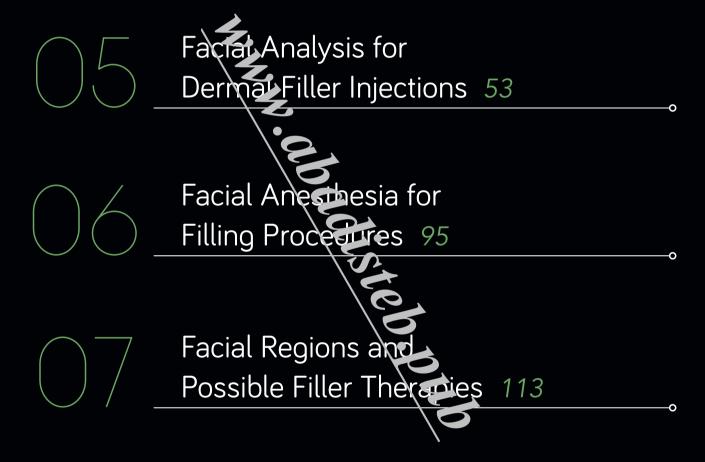
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Extra content

Extra content is available online. QR codes throughout the book link to files and videos that can be used by the professional to facilitate better treatment planning and delivery of care. Scan the QR code here to access this supplementary information. The full list of links may also be found at www.quintpub. com/fillers.

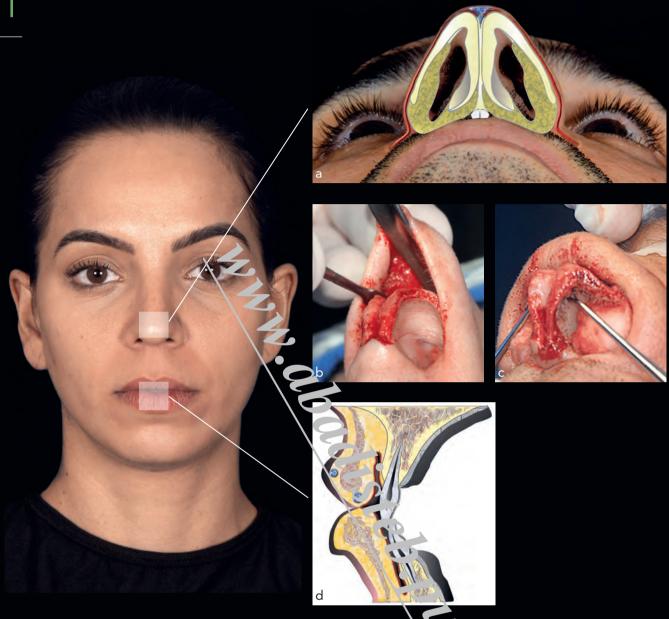


Fig 1-4 (a to c) The supratip is an area with a low capacity for volumization. There is little space between the deep dermis and the cartilage. Therefore, this region only supports a very small amount of fillers. (d) The lip vermilion is a region that shows elasticity and malleability, allowing it a good capacity for volumization. It can accommodate various volumes of fillers.

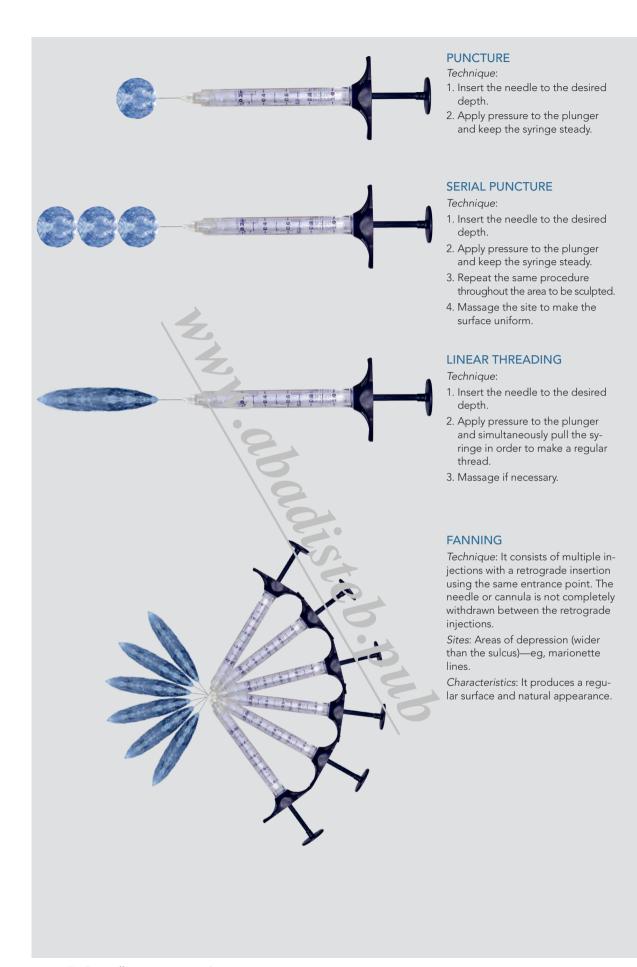


Fig 3-4 Different injection techniques.







Fig 4-3 (cont) (c) Allergy test showing the inside of the patient's forearm immediately after the injection of hyaluronidase (0.01 mL). (d) Result 20 minutes later, showing the absence of an allergic reaction (petechiae, papules, erythema, and itching). (e) Example of the hyaluronidase and diluent. (f) The hyaluronidase should be injected exactly at the same sites and depths as the HA. (g) A 100U syringe was used to inject the hyaluronidase at the same places as the filler but using half the amount of the filler previously injected. (h) Right after the procedure. Note that the amount injected did not create a volume in the skin, which would have resulted in a vascular compression.



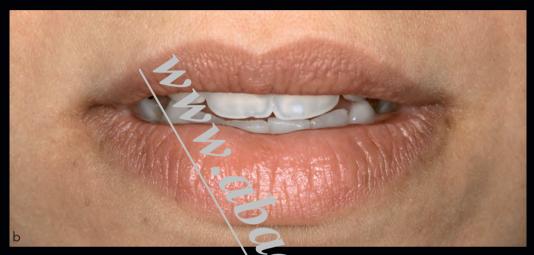


Fig 5-18 (a) Detail of the proportion of volumes bet rne ve milion of the lips. (b) Detail of the ideal amount of tooth display for young women.

How to measure

- Upper lip: From the subnasale point to the stomion.
- Lower lip and chin: From the upper border of the lower lip to the base of the chin at the facial midline.

Rules

- The sum of the vertical length of the upper lip, skin, and vermilion should be approximately 50% of the length of the lower lip, according to Arnett and Bergman.^{8,9}
- The vertical length of the upper lip vermilion should be 50% of the vertical length of the lower lip vermilion. This difference between the lips should be at least 25%, according to Epker et al²⁰ (Fig 5-18a).

Acceptains to Vig and Bruno,²¹ the amount of maxillary central incisor display with the lips at rest \$3.4 mm in young women (Fig 5-18b) and 1. nm young men.

Use of fillers are lips
In a frontal view, the pe of fillers will increase the volume of the vermilion, which can increase the lip width if the filler is also injected in the commissures.

Fig 7-2 Injection location for eversion of the lip vermilion.

- Use a needle to make short filaments and a 25G cannula for long filaments.
- The filaments should be more superficial so they will become evident.
- Always inject at the vermilion.
- For better definition, do not massage the area.
- This therapy rejuvenates the mouth.

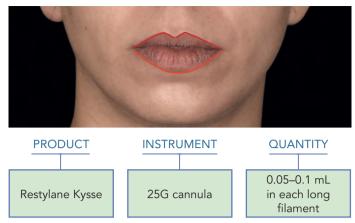


Fig 7-3 Injection location for the lip tubercle.

- The needle should stop at 3 mm¹
- The injection should follow the midline.

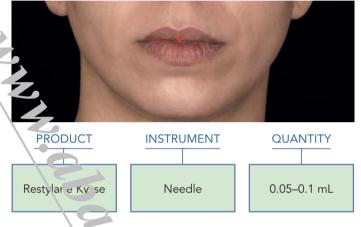


Fig 7-4 Injection location for volumization of the lip vermilion.

- If you notice that the lips are flat, evaluate a possible decrease of the occlusal vertical dimension as a possible cause.
- For better definition, do not massage the area and make a deeper injection (3 mm).
- The lower filaments can be interrupted in the width of the philtrum sulcus in order to cause a depression at the midline to fit the upper lip tubercle.

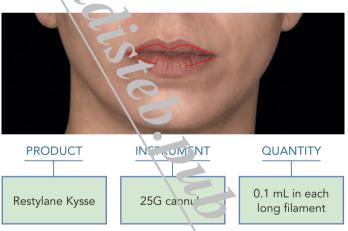


Fig 7-5 Injection location for philtrum columns.

- The injection should be performed close to the dermis (never in the dermis but more superficial).
- The bevel should be turned downward.
- Inject the filler in the philtrum before the eversion filament in the Cupid's bow, because the philtrum already contributes to that.
 Only then analyze if there is still a need to create the Cupid's bow near the midline.

