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Avoiding aesthetic errors in facial volumization

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Introduction: Facial volumization is an integral part of facial rejuvenation today. Facial volumization errors are increasingly common, but can be minimized using a systematic approach to identifying and treating key facial aesthetic subunits unique to the aging face. Recognizing which subunits to treat and which to avoid is the basis for an optimal aesthetic result. Emphasis is on a three dimensional treatment approach using the facial aesthetic subunit principal devised by the author (Viewing isolated areas of aging in terms of facial aesthetic units which are part of pan-facial volume loss).

Materials & Methodology: Patients with evidence of volume loss in the temples, cheeks, forehead, nasolabial folds, mouth corners and/or lower lid hollows and were good candidates for injectable filler treatments were selected. The various facial aesthetic subunits were identified and demarcated using a white eye pencil. Certain facial regions such as the cheeks contained numerous facial aesthetic subunits which were similarly delineated. In each patient with volume loss: (1) The key volume-deficient facial aesthetic subunits were identified and demarcated using the facial aesthetic subunit principle for three dimensional facial volumization, (2) the lateral malar subunit was identified and volumized routinely whenever deficient due to its role in setting the mid-facial framework, (3) the submalar abyss of the submalar region was identified mainly for purposes of avoiding it, (4) once all pertinent subunits were demarcated, decisions were made on which subunits to fill and which to leave alone to maintain a natural appearance and (5) in patients desiring extended volumization of the upper face, this was performed to optimize facial balance and proportion. Pre-treatments photos were taken. Lidocaine was added to injectable filler when needed. The primary method of injection was with 25 g micro-cannulas. In patients with large areas of facial volume deficiency, an initial treatment was followed by 1-2 touch-up treatments. Patients were instructed to ice the treated areas 15 minutes on and 15 minutes off, for at least 6 hours after injection and to sleep on their back for the next 7 days. The purpose of serial treatments was to achieve accurate results. While various fillers were used, the author's filler of choice was BellaFill, due to its 5 year longevity and collagen stimulatory effects. Post-treatment photos were taken at a minimum of 1 month post the final treatment.

Results: All patients were adequately volumized with injectable filler. No granulomas, nodules or adverse effects were noted in any patients. All patients had satisfactory and natural looking restoration of facial volume as measured by the patient's subjective assessment, the injector's objective assessment as well as through comparison of before and after treatment photos.

Conclusion: The facial aesthetic subunits principal is a useful systematic approach to help avoid errors in facial volumization from injectable fillers. The key lies in not identifying the correct facial aesthetic subunits to volumize, but equally important, is identification of the specific facial aesthetic subunits to avoid. Implementation of this principal can also optimize facial balance and proportion to give a more natural looking result.

Biography

Anita Mandal is a Facial Plastic Surgeon who has been in practice for the past 20 years. She has completed her Medical degree from Wayne State School of Medicine. She went on to complete a Residency Otolaryngology-Head and Neck Surgery at Detroit Medical Center followed by a Fellowship in Facial Plastic and Reconstructive Surgery with the Glasgold Group for Plastic Surgery. She is specialized in facial rejuvenation. She is certified by the American Board of Facial Plastic and Reconstructive Surgery.

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