Finessing Fillers and Toxins

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Disclosures
- Aerolase – Scientific Advisory Board, Equipment
- Alastin – Paid consultant
- Allergan – Stockholder, Scientific advisory board, speaker’s bureau
- BTL – Equipment
- Cutera – Paid consultant
- Dermaflash – Paid spokesman
- Inmode – Honorarium, Scientific Advisory board, Speaker’s bureau, equipment
- Merz – Data safety monitoring board, Scientific Advisory Board
- Revance – Primary Investigator
- Rodan + Fields – Scientific Advisory board
- Solto – Scientific Advisory board, Equipment
- Sienna Biopharmaceuticals – Scientific Advisory board, Primary Investigator

Better to Undertreat than to Overtreat
- The goal is to achieve a “natural” appearance
- The patient should just look refreshed
- You don’t want their friends to ask “Who did your filler?”

Proper Counseling is Key!
- When it comes to fillers, I use words like “soften”
- Don’t promise to make lines “disappear”

Always Take Before/After Photos
- Patients forget what they looked like
- They often don’t notice imperfections until after the procedure
- If you don’t have a camera, then at least document
  Scars, laxity, brown spots, etc.

You don’t always have to treat..
- It’s ok NOT to treat
- If someone has unrealistic expectations, they likely won’t be happy with anything you do
- You’ll be happy you didn’t treat them
Botulinum Toxin: the #1 Cosmetic Rx in US

Dilution Table for Botulinum Toxin A

<table>
<thead>
<tr>
<th>Botox, Xeomin, Jeuveau</th>
<th>Preserved Saline Diluent Added</th>
<th>Resulting Dose (Units per 0.1 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-Unit vial</td>
<td>2.50 mL</td>
<td>4.00 Units</td>
</tr>
<tr>
<td>300-Unit vial</td>
<td>3 mL</td>
<td>10 Units</td>
</tr>
<tr>
<td></td>
<td>2.5mL</td>
<td>12 Units</td>
</tr>
</tbody>
</table>

Dysport

| 300-Unit vial          | 3 mL                          | 10 Units                         |
|                        | 2.5mL                         | 12 Units                         |

Botulinum Toxin Tips

- Less is more
- Undertreat and follow-up
- Treat forehead at follow-up
- Inject high on the forehead
- Don’t inject upper forehead without glabella in women
- Their brows will feel heavy

Dynamic Periorbital Rhytides

24 Units (12 Units per each side)

- Place superficially - bleb to avoid bruising
- Stay superior to maxillary prominence to avoid zygomaticus major

The approved dose for treatment of moderate to severe lateral canthal lines is 24 Units

Assess the Fan Pattern in relation to Lateral Canthus
Lower Eyelid
- Inject 1-2 units right below lash line at mid-pupillary line
- Opens eyes
- Rounding effect on the eye shape
- Improves crepiness
- Caution in patients with ectropion or skin laxity
- Snap test

Bunny Lines
- 2-6 units on either side of nose on nasal sidewall
- Stay above nasofascial groove avoid lip elevators and avoid medial canthus

Dynamic PeriOral Rhytides
- Muscle Columns with Animation – bar code
- Inject symmetrically at or above vermilion border
- No more than 1-2 U per lip quadrant
- Not more than 6-8 total
- Adverse Effects:
  - Difficult phonation
  - Lip droop
  - Hard to press lip stick x 1 week
  - Careful in musicians, singers

Gummy smile
- The Smile is a Combination of Levator Muscles and Zygomaticus Major
- Levator Labii Superiors Alaeque Nasi
- Levator labii superiors a.l. (LLSAN)
Masseters

- Contour the lower face, ovalize
- TMJ
- Technique
  - 3-4 Injection sites/side
  - Doses: 8-40 units/side
  - My technique: 12 u/side, then additional 12 u at 2 weeks

Chin Bunching/Orange Peel

- Due to irregularity of superficial mentalis attachments to skin
- Mentalis musculature serves to raise and protrude the lower lip and wrinkles the skin
- Mentalis: deep to other muscles in area
- 5-10 units of Botox centered on mentum

Platysmal Bands

- Occurs from aging, post-submentual lipo/deoxycholic acid injections, and post-face/neck lifting procedures
- Botulinum toxin
  - < 40 units (incobotulinum, or onabotulinum toxin)
  - 2-4 units per injection site at 3-4 sites along the band
  - Pinch the skin away while injecting
- Caution: dysphagia can occur with excessive doses

Nefertiti Lift

Levy, J Cos Laser Ther, 2007

*2-3 units along and under each mandible and to upper part of posterior band for a total of 12-20u/side,
*Carruthers, consensus Article Neurotoxins Derm Surg—15u per side, 3 sites
Necklace Creases

- 1 to 2 units of neurotoxin evenly spaced at 1 to 2 cm intervals along the crease can smooth the skin.

Eye Ptosis

- Etologies
  - Tissue atrophy along supraorbital bar repositioning involving levator palpebrae superioris
  - Underlying ptosis unmasked during forehead treatment
- Onset: 1–14 d, always temporary
- Treatment
  - Optimally: α2-adrenergic agonist; 1–2 drops, up to 3x daily until ptosis resolves
  - Lopidine (apraclonidine): 2 drops/d
  - Xalacom (apraclonidine): 2 drops/d
  - Neo-Synephrine 2.5% (phenylephrine HCl)

Dermal Filler Tips

- Know your anatomy
- Be able to recognize complications
- Remember to ask about lidocaine allergy
- Before you inject, withdraw to make sure you’re not in a vessel
- Be conservative with the volume injected in one session
- Volumize the face, don’t fill the lines
- Periodically, show patients their improvement in the mirror, so they can see their progress

Filler for Temples

- Augmentation of the temporal fossa
- 1 cm along temporal fusion line, then 1 cm inferior
- Subcutaneous plane (superficial to TPF), just deep to the TPF (between superficial and deep fascia), deep to temporalis muscle

Currently Marketed HA Fillers

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>GQA Conc, mg/mL</th>
<th>Type</th>
<th>Lidocaine</th>
<th>Needle Size</th>
<th>US  FDA Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restylane Balance</td>
<td>22.5</td>
<td>Cohesive</td>
<td>Yes</td>
<td>25G ID</td>
<td>2009</td>
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<tr>
<td>Restylane Lyft</td>
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<tr>
<td>Restylane Lyft Plus</td>
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<td>25G ID</td>
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<tr>
<td>Juvéderm Ultra</td>
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<tr>
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<td>2010</td>
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</table>

Currently Marketed Non-HA Fillers

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>GQA Conc, mg/mL</th>
<th>Type</th>
<th>Lidocaine</th>
<th>Needle Size</th>
<th>US  FDA Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiesse</td>
<td>22.5</td>
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<td>Artefill</td>
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<td>Cohesive</td>
<td>Yes</td>
<td>27G ID</td>
<td>2016</td>
</tr>
</tbody>
</table>

**Soft Tissue Augmentation: Procedures in Cosmetic Dermatology.**

- Can see their progress
- Be able to recognize complications
- Before you inject, withdraw to make sure you’re not in a vessel
- Remember to ask about lidocaine allergy
- Use of lidocaine in each injection site
- 1 to 2 units of neurotoxin evenly spaced at 1 to 2 cm intervals along the crease can smooth the skin

**Dermal Filler Tips**

- Know your anatomy
- Be able to recognize complications
- Remember to ask about lidocaine allergy
- Before you inject, withdraw to make sure you’re not in a vessel
- Be conservative with the volume injected in one session
- Volumize the face, don’t fill the lines
- Periodically, show patients their improvement in the mirror, so they can see their progress

**Filler for Temples**

- Augmentation of the temporal fossa
- 1 cm along temporal fusion line, then 1 cm inferior
- Subcutaneous plane (superficial to TPF), just deep to the TPF (between superficial and deep fascia), deep to temporalis muscle
Tear Troughs

- Use HA filler with low G'
- Cannula vs needle
  - Blunt tip
  - Single-port injection
  - Associated with less bruising and pain
  - Warn 1-2 weeks of possible bruising/swelling
- Less risk of cannulizing vessels
- Theoretically, less trauma to tissue
- Warn 1-2 weeks of possible bruising/swelling

Filler for Perioral Lines

- Threading vs Bolus vs microdroplet technique
- Bephaplasty

HA Filler

- 1 cc diluted with 0.5 cc of lidocaine with epinephrine
- Serial puncture technique
  - HA – low G'
  - Dilute with lidocaine by half
  - Inject superficially

Hand Rejuvenation with Calcium Hydroxylapatite

- Prevention of bruising
  - High potency Arnica gel pads
  - Apply immediately after up to 6 hours post-injection & overnight
  - 7 days before injection- d/c NSAIDS, Vitamin E, Fish oil, Flaxseed, Ginkgo, Ginseng, Echinacea, Garlic, Omega-3

References

Vein Visualization Device
- Device that displays a map of the vasculature directly on the patient’s skin
- Uses infrared and red laser
  - “Barcode-scanner class” laser
- Hg absorbs near IR light so there is a reduction in the amount of IR reflected from the veins
- The vein pattern is projected in real time using the red laser
- Helps to locate and avoid veins to minimize bruising

Laser Tx of Ecchymosis
- Shortens duration of bruising
  - Benefit seen as early as 6 hours
- Wait 48-72 hours for bruise to mature
- PDL
  - 10 mm, 6 ms, 7.5 J/cm², DCD 30/20
  - 10 mm, 6 ms, 6 J/cm², DCD 30/20
  - 10 mm, 6 ms, 6 J/cm², SC
- KTP
  - 10 mm, 6 ms, 6 J/cm², SC
- Precise mechanism of action is unknown

Conclusions
- Use a multimodal approach for best results
- Always be less aggressive on the neck and eyelids to avoid complications
- Non-surgical options are not equivalent to surgical results

Thank you!
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