

# Current Concepts in Filler Injection



Amir Moradi, MD<sup>a,\*</sup>, Jeffrey Watson, MD<sup>b</sup>

## KEYWORDS

- Temple augmentation • Temple rejuvenation • Temple filler • Midface augmentation
- Jawline enhancement and augmentation • Restylane • Radiesse • Juvederm voluma XC

## KEY POINTS

- Volumization of the temples is a safe and effective use of dermal fillers to decrease hollowness. This article describes injection technique and outcomes.
- Volumization and enhancement of the midface can restore a youthful look and achieve symmetry. This article addresses placement of the device and injection technique.
- Jawline augmentation can be effective with the correct placement and product or combination of products.

## TEMPORAL AUGMENTATION AND REJUVENATION

### *Treatment Goals and Planned Outcomes*

In rejuvenation of the temples, the goal is to obtain a youthful and aesthetic result that is appropriate for each individual, in a safe and effective manner. For example, the temples of an individual with bony structures of the face and thin skin should have more of a concavity than an individual with a rounder face and thicker skin. The challenges that face the injector in this area include vascular structures, muscles of mastication, and emissary and diploic veins of the skull. The skin in this area could be thin in individuals needing treatment; thus, the product used could become visible if not placed appropriately.

### *Preoperative Planning and Preparation*

Selection of an appropriate candidate is based on the trained eye of the injecting physician. Many

patients may not be aware of the presence of hollowness in this area and it has to be brought up to them by the treating physician by the use of a mirror or photographs.<sup>1</sup> At times, the treatment of this aesthetic unit is essential for a more balanced and youthful result. Photographs are essential using a superior oblique view (**Fig. 1**). The patient needs to be prepped with an antiseptic solution. This preparation has become more important with observed infection that can occur in the face at times, often months later.<sup>2</sup> One may consider decreasing the viscosity of the filler by using lidocaine. If there are any concerns about causing irregularities in thin-skinned individuals, this dilution is optimal. During the injection, one must plan on transitioning into the surrounding structures. For example, the temporal region transitions into the forehead at the temporal line and, if there is loss of volume medial to this, an optimal aesthetic outcome may necessitate gradual injection medially beyond the temporal line for a smooth transition.

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Dr A. Moradi is a board-certified facial plastic surgeon in private practice at Moradi MD in Vista (San Diego County), California. Dr A. Moradi is a paid speaker, investigator, consultant, and advisory board member for Allergan (Dublin, Ireland), Galderma Laboratories (Ft Worth, Texas), and Merz North America (Raleigh, North Carolina). Dr J. Watson reports no disclosures.

<sup>a</sup> Private Practice, 2023 West Vista Way, Suite F, Vista, CA 92083, USA; <sup>b</sup> University of California San Diego Medical Center, 9500 Gilman Drive, Mail Code 0012, San Diego, CA 92093, USA

\* Corresponding author.

E-mail address: moradimd@gmail.com

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Fig. 1. Superior oblique view.

### **Patient Positioning**

The temporal area is fairly fixed and does not change or move significantly with head position; thus, proper position depends on comfort and ease of injection. This is in contrast with the mid-face and jawline, because these units shift depending on head position from vertical to supine.

### **Procedural Approach**

There are several described techniques for injection in this region.<sup>3</sup> The authors prefer subcutaneous injections owing to safety and ease of augmentation. Patients can be graded using the temporal hollowness grading system (**Table 1**). After delineation of the area to be treated, anesthetic cream is applied and the skin is prepped with an antiseptic solution. The injections are placed in the immediate subcutaneous tissue, between the skin and superficial temporal fascia (**Fig. 2**). The volume per injection is kept at small aliquots of 0.1 mL or less per injection (**Fig. 3**). The skin is massaged after each injection.

**Table 1**  
Hollowness severity rating scale

Score	Description
4	Severe: very hollow temples. Significant improvement is expected from injectable implant.
3	Moderate: moderately hollow temples. Excellent correction is expected from injectable implant.
2	Mild: shallow hollow temples; minor facial feature. Implant is expected to produce a slight improvement in appearance.
1	Absent: no hollowness.

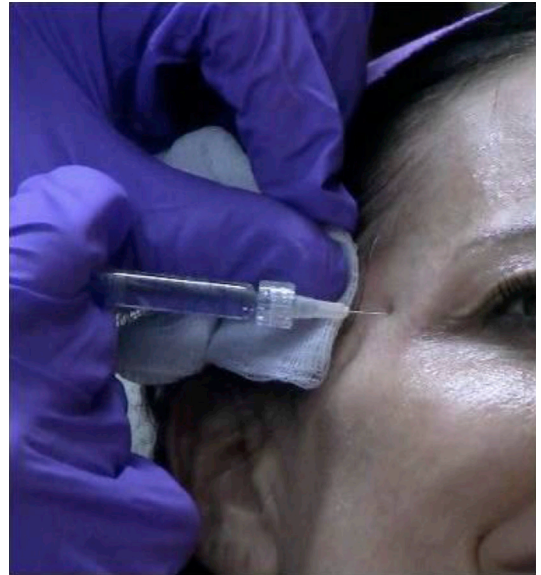


Fig. 2. Injection in the immediate subcutaneous tissue.

### **Potential Complications and Their Management**

Although the first author has never had any significant complications administering this procedure, there are reports of complications, mostly owing to vascular occlusions as a result of injections in this area.<sup>4</sup> Based on a study at one of the first authors practice, the complications or adverse events were defined as any unfavorable or unintended sign, symptom, reaction, or disease associated in time with the use of an investigational

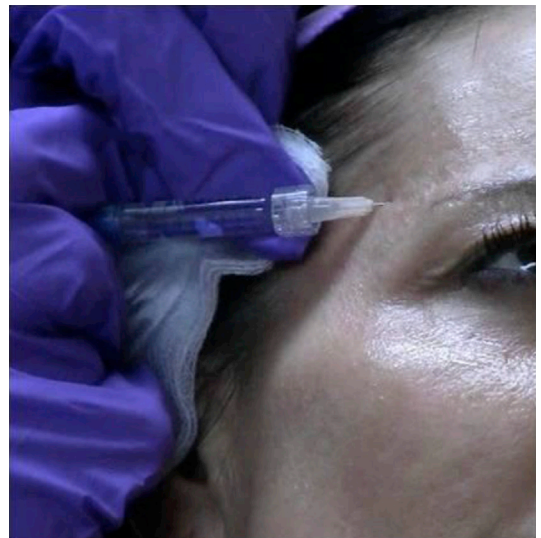


Fig. 3. Injection of 0.1 mL or less.

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