Injectable Fillers
Panel Discussion, Controversies, and Techniques

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KEYWORDS

• Injectable fillers • Cannula • Tear trough • Injectable complications

KEY POINTS

- New fillers have been developed for circumoral lip lines and these are now incorporated into lip definition and volumization techniques.
- Injectors must be facile with both cannula and needle techniques for the accurate and safe placement of fillers.
- Facial rejuvenation techniques have advanced with the improved understanding of facial volume loss with aging and with the development of newer products designed for the midface.

Panel discussion

1. What is your approach to the perioral area and lips and has it changed with the introduction of new Food and Drug Administration (FDA)–approved fillers?
2. How do you evaluate and treat the lower lid/midface and how aggressive are you in filling those regions?
3. What is your opinion of cannulas versus needles?
4. What complications with fillers have you seen and how do you avoid them?
5. What role do fillers play in off-face treatment in your practice?
6. How have your techniques changed over the past 5 years?

With the introduction of Restylane in 2003, the filler revolution began. This hyaluronic acid (HA) filler was proved dramatically superior to the then gold standard, collagen. Over the past 15 years, new products have been developed to meet the needs of the injectors and combined with improved understanding of facial aging, previously neglected areas of the face can now be targeted with fillers.

In this article, specialists have been invited from oculoplastic surgery and dermatology to discuss their techniques and opinions for injections into the lower lids, midface, and lips. Cosmetic injectors will find the differing viewpoints from physicians in different academic fields will not only highlight differences in personal techniques and philosophies, but also reinforce that there are multiple approaches to analyzing and treating the aging face.

Disclosure: R. Fitzgerald acts as a speaker, trainer, and member of the advisory boards for Allergan, Galderma, and Merz. L. Bunin has nothing to disclose. T.C. Kontis is a member of the Speaker Bureau and injector trainer for Galderma and Allergan.

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Question 1: What is your approach to the perioral area and lips and has it changed with the introduction of new Food and Drug Administration–approved fillers?

BUNIN

Knowledge of the effects of aging on the perioral area anatomy has greatly changed the way I fill this area. It is not just about filling the lip but also about understanding the anatomy of the area and the effects of aging on each layer. I have a large percentage of older patients (60–80 years) and really see the effect of bone loss in this area. Patients come in complaining of the Popeye look after dental surgery, and I prefer to wait until they are done with their dental procedures before I inject these patients with filler, because the underlying anatomy can change. Understanding the superficial and deeper fat pockets around the mouth has also changed my approach considerably. Although my younger patients (<40 years) often desire very full lips, even overinflated lips, my older patients have always come in scared of having a duck lip look. Often by just filling the fat pockets around the lip, without even touching the lip itself, the lip appears fuller and less deflated because it is lifted into a more youthful position. My favorite fillers for the immediate perioral area and fine witches' lines around the mouth are the thinner fillers like Restylane Silk and Belotero. I use the thicker more cross-linked hyaluronic acid (HA) fillers and calcium hydroxyapatite for the oral commissures and the marionette lines and if I need more perioral lift in an older patient (although I may layer the thinner fillers over these for the fine lines and skin side of the vermillion border). In my older patients with more bone loss, I often end up reinforcing their jaw line with calcium hydroxyapatite for more support. And softening the muscular pull with a small amount of neurotoxin in the depressor anguli oris muscles (DAO), the mentalis, and some of the deeper perioral lines helps soften as well as prolong the effect of the fillers.

With my older patients, I often add filler or neurotoxin in stages, gradually building up the area. This accomplishes several things: it causes less swelling and faster return to normal and a gradual adjustment to their new baseline, with an appreciation of each level of improvement. These patients tend to be surgery-avoiding, more private ("I don't want anyone to know") and want to look rested and refreshed, not different. Yet, when they see the change in each stage, they are more inclined to try a little more on subsequent visits, including lifting the midface with filler.

The newest HA fillers, Restylane Defyne and Restylane Refyne, with XpresHAn Technology, have been wonderful additions for this area. There is much less swelling with these products, less bunching up of material and reportedly more natural-looking expressions with muscle movement. I find these new products are most useful in the perioral, marionette, and chin areas, where unconscious contraction of the perioral mimetic muscles can cause irregular lines and folds. These areas can be harder to treat without the use of neurotoxin, but some patients are either neurotoxin-phobic or are unhappy with loss of movement in this area. I have found the newer fillers more forgiving with added fill here.

When doing a consultation for lip enhancement, I evaluate each of the fat compartments, the lip lines, the vermillion border, the symmetry of the lip resting and smiling, and the shape of the lip and take baseline photographs in each position. Many patients do not realize they have asymmetries or that they look different when they smile or have an uneven amount of tooth showing in different positions. I discuss their concerns and desires, and I make recommendations based on all these. If they want a very full, inflated lip, I prefer Juvéderm and Restylane-L, filling the border and substance of the lip, taking care to reshape the lip as needed. I also like how I can use the newer softer fillers (Restylane Silk and Belotero) to smooth out the wrinkles in the lip itself without overinflating the lip.

I always give patients a hand mirror and ask them for feedback. I reserve a little filler at the end to use in case they think they want a little more in an area; otherwise, I place it where I think it is needed. They appreciate the artistry and the concern for symmetry. But if someone comes in wanting an overly inflated lip, I talk to them about facial balance and proportion and often show them how adding a bit of volume in the cheek may allow them to attain more beautiful balance with a larger lip.

My favorite fillers in each area are as follows:

- Perioral fine lines and volume loss just above and below lip: Restylane Silk, Restylane Refyne, and Belotero
- Vermillion border and for lip substance: Restylane-L, Juvederm Ultra, and Restylane Refyne
- Smoothing lip surface wrinkling: Restylane Silk
- Oral commissres: Restylane-L and Juvederm Ultra, or Ultra Plus
- Marionette lines and jugal grooves: Restylane Lyft, Restylane Defyne, Juvéderm Ultra Plus, and Radiesse

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