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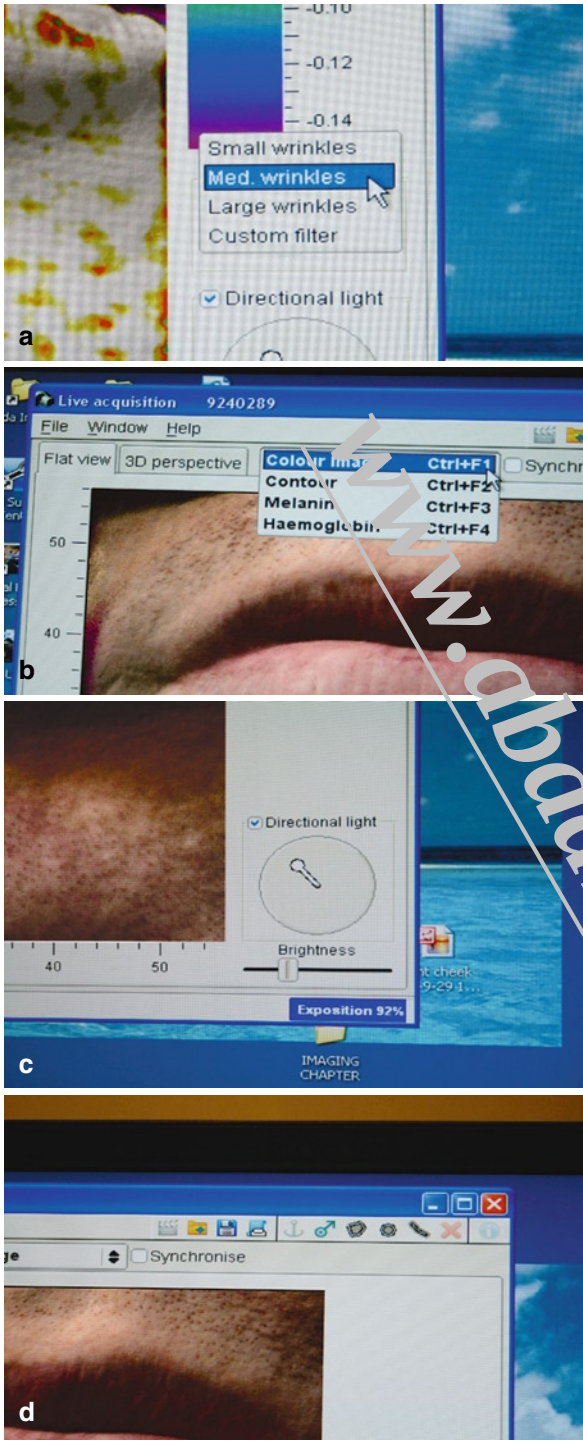

Fig. 7.4 The user-friendly Antera 3D interface. (**a**) Filters for small, medium, and large wrinkles. (**b**) Main selection panel for normal color image, contour (topography), melanin, and hemoglobin. (**c**) Directional light tool. (**d**) Main controls for selecting an area for quantitative evaluation, matching before-and-after images, creating a report, and saving an image

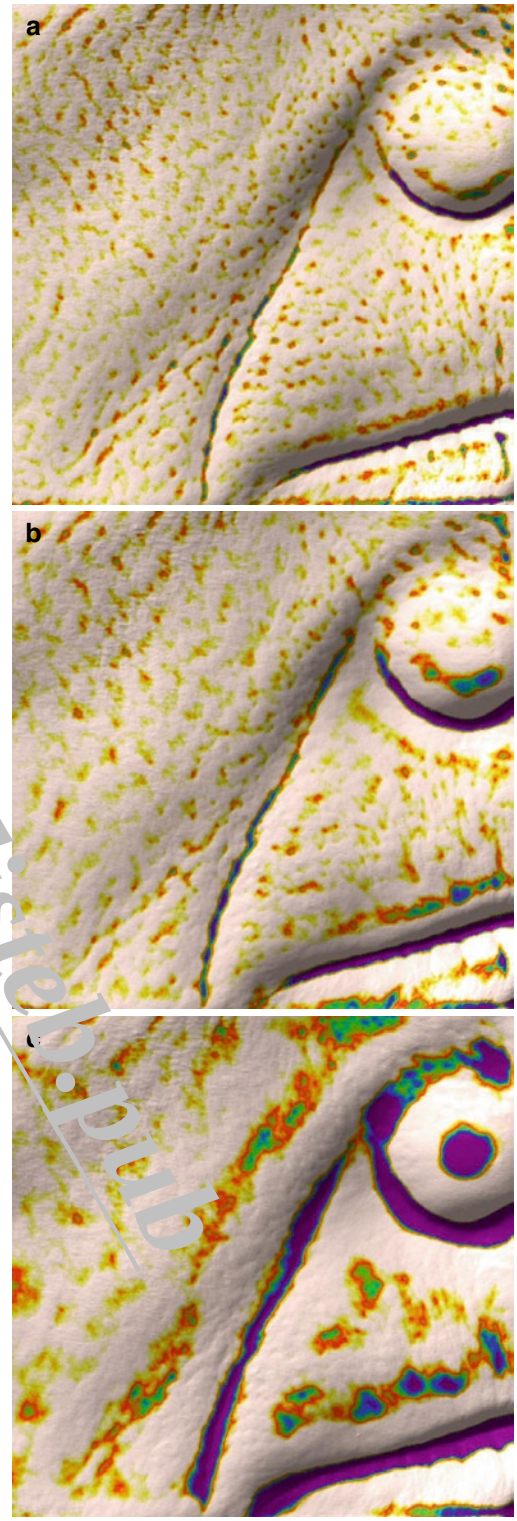

Fig. 7.5 Filters for contour analysis. (**a**) Small wrinkles. This highlights superficial rhytids and skin texture as well as pores and acne scarring. (**b**) Medium wrinkles. This filter is useful to show deeper lines such as nasolabial folds. (**c**) The large wrinkle filter is more appropriate to visualize facial contours and volume loss

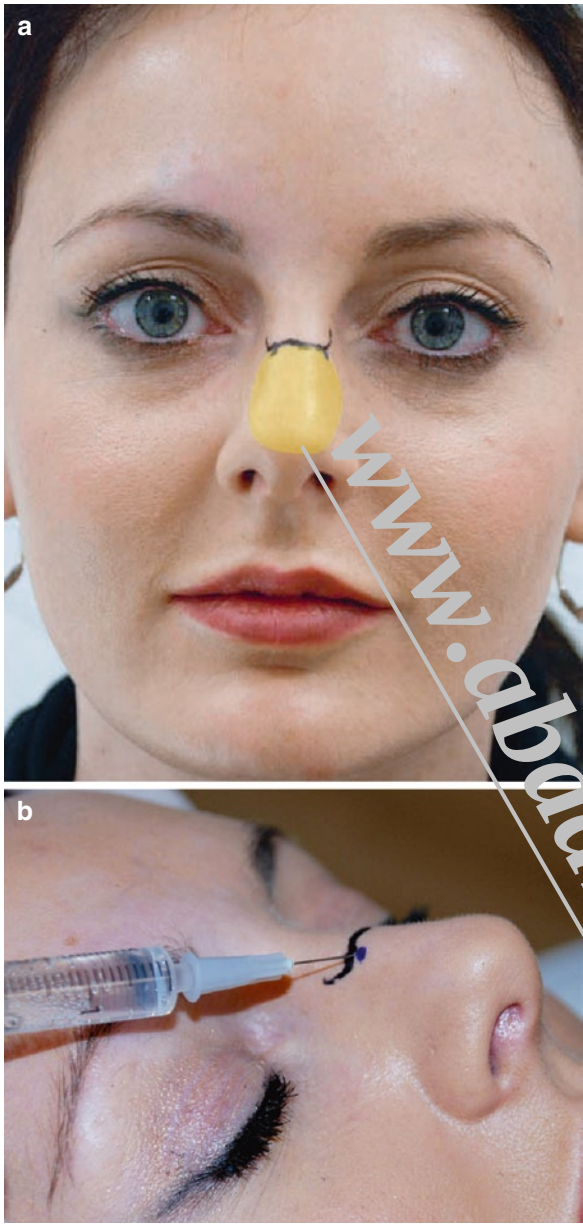

Fig. 9.5 Dorsal nasal nerve block. (**a**) Location of nerve (*dot*) on either side of the midline as it emerges from underneath the nasalis muscle and supplies the tip of the nose (*shaded*). (**b**) The nerve block is performed by injecting at the junction of the nasal bone and cartilage on either side of the midline

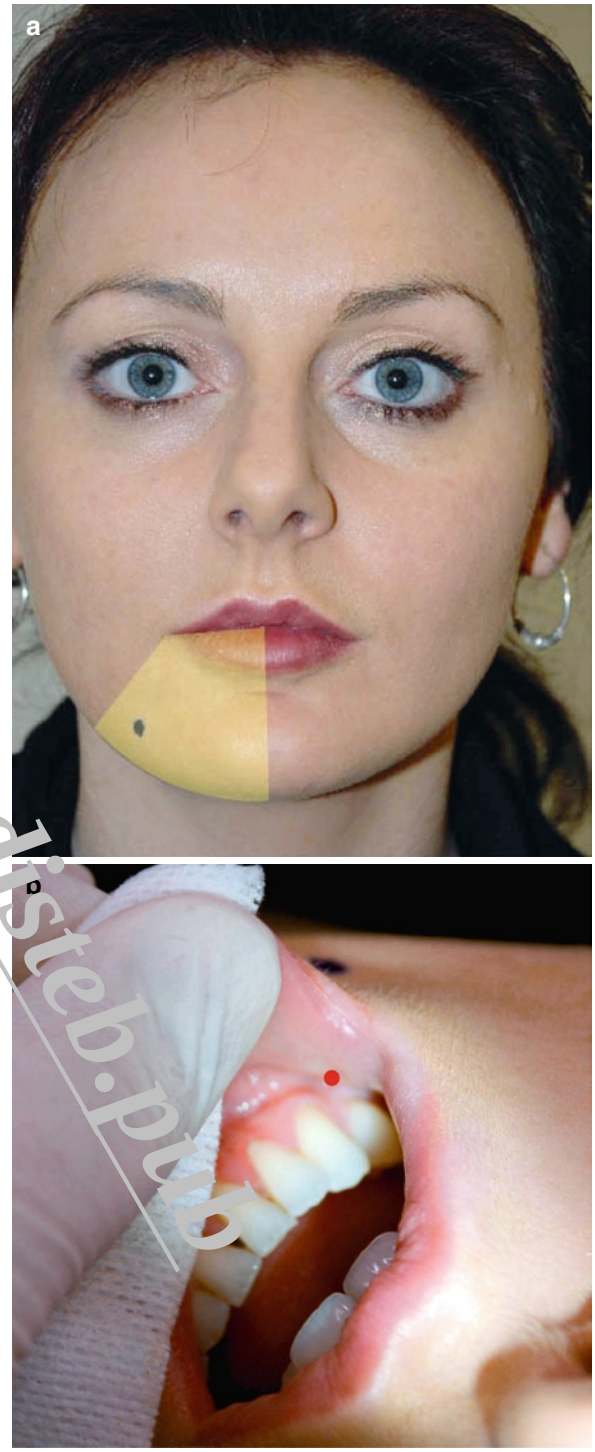

Fig. 9.6 Mental nerve block. (**a**) Nerve location (*dot*) as it emerges from its foramen on the mandible and area of the chin and lower lip it innervates (*shaded*). (**b**) The nerve is approached intraorally by injecting under the mucosa at the root of the second premolar tooth

chin. Occasionally, a branch of the mylohyoid nerve innervates the central chin pad. To block the mental nerve, 1 ml of anesthetic is injected just under the mucosa between the premolars or around the nerve fibers if they are visible. Reaching the nerve percutaneously is also

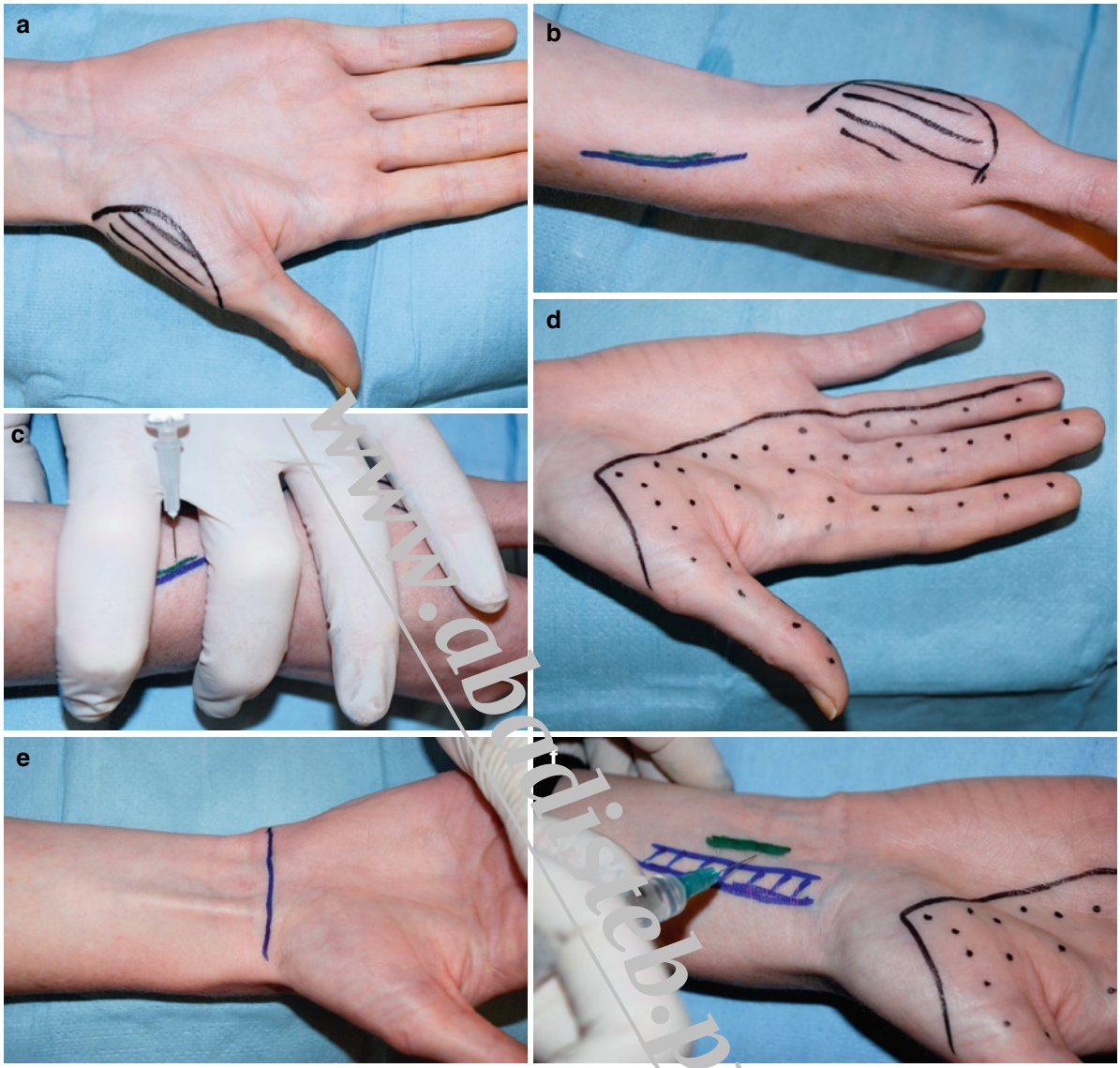

Fig. 9.12 Wrist block. This requires blocks of the radial, median, and ulnar nerves. (**a**) Area on the palm innervated by the radial nerve. (**b**) The radial nerve (*green*) lies adjacent to the cephalic vein (*blue*) on the radial side of the forearm and can sometimes be felt if it is rolled against the underlying bone. (**c**) The non-injecting hand traps the nerve between two fingers proximal to the anatomical snuff box as the injection is made on the fascia. (**d**) Palmar surface innervated by the median nerve. (**e**) The visible flexor carpi radialis proximal to the wrist crease (marked) as the wrist is flexed against resistance. The palmaris longus tendon is absent in this patient (as it is in 10% of the population). When present, the median nerve is located deep to the palmaris longus tendon. If the tendon is absent, the nerve can be predicted to lie on the ulnar side of the flexor carpi radialis. (**f**) The block is made 3 cm proximal to the wrist crease by injecting 1 cm deep after aspirating. (**g**) In this patient, the palmaris longus tendon is clearly visible when the thumb is opposed. In 90% of the population, where the tendon is present, the median nerve is found deep to the tendon 3 cm proximal to the wrist crease where it can be blocked by passing a needle at 45° about 1 cm under the tendon. (**h**) A palmar cutaneous branch of the median nerve (*green*) arises up to 10 cm proximal to the wrist crease and supplies an area on the proximal part of the palm (*shaded*). This nerve is blocked by injecting 3 mL subcutaneously over the site of the median nerve. (**i**) Sensory innervation of the ulnar nerve on the palm. (**j**) The nerve is blocked by injecting 3 cm proximal to the wrist crease, deep to and slightly radial to the flexor carpi ulnaris tendon

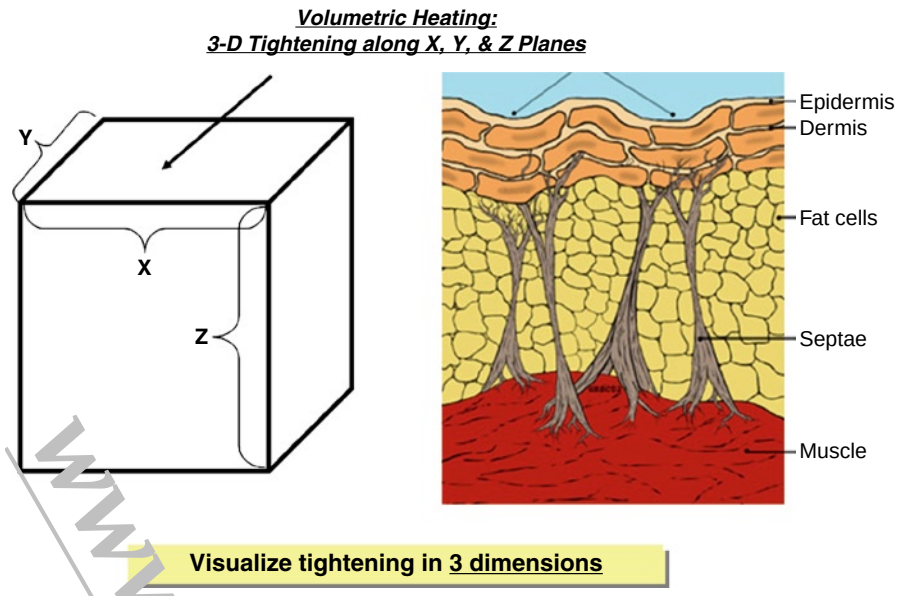

Fig. 16.2 Schematic indicating three-dimensional volumetric tightening of the dermis. Tightening of the fibrous septae in the subcutaneous tissue helps contour in the Z plane (Graphic courtesy of the manufacturer)

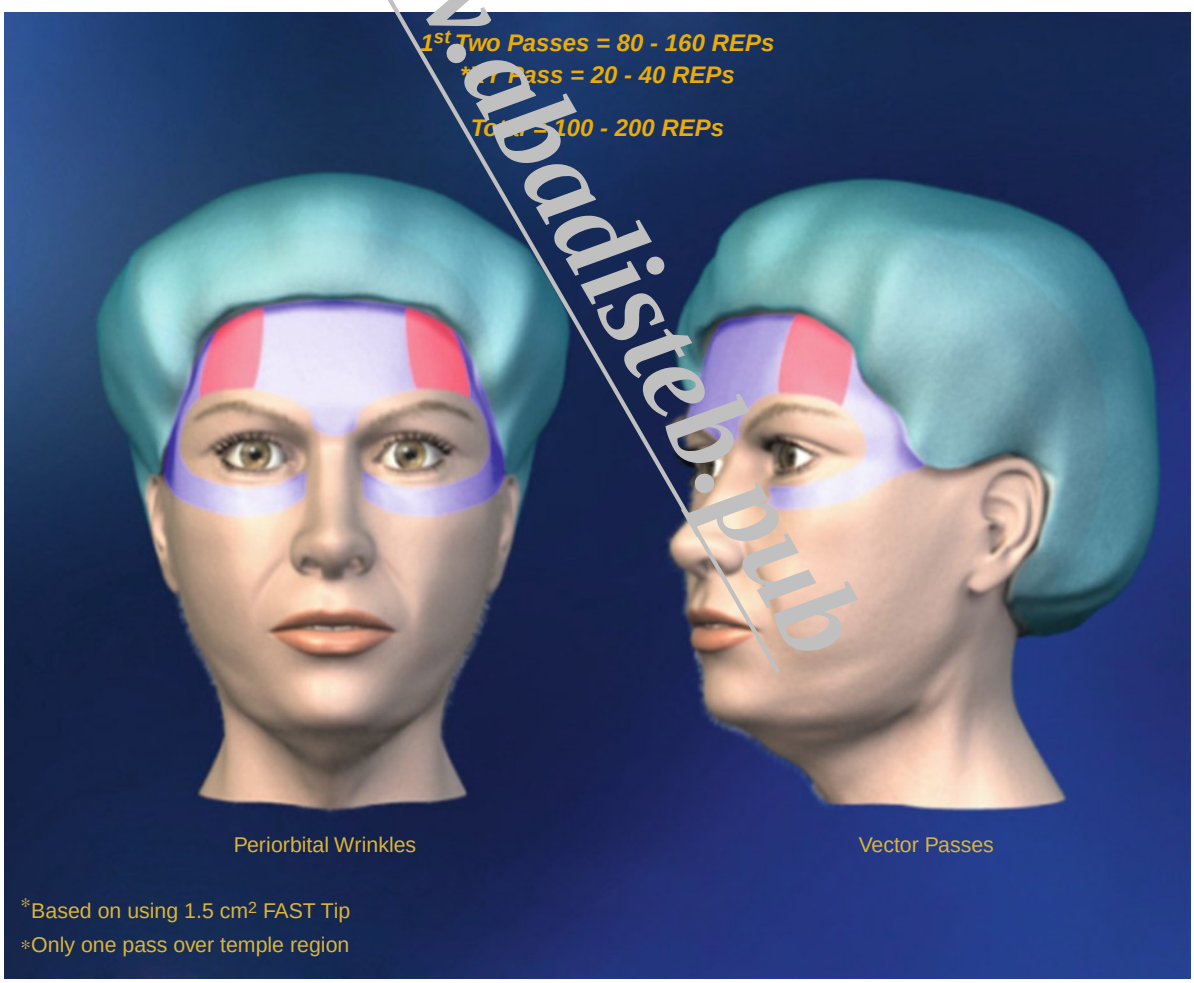

Fig. 16.3 Computer graphic depicting treatment algorithm for the upper face

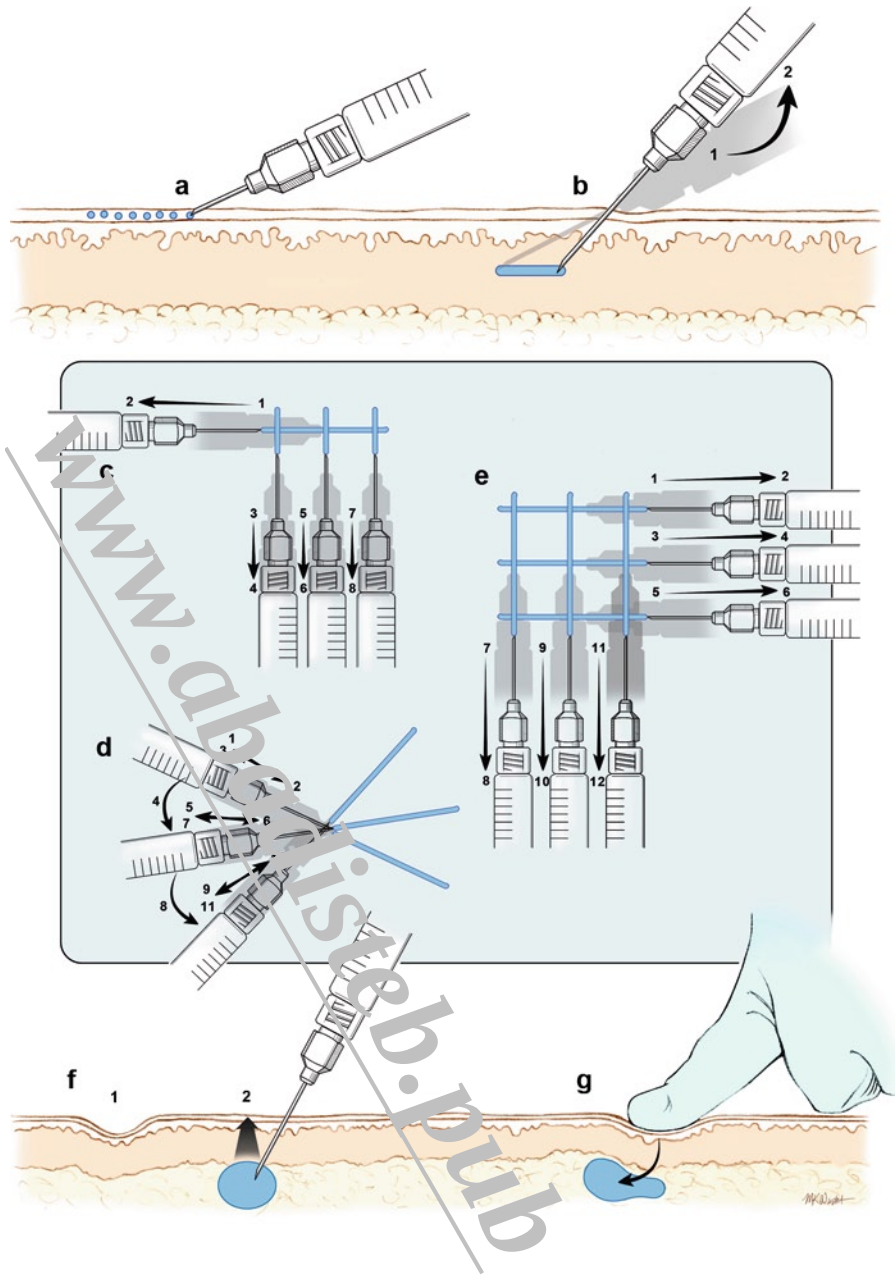

Fig. 29.9 Techniques for filler injections. (**a**) Superficial droplet. (**b**) Linear retrograde threading. (**c**) Perpendicular buttress. (**d**) Fanning. (**e**) Cross-hatching. (**f**) Depot. (**g**) Push technique

4. Fanning
   The needle is inserted, often to the hilt, and filler is injected during withdrawal as in linear retrograde threading. However, before the needle tip exits the skin, it is redirected so that further product is placed next to the first thread. The maneuver is repeated, through the same needle puncture, until a fan or triangular-shaped layer of filler is laid down. The fanning technique is usually employed at the superior part of the nasolabial fold beside the nasal alae, at the oral commissures, and in the cheeks.
5. Cross-Hatching
   A grid-like pattern of filler is placed through multiple injection points so that the first series of threads lie parallel to one another. A second series of threads is then placed perpendicular to the first threads. This technique provides structural support to an anatomic area and builds up volume over features, such

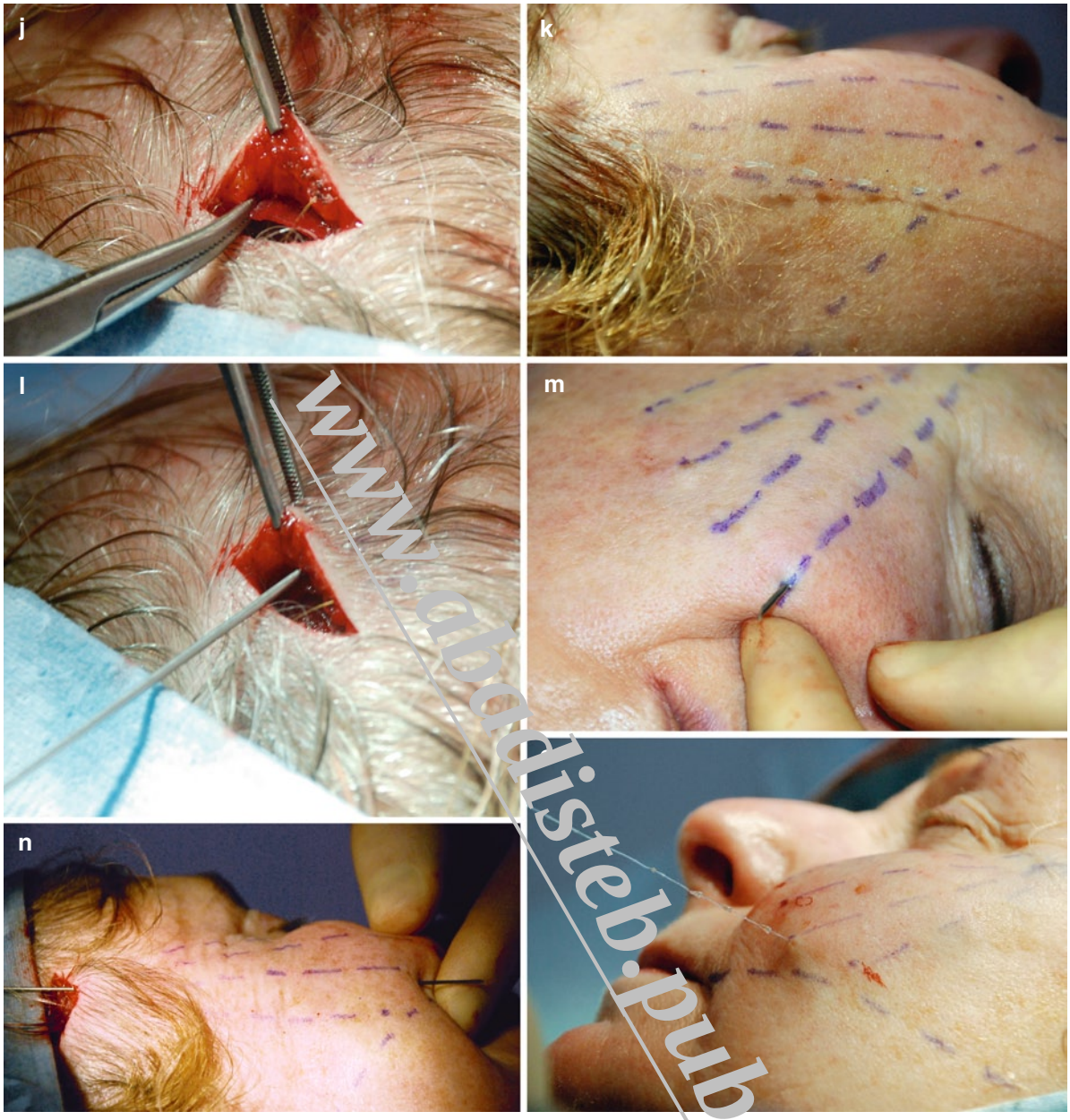

Fig. 34.14 (continued)

Fig. 35.10 (continued)