

Dermal Fillers

The dermal fillers, that Ms Nugent uses, are composed of hyaluronic acid (HA). HA is a naturally occurring substance in the body so allergic reactions are less likely to occur than with the older products or those that are not naturally found in the body. HA is a clear gel that is injected in small amounts underneath or into the skin to plump out the area. There are numerous HA fillers on the market but some examples of those that Ms Nugent uses are the luvedermTM and RestylaneTM ranges.

Indications for procedure

HA fillers are used to fill out wrinkles or lines in the face and to add volume or more definition to areas of the face e.g. lips, cheeks, around the eyes, nasolabial folds. They can also be used to subtly reshape noses in some people. HA fillers can give a very natural rejuvenating effect to the face and they can also be used to augment or enhance areas such as the lips.

Suitable areas for HA fillers include:

- Lips
- Lines around the mouth and chin
- Cheeks
- Under eye area
- 8 point/liquid facelift this is when 8 specific points on each side of the face are treated with tailored amounts of HA filler to achieve a subtle rejuvenating effect on the entire face.
- Nose
- Hands
- Deeper wrinkles that have failed to respond to botulinum toxin (BotoxTM) treatments

Dermal fillers may be used in conjunction with other facial rejuvenation techniques such as Botox or surgical procedures such as facelifts to compliment and enhance facial rejuvenation.

Contraindications for procedure

You should not have HA filler treatments in the following situations:

- You are pregnant or breastfeeding
- You have a history of lumpy or keloid scars
- If your skin is very thin such as after steroid medications, it may not be suitable for dermal filler injections.

If you take medication or supplements that thin your blood you will be more at risk of bruising or bleeding after the procedure and may not be suitable for treatment with dermal fillers. Please inform Ms Nugent of all products taken.

If you suffer from cold sores, you may need to take a course of antiviral medication prior to treatment to prevent reactivating the cold sores. Please inform Ms Nugent if you have suffered from sold sores.

Procedure details

Dermal fillers can be given in an outpatient setting. A needle or cannula is used to inject the filler into the treatment areas. It takes 15 to 50 minutes depending on how many areas are being treated. An ice pack or local anaesthetic cream may be used to soothe the area prior to injection and help reduce bruising. The injection can sting a little during the procedure but most of the HA products that Ms Nugent uses also contain local anaesthetic to aid in your comfort. The area will be gently massaged afterwards.

Pre and post treatment clinical photographs of the treated areas are taken.

Post procedure course

Some redness and swelling occurs around the treated areas but this generally settles quickly. You will need to avoid sun exposure until this resolves. There may be some initial discomfort but this settles and if necessary analgesia such as paracetamol can be used.

Recovery

Cool compresses may be useful to reduce any swelling or bruising. Any medication or supplements that increase the risk of bleeding such as aspirin, St John's wart, ibuprofen should be avoided for 5 to 7 days.

Exercise should be avoided on the day of treatment. You can wash your face afterwards with soap or plain face washes and water. Cosmetics can be applied to your face afterwards.

Complications

While most treatments go very smoothly and patients are delighted with the results, as with any procedure there are some risks associated with HA dermal fillers.

Bruising, swelling and tenderness at the injection sites can occur.

Allergic reactions to HA are rare but can happen.

Occasionally contour irregularities or "lumpiness" can occur.

Infection around the injection sites can occur although this is rare.

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If overtreatment of an area occurs, the area is firmly massaged to help distribute it more widely and reduce the effect until the body resorbs the HA. If necessary an injection can be used to dissolve the HA in the overtreated area but it is best to try to avoid being in this situation by subtle treatments.

If an area is undertreated, a "touch-up" treatment can be given at your follow up appointment.

In some very rare cases, areas of skin necrosis (skin tissue death) have occurred when the HA filler has blocked a blood vessel to the skin. Should you find yourself in this situation, the HA filler will be treated to dissolve it and you may require further treatment of the skin surface to improve the blood supply. Further treatment of the involved skin depends on the location and extent of the problem. In many instances, no further treatment is required other than monitoring while corrective treatment is necessary in some.

In even rarer situations blindness has been reported in the medical literature when the filler has blocked a blood vessel to the eye and again treatment to dissolve the HA filler is necessary. Further treatment depends on the severity of the problem but would certainly require assessment by a Consultant Ophthalmologist (eye specialist).

Longevity of procedure

Ms Nugent does not use permanent dermal fillers as they are associated with more problems than HA fillers. The fillers used in her practice last between 6 to 18 months. They are then naturally broken down in the body. Repeat treatments are scheduled at that stage to maintain the effects.

I have read the above information on de proceed with hyaluronic acid filler treat		wish to
Signed:	Date:	
Name:		
Ms Nora Nugent	Date:	
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