Volume Replacement Tips Top Periorbital Pearls

Use patient age, overall fat distribution to guide treatment choices, troubleshoot complications.

Las Vegas — Periorbital fat injections in thin patients are more likely to capsulize and create unsightly “hot dog” rods in the skin, warned Dr. Cynthia Boxrud said at an international symposium sponsored by the American Academy of Facial Plastic and Reconstructive Surgery.

Injected adipocytes behave differently in thin, muscular patients than in patients with more fat in their bodies, explained Dr. Boxrud at the University of California, Los Angeles. Be cautious with periorbital fillers in thinner patients, and warn them of the added risk.

Dr. Boxrud shared other pearls for successful periorbital volume replacement at the symposium. Tear-tough augmentation is an off-label indication for injectable fillers.

The first step is to obtain photos of the patient at a younger age to get a sense of the desired look. “Our faces age like a balloon deflates,” she said.

Harvest fat from another body area using a small 10-cc syringe and let the tube of fat sit upright for 10 minutes before reinjecting. It settles into three layers: a top layer of oil, a middle layer of usable fat, and a bottom layer of blood. Studies have shown that centrifuging harvested fat makes no difference for these purposes, “so you don’t have to spin it,” Dr. Boxrud said.

Reinject the fat into the periorbicular area in a vertical direction using a blunt cannula pointing away from the eye.

Dr. Boxrud prefers a 1.2-mm cannula instead of a 0.9-mm because she has seen some of the smaller cannulas bend during this procedure.

Inject small amounts of fat at a time, giving 20-25 injections. “It’s probably also wise to avoid fat augmentation in patients who have malar hypoplasia or translucent or thin skin. The product can cause temporary color changes in thin skin. ‘For the thinnest skin, use fat transplantation, not Restylane,’” she said.

Inject minimally, placing 0.2-0.3 cc under each eye via many small injections.

Results with Restylane are less successful in patients who have malar hypoplasia or translucent or thin skin. The product can cause temporary color changes in thin skin.

Predictability, Cost, and Results Favor Chemical Over Laser Peels

Las Vegas — When it comes to facial peels, Dr. Devinder S. Mangat has traveled full circle—from chemical peels to using lasers and back again.

After 16 years of doing chemical facial peels, Dr. Mangat switched to laser peels “because that’s what the public was demanding,” he recalled at an international symposium sponsored by the American Academy of Facial Plastic and Reconstructive Surgery.

About 8 years ago, though, he switched back to using chemical peels because they provide more predictable outcomes, cost less than lasers, and produce better results than noninvasive modalities, he said.

Using the more modern Het- ter peel solution instead of the traditional Baker-Gordon formula offers greater flexibility in treating different facial areas with less risk of hypopigmentation, added Dr. Mangat, president of the American Board of Facial Plastic and Reconstructive Surgery.

The traditional Baker-Gordon formula contains a 58% concentration of phenol and 2.1% concentration of croton oil among its ingredients. A few years ago, however, Dr. Greg Hetter of Las Vegas varied the formula’s concentrations and discovered that the depth of peeling was related to the concentration of croton oil, not the phenol or Septyl, as had been believed.

Dr. Mangat uses different concentrations of the Hetter formula for peels on different facial areas in his practices in Cincinnati and Vail, Colo.

Hetter solutions maintain a lower and constant concentration of phenol—35%—while varying the croton oil concentration in a mixture of water, phenol, Septyl, and croton oil, he explained.

In general, Dr. Mangat prefers a Hetter formula with 0.8%–1.2% croton oil for periorbital skin, which is thicker and has deeper rhytids. “Really get into those rhytids either with a Q-tip or the broken end of a Q-tip,” he said. He prefers applying the solution with a cotton-tipped applicator rather than gauze sponges for better control.

For peeling the cheeks and forehead, he usually limits the formula to no more than 0.4% croton oil. Eyelids may require anywhere from 0.1% to 0.4% croton oil, depending on the thickness of the skin and the depth of the rhytids, he said at the meeting.

Dr. Mangat also uses the Het- ter formula on the neck, but at nothing stronger than a 0.1% croton oil solution.

Since switching to the Hetter formula, he has not had any cases of hypopigmentation after peels.

With Hetter peels, “once you’ve selected and prepared pa- tients carefully, they will be, without a doubt, the happiest patients you have in your prac- tice,” he predicted.

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