

All About Fillers

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How has your product choice and technique changed over the past few years?

Absolutely!

When fillers first came out, they were made of animal-based collagen and required allergy testing. Then came hyaluronic acid and other non-animal-based fillers that required no allergy testing, so the procedure could be done the same day as the consult and, depending on the filler, results were usually immediate.

At first, I tended to stick with using just the hyaluronic acid fillers because of their extreme safety profile. I always knew in the back of my mind that they could be "removed" within minutes via enzymatic breakdown using hyaluronidase if the patient did not like the outcome or in the rare instance of vascular occlusion.

Over the past decade, I have greatly expanded the fillers choices that I make for several reasons. First, after doing thousands of fillers, I never had a patient ever want to remove filler after it was injected, so the worry about a patient changing his/her mind about the filler has been non-existent. Second, different fillers "fill" different niches. When a patient has a heavy cheek and needs a lift of the zygomatic arch, fillers with a higher G', such as calcium hydroxylapatite, are ideal. Likewise, when a patient has extreme volume loss, poly-L-lactic acid, unlike any other filler product on the market, provides natural looking overall volume over the course of several weeks. Hyaluronic acid fillers remain my first choice for infraorbital and lip sculpting, and can be used in the right circumstance for overall facial sculpting as well.

I find that I often combine fillers of different types in order to achieve the best possible aesthetic outcome.

Where is the highest yield filler location for each age group – <40, <60, <80

Great question. And the answer is not necessarily the same for all individuals within an age group. However, I would say that individuals in the under 40 age group are most concerned with their lips and desire more volume. People in their 40s tend to be concerned with their nasolabial folds and marionette lines. People in their 50s complain of the prominent sulcus under their eyes and looking tired. People in their 60s complain of the jowl and neck areas in addition to the complaints that they had in their earlier years. People in their 70s and 80s begin to complain of the crepe paper and saggy appearance of their skin in addition to the complaints of earlier years. I have several patients in their 90s who continue to get fillers and look remarkable.

Interestingly, patients very often come in complaining of a specific area of concern and think that filling in that one area will solve their issue of concern. However, the solution to correcting their concern often lies in “fixing” an entirely different area. For instance, patients often say that they do not like the folds around their mouths and they want me to fill them in. When I show them in the mirror that the real issue lies with the volume loss in their cheeks, and I demonstrate how lifting their cheeks dramatically improves the melolabial and marionette folds for a natural appearing look, they are surprised and thrilled with the restoration of their long-lost cheek volume. Blunting the melolabial fold is not a natural look—even children have melolabial sulci, and filling in just that area gives patients a bottom-heavy, unnatural, often ape-like look that must be avoided.

Other areas that patients usually do not focus on, but that offer a huge bang for the buck, are the temples, lips and chin. Temporal wasting is common, and filling in that area makes the patient look healthier while reducing the appearance of the crow’s feet. The lips, which wrinkle as they age due to lost volume, get a fold that parallels the lower vermilion border. They also get flat so that they lose definition. Filling the vermilion border and the lower lip fold immediately erases years from the lips and improves the appearance of the entire face. The chin is one of my favorite places to fill. As the chin recedes due to bony structure loss over time, chin skin dimples. Filling in the

chin not only smoothes the dimpling (as aided by neurotoxins) but also lessens the appearance of the marionette lines.

The greatest compliment I regularly receive is, "I'm all yours. I leave it up to you to decide what I need because I know that you are the artist."

Do you have favorite generic product choices per facial locations?

Poly-L-lactic acid:

- Overall facial volume loss
- Pre-auricular and mandibular angle volume loss
- Temporal wasting

Calcium hydroxylapatite:

- Zygomatic arch lifting
- Melolabial fold and marionette line fill
- Chin expansion

Hyaluronic acid:

- Infraorbital sculpting
- Lip volumization
- Lateral lip commissure lift
- Zygomatic arch lift

Polymethyl methacrylate:

- I do not use

Do you like to use filler off the face?

I use calcium hydroxylapatite for filling the dorsal hands. Also poly-L-lactic acid is used to decrease the appearance of dermal atrophy of the chest.

Do your patients favor longer lasting products and do you use any permanent filler products?

Be wary of duration claims made by filler manufacturers. The data can be deceiving, with studies often done on patients receiving very large dosages of fillers or receiving interval fillers prior to the end of the study. And most manufacturers state that their fillers last "up to" a certain amount of time. In my experience, fillers rarely last as long as manufacturers state they can last. A simple rule of thumb that I tell my patients is that fillers tend to last a

shorter amount of time in patients who are very active or have a high metabolism, whereas patients with a more sedate lifestyle or slower metabolism may enjoy greater longevity from their fillers.

Do you have tips for patient comfort and satisfaction?

Topical anaesthetic and ice ease pain, as can vibrating devices that trick the nervous system into sensing a more pleasant sensation of vibration rather than pain associated with the procedure. As for satisfaction, I must say that fillers are one of the most rewarding procedures I have ever had the pleasure of delivering because patient satisfaction is so high. As happens regularly, when I hand patients a mirror and show them their sculpted face, they get tears in their eyes and say, "Oh my gosh, it's me again! Thank you!" That's patient satisfaction and physician satisfaction.