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CHAPTER 2

The Canvas

Nemo liber est qui corpori servit.

None is free who is a slave to his body.



Dr. Gordon's Lip And Perioral Classification
Anatomy
Oral-Facial Aging

Through my own personal journey of learning lip and perioral augmentation, I have been exposed to many ideas, philosophies, and techniques. Early on, I became frustrated at the lack of structured teaching in the art and science of oral-facial augmentation. Due to the diversity of practitioners, the art and science transcends through many specialties. Dentists, plastic surgeons, dermatologists, nurse practitioners, and nurses are a few of the licensed individuals practicing oral-facial augmentation. In addition, there is a significant subculture of individuals performing augmentations in America that aren't licensed to perform oral-facial augmentation, yet they continue to practice to this day. Due to this disparity, it is obvious a uniformed body of practitioners must evolve, and with them, a common language to usher the art and science of oral-facial augmentation into the future.

In the new and evolving field of lip and perioral augmentation, we as augmenters require a classification system, a language unique to our work, one in which to communicate and record our efforts for ourselves and the professional community of augmenters. When a common language relating to the architecture of the lips and perioral area (including skeletal, muscular and soft tissue) is realized, we maximize our potential to become simply better in this artistic science. The artist must have complete knowledge of the construction of their canvas and interaction of various mediums as they are applied; this is essential for the cosmetic augmenter in relationship to the oral-facial canvas. Having an intimate understanding of what contributes to the lips and perioral structure is vital in understanding similarities that make them up and how we can enhance these features, thus creating our best cosmetic results. It is vital we have a grasp on the process of aging and how it affects the oral-facial arena. Through this understanding, we are able to reverse the signs of aging. The goal of this chapter is to address these issues and intertwine them into the science and art of lip and perioral augmentation.

In addition the evaluation of perioral lines (rhytids) must be evaluated in static and kinetic movements for purposes of botulinum toxin therapy; more on this in Chapter 7, “Simply Botox.”

It’s difficult for one to quantify or qualify the amount of filler needed when evaluating the relationship between kinetic and static tissue. It is in practicing and perfecting the art of the fill that this measurement is incorporated into the augmentation process and becomes easier to determine as your experience grows.^{25,26}

Maxillary Labial

Zone A (ZA) extends from and includes the superior aspect of the vermilion bor-

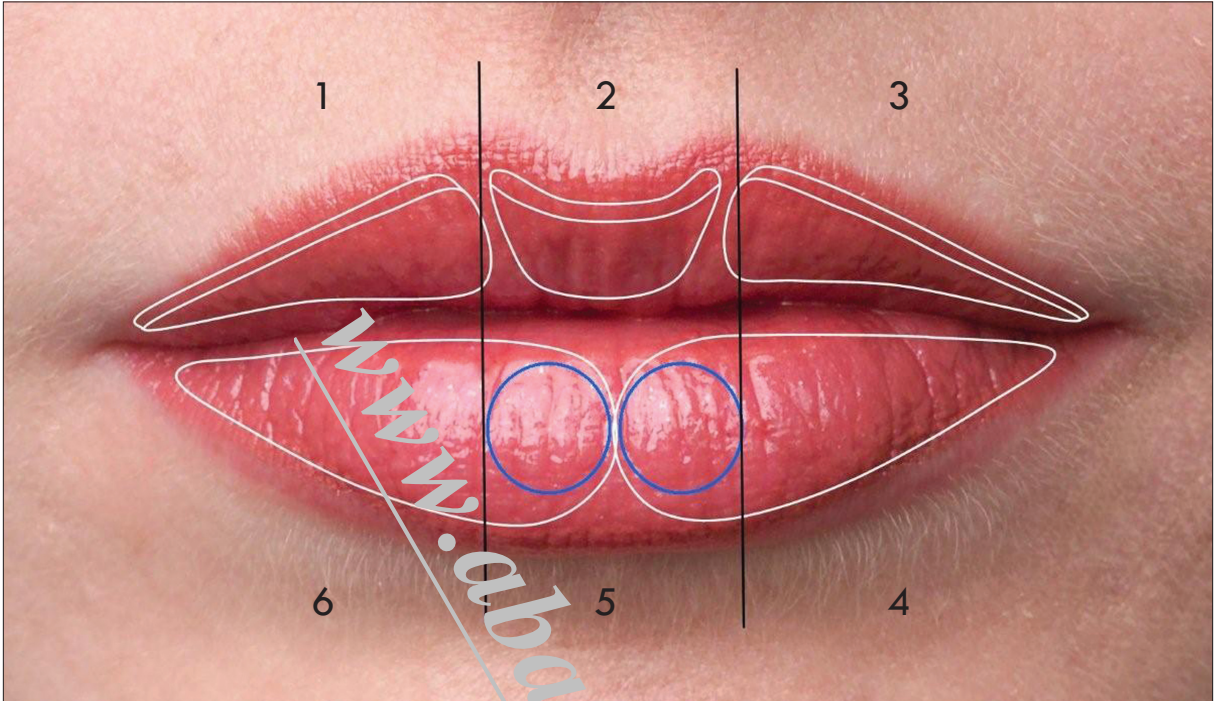
der to the lower border of the columella nasi of the nose. This zone is wider due to the philtrum that is, at times, augmented in this zone. Zone B (ZB) is the area midpoint between the inferior border of the vermilion border (ZA) and the superior border of Zone C. Zone C (ZC) is the area from the inferior border of Zone B to the lower transitional zone (wet/dry line) lip. Most shaping will be performed in Zone A and volume will be added in Zone B. Zone C is a label in order to complete the mapping of the extra oral presentation of the lips. Under no circumstances do we augment Zone C. Instead Zone C is used for marking pathology, injuries, and describing the relationship of the bottom of



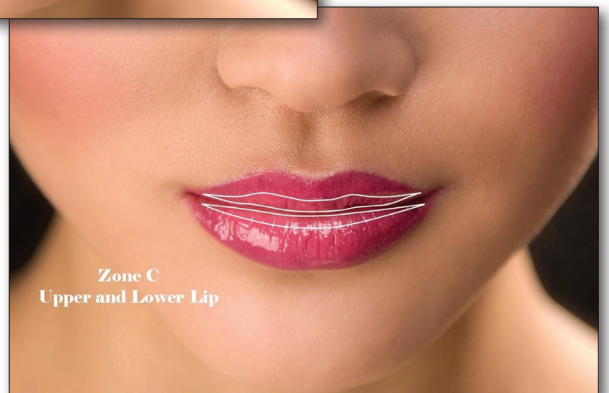
KINETIC

Even as the lip and perioral tissue is stretched around the skeletal and dental anatomy, the relationship of the ideal proportions still remains. Overfilling the lips may not present as noticeable in the static position, yet when the patient smiles, the overfill may become more evident as the filler material is displaced over the dental profile.

ZONES AND SEGMENTS OF THE LIPS



If we analyze the natural planes of the lips and how they are divided, we can divide them into six segments for lip classification.



the lip to the dentition. Remember, the zones curve with the lips in a bow shape and end at the commissure of the lips.

Mandibular Labial

Zone C extends from the transitional zone (wet/dry line) to the border of Zone B. Zone B extends from the middle of the lip (border of ZB) to the vermilion border of the lower lip. Zone A extends from—and includes—the vermilion border and the cleft superior to the mental protuberance of the chin.

Zone A will have fill room, but the majority of fill will be performed in Zone B. Zone C is demarcated for completion of the classification area. There will be no augmentation in Zone C. Since there is no distinct vermilion border of the lower lip like the upper lip, sculpting of Zone A on the lower lip will usually never be performed. Remember that Zone A of the lower lip is a gradual transition from vermilion tissue of the lips to the keratinized epithelium of the oral-facial area.

SEGMENTS OF THE LIPS (STATIC)

Lips can be divided into six segments, which correspond to the planes that constitute the lips. The upper lip is segmented into three parts which correspond to the planes that make up the upper lip. The

three parts are divided between the cone and tapered semi-bucket shape of the philtrum. The lower lips are also segmented into three parts that correspond to the planes that make up the lip. The lower lip is composed of a teardrop shape that has a ball and a tail. The segments are divided at the ball-and-tail junction.

In order to define a constant on which the lips are draped, we use the dentition as a reference point. To assess a patient's segments, you have to have them open their mouths a little to see the maxillary dentition. The segments are simply divided by drawing a line down the lips laterally to the maxillary central incisors (#8, #9). Upper lip and Lower lip: Segment 1 is the area extending from the lateral of #8 to the corner of the mouth. Segment 2 is from the lateral of #8 to the lateral of #9. Segment 3 extends from the distal of #9 to the corner of the mouth. Lower lip: Segment 4 extends from the corner of the mouth to the line drawn down from the lateral of #9. Segment 5 extends from the line drawn down from the distal lateral of #9 to the distal lateral of #8. Segment 6 extends from the line of the distal lateral of #8 to the corner of the mouth.

LARS: LIP LENGTH, AGE, RACE & SEX

As a cosmetic/aesthetic augments, you

ZONES OF THE LIPS

Classifying the lips into specific zones enables the cosmetic augments to:

- Assess the lips for documentation, whether it is for pre- or post-augmentation or clinical notes
- Relate proportions in the static and kinetic motions of the lips
- Provide a common language for professional communication
- Facilitate teaching methods and reproduction of augmentation techniques
- Ensure repeatable results or corrective post-treatment