



Non-surgical combination technique for treating the perioral area

Dr Richard Marques explains his approach to rejuvenating the perioral area using a four-stage process

There are many different types of treatments that can be used on the perioral area to reduce fine lines and achieve a rejuvenated look. This article describes a multi-step process using four stages consisting of: a TCA chemical peel, microneedling, botulinum toxin and dermal filler, which aims to give a refreshed and youthful appearance to the lips and perioral area. There are of course many other methods that can be used, however this article will concentrate on the treatments listed above and detail how they can be used in succession as one overall treatment for the area, with which I have personally had much success.

The Four-step Process

Step One

It is important that the perioral area is thoroughly cleaned and prepped before starting any treatment, ideally with sterile wipes to prevent any antimicrobial infection. The first step in this treatment course is to use a 30% trichloroacetic acid (TCA) solution peel. The 30% solution is my preference as it is gentler in this delicate area, but still effective. A spot test should be performed first to assess the skin's reaction to the solution. A thin layer of the TCA solution is then applied around the perioral area with a facial brush and the solution is left in place for one to two minutes. Following this, I use a neutraliser to halt the progression of the peel.

It is important that the practitioner wears latex gloves during this time to protect the hands.¹ The TCA peel removes the top-layer of dry (or dead) skin cells. This is done as the first step to allow the microneedling to work more effectively, helping the serums to penetrate to the dermis. No further treatment should then be given to the patient for one to two weeks before proceeding to the next step in the treatment process. This will give the skin a chance to recover. During this time, bright sunlight should be avoided and sun protection and moisturiser used, as the skin can be affected by UV rays. This is due to a part of the protective layer of the skin having been removed during the treatment process.

Step Two

The second step of treatment involves microneedling around the patient's mouth to stimulate new skin production and introduce vertical channels for serums to penetrate. A 1.5mm-2mm microneedle with 35 needles should be used, I believe this is the optimum microneedle due to its depth being able to penetrate to the dermis, but not being too aggressive. Microneedling is carried out by applying even pressure around the perioral area to produce the characteristic insertion points. Co-enzyme Q and EGF serums (containing vitamins A, C and E) are recommended for use after the treatment. This should then be left for another one to two weeks before proceeding to the next stage.

Step Three

The third step is the use of botulinum toxin in two areas; the mentalis muscle and the corners of the mouth. Firstly, I inject around 5-10 units of toxin in the mentalis muscle in the chin, to lessen the strength of the chin muscles and help prevent the potential appearance of a masculine mouth, as the strong chin muscle is associated with a male appearance. I use just one point of injection in the central part of the lower chin. Secondly, I inject in the corners of the mouth to prevent a downward pull, which can lead to a relaxed upward smile. Typically, around four units should be injected into the depressor anguli oris (DAO), either side, to relax the muscles and prevent the downward pull in this area. This is the area where care must be taken not to over-inject or dissipate, in order to avoid affecting mouth function. The correct technique is to place your finger just below the corner of the mouth and inject at this point. This gives you the correct insertion point and prevents the botulinum toxin from travelling up too high.² Treatment should then be left for a further two weeks before finishing with hyaluronic acid dermal fillers.

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Step Four

For the best filler results overall, you need to select the correct filler, the correct depth of injection and the correct depth of filler placement. I have found that Teosyal Deep Line or Juvéderm Ultra are good fillers to use in this area. One syringe (1ml) is recommended for the lip area and one syringe (1ml) for the area around the mouth. This amount avoids over-bloating of the lips. By using a cannula and an automated dispenser it will aid the treatment around the lips and help administer the filler in a controlled, gradual manner. When injecting the lip, I typically recommend giving the

patients a dental block; this helps to reduce any discomfort, although many dermal fillers now come with local anaesthetic in them. In the lip area, I use a 'linear threading' technique, where the needle is inserted into the skin and the filler is deposited in a linear fashion along the track as the needle is slowly withdrawn.³ This is first used in retrograde to plump the lips and can be corrected with extra product if necessary. The vermilion border and vertical rhytides are important, and a gradual 0.5ml of filler can be used here. This amount fills the creases without causing puffiness in the area. By injecting in the corners of the lips, you can produce a cupid's bow appearance. Providing support here and in the philtrum of the lip aims to produce a natural-looking appearance.

Points to consider

To achieve accurate and natural results it is important to think about the anatomical features of the area you are treating. The distance between the base of the nose and upper lip should be 18-20mm and between the base of the nose and lower lip it should be 36-40mm – I believe these are the ideal

dimensions. The melomental folds can also be filled out after assessment following botulinum toxin. To assess, get the patient to move their mouth and check for appearance of the folds. You must place the filler gently in this area and the injection should be sub-dermal and not too superficial to reduce these lines. For the melomental folds it is best to use a cross-hatching and/or fanning technique.

Aftercare instructions are important at each stage of the process to ensure the best outcomes for the patient, especially in a multi-stage process such as this. Examples of aftercare instructions include not using saunas or steam rooms during the process.

Managing complications

Complications can occur with any procedure. The botulinum toxin may cause unwanted loss of mouth movement; in this instance, the patient should be reassured, as it will return to normal in one to three months. Dermal fillers can cause lumpiness but hyaluronidase can be used to dissolve these. Massaging afterwards helps to avoid the formation of lumps.

If you have any doubts, always seek advice from a mentor or refer to a more experienced practitioner.

Conclusion

Overall, this four-step treatment can give fantastic results for lip and perioral rejuvenation but must be performed in a careful and considered manner. The practitioner should review the patient's progress between each stage of treatment, and time adjustments should be made as appropriate.



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REFERENCES

1. Marta Rendon, Diane Berson *et al*, Evidence and Considerations in the Application of Chemical Peels in Skin Disorders and Aesthetic Resurfacing, *J Clin Aesthet Dermatol*. 2010 Jul; 3(7): pp.32-43.
2. PK Nigham and Ajana Nigham, *Botulinum Toxin*, *Indian Journal of Dermatology* 2010 Jan-Mar; Ed 55 pp.8-14
3. S. R. Cohen, *Techniques in Aesthetic Plastic Surgery Series, Facial Rejuvenation with Fillers with DVD, Volumetric use of injectable fillers in the face*, Saunders; China, 2009: p4 <<http://www.elsevierhealth.co.uk/media/us/samplechapters/9780702030895/Chapter%2007.pdf>>

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