WEARSPRAY · CLINICAL RECOVERY & AESTHETICS

The Missing Link Between Personalized Skincare and Patient Adherence.

A partnership brief for dermatology, medical aesthetics and skincare manufacturing partners · October 2026

*This document describes an **early concept** WearSpray is exploring with dermatology, medical aesthetics and skincare manufacturing partners. It is not a description of a cleared medical device, and WearSpray makes no claim that any adherence or clinical outcome improvement has been demonstrated. Figures and statistics referenced throughout come from cited published research or are illustrative planning assumptions where noted; none reflect a WearSpray-run clinical study.*

Recommended Isn't the Same as Applied

Dermatology and medical aesthetics are investing heavily in personalized formulations, treatment programs and physician relationships. The piece still missing: making sure patients keep using what's recommended once they leave the office. A prescribed cream is easy to leave in a bathroom cabinet or a gym bag, and most regimens ask for a specific cadence that competes with work, travel and everything else in a patient's day.

One Ecosystem, Built in Stages

AVAILABLE TODAY	**Safe Band Pro wrist dispenser.** A patented, refillable wrist-worn dispenser that puts a chosen formulation one press away. In production today, not a rendering or a future promise.
IN DEVELOPMENT	**Factory-sealed clinical cartridge, WearSpray IQ, phone-mounted reservoir, attachable wearable pod.** A proposed sealed single-formulation packaging variant for clinical hygiene use, an intelligence layer pairing personalized guidance with contextual reminders, and proposed hardware formats. These are concepts and development directions, not shipping products or tooled hardware.

Why It Matters

Patients: a practical path from knowing what to apply to being able to apply it. **Physicians & clinical programs:** a way to test whether easier access changes how consistently patients follow a recommended regimen. **Skincare manufacturers:** insight into how a formulation is actually used once it leaves the office.

Supporting Aftercare Beyond the Clinic

After some dermatologic and aesthetic procedures, patients are asked to follow a specific at-home application schedule using a formulation their clinician recommends. That schedule has to compete with the rest of a patient's day, work, travel, childcare, once they leave the office. WearSpray's proposed role is narrow: pair the clinician's reminder with immediate access to that same recommended formulation, and test whether the combination helps more applications happen on time. We have not yet measured whether it does.

Why Study Access and Adherence?

Three published studies, each in a different patient population, informed the design of the pilot below. None of them tested WearSpray or a wearable dispenser.

Newman JP, Koch RJ, Goode RL (1998). Effects of closed dressings after full-face laser resurfacing. Arch Otolaryngol Head Neck Surg, 124(7), 751–757. doi.org/10.1001/archotol.124.7.751	Post-laser-resurfacing patients wore closed wound dressings for a mean of only 2.2 days; most were unwilling to continue past 48 hours. Population: facial CO2 laser resurfacing (N=40); not a wearable dispenser or topical schedule.

So K, Umraw N, Scott J, Campbell K, Musgrave MA, Cartotto RC (2003). Effects of enhanced patient education on compliance with silicone gel sheeting and burn scar outcome. J Burn Care Rehabil, 24(6), 411–417. doi.org/10.1097/01.bcr.0000095516.98523.04	Better-educated outpatients wore prescribed silicone gel sheeting 21.8 hrs/day versus 10.1 hrs/day with routine instructions, and showed measurably better scar outcomes at six months. Population: burn-scar outpatients; tested education, not a dispensing device.
Park C, Kim G, Patel I, Chang J, Tan X (2014). Improving adherence to acne treatment: the emerging role of application software. Clin Cosmet Investig Dermatol, 7, 275–284. doi.org/10.2147/CCID.S46051	Simple daily text-message reminders alone did not significantly improve topical acne adherence (33.9% vs. 36.5%); weekly engagement did. Population: topical acne; reminder software only, no access component tested.

These studies do not establish that WearSpray improves adherence, healing, infection risk or cosmetic outcome for any procedure. Together they establish that patients commonly stop following prescribed at-home routines early, that better-supported education measurably changed adherence and outcome in one population, and that reminders alone have not reliably improved adherence in at least one dermatology population, part of why the pilot below tests reminders paired with access, not reminders alone.

Potential Research Applications

Shown for discussion purposes. Any regimen would remain under clinician direction, reminders are a prompt, not a replacement for prescribed instructions, and 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.	On-wrist access to a clinician-recommended soothing formulation, dispensed into the palm for the patient to apply by hand.
Laser Resurfacing	Thermal heat, redness, water loss, crusting during re-epithelialization.	Scheduled reminders paired with on-wrist access to a clinician-specified formulation, dispensed into the palm for manual application.
Surgical Incision Care	Infection risk, need for a clean barrier near sutures.	On-wrist access to a clinician-specified formulation, dispensed into the palm for the patient to apply by hand 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.

A Pilot Designed to Test One Variable

Proposed evaluation: does immediate, wearable access change how consistently someone follows a personalized reminder, compared with the same reminder paired with a product carried the conventional way? **Group A (control):** personalized reminders plus conventional access, the same clinician-specified regimen and compatible formulation carried in a normal bottle or tube. **Group B (experimental):** the identical reminders and regimen, plus the same compatible formulation available instantly from the wrist. Proposed measures: timely completion of scheduled applications, missed or delayed applications, convenience and usability, product consumption, patient

experience, and tolerability. Dispensing events and reported application are not the same as independently confirmed application, the pilot design would need to measure and report that distinction. This pilot has not been run; partner outcomes described here are proposed, not established, and no clinical claim is implied by describing it.

Practice Economics

Many practices lose a meaningful share of post-procedure topical reorders to third-party retailers. 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, not measured outcomes.

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.

Four Ways to Collaborate

Clinical Validation: run a structured pilot to help build real evidence. **Licensing:** license the platform or specific patented mechanisms for your own branded formulations. **Product Development:** co-develop a branded dispensing format built around your formulation. **Technology Integration:** integrate WearSpray IQ's reminder logic with your own app or patient portal.

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 or regimen. Research referenced above comes from published, independently cited studies in different patient populations, not a WearSpray-run study, and does not establish that WearSpray improves adherence, healing, infection risk or cosmetic outcome for any procedure. 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 dermatology, medical aesthetics, skincare manufacturing and clinical research partners, not to describe a finished or approved product.

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