, patients may perceive the treatment effect as being maintained. In a sense, this can create a kind of “masking effect” that contributes to the perception of a longer-lasting result. In contrast, VOLNEWMER tends to produce a relatively rapid response in the more superficial layers, so the changes perceived in the early post-treatment period may actually be more noticeable. Ultimately, visible improvement is very important from the patient’s perspective, and I think this relatively immediate improvement in skin appearance is a clear advantage. Understanding these differences and selecting appropriate patients accordingly is therefore important.