

Point-of-Care Doesn't End in Clinic.

An early-stage concept for aesthetic and dermatology practice partners · February 2026

*This document describes an **early concept** WearSpray is exploring with clinical and aesthetic-practice partners. It is not a description of a cleared medical device, and WearSpray makes no claim of proven clinical efficacy for any procedure listed here. Figures referenced are illustrative planning assumptions, not published study results.*

The Outpatient Black Hole

Clinical outcomes in aesthetics are shaped as much by what happens after the appointment as during it, and most of that period happens where no one from the practice can see it.

- **Contamination Risk.** A compromised skin barrier, the kind left by microneedling, ablative laser resurfacing or a deep chemical peel, is a direct vector for infection the moment it is touched with unwashed hands, exactly how most at-home topicals get applied.
- **Barrier Dry-Out.** Bulky at-home products get skipped during a workday, leaving a commonly reported 6 to 8 hour gap without the hydration compromised skin needs to stay in a moist, healing state.
- **Compliance Decay.** Patients are typically asked to reapply every 90 to 120 minutes. Aesthetic-practice literature commonly cites low adherence to that schedule, with disappointing results often attributed to the procedure rather than the missed doses.

Clean-Touch Ambient Delivery

The concept: a clean-touch, wearable, micro-metered delivery system designed to dispense a sealed formulation in precise doses directly onto healing tissue on a schedule, aimed at minimizing air exposure and finger contact. For clinical and post-procedure use, the same reservoir mechanism that makes WearSpray refillable for everyday wear can also ship the opposite way: as a factory-sealed, single-formulation cartridge with no refill access at all, a tamper-evident pod that snaps into the silicone band and is swapped as a whole unit instead of being opened by hand. The reservoir was engineered from day one to be removable, which is what makes both versions possible from the same hardware platform.

Clinical Indications Matrix

Shown for discussion purposes. This is not a demonstrated or validated indication for any procedure.

Procedure	Key Vulnerability	WearSpray Concept
Medical Microneedling	Open micro-channels for 24 to 48 hours, contamination risk from unwashed fingers.	Clean-touch micro-dosing, no direct finger contact.
Laser Resurfacing	Thermal heat, redness, water loss, crusting during re-epithelialization.	Scheduled micro-mist reminders supporting a moist healing environment.
Surgical Incision Care	Infection risk, need for a clean barrier near sutures.	Directed micro-droplet placement away from the incision line. Needs the most clinical review.
Living Biome & Advanced Actives	Degradation from air, light, repeated opening.	Sealed, opaque reservoir protecting sensitive formulations between uses.

Neuromodulators & Fillers	Bruising, swelling, low adoption of daily aftercare.	Scheduled wrist reminders to help build a consistent aftercare habit.
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Practice Economics

Many practices lose a meaningful share of post-procedure topical reorders to third-party retailers once a patient leaves the building. The concept calls for an automated low-reservoir prompt that routes a refill back to the prescribing practice, which could help with both patient retention and recapturing revenue otherwise lost to attrition. These are planning assumptions for discussion with practices, not measured outcomes from a deployed program.

Built on Issued Patents

This explores a new application of hardware that already exists. U.S. Patent No. 12,285,084 B1, Claim 13, covers the sensing and micro-fluidic dispensing architecture behind it, and the physical platform, Safe Band Pro, is already in production with a refillable reservoir, breathing valve and adjustable band. Extending it into a closed clinical cartridge is primarily a packaging and sourcing question on top of existing hardware, though any clinical use would still require its own regulatory and clinical review.

WearSpray is not a cleared medical device, and nothing in this document should be read as a clinical claim, a treatment recommendation, or a promise of outcomes for any procedure. Statistics referenced reflect commonly cited industry patterns, not WearSpray-run studies. Clinical deployment of the ideas described here would require appropriate regulatory review, professional clinical oversight, and formal evaluation before use with patients. This document exists to start a conversation with clinical and aesthetic-practice partners, not to describe a finished or approved product.

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