
Adapting Dermal Fillers in Clinical Practice

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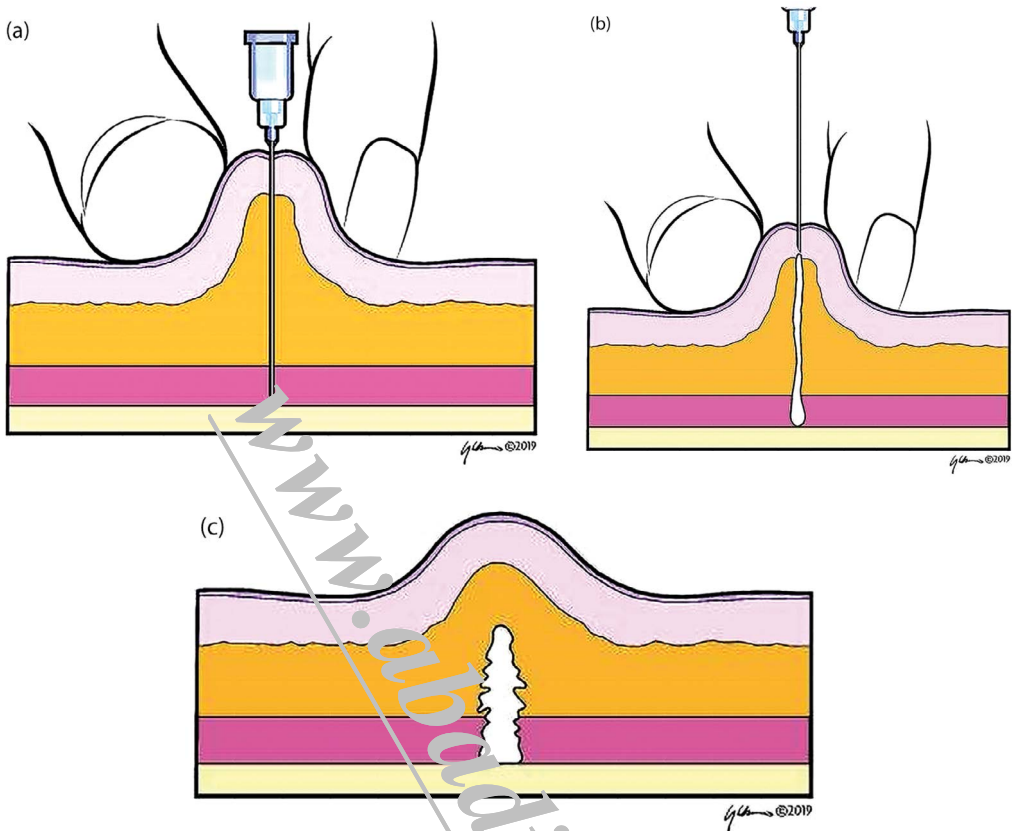


FIGURE 3.4 (a) The tower technique needs the guiding hand to pinch the skin and prolong the traveling pass of the needle. (b) The needle is usually inserted perpendicularly touching the bone. (c) Steady extrusion of fillers is performed during the process of needle withdrawal; the filler is then limited in distribution along the original tract and gives more projection than bone depot would only when the pinch is released.

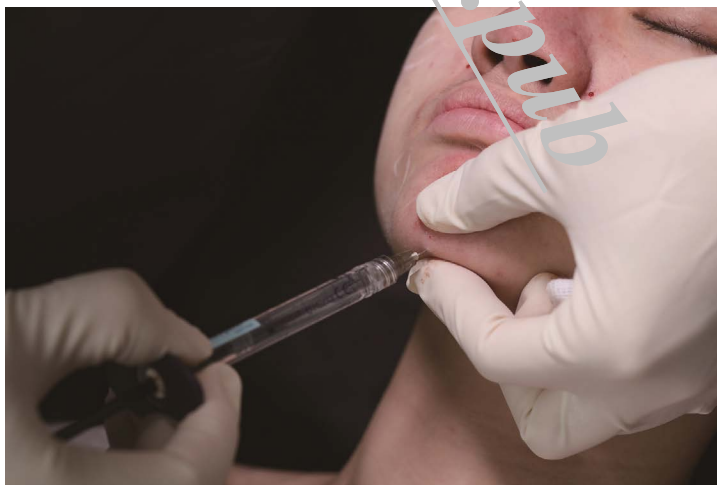


FIGURE 3.5 The tower technique is often indicated in structures that need more projection. Restylane Defyne is used in this young female patient for chin augmentation by the tower technique.

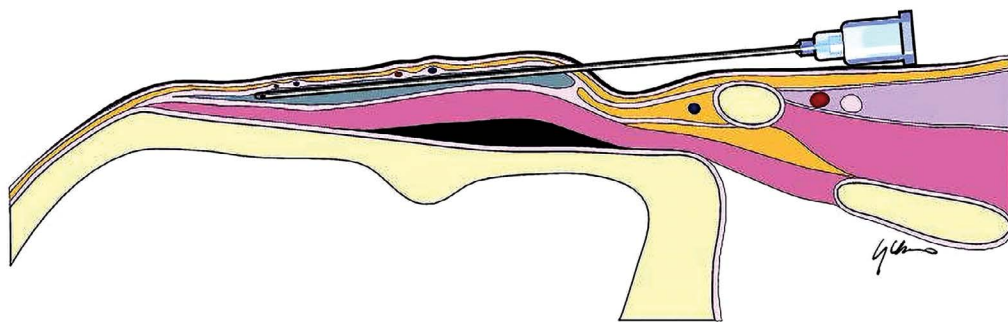


FIGURE 3.14 Interfascial injection is usually undertaken with a cannula, with the entry created above the zygomatic arch and the route between the superficial and the deep temporal fascia.

From an anatomical perspective, the interfascial technique applies soft tissue filler between the superficial and deep temporal fascia in the loose areolar tissue in layer 4. Care must be taken not to place product directly beneath the deep temporal fascia within the deep temporal fat pad, as it is the temporal extension of the buccal fat pad of Bicnat located within the midface, which would allow product migration into this region, causing masticatory pain. In addition, a change of plane may puncture the superficial temporal artery located within the superficial temporal fascia. Hence, precise movement and application are required when injecting in this technique.

3.7.2 Instrument

The instrument of choice should be a blunt-tip cannula large enough not to pierce any of the overlying or underlying fascia during advancement. The use of a needle is not recommended due to the presence of the temporal vasculature and especially the change of plane of the middle temporal vein (**Figures 3.15** and **3.16a–c**).

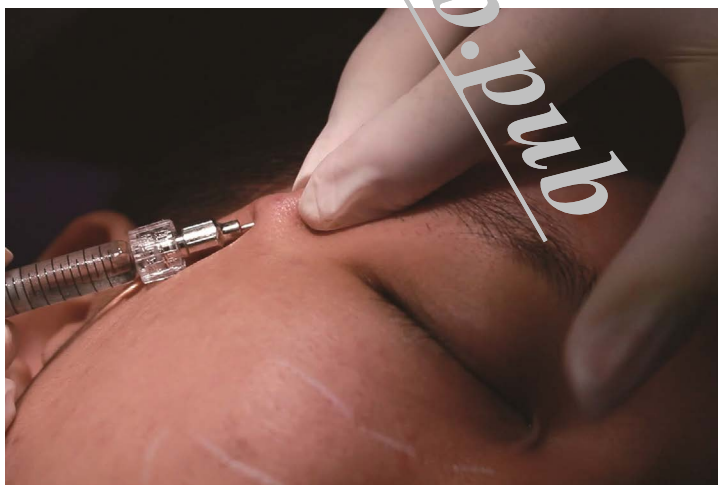


FIGURE 3.15 Belotero Intense is used in this case to fill the temporal hollowness via the interfascial route with a surgical cannula. The guiding fingers help ensure the cannula is in the correct tissue plane.



FIGURE 6.30 The deficient area should be clearly marked out before the procedure. The cannula is inserted by the lateral approach and kept adherent to the bone.

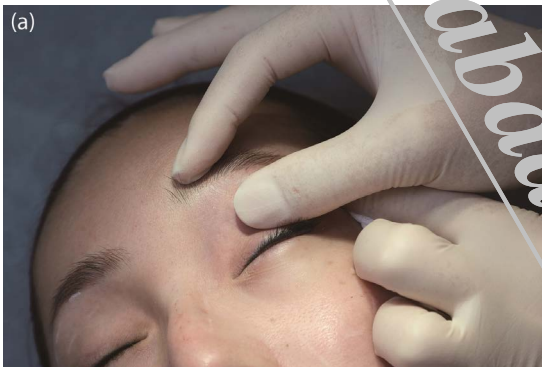


FIGURE 6.31 (a and b) Molding of the inserted HA gel can be applied against the bony rim to make sure all the thickness, distribution, and feathering is as desired.

6.6 LATERAL CANTHAL TRIANGLE

The lateral canthal area is an over-neglected area in esthetic injection. As aging proceeds, with tissue laxity and soft tissue volume changes, this area usually appears empty, along with other aging-related scenarios.

6.6.1 Frequently Encountered Problems

Underlying the lateral canthal skin is the lateral canthal ligament, which is the attaching point where the orbicularis oculi muscle connects with the orbital rim, functioning as a fixation sling. The soft tissue laxity rests upon the relatively fixed point, while the lower soft tissue descends. A gap then appears.

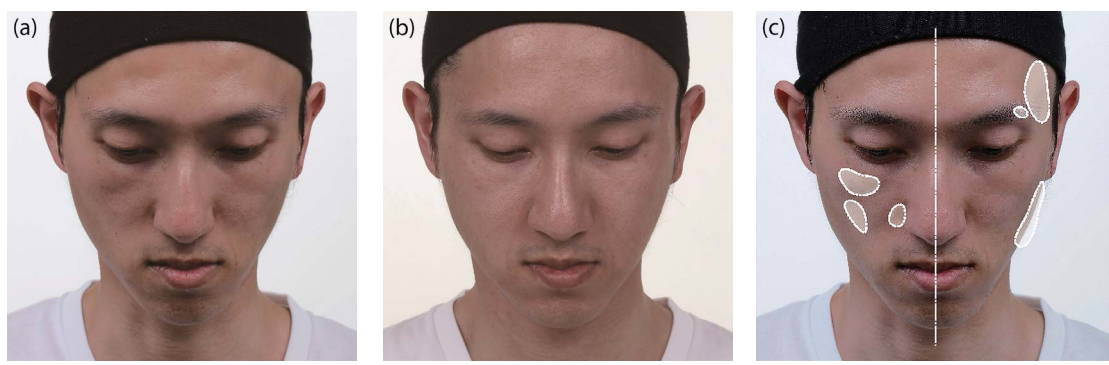


FIGURE 7.4 (a) Before treatment, (b) one year after treatments of only Sculptra injection, and (c) the treatment strategy.

and zygomatic arch all at a higher position. The shadow of glabella and the shine of the forehead showed clearly deviated curves. The nose was the only structure with a correct axis. The patient's lower face showed a right deviation. The right mandible is bigger and more angular; right cheek fullness is more and set lower; the lower lip and chin are deviated to the right, too, with the chin wider to the right and parachin soft tissue more deficient in the left side.

The correction was conducted with an HA filler gel (Restylane Defyne) on the forehead with the aim of respecting the deviated conformation of the forehead but making any deficiency or deviation less visible in the key areas. Cheek curve and volume are adjusted using Restylane Volyme to compensate for the larger space on the left side. Toxin is applied for the adjustment of mandibular angle. Restylane Lyft was used for creating projection with an adjusted direction. The whitish zone in **Figure 7.5c** indicates the major corrections.

Two months after treatment, the forehead appeared full with a less prominent axis and the cheek curves are more equal at both sides. The chin showed protruding roundness approximately on the right axis.

7.3.3 Selection of Fillers

Almost every kind of filler can be considered for asymmetry correction as asymmetry involves more than one layer of tissue. The choice of filler should match the deficient tissue type. A rigid substance can be chosen for creating rigid shapes and softer fillers for compensating soft tissue deficiency. PLLA is a

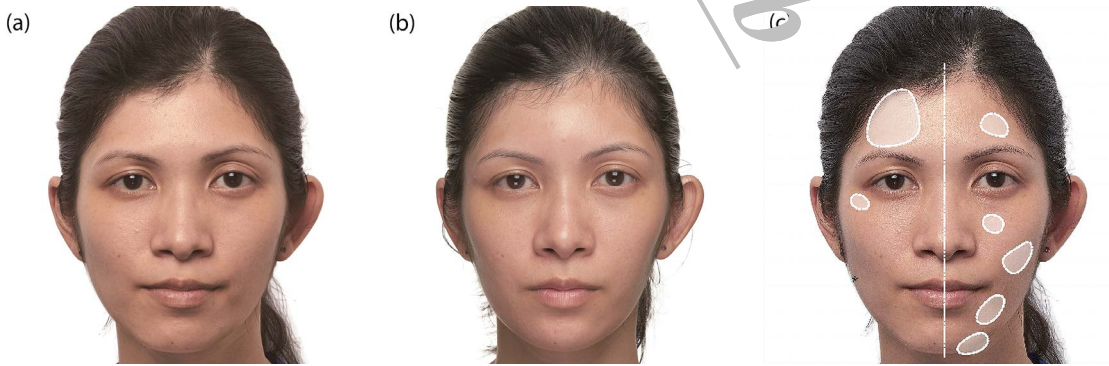


FIGURE 7.5 (a) Before treatment, (b) 2 months after treatment with HA fillers and toxin, and (c) the strategy behind treatment.



FIGURE 10.4 (a) This middle-aged male has an old-appearing forehead, tired orbits, wide cheeks, and mismatched lower cheek volume deficiency. The nasolabial fold is not deep but has a senile pattern. The sudden narrowing of the lower face is not compatible with his physics and body weight. Radiesse is used in this case to create a full and square forehead by the saline dissection technique. The chin shape is also modified with Radiesse. Belotero Intense is used to soften the transition of bony prominences. Belotero Balance is used for correction of the lines and unevenness. (b) Two weeks after treatment, the patient looks more refreshed and better proportioned. (c) The areas of treatment are indicated by the white zones.



FIGURE 10.5 (a) This middle-aged woman has initial signs of aging around the eyes and less feminine bony framework that needs filler adjustment. Wide and high cheekbones can be camouflaged with volume put above, medially, and below. The nose and medial cheek need to be augmented to have more projection. The forehead needs to be addressed to be compatible with the treatment for the cheeks. (b) Restylane Defyne is used for creating cheek, forehead, and nasal projection; Restylane Volyme is used for temples to reverse the ratio. Wrinkles are touched with toxin. The dynamic curves did not look artificial. The cheek format is corrected well. (c) The areas for treatment are indicated by the white zones.