

Making Fillers a Success Through Technique and Patient Education



Fillers are among the top minimally invasive cosmetic procedures performed by dermatologists. Successful technique involves a combination of patient education and preparation, knowledge of how to best use different fillers, and awareness of potential side effects.

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What does your patient need to know at the first visit?

In my practice, we try our best to start the education process before the patient even comes in for the first visit. If a patient is going to have a filler injection, we mail out an information packet that contains information on what to expect, how to minimize bruising, what side effects (eg, bruising, swelling) may occur, and what to avoid posttreatment. By providing them with this information prior to their visit, they can better plan their treatment around social and work obligations.

We ask patients to avoid or minimize blood-thinning agents such as aspirin, ibuprofen, fish oil, or vitamin E starting 2 weeks prior to and 1 week after the procedure. We recommend that patients take a pineapple extract such as bromelain 500 mg twice daily on an empty stomach starting 1 week prior to the treatment and for up to 1 week post-treatment. We ask that patients avoid exercise for 24 hours to reduce late-onset bruising and to avoid dental work for 2 weeks posttreatment to reduce the risk for the filler becoming infected.

What are your go-to treatments?

I use a variety of fillers depending on the area I am treating (thin vs thick skin) or the amount of lift I need (ie, G') (Restylane [Galderma Laboratories, LP]

has a high G', thus it gives a lot of lift) versus the amount of water absorption I am seeking to further plump an area after the filler integrates (Juvéderm [Allergan] can absorb up to 300% its weight in water) versus the filler's cohesiveness (Belotero [Merz Aesthetics] is highly cohesive). If I am treating a thin-faced individual, I may start with a global volumizer such as poly-L-lactic acid to get a good foundation set in the temples, cheeks, and jawline, and then after a few months, I will add a hyaluronic acid filler to focal areas that still need to be lifted (eg, nasolabial folds, tear troughs).

What are the side effects?

Side effects are divided into common and rare. Common would be bruising and swelling, which are temporary and will go away in all patients. Rare but serious side effects are infection and embolization. Both can cause notable tissue loss and risk to the patient. Every practitioner needs to know how to recognize and treat these complications should they arise.

How do you keep patients compliant?

Patients who get good results will always return, which means being up front about how much filler a patient needs and how frequently he/she will need it, and also doing everything we can to reduce bruising and swelling.

SUGGESTED READINGS

- Dayan SH, Arkins JP, Brindise R. Soft tissue fillers and biofilms. *Facial Plast Surg*. 2011;27:23-28.
- Orsini RA; Plastic Surgery Educational Technology Assessment Committee. Bromelain. *Plast Reconstr Surg*. 2006;118:1640-1644.

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