

Column: Signature master-classes of N. Mikhaylova

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Face Harmonization with HYALUFORM Products

The most popular product for contour plastics is fillers based on stabilized hyaluronic acid (HA), and this is explained by the long-term experience of their application, proven efficiency and effectiveness as well as safety. Thanks to new technologies, universal products were created. Being bi-phase gels by their essence, those products possess the effects of both bi- and mono-phase fillers.

Modern cosmetology has quite a broad spectrum of means that ensure slow and beautiful aging. Among them, skin quality work (mesotherapy, biorevitalization, bioreparation, superficial and medium depth peels), and frontier techniques which restore not only the structure of the skin but also ensure an excellent lifting effect (mesothreads). Frequently, wrinkles develop due to apparent hypertension of the muscle tissue, and the right hand, in this case, is botulinum toxin (BTX).

One of the mainstream trends in the aesthetic medicine is filling, or replenishment of volume depleted areas with the help of implants. This technique allows to immediately get the desired effect and preserve it for quite an extended period but also enables form and volume corrections (the recent approach is to call it 'beautification') among young patients. And it completely meets the requests of clients and specialists.

Because HA is capable of complete bio-degradation, we can have a targeted approach to each problem by using fillers of different density and augmenting appropriate areas depending on the expressiveness of a problem because by lapse of time the skin and subjacent tissues keep aging. Thus, a sound effect of gravity ptosis treatment is not always achieved solely by the folds filling. Volumization here will not only help to move depressed fat pads from the lower face back into the midface (thereby, ensuring a better oval and bringing it as close as possible to the desired 'Triangle of Youth') but it will also decrease expressiveness of folds and creases.

HYALUFORM Fillers

An advanced representative of such fillers is the line of HYALUFORM (Laboratory TOSKANI LLC, Russia), represented by three products: HYALUFORM 1.8% filler NORMAL, and HYALUFORM 2.5% filler DEEP for intradermal injections; HYALUFORM 2.5% filler SUB DERM for volume modelling.

A new production technology, 'cross-modul,' was used for this line. It is a multi-stage process of stabilization the purpose of which is to obtain a homogeneous compound of similar size particles of highly and partially stabilized HA and to drastically decrease the amount of butadiene diglycidyl ether (BDDE) due to the approach when this chemical agent only appears in hydroxyl groups of end-sections of highly stabilized particles.

As a result, this technology generated universal products. In essence, they are bi-phase gels with the effects of both bi-phase and mono-phase fillers. Moreover, the line of HYALUFORM products combines their best qualities, such as:

- long-term retention of the effect and revitalizing action due to the primary biodegradation;
- uniform particle size which is natural for bi-phase fillers; even distribution of the gel; harmonious replenishment of volume deficits; homogeneous biodegradation; high plasticity – which are characteristic for mono-phase fillers.

The advantages of HYALUFORM fillers:

- the innovative formula of the products was developed with due consideration of the rigorous requirements for the features, quality, efficiency, and safety (ISO 13485), and an international patent protects the formula;
- steady filler action, high plasticity, ideal integration in the tissues; the risk of hypercorrection is excepted;
- the quick result after the treatment, no need in recurrent correction;
- no expressed edema;
- complete and even biodegradation;
- smooth product passing through small diameter needles and cannulae, with supreme comfort and no pain for patients; and
- reasonable price

Face Harmonization Procedure

Objective: volumization of the mid-face to make the oval even, reduce pronounced nasolabial folds, and ensure lips beautification (figure 1).

Figure 1. Before the treatment.

Products: HYALUFORM 2.5% filler SUB DERM; HYALUFORM 2.5% filler DEEP; HYALUFORM 1.8% filler NORMAL (all of them are produced by Laboratory TOSKANI LLC, Russia); anaesthetic cream - J-Pro Cream (JRP Co, Корея); disinfectant (0.05% solution of chlorhexidine); "Keladerm" cream (Laboratory TOSKANI LLC, Russia).

Equipment: 1.5 ml syringes; needles 0.4 × 13.0 (27G); 0.3 × 13.0 (30G); cotton pads.

1. Anesthesia

Apply anesthetic cream J-Pro Cream on the clean skin (figure 2). Exposure time is 30 minutes.

Figure 2. After the application anesthesia.

2. Mapping

Delete the rests of the anesthetic cream (J-Pro Cream) and make mapping on either side. The first line — a vertical line goes down through the projection of the raphe between the frontal and temporal bones, in some instances, it also goes through the external orbital rim (figure 3). This line conditionally divides the mimic and masticatory parts of the face.

Figure 3. Mapping. First line.

The second line — make a line in the lower orbital rim to connect the first line and the inner

eye canthus (figure 4).

Figure 4. Mapping. Second line.

The third line — make a line in the lower part of the cheek-bone to connect the first line and the inner eye canthus (figure 5).

Figure 5. Mapping. Third line.

A median line goes down from each vertex. The intersection of all the three median lines is injection point I (figure 6).

Figure 6. Mapping. Injection point I.

Conditionally, divide the distance between point I and the mid-pupillary line into three, the boundary between the middle and external thirds is injection point II (figure 7).

Figure 7. Mapping. Injection point II.

Let us connect the intersection point of the first and second lines (in the orbital area) with the superior insertion of the auricle on the scalp (fourth line). Thus, we get the second triangle. The intersection of its median lines is injection point III (figure 8).

Figure 8. Mapping. Injection point III.

Let us draw a straight line from the first vertex to the superior insertion of the auricle. Thus, we get the third triangle. The intersection of its median lines is injection point IV (figure 9). Ultimately, the median line from the first triangle vertex (inner canthus) intersects with the first line in the same point as the median line from the second triangle vertex (superior insertion of the auricle), this is injection point V.

Figure 9. Mapping, injection points IV and V.

Thus, injection points I, IV and V are found on the line passing through the cheek over the jowls projection area. In some instances to reduce sagging ('jowls') three bolus injections into those points are sufficient.

If a line goes through all the five points, we get a curve which starts in the area of the tear trough root, goes through the mid-cheek and comes to the temporal fossa (figure 10). Most commonly, skin defects requiring implant filling are alongside this curve.

Figure 10. Mapping. Injection curve.

3. Augmentation of the Malar Area

Product: HYALUFORM 2.5% filler SUB DERM — 3.0 ml.

Needles: 0.4 × 13.0 (27G).

Technique: bolus.

Check the needle patency (a product drop on the glove) (figure 11).

Figure 11. Needle patency check.

Introduce needle perpendicularly to the bone until you touch the periosteum. When the needle

reaches the periosteum, pull a syringe to yourself just a little bit and inject a bolus of the product (figure 12). Inject the gel in the same manner into all the points mentioned above.

Figure 12. Product injection.

The following amount of the product was injected in this case into each point:

- I — 0.3 ml;
- II — 0.2 ml;
- III — 0.3 ml;
- IV — 0.2 ml;
- V — 0.3 ml.

1.3 ml per each side (the total amount was 3 ml, i.e., two syringes).

After the injection, carefully distribute the product by massaging (figure 13).

Figure 13. Massage.

Inject the product in the same manner on the opposite side (figure 14).

Figure 14. Augmentation of the opposite side.

After the second half of the face was corrected, the rest of the product 0.4 ml was injected similarly per 0.2 ml into either side of the medial parts of the curve corresponding to the tear troughs (figure 15) with a setback of 5 mm from the inner canthus and 5 mm from the mid-pupillary line.

Figure 15. Augmentation of the tear trough.

4. Correction of nasolabial and melomental folds

Product: HYALUFORM 2.5% filler DEEP — 0.8 ml.

Needles: 0.4 × 13.0 (27G).

Techniques: fan, linear retrograde.

Nasolabial folds are augmented (figure 16) symmetrically on either side; the fan technique is applied. The injection is made on the border of the upper and mid thirds of the nasolabial fold in such a way that the needle tip looks at the mid-point of the nasal ala. When retracting the needle, inject the product (linear retrograde technique). At the outlet of the wound line, turn the needle to 30° medially to the first wound line and make another injection without leaving the first one, then again turn the needle to 30° medially to the second wound line and make the third injection. Thus, you get a 'hand fan.'

Figure 16. Nasolabial correction.

Similarly, we fill in the mid-third of the nasolabial fold. As for the lower third, there we apply the linear retrograde technique in the bottom of the fold.

Melomental folds (figure 17) are filled in with the same fan way.

Figure 17. Melomental correction.

5. Lip augmentation

Product: HYALUFORM 1.8% filler NORMAL — 0.8 ml.

Needles: 0.3 × 13.0 (30G).

Techniques: linear retrograde, fan, bolus.

The linear retrograde technique is used to treat the vermilion border of the lips (figure 18).

Figure 18. Lip contour modelling.

The fan technique is used to treat the upper lip surface (figure 19) from the periphery to the center from either side. The first injection is made in 5 mm from the commissure on the boundary of the dry and wet part of the vermilion border. In this case, the fan looks upwards to the vermilion border.

Figure 19. Upper lip volumization.

To increase the volume of the upper lip, two lines were injected with the linear retrograde technique: on the boundary of the dry and wet vermilion border and outward in the direction of the vermilion border. The bolus technique helps to lift the mouth corners: a 0.2 ml bolus (per either side) was injected under the commissure (figure 20).

Figure 20. Lips correction. Before (a) and after (b) the treatment.

6. Post-treatment face procedures

The Keladerm cream is used for the face skin treatment (figure 21). The cream contains components with wound healing, antiedematic and antioxidant effects, and this contributes to fast hematoma resolution.

Figure 21. Face skin treatment with Keladerm.

Thus, volume modelling (3D-techniques), when combined with the traditional filling of wrinkles and folds (2D-techniques), offers an opportunity to get a quick result which would satisfy both the client and cosmetologist (figure 22). New products of HYALUFORM line fit perfectly well for such complex programs as they represent universal fillers of different density, combining the best features of mono- and bi-phase products, which makes them handy for the practical use and allows to keep the result for a long time.

Figure 22. Patient before (a, b, c), right after (d, e, f) and in a week (g, h, i) after the treatment.