

A Personal Approach for Lip Augmentation

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Lip augmentation is probably amongst the most sorted after cosmetic procedures, multiple approaches and techniques exists. Herein, the author describes his personal approach for lip augmentation using hyaluronic acid fillers in a step wise, consistent, approach that would be helpful for the day-to-day practicing aesthetic physician.

First step is to start with enhancing the vermilion border of the upper lip, this establishes two goals. First defining the vermilion border; or the white roll; of the upper lip, second when using a hyaluronic acid that is premixed with lidocaine it serves as a nerve block for the upper lip that numbs it and puts the patient at ease when doing the actual lip volumization and augmentation. This is achieved by a series of linear retrograde injections starting at the oral commissure using a 30 gauge; ½ inch needle. Every injected part numbs the sequential part and so on and so forth. The linear injection approach should follow the vermilion border in a superficial subcutaneous level, with the non-dominant hand index and thumb holding in place the product from the sides to limit any product spill out beyond the vermilion border. Once the injections are followed through the vermilion border reaching the cupid's bow, the same technique is done on the contralateral side. The product amount placed ranges usually between 0.05 and 0.1 CCs (figure 1, black arrows).

The second step is the lip volumization or augmentation. The same syringe of the filler is now mounted with a 25-gauge cannula and a 50mm length. The rationale for using a 25 gauge cannula is to minimize the risk of intra vascular occlusion as the superior labial artery has been shown to be in the subcutaneous level superficial to the orbicularis oris muscle in approximately 2% [1] – 5% [2] that can occur on different points along its course, and second the cannula ensures a more accurate placement of the product in the subcutaneous level, superficial to the oris muscle as it has been shown that cannula are more precise than needles in placing the product [3]. The opening for advancing the cannula is created at, or just lateral to, the oral commissure with a 23-gauge needle, the cannula

is then advanced to the middle of the upper lip (the midline) and the product is placed superiorly and inferiorly in a tilted V-shaped manner, in the subcutaneous level and superficial to the oris muscle as shown in figure 1, green arrows. Then, while withdrawing the cannula, the product is placed in a linear retrograde manner until reaching the oral commissure. The same approach is done to the contralateral side, the approximate amount of product placed is around 0.3 CCs on each side.

For the lower lip, augmentation and volumizing approaches differs from the upper lip as most of the work is focused on the middle third. The entry is approximately at the junction between the lateral third and the middle third of the lower lip of each half. Product is placed subcutaneously superficial to the oris muscle using a 30 gauge, ½ inch needle, to create the two bellies of the lower lip by injecting small bolus of approximately 0.1 CCs and feathering laterally towards the entry point. This will create a round to oval shape on both sides of the midline of the lower lip creating a small but attractive depression between the bellies (figure 1, red). Once that is finalized, the next step would be injecting a linear retrograde placement of the product subcutaneously just superior to the vermilion of the lower lip starting at one midpoint of one of the two bellies; just created; and ending at the other, what this creates is a subtle but aesthetic protrusion of the middle third of the newly augmented and volumized lower lip (figure 1, yellow arrow). Once that is established, then to finalize the shape of the “heart shaped” lip, two vertical pillars of the product are placed underneath the peaks of the cupid's bow on both sides of the upper lip entering vertically and superficially through the vermilion border at the peak of the cupid's bow reaching the junction between the dry and wet lips and injecting a small amount of approximately 0.02 CCs in a linear retrograde column shape (figure 1, blue arrow). Once that is finished then the lip is massaged using an ointment either a topical antibiotic ointment or just a moisturizing ointment or gel to smooth out any irregularities and gives the patient a smooth glossy attractive and volumized lips (figure 2 & 3). It is worthwhile mentioning that the amounts stated here are merely sugges-

tive, as certainly every patient needs to have the amount of product placed tailored to their own desired lips. (Video demonstrating the technique is available at https://youtu.be/s6k3vUYxI_8).

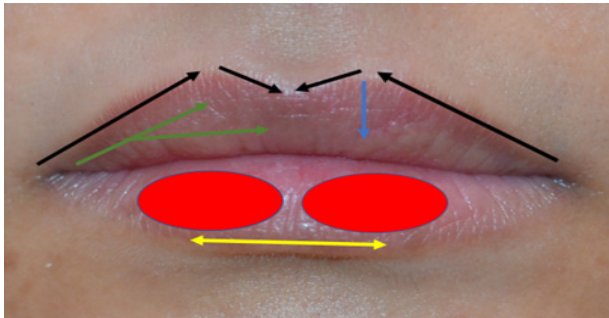


Figure 1



Figure 2



Figure 3

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