

Lip augmentation: a multi-product approach

Dr Beatriz Molina shares her technique for lip enhancement using a multi-product approach in both younger and more mature patients.

Lips are an important feature of the face which can be treated with non-surgical interventions.

Millennials are looking for lip enhancement through sculpting and sometimes remodelling this area, while mature women will require a restoration of this area, which may also include volumisation.

We must take into account age, skin quality and, when selecting our fillers, the rheological properties of the fillers. Balancing the rheological properties will enable correct volumisation without compromising the appearance.

It is considered that for sculpting and volume we will need a high G' (G-prime) with a tan delta = 0.1. Whereas for sculpt / remodelling a medium G' and tan delta = 0.3. The Aliaxin® range includes six different fillers which I can choose from depending what I want to achieve.

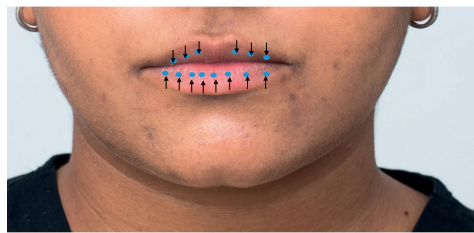
For ageing lips which require restoration of the whole perioral area, I usually use Fine Lines (FL), with the lowest G'. This filler is relatively safe to be placed superficially. And if I require some restoration with volume then I can use Global Performance (GP) instead.

For young patients wanting to sculpt or volumise their lips, I will use Lip Volume (LV).

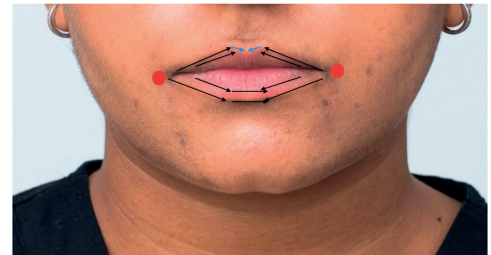
My technique

Option 1: Using a linear retrograde technique intradermally along the

• Small bolus filler
→ Entry point for needle



• Point of entry for the cannula
→ Linear retrograde technique with cannula (0,1 to 0,2 ml per linear injection)
→ Linear retrograde technique with needle



vermillion border including the Cupid's Bow area using a 30G 12mm needle. The grey of the needle can be seen through the dermis when injecting and a temporary tissue blanching of the immediate vermillion border occurs. This should not be confused with blanching associated with vascular compromise. Changing the needle regularly is essential to have a sharp needle which allows accurate placement within the dermis and avoids unnecessary tissue trauma. Maximum 1ml in total.

Option 2: Small bolus' along the vermillion border intradermally, using a 33G 8mm needle.

Option 3: Linear retrograde technique intradermally along the vermillion border, not including the Cupid's Bow area, using a 25G 38mm cannula (note that for vermillion border we will have to use same technique as above with needle 30G) with an entry point just lateral to the oral commissure. A cannula allows consistency in the depth of placement of product, and it is likely to be safer for reducing vascular penetration. Maximum 1ml of filler in total. With this

technique we can easily work on upper lip lines, corners of the mouth and even nasolabial folds if required.

Option 4: Linear retrograde technique intramuscular, 2-3mm below the vermillion border, placement between the vermillion border and the wet dry border, using a 25G 38mm cannula with an entry point just lateral to the oral commissure.

Summary

Lip filler treatments are commonly requested, and while a single filler approach to simply augment a lip may be suitable for a patient in their early 30s with no significant perioral ageing, the same approach in an older patient with multiple visible ageing facets will result in a poor and unnatural outcome, therefore a multi-product solution is required for optimal aesthetic results.

AUTHOR



Dr Beatriz Molina,

Founder and Medical Director, Medikas Ltd, Somerset, UK.

Declaration of competing interests: None declared.



Before and after treatment of lower lip with Aliaxin® LV.