Module 6 – Assessment of the Face – Filler

Best Practices

- Know your anatomy
- Perform a thorough assessment regardless of their concern: Treat the whole face or whole patient not just the individual area or concern
- Ask "nice" questions like
    - What concerns you?
    - What would you like to see improve?
        - Instead of "what bothers you" or "what would you like me to fix"
- Tell the patient you can help them as you have helped many patients just like them (put them in the "comfort boat" with other like-patients to make them not feel alone or helpless)
- Point out some good things about their face/neck before discussing how you are going to treat their concerns
- Always have in your mind when looking at and assessing the patient:
    - Hinderer's lines
    - Marquardt Face and Phi proportions
    - E-Line
    - The "mattress" of the face example of how to look at the layers of skin, tissue, fat, muscle and bone
    - What needs volume/lifting vs tightening or surgery
    - Understand the difference in possible causes of patient concerns
- Memorize the chart of fillers so you know the difference in the various fillers
- I would stick to the hyaluronic acid (HA) fillers only, I have never felt like I wish I used a different filler than the ones I carry
- CCAPP (Concern, Cause, Assessment, Plan, Possibilities)

    - Have patient show you what they do to "lift/change/improve" their concern while you hold mirror for them
    - Then have them hold mirror and you show them what you can do
        - 1 finger, 2 fingers, multiple fingers, full hand
        - This tells you how much you need to do to make them happy (filler, +/- other procedures, possibly surgery)
        - If the patient responds positively then you are good to go
        - If the patient immediately "pulls more" then they may require more than filler
- Have patient show you a realistic picture of 5-10 years ago (not 20-40 years ago) and/or a picture of the parent they look more similar to
- Properly plan for order of treatments, as filler should usually come after neurotoxin and skin tightening (laser) as a "final touch up".
- How long to wait:
    - If filler first then:
        - Neurotoxin whenever
        - Mild light/laser procedure wait 4 weeks
        - Moderate to strong laser procedure with depth and water targeting (i.e. Fraxel, CO2 especially) wait 4-12 weeks depending on what you did, how deep the filler was injected
    - If someone else did their filler I would wait months to do any procedure on them most of the time
- Pre-treat with Arnica and Bromelain (always)
- Ice and wiggle before injection greatly desensitizes skin and reduces pain (Pain Gate Theory)
- May use topical and/or oral dental block, although usually unnecessary if you "ice and wiggle" and just take your time with good technique
    - I rarely use topical as it takes too long, patients don't want to wait, just makes them have more time to be anxious and only helps with the initial stick – I generally only numb topically if I

am going to do a lot of sticks all over the face (multiple syringes in multiple areas) or if the patient is just really needle phobic.
    - However topical numbing cream with phenylephrine can cause some vasoconstriction and reducing bruising risk
    - I rarely now (although I used to often) do a intraoral dental block, if I do its usually for a full lip augmentation or in a very anxious patient
- Rotation is (clean skin to begin with, before each injection):
    - Ice
    - Alcohol
    - "show me" potential vascularity with the Accuvein or other vessel viewer
    - Wiggle and Inject
    - Hold pressure (blunt not too pinpoint so you don't pancake the filler)
    - Repeat
    - If needle starts to dull (patient sense pain more or you/patient hears/feels crunch) then change needle to fresh sharp one
    - Show them what they look like before treating the other half and after completion so they see themselves before they get to the car
    - Point out any areas of swelling and potential bruising so it doesn't scare the patient in the car mirror
- Take the time to hold pressure until last tiny blood drop stops oozing to prevent bruising
- Remember its all about millimeters and tiny angles
- Become a volumizer and restorer of volume, not a tube filler or simple injection tech
- Properly quote patient for amount of filler necessary to achieve result but have them be prepared for the need of an extra syringe
- Always follow-up with the patient so you can fix anything

    - Wait for 4 weeks before adding more to make sure the result has peaked, filler that absorbs water has had time to "thicken", all bruising and minor swelling is gone
    - Remember even minimal discomfort with palpation in the first few weeks (if patient looks/feels uneven) is always minor lasting swelling so wait to correct-sometimes 4-8 weeks after injection
    - Schedule a follow-up call from one of your staff at 6 months to check on them to see if they need more
    - Text patient next day to check on them (from your staff)
    - We text all filler patients at 6-9 months post last treatment to remind them they are soon to be due for their next treatment and patients really appreciate this reminder
    - If they come for a follow-up and have slight asymmetry, evaluate for residual swelling (remember if you palpate a "lump" and they feel it at all, it is always just still swelling so wait)
- Always prepare the patient for the bruising/swelling risk especially with an expanding filler like Juvederm
    - Don't let them convince you to do filler within at least a week of a wedding or important event (Murphy's law, if you do it the week of an event, they will bruise; if you do it the day after, they won't!)
- Know your vascular anatomy
    - Be aware of the danger zone areas not to inject
        - Lateral inferior orbital rim
        - Alar crease
        - Nose (inject with extreme caution)
        - Too close to the eye in general
        - The free floating cheek (not dangerous but will waste filler)
- Always use vessel viewer like the Accuvein
- Always aspirate
- Have available hyaluronidase, and nitro paste

    - Educate patient every time of warning signs of impending vascular damage/occlusion
        - Blanching, mottling, discoloration, ecchymosis
- Know when to delay treatment
    - Major fluctuations in inflammation, swelling, weight, allergies
    - Active infection
    - Recent "other" treatments or treatment from a previous practice
    - If you did their filler, and they are a couple of weeks out with "unevenness" and you know determine it is still just a little residual swelling/bruising
- Avoid treating a "practice hopper" or "discount shopper". You want a lifelong patient
    - Beware of Body Dysmorphia or simply a patient impossible to please
- Design a complete plan with the patient's understanding and agreement, properly quote, start conservative, prepare them for the need for one more syringe
- Reasons why I discuss their cosmetic surgical history even if it seems unrelated to non- invasive procedures.
    - For example, if a patient has had a breast augmentation 8 years ago I would ask them about that for three reasons:
        - First, to examine their ability to heal from a procedure (to make sure they don't have "healing" issues).
        - Second, in case they need a referral to a plastic surgeon I trust (sometimes when they come to a practice like mine in which we don't offer that surgery, they will not think to tell me that they had or are having an issue from the surgery and maybe I can help refer them to someone I trust and really make them happy that I cared to help them).
        - Finally, I can ask if they were happy with the result and start to get a feel for if the patient can be made happy or not and look out for Body Dysmorphic Disorder or traits

to help me know if I will have trouble pleasing the patient with what I do.