



Expert-Guided Pearls on Technique

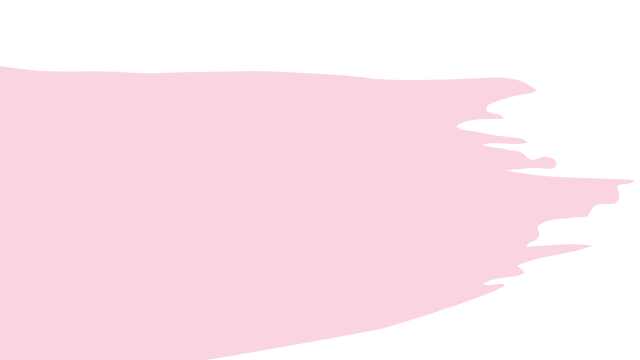
SHASA HU, MD, FAAD

Associate Professor

Director of Cosmetic Division

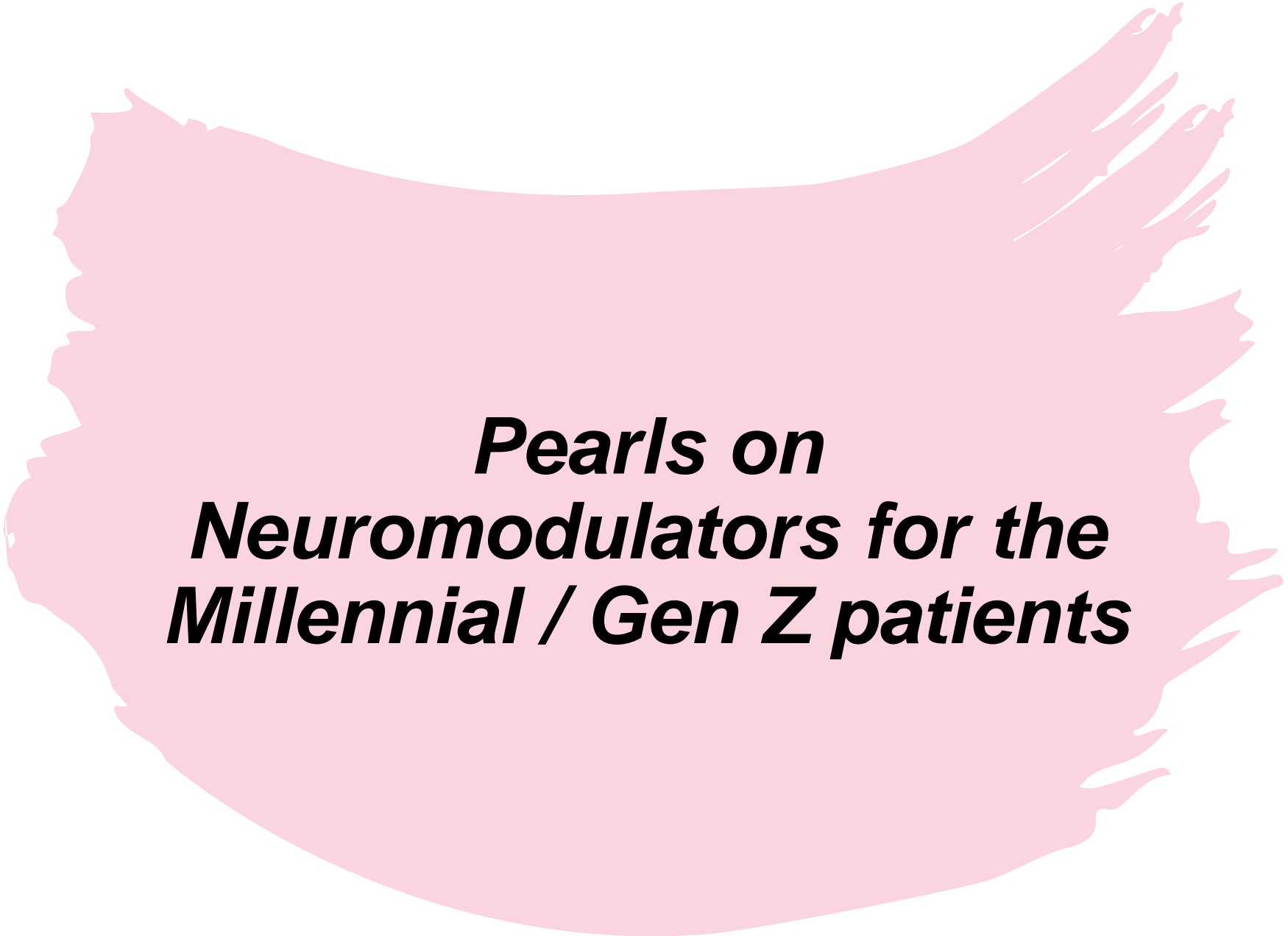
Dr Philip Frost Dept of Dermatology and Cutaneous Surgery

University of Miami Miller School of Medicine

- 
- No relevant conflict of interest
 - Off-label applications will be discussed
 - The colloquial term “botox” will be used referring to neuromodulators in general
 - Patient consents have been obtained
 - No screenshot or recording of patient images/ videos

Tips for success

- Beauty is dynamic, not static
- Offer comprehensive, longitudinal treatment plan
- Discuss expectations, risks, alternatives
- Always be prepared for worst case scenario
- When in doubt, say no
- Less is more

A large, light pink brushstroke graphic that serves as a background for the text. The stroke is thick and has a textured, hand-painted appearance with irregular edges.

***Pearls on
Neuromodulators for the
Millennial / Gen Z patients***

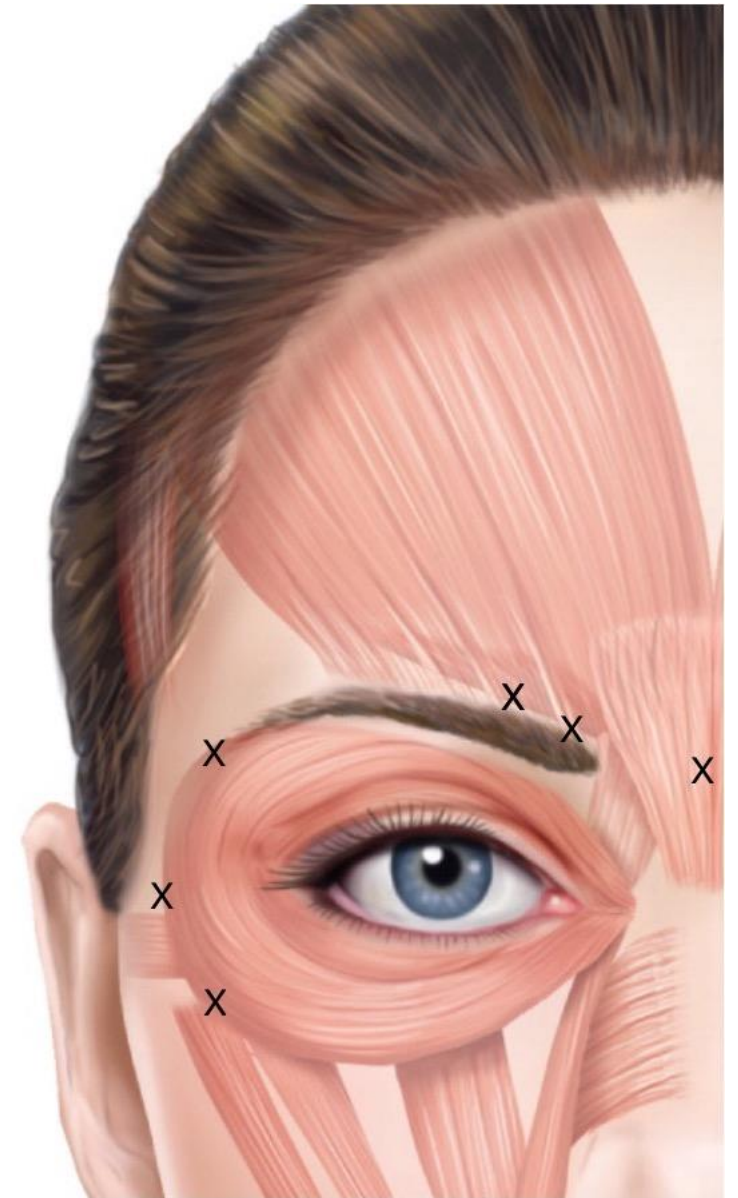
Popular procedures

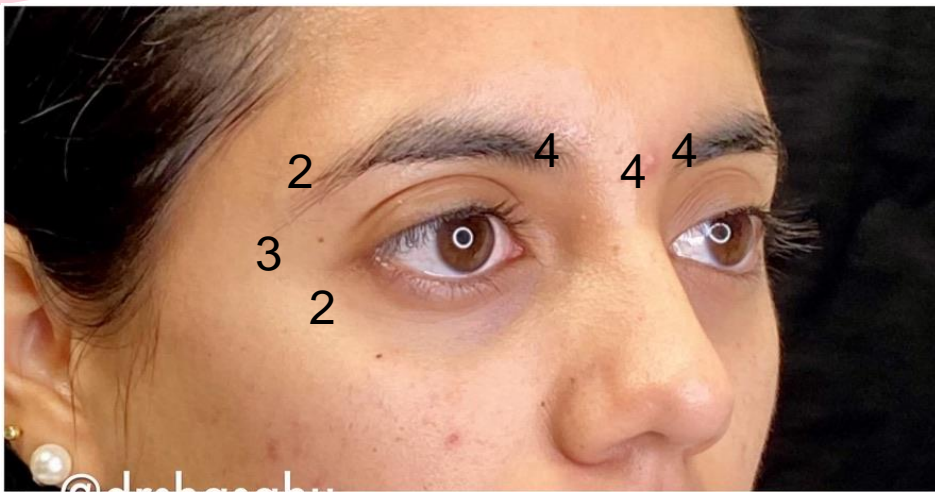
- Brow lift
- Eye shaping botox
- “Baby botox”
- Lip flip



Brow lift

- To elevate the tail of the brows
- **Anatomy:** The orbital portion of the orbicularis oculi protrudes and **depresses** the eyebrows, leading to lowering of the lateral aspect of the eyebrow
- Optimally combined with treatment of crow's feet and glabella lines (brow depressors)





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Preventative / baby botox



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Eye-aperture widening

- Aka “jelly roll botox”
- Widens eye opening
- Reduces horizontal rhytids
- **Anatomy:** pretarsal portion of palpebral part of the o.o muscle
- Snap test, review history of blepharoplasty



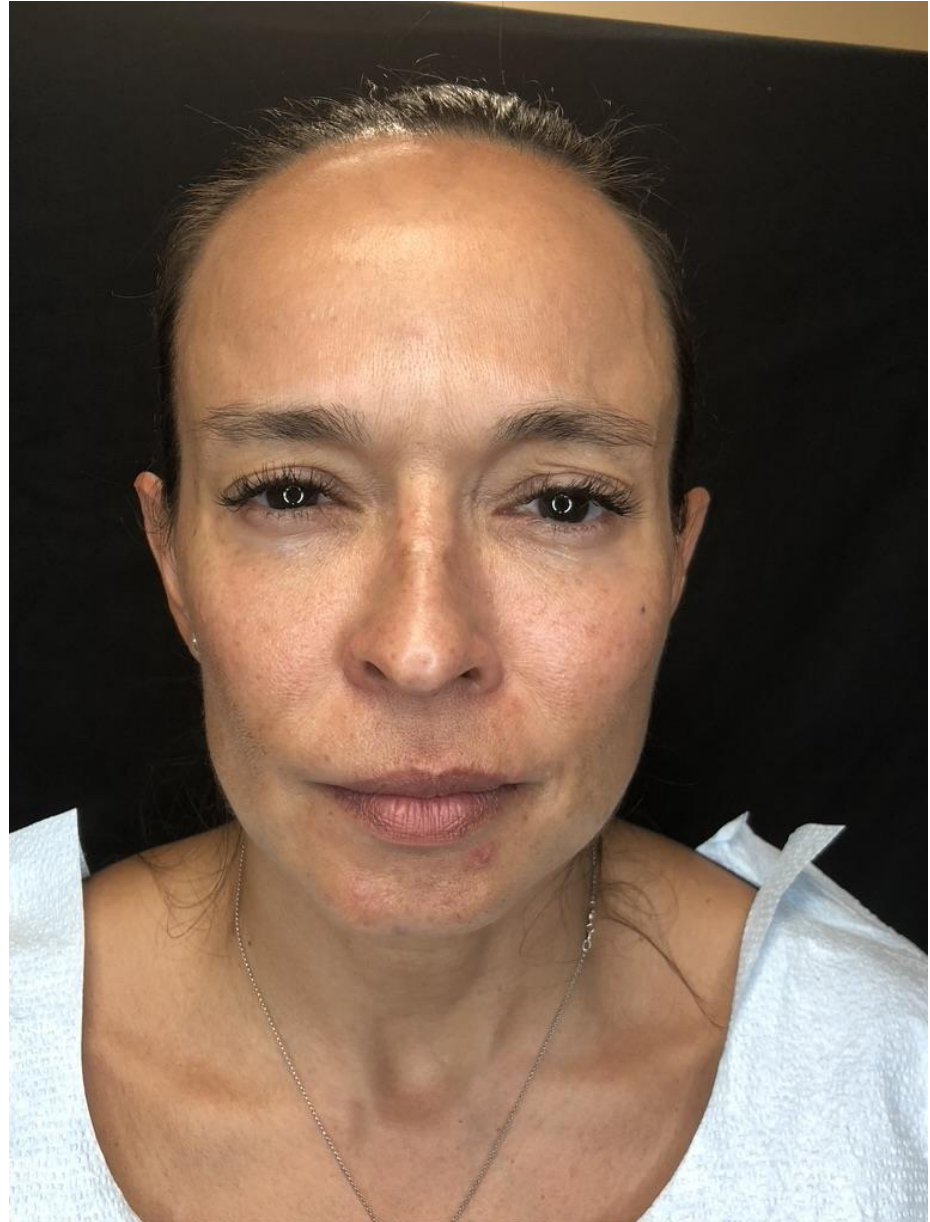
Optimally combined with undereye filler



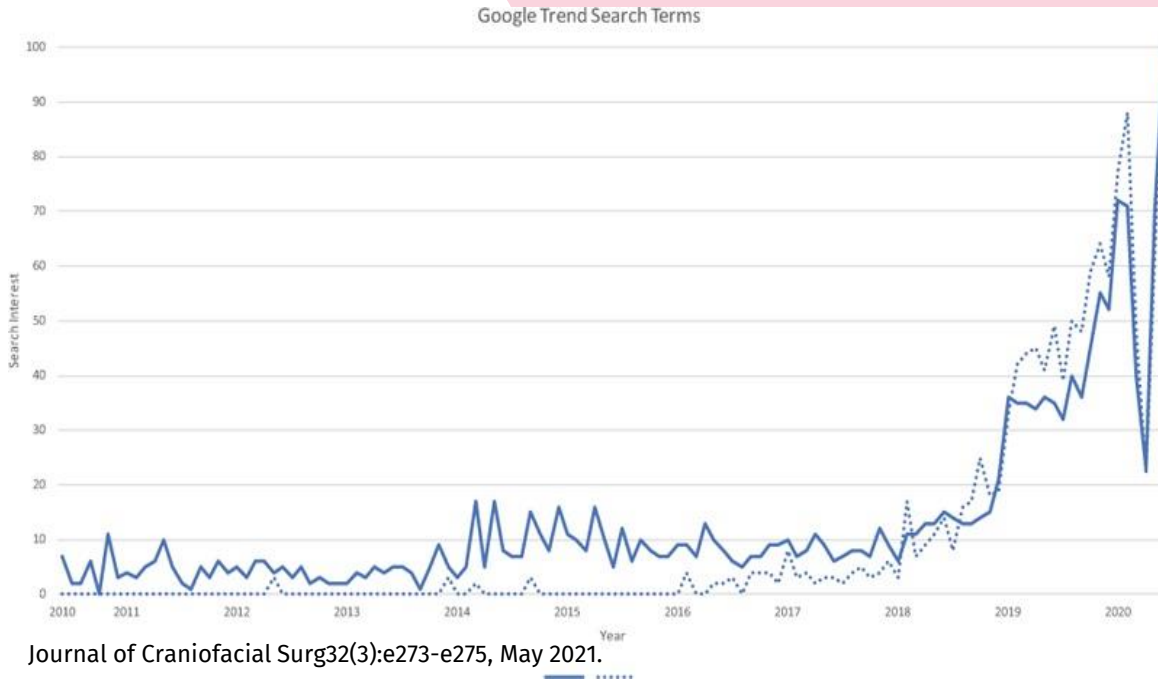
Full upper face BTA

- Dosing / placement based on muscle pattern, brow/ lid positioning and patient preference
- Soft vs. frozen
- Touch up in 2-3 weeks

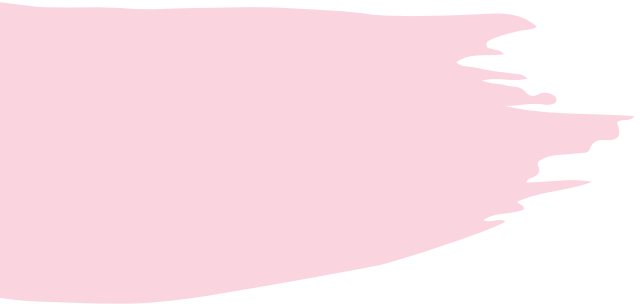




Lip flip



- To improve lip contour, eversion, fullness in younger patients
 - SUBTLE enhancement
- To treat “smoker lines” “bar codes” in older patients
- **Anatomy:** target superficial orbicularis oris muscle at the vermilion border
- Avoid deeper injection to decrease risk of oral incompetency / elongation of upper lip





Brow shaping, “baby botox”, lip flip

July 2019



Nov 2020

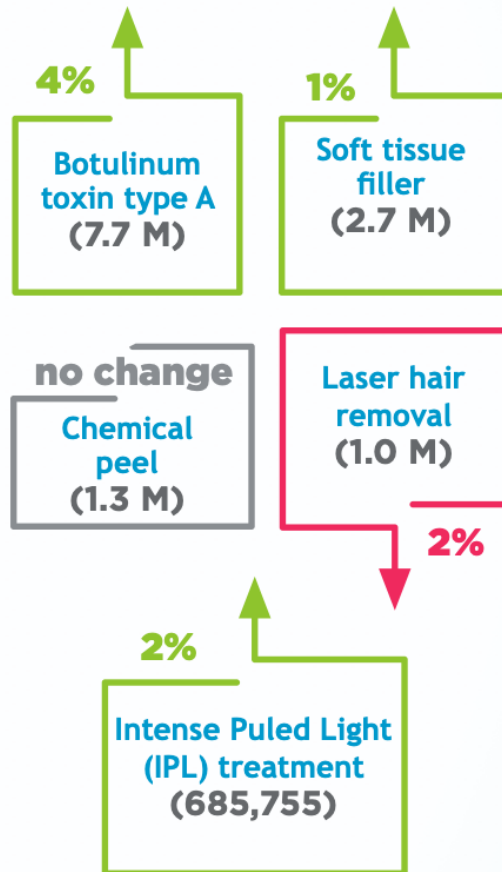


Rejuvenation of periorbital area with BTA, undereye filler, temple PLLA

A large, light pink brushstroke graphic that serves as a background for the text. The stroke is thick and has a textured, painterly appearance with irregular edges.

***Pearls on dermal fillers
for the millennial / Gen Z
patients***

2019 Top 5 Cosmetic Minimally-Invasive Procedures



Filler complication rate

- The most common complications secondary to hyaluronic acid (HA) injections: swelling (43%), infection (41.5%), and pain (24.0%)
- Tissue necrosis secondary to vascular **occlusion** or **compression** (8.5%, estimated risk)
- Blindness from embolized filler (0.4%, estimated risk)

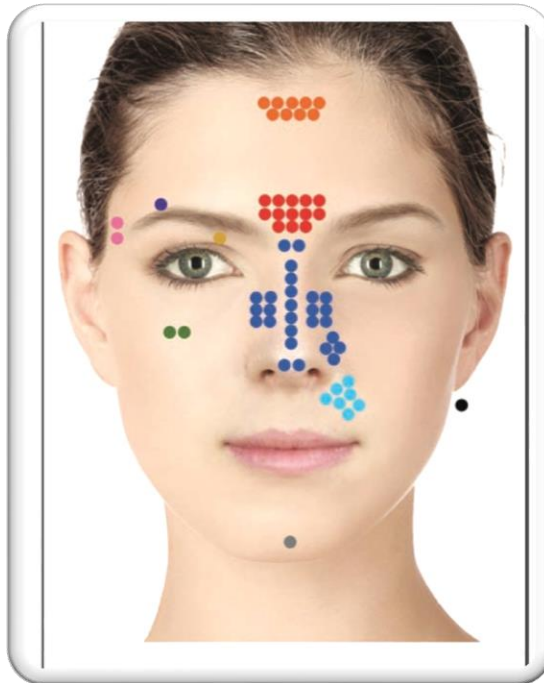
Causes of filler related vascular events



Figure 1 Nine position of the eye movements shows the restriction to the nasal part but other was normal presuming the partial ophthalmoplegia of the third central nervous system.

- Downstream embolization of filler material or retrograde movement along a vessel, leading to occlusion and end organ complication
- Blindness secondary to **central retinal artery** occlusion is the most feared event
- CRA embolism is attributed to intravascular injection into the supratrochlear artery, supraorbital, angular, and dorsal nasal arteries followed by subsequent retrograde embolization into the ophthalmic artery system

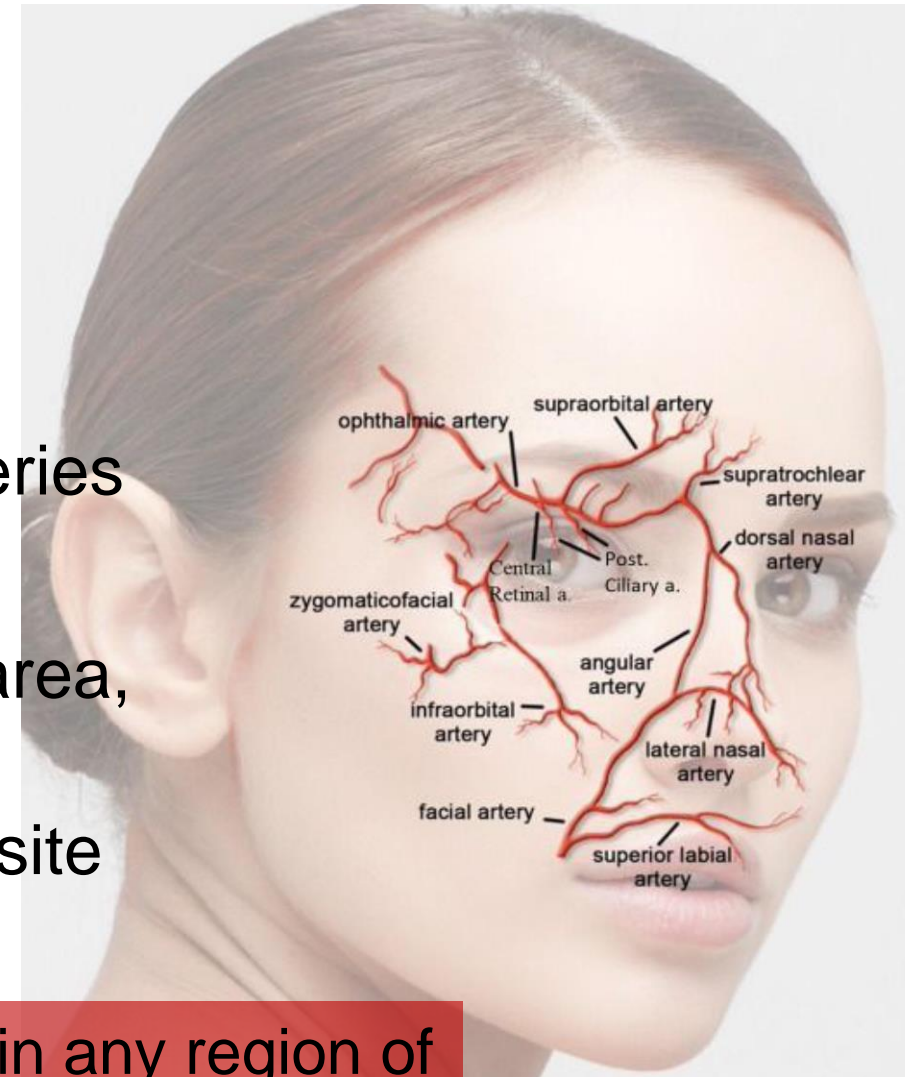
Blindness by facial region of injection



- Nasal region (56.3% of 48 cases)
- Glabella region (27.1%)
- Forehead region (18.8%)
- Nasolabial (14.6%)
- Temporal
- Infraorbital

“high risk” facial areas

- Nose: lateral and dorsal nasal arteries
- Alar groove: angular artery
- Glabella: supratrochlear and supraorbital arteries
- Lip: superior and inferior labial arteries
- Vascular occlusion in the cheek, marionette area, and periorbital region have been reported
- Tissue damage can also occur distant to the site of injection via embolization



Vascular complications of fillers may arise in any region of the head and neck that is within proximity to an artery

***Considerations
in high-risk
facial zones***

MECHANICS

DEPTH, DEPTH, DEPTH

LEARN TO SAY NO

Injection mechanics

Needle vs Cannula

- 10/16 (of 48 cases of filler blindness) were needle vs. 6/16 were cannula with size ranging from 27G to 23G*
- Microcannula smaller < 25G may pierce arterial vessels
- Aspiration in higher risk area

Rheology

- Higher risk with thicker products that require higher extrusion pressure
- False negative aspiration with thicker products

Injection

- Slow injection with low extrusion pressure, small incremental volume
- Dynamic movement of the tip with product delivery
- Cannular perpendicular to major vessels
- Watch the total volume deposited in one area
- Watch for signs of occlusion



Filler rescue kit

- Hyaluronidase
- ASA
- Sildenafil
- Referral network in case of emergency

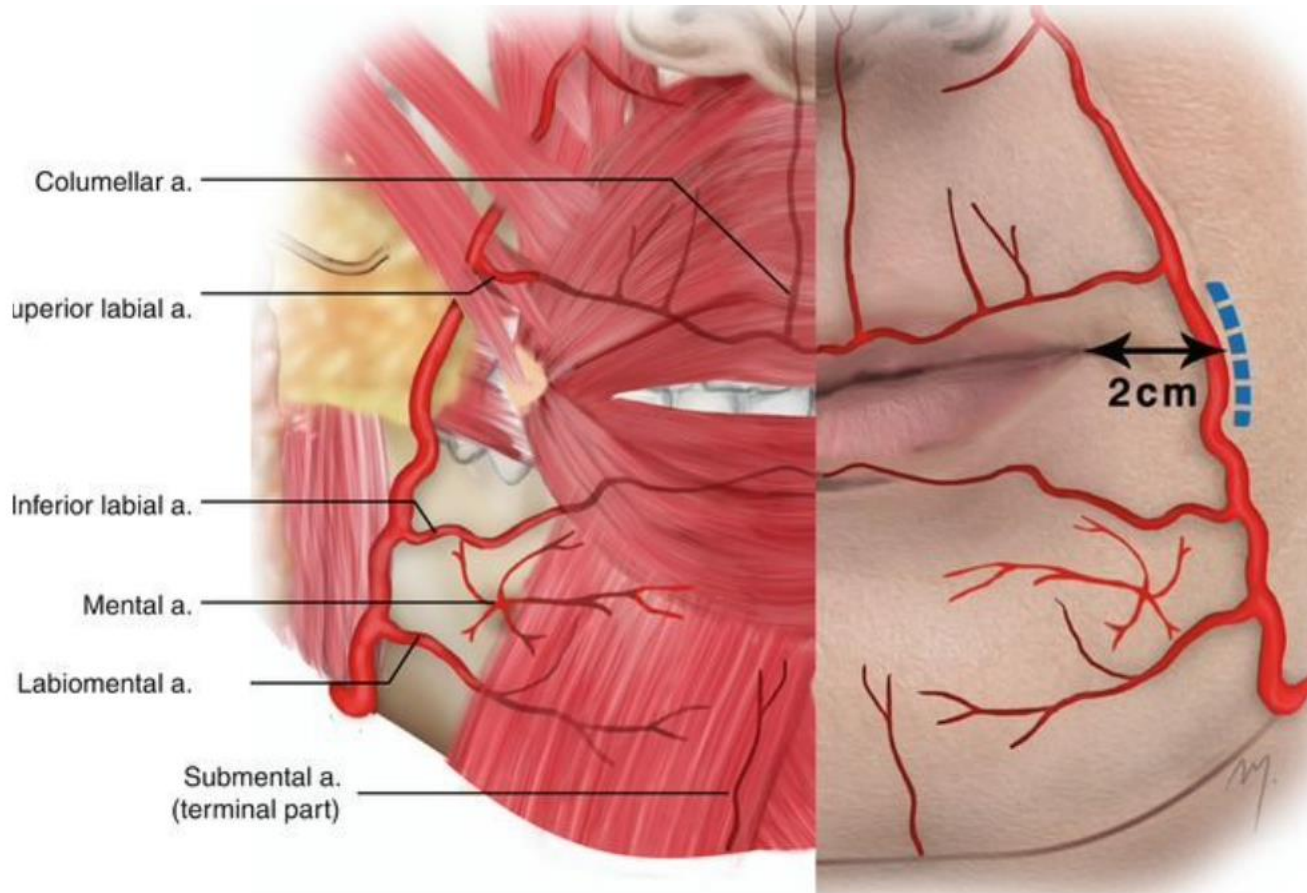
Popular procedures

Lip filler

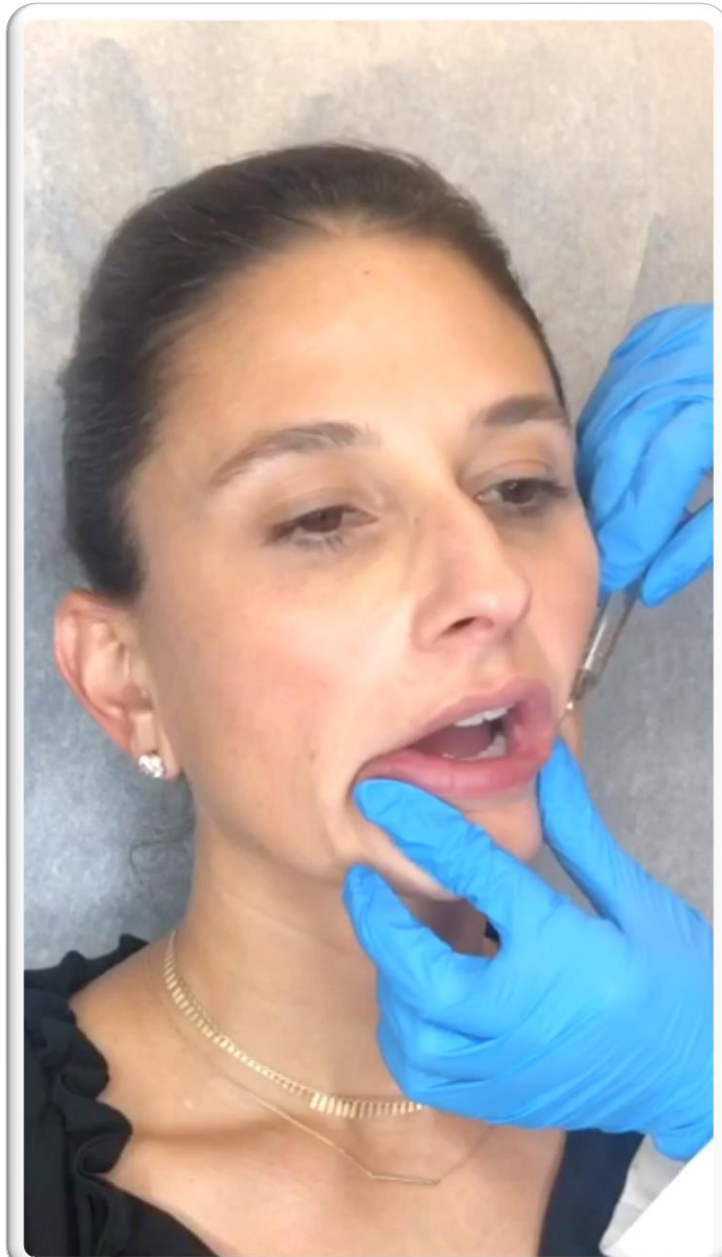
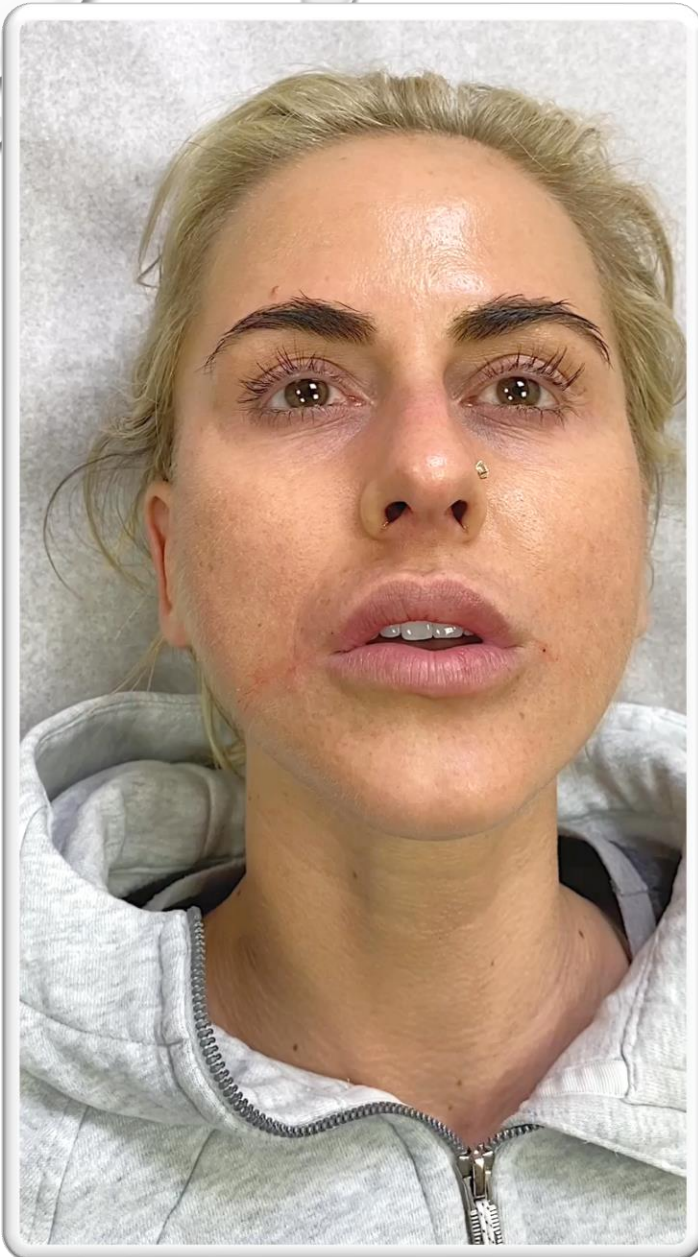
Undereye
filler

Jawline
contouring

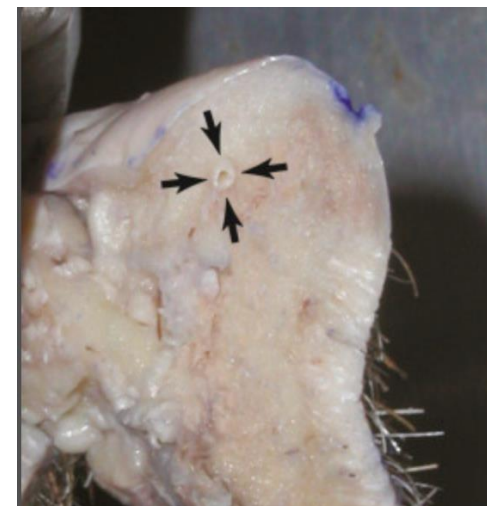
Lips / perioral



- Risk for vascular occlusion leading to local tissue necrosis
- FA: Deep to risorius / ZMM, around 15-20mm lateral to the commissure, with variations
- SLA: between orbicularis oris and oral mucosa or less often within orbicularis



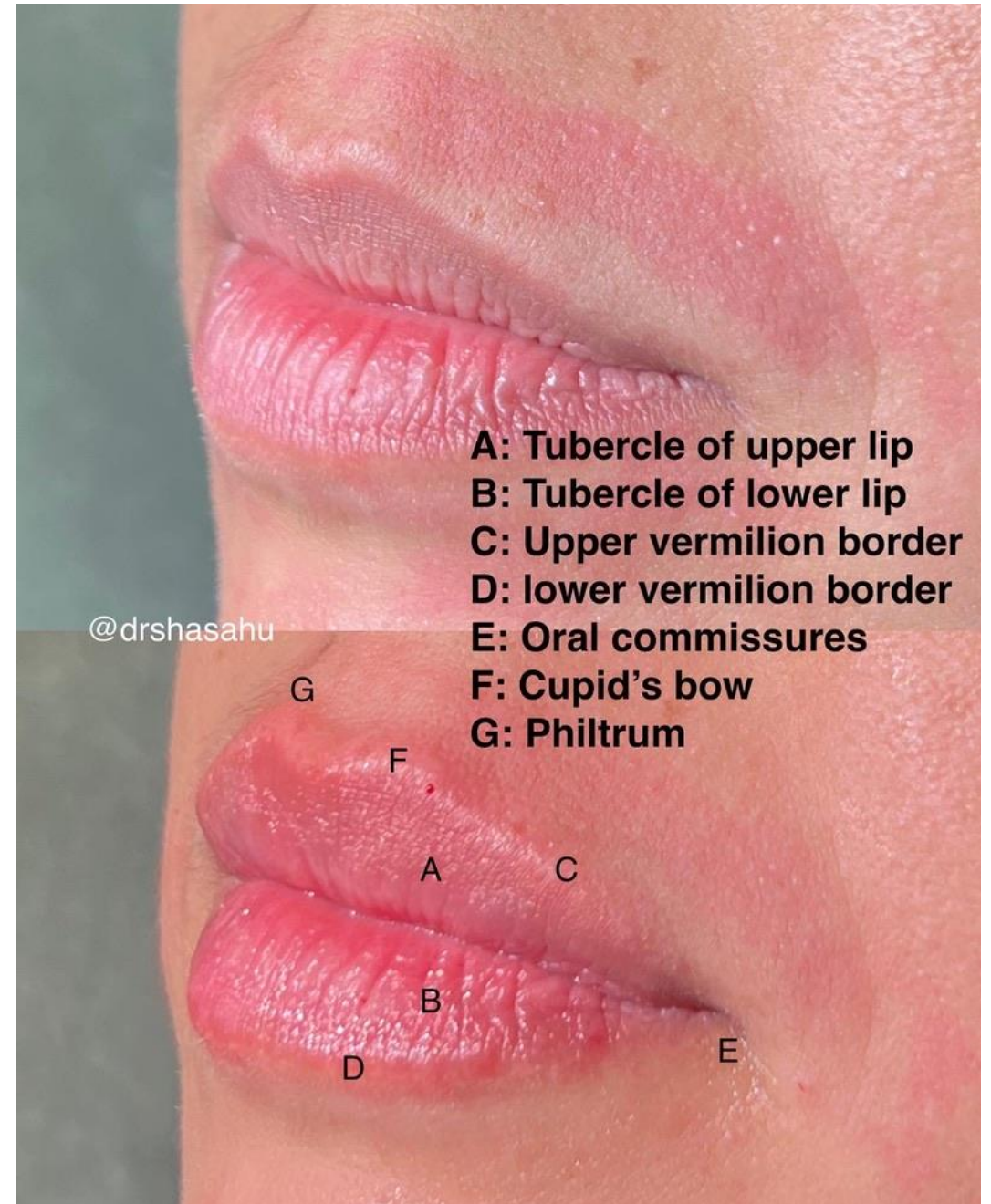
- **INJECTION DEPTH:**
Submucosal, anterior to mucosal-muscular interface
- Caution towards central vermilion
- Watch for signs of occlusion:
pain, pallor, blotchy erythema



Niamtu, K. Cosmetic lip surgery, 2018

Lip filler considerations

- Lip filler may be the “gateway” procedure for Gen Z (vs. neurotoxin for millennials)
- The devil is in the detail
- Manage expectation & post-procedure care
- Limit to 1ml per session



Static & dynamic





Minimize bruising



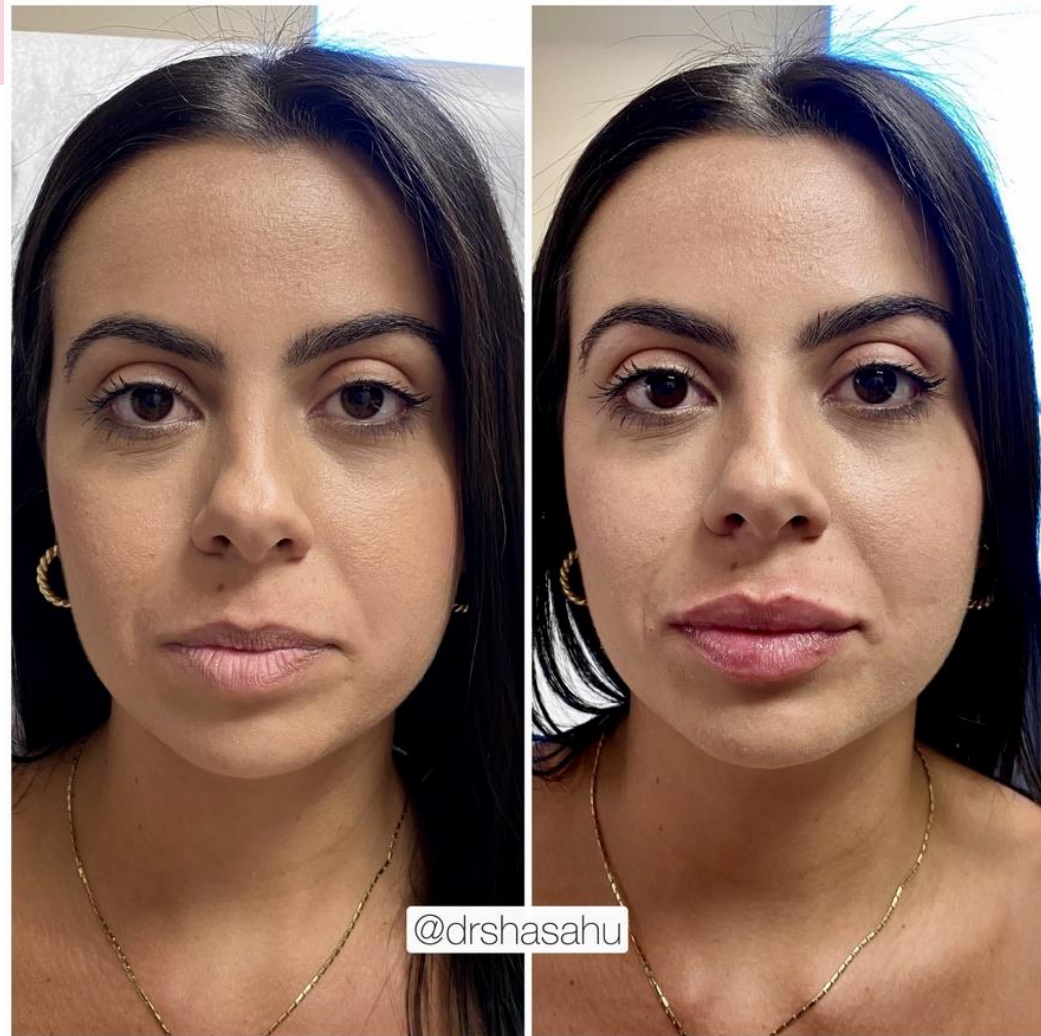
Profile matters



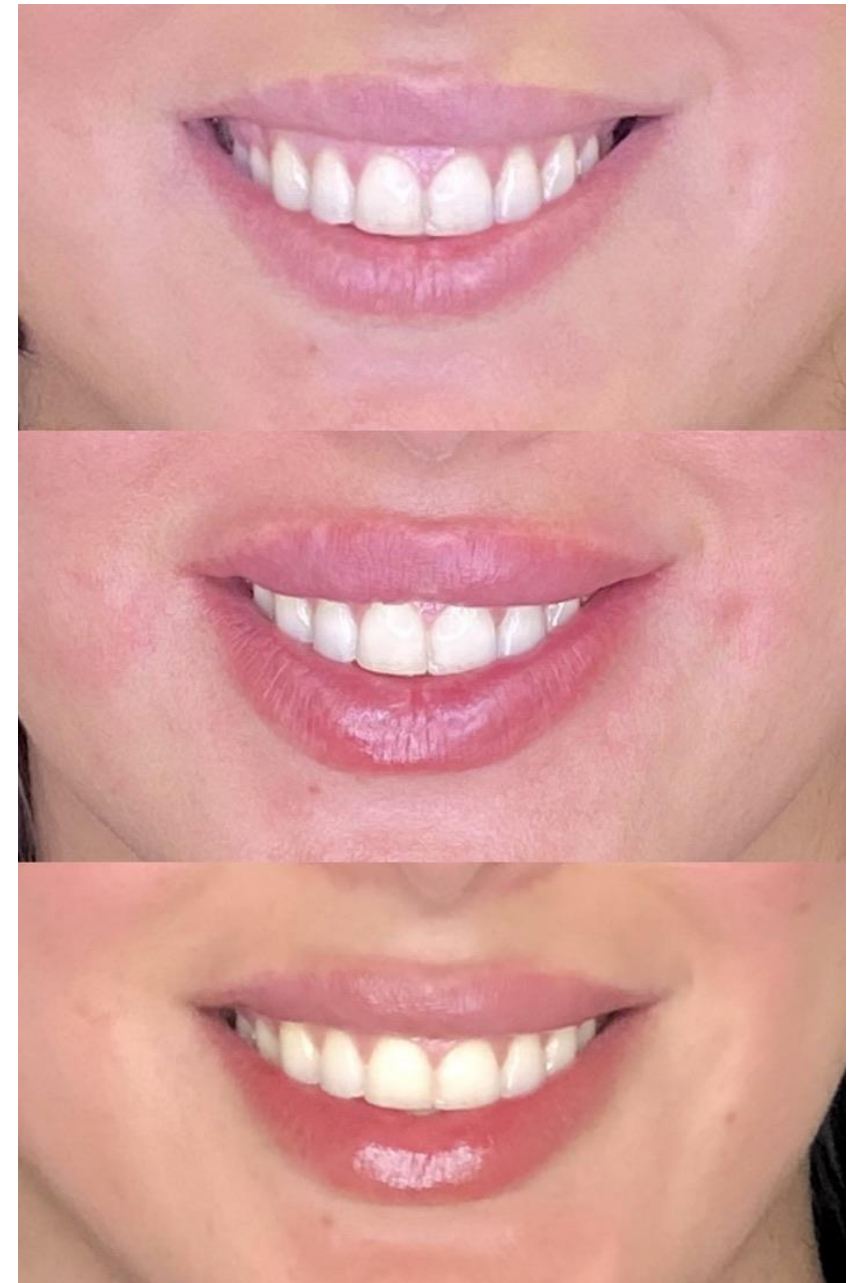
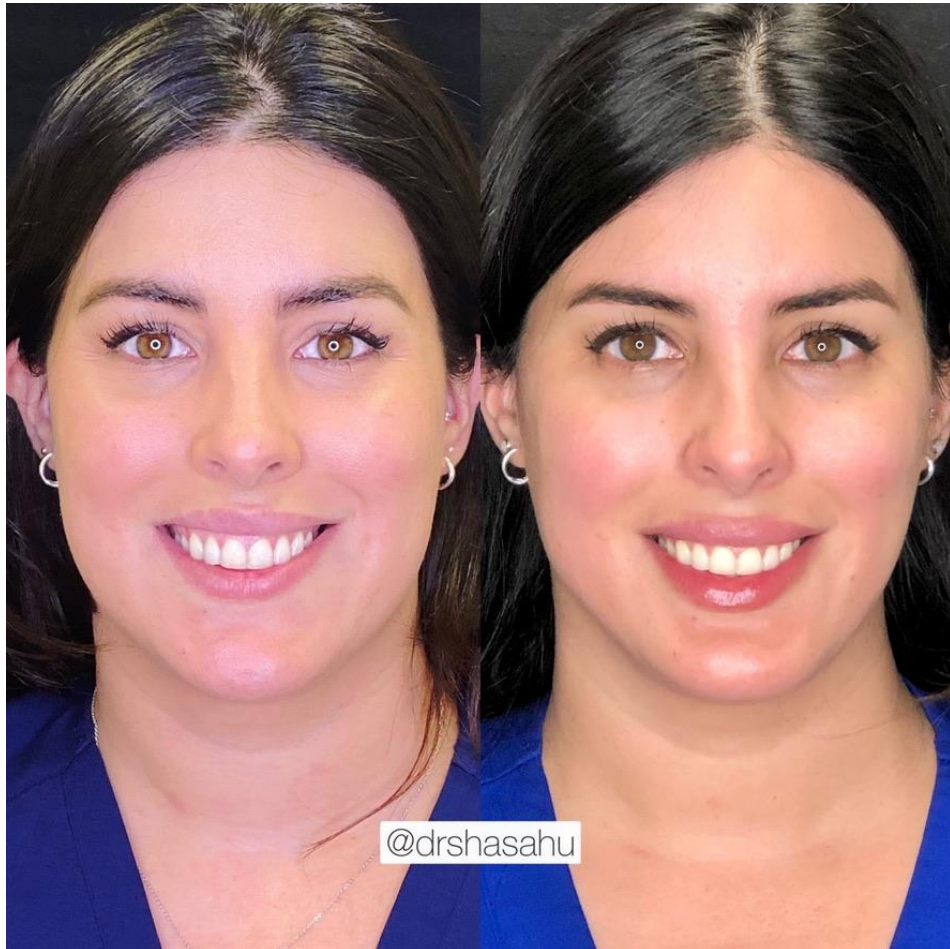
Balance



Proportion



The dynamic duo: lip filler + gummy smile BTA

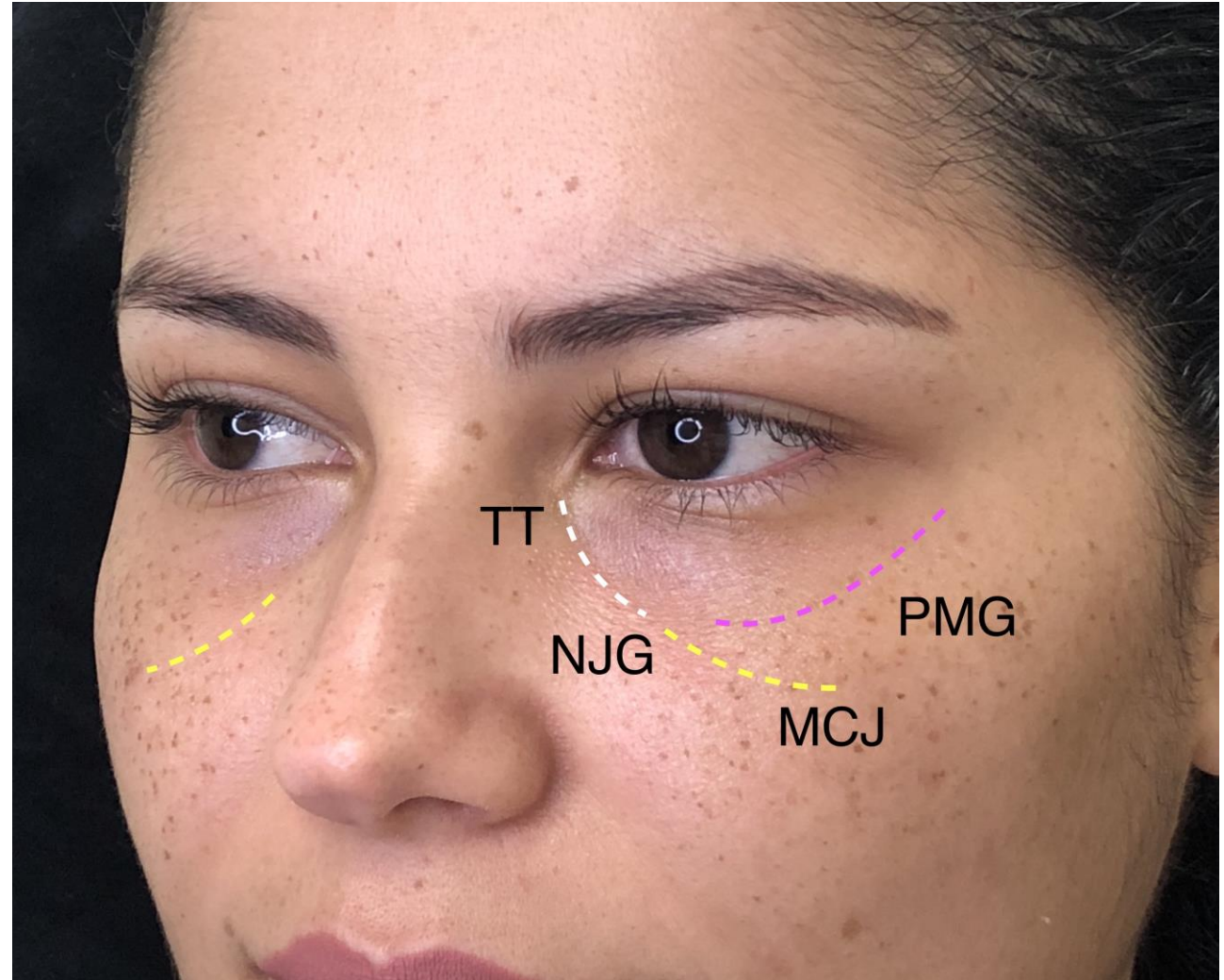


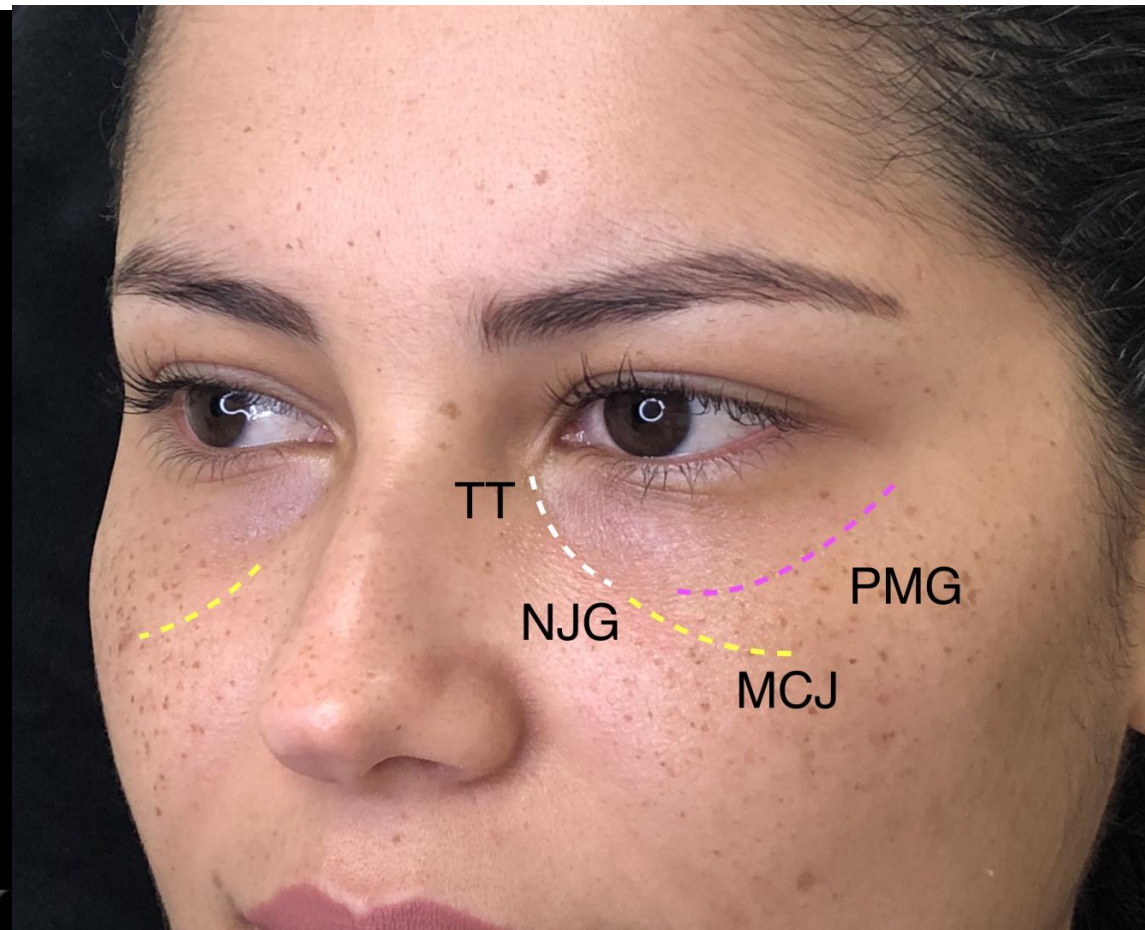
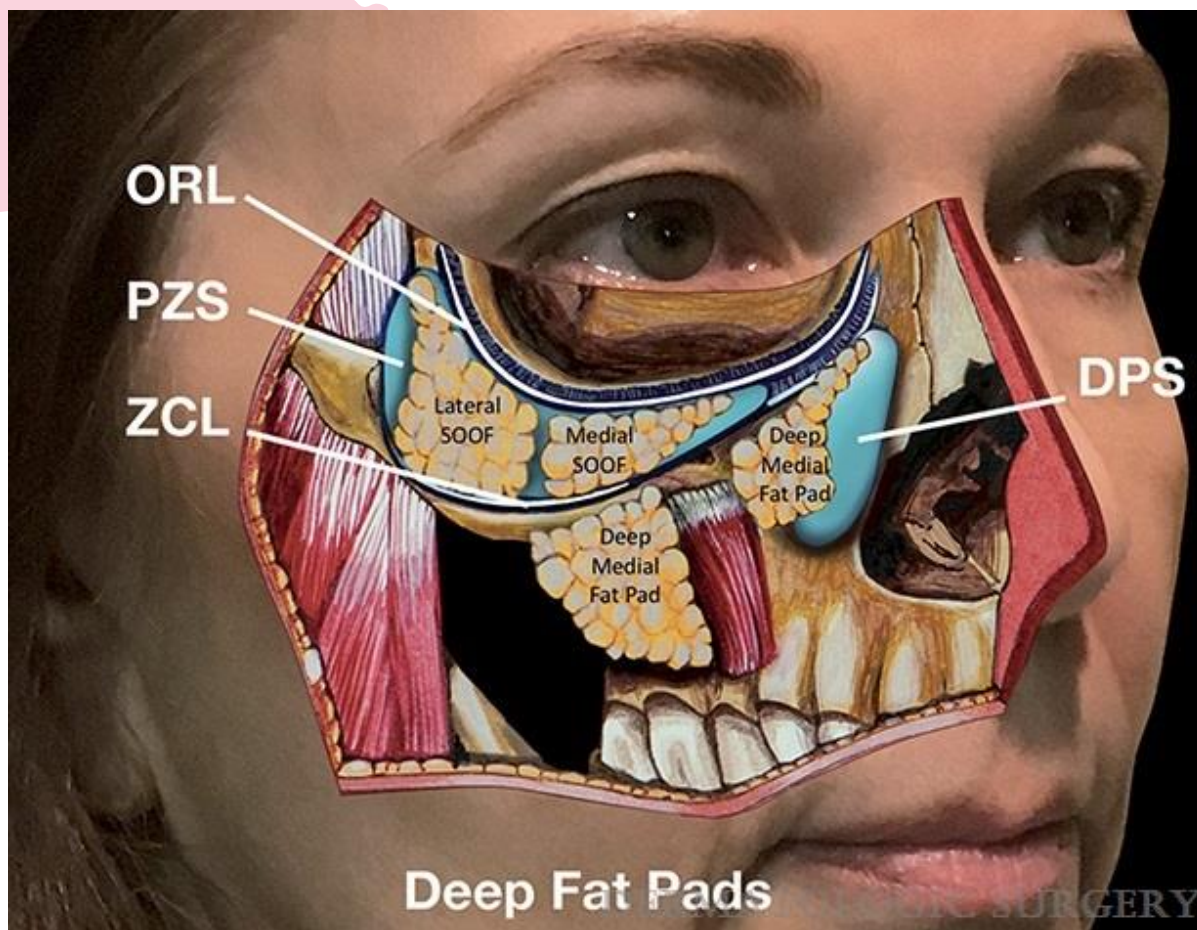
***Be prepared to
treat overfilled lips***



Undereye filler

- Infraorbital hollow/ “dark undereye circle” is a common aesthetic concern for both men and women
- May be the primary concern of younger patients seeking “natural” but “filtered” enhancement
- **Anatomy:**
 - Hereditary: deep nasojugal groove, suboptimal infraorbital malar complex
 - Aging related volume loss/ herniation of infraorbital fat pads, descent of malar fat pads





Deep fat pads of the infraorbital region and midface. DPS, deep pyriform space; ORL, orbital retaining ligament; PZS, prezygomatic space; ZCL, zygomaticocutaneous ligament. Illustrations courtesy of Rafael de la Fuente, MD, surgeon and medical illustrator.

Considerations

- Patient selection is critical
- Preserve natural TT and lid/cheek junction
- Aim for **undercorrection**
- Pay attention to cheek profile/ anatomy
- Consider correction of V deformity
- Incorporate neurotoxin for optimal result
- < 1ml HA filler (0.5ml per side) per treatment





1. CANNULA TO MINIMIZE PAIN, BRUISING

UNDEREYE FILLER



drshasahu
Andy Mineo, Lecrae · Coming In Hot

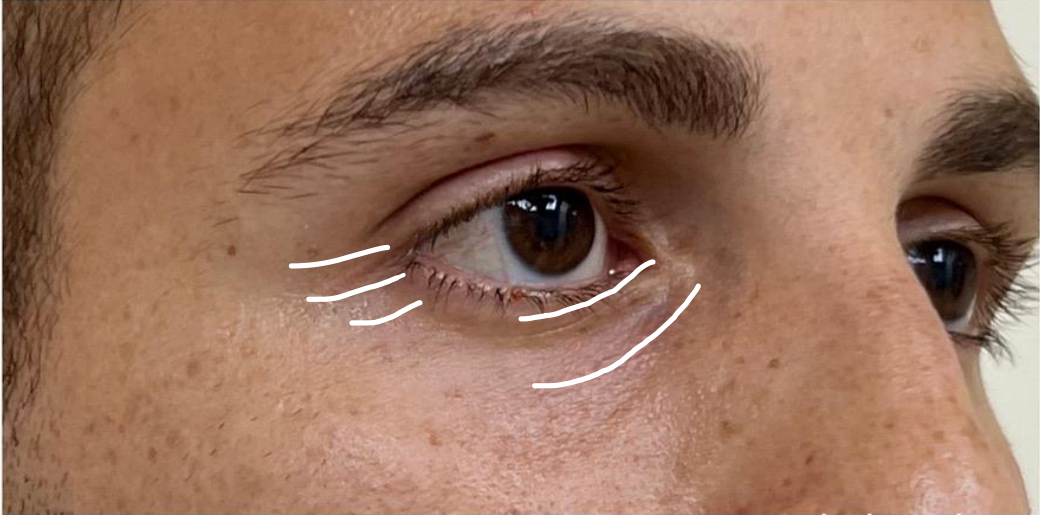
Undereye filler improves light reflection



Safe for skin of color patients



Undercorrection is preferred



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Progression







2018



2022



**AFTER 3 UNDEREYE FILLER
PROCEDURE WITH ME OVER 4 YEARS**

A large, light pink brushstroke graphic with a textured, feathered edge, centered on a white background. The stroke is roughly horizontal and slightly curved, resembling a hand-painted shape.

***Jawline contouring is the
new “lip filler”***

Profile / jawline beautification

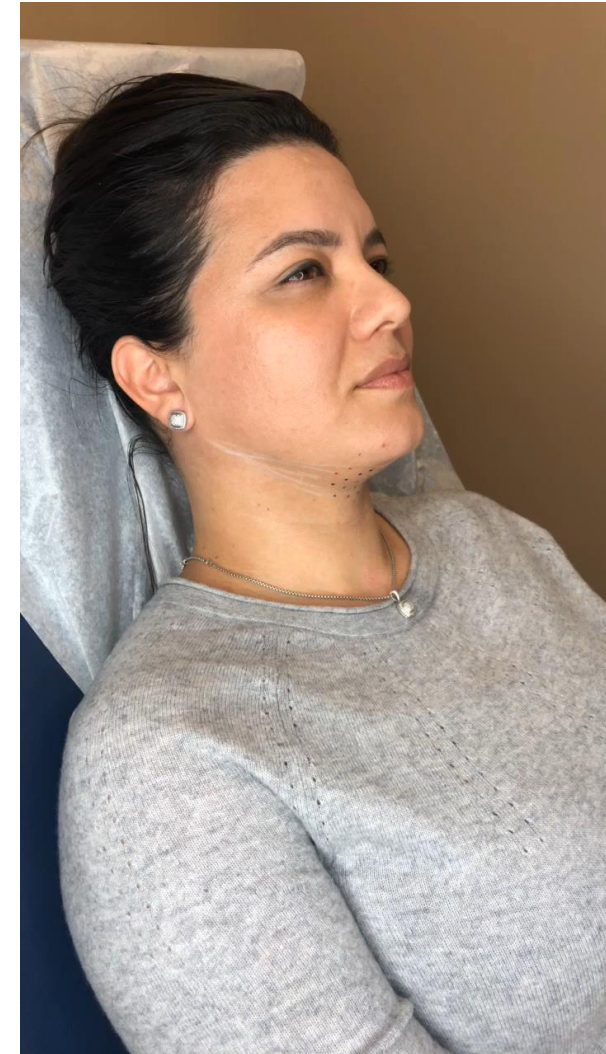
- Fueled by social media/ celeb transformation
- Chiseled, snatched, contoured jawline/ profile

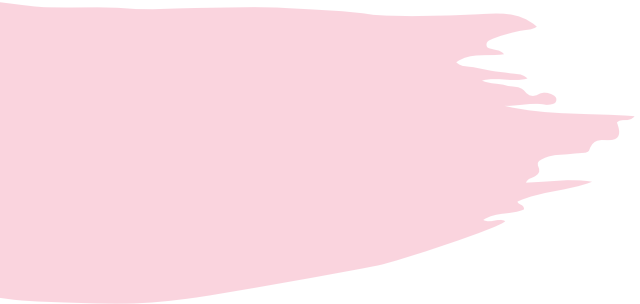


Injectable tools

- Deoxycholic acid
- Neuromodulator
- Dermal filler / biostimulators
- Treated area: chin, submental, jawline
- Improve projection, proportion, definition

Submental fat reduction





Chin filler



1 ml of HA to chin



Nasomental angle



Jawline filler



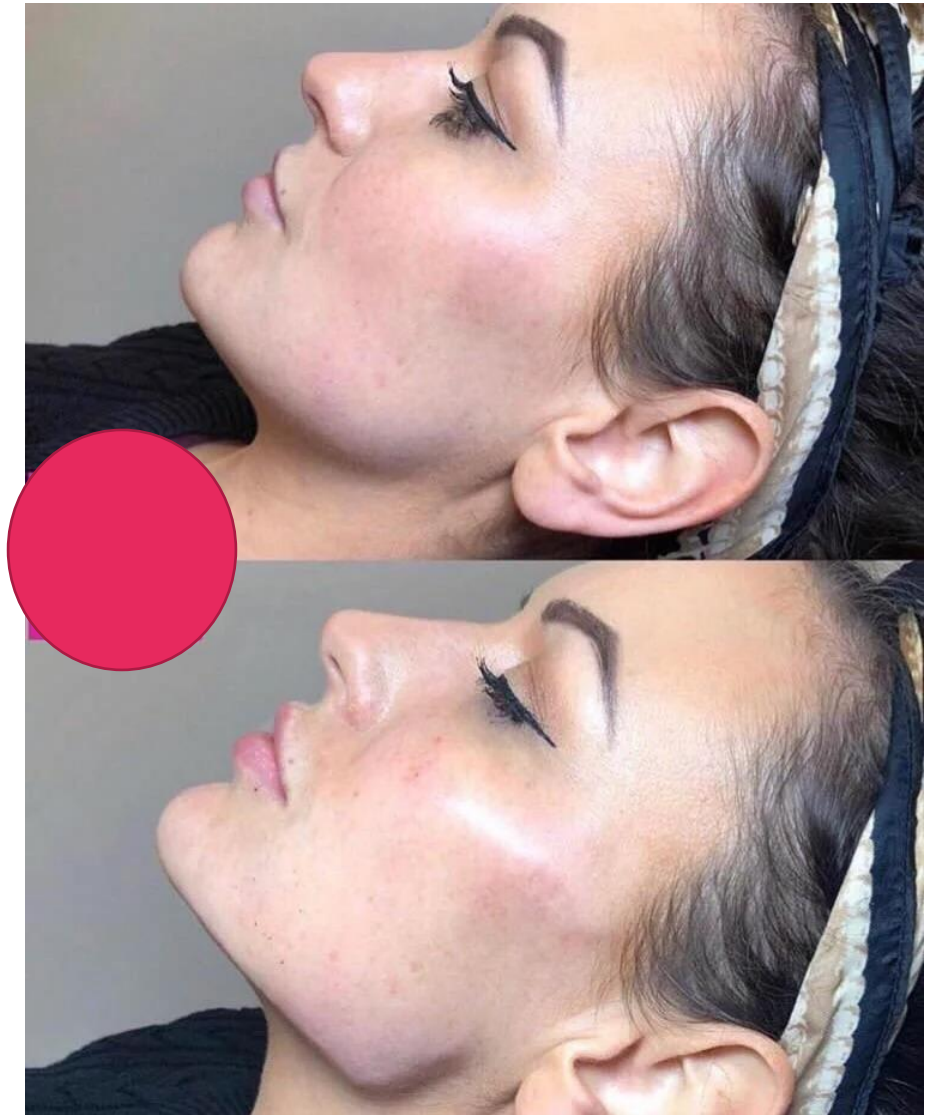
Customize product / volume based on gender, desired outcome





Considerations

- Avoid over-masculinization or filler migration by limiting quantity
- Manage patient expectation – we don't live in a static/ photoshopped world
- Optimal results with combination therapy



Deoxycholic acid + filler

5/2020

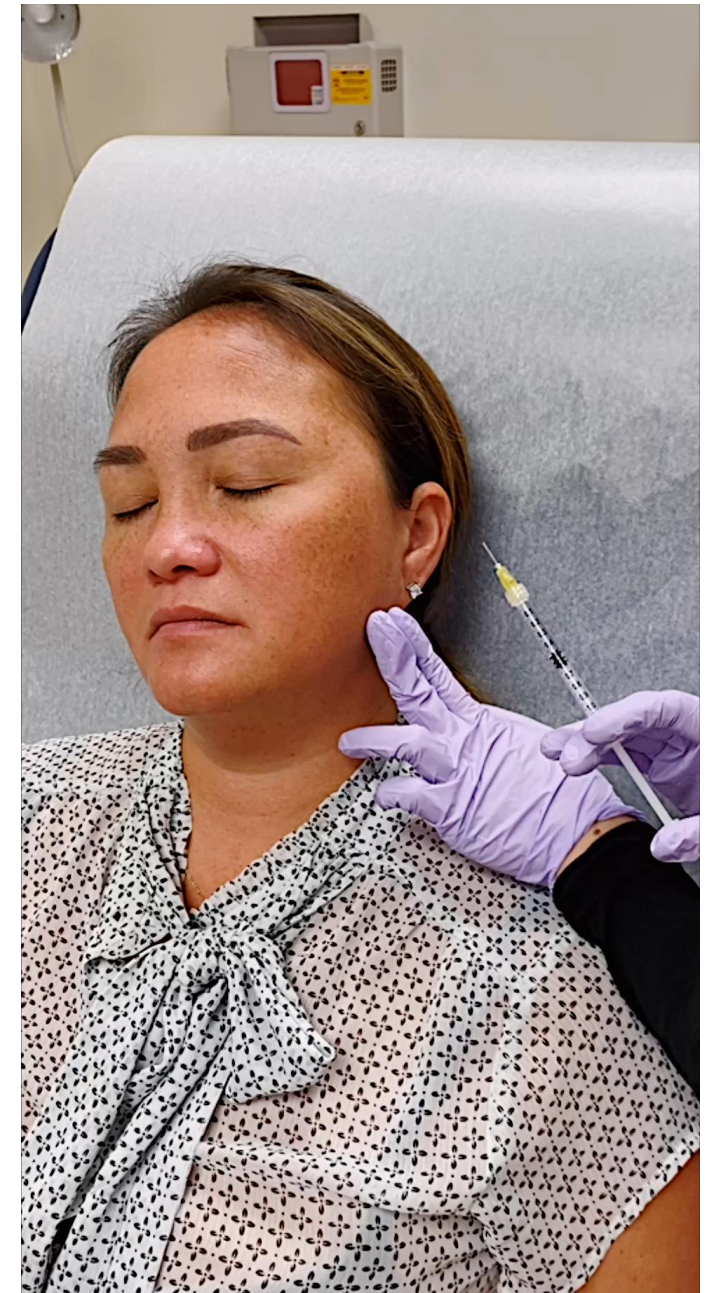
12/2020



Jawline and lip filler



Masseter BTA + chin filler + DCA



***WHEN IN DOUBT,
SAY NO!
OR UNDERCORRECT***

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A large, light pink brushstroke graphic that spans across the width of the page, with a textured, hand-painted appearance. It is centered vertically and horizontally.

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