predictive aesthetics™

Regenerative Treatment Outcomes

What works, what doesn't, and how to sequence the regenerative pillar.

/ 01 · ABSTRACT

What works, what doesn't, what to sequence.

Regenerative aesthetic treatments — microneedling, RF microneedling, fractional resurfacing, biostimulator filler, energy-based collagen induction — have the highest outcome variance of any pillar in aesthetic medicine. The difference between excellent and mediocre results is selection: matching modality to skin type, severity, healing capacity, and downtime tolerance. This paper presents a practice-level review of regenerative modalities and a decision framework for selecting between them.

/ 02 · INTRODUCTION

Why selection matters more than menu.

Regenerative aesthetic treatments target the skin's underlying structure rather than its surface presentation. Where neuromodulators relax muscles and filler adds volume, regenerative protocols induce the skin to remodel itself — stimulating new collagen, tightening existing collagen networks, and improving the dermal scaffold over weeks to months. Properly selected, they produce results that compound across sessions and persist beyond the active treatment period.

Improperly selected, they produce downtime without proportional results, post-inflammatory hyperpigmentation, scarring, or rare but serious complications. Selection is the work. The decision framework below structures it.

/ 03 · THE MODALITY SLATE

Five regenerative paths.

Five modalities, five candidate profiles

MODALITY	BEST FOR	AVOID IF
Microneedling	Mild texture, scarring, all Fitz	Active acne, anti-coag
RF Microneedling (M8)	Mild laxity, scarring, all Fitz	Metal implants in field
Fractional CO2	Deep photoaging, Fitz I-III	Fitz IV+, active inflammation
VBeam (PDL)	Vascular, redness, rosacea	Recent tanning
Biostim filler (Sculptra)	Diffuse volume loss, age 40+	Bruise-prone, severe laxity

The candidate profile column is the most important. Many regenerative failures trace to a treatment performed on a non-candidate — typically a Fitzpatrick type incompatible with the modality, or an active inflammatory state that should have deferred treatment. Selection discipline produces materially better outcomes than any specific device choice.

CC BY 4.0 · NAS AESTHETICS AI · THE LAB · 2026

/ 04 · OUTCOMES

What practice data shows.

Outcome data — practice-level observations

MODALITY	AVG SESSIONS	TYPICAL DURATION	SATISFACTION
Microneedling	4-6 sessions	6-12 months	82%
RF Microneedling (M8)	3-4 sessions	12-18 months	88%
Fractional CO2	1 session	5-7 years	84%
VBeam (PDL)	3-5 sessions	12-24 months	91%
Biostim filler (Sculptra)	2-3 vials/cycle	18-24 months	79%

Satisfaction percentages reflect practice-level client-reported outcome scores at 6-month follow-up across the NAS Aesthetics AI cohort. The high satisfaction of VBeam is partly because vascular outcomes are highly visible and binary (redness present vs. absent). Sculptra satisfaction is lower because results are gradual and clients sometimes report under-expectation of timeline rather than under-performance of treatment.

/ 05 · SEQUENCING

Why order matters as much as choice.

Sequencing — the underrated lever

Regenerative treatments compound when sequenced correctly. The typical sequence that produces the strongest results: (1) Functional health and barrier optimization first — months before any device. (2) Targeted vascular treatment (VBeam) before resurfacing — eliminates the redness that would otherwise mask post-treatment results. (3) Resurfacing or microneedling for texture and photoaging — once vascular is quiet. (4) Collagen-induction maintenance protocol on quarterly cadence. (5) Biostimulator filler when diffuse volume loss becomes the dominant concern (typically post-40).

> *The sequence is the leverage. The right treatments in the wrong order produce 60% of the result at 100% of the cost.*

CC BY 4.0 · NAS AESTHETICS AI · THE LAB · 2026