Module 9 – Lips

Best Practices

- Know difference between what needs neurotoxin (movement/dynamic lines, the cause of most vertical lines of the upper and lower lips), what needs volume with filler, and what needs skin tightening with laser
    - If they need movement line reduction, do several successive treatments of Botox first to reduce the pursing movement and therefore reduce the vertical line before just "filling the lines"
    - Will need to continue Botox forever to continue to inhibit cause of the vertical line
- Don't do filler same day as Botox in lips
- Don't overdo filler in the lips (even if they want it, I just won't put my name on it)
    - Don't just be a balloon/tube inflator, become an anatomy restorer
- The upper to lower lip ratio should be 1:1.6
    - The lower lip should be 1-2mm anterior to upper lip
    - If injecting the upper lip, make sure you don't make it bigger/anterior than the lower lip without assessing the lower lip
    - Remember the E-Line
- The length of the columella to the upper/lower lip meet line should be 1/3 to the meet line to the chin (roughly Phi proportion of 1:1.6)
- Understand your anatomy, don't be a tube filler
- Know the difference of what happens when you inject the philtrum, philtral columns, vermilion border, wet/dry border, lip pulp, oral commissures, tubercles
- Many patients only need a little eversion of the lip (oral commissure "K" injection and vermilion) to "pop up" their lip and get them to

"show their lip pulp" without making their lips a lot if any bigger (use your index finger to pull up the corner of their lip, if this works, then a little filler here makes them happy)

- Who can handle "bigger lips":
    - Younger patients
    - Those with larger/wider lip structure
    - Those with proportionately larger faces (i.e bigger/fuller cheeks)
- Be careful with how much filler you inject and how much result you promise when:
    - The patient has really thin and/or small lips
    - You know they won't look right with the size they are asking for
    - They bring in a picture of themselves from a long time ago
    - They bring in a picture of someone with big/full lips that they just don't have the anatomical and proportionate structure to look like
        - Someone with a tiny, thin lip can't get that huge pucker lip loop unless you make them look ridiculous
- Always prepare the patient for the bruising/swelling risk especially with an expanding filler like Juvederm
- Which filler (I only use HA fillers):
    - Juvederm for volume, expansion, significant hydration, pulp building
    - Vollure (I love) for some more conservative volume, line definition, an all-around filler
    - Volbella for the really thin/small lip, very conservative, line filling (be careful "filling" lines versus resurfacing them and treating with neurotoxin)
- Don't forget medical-grade skincare products that can help smooth and plump (like the HA containing lip products)
- Prepare the patient that they may need one more syringe
    - If they and you want to be really conservative:
        - 2-3 syringes of Volbella could equal one Vollure next time

        - 1 Vollure plus a little more (maybe 1 syringe of Volbella) could equal 1 Juvederm next time
        - Don't open the filler until 100% ready to use.
- Ice and the wiggle are usually enough, occasionally I use topical or oral blocks
- Take the extra time to hold pressure ("tease" the tissue by lightly pinching it to make sure that last oozing of blood stops) and you will really minimize their bruising

- Note:
    - Remember CCAPP
    - Become an anatomy restorer and a volumizer not a balloon filler
    - Know different anatomical areas then educate patient
    - Understand different fillers
    - Take the extra step: ice, wiggle, numbing
    - Take the extra time: hold pressure until even the tiniest drop of blood stops