Treating lip asymmetry with filler

Dr Danielle Meagher presents a case of lip asymmetry treated with lip filler using DermaDentalGentle dental freeze technique.

Lip filler or non-surgical lip enhancement is becoming one of the most popular non-invasive cosmetic treatments being carried out today. In the past decade there have been various references to ‘trout pouts’ etc., but these were as a result of lip enhancements carried out using permanent filler/collagen implants. Today, with the emergence of third, and indeed fourth generation dermal and lip fillers such as hyaluronic acid (HA), one can predictably and safely enhance a person’s lips with little fear of ending up with a trout pout, and indeed every chance of having beautiful natural-looking and minimally obvious-looking enhanced lips.

Many people now opt for lip filler because they want more volume in their lips; it is an entirely elective cosmetic treatment. Some people choose to have lip filler because they do not like the shape of their lips, or their top lip is very thin, and they want to do something about it.

Imagine though if your top lip on the right-hand side was of fairly normal proportions, but the left-hand side of your top lip was obviously smaller and thinner than the other side, and as such was obviously asymmetrical.

I came across this very interesting case and opted to write about it for Irish Dentist magazine as it is a great example of how facial rejuvenation, and indeed hyaluronic acid, can be used to correct such an asymmetry without the need for any surgical intervention whatsoever, thus minimising down-time, cost and the risks associated with general anaesthesia. The case study is outlined overleaf.

Before looking further at this very interesting case study, let us first examine what it is that makes our lips comply with the norm, and how to best proceed when enhancing/volumising lips.

The ideal lip

In an ideal situation where the balance is favourable, the width of the lips should be...
equal to the distance between the irises of the eyes. If you divide the distance between the base of the nose and the chin into thirds, then the lips ideally should be about one-third of the way between these two anatomical markings. The naso-labial angle, the angle between the base of the nose and the top lip, should be circa 98.5-99 degrees. This is an approximation yet apt for most racial groups.

Lip protrusion depends on the depth of soft tissues, lip musculature and the position of the teeth, as well as the bone structure of the patient. Ideally your upper lip is 2-3mm in front of your lower lip, and normally speaking your lower lip should be bigger than your top lip.

Now I am not suggesting for one minute that you invest in a geometry set and stock up on protractors, rulers and marker pens! I am just setting the scene for what is generally accepted as the aesthetic gold standard in lips.

I often stress that lips are by far the trickiest facial aesthetic treatment one can perform, and again when it comes to lips you either have it or you don’t!

When volumising the lips, it is important to balance volume and symmetry while maintaining a natural look. When sculpting lips it is important that the volume of the upper lip should be less than the lower lip, and both left and right sides of the lip mirror one other.

Fillers can achieve ideally balanced lips, supporting their natural function while enhancing their appearance. The use of lip fillers is recommended if you wish to make your lips look more volumised and contoured. Fuller lips are generally regarded as looking healthier, softer and sexier. Also, very importantly, lip filler used around the edge of the lips can reduce, and often minimise, those vertical smoking or ageing lines that extend vertically upwards from the top lip.

The case study
This young female, aged 23, presented with an asymmetric lip: one side of her top lip was obviously fuller than the other side. This had been present since birth but became more obvious during growth spurts and puberty.

She particularly noticed the asymmetry during her teenage years and since then has been acutely aware and self-conscious about it, compensating for it by using lip liner and concealer in order to hide the fact that one side was much smaller than the other.

‘I often spoke with my hand in front of my mouth, because subconsciously I was aware of this asymmetry,’ said this young woman.

After assessing the patient’s suitability, taking a full medical history and discussing potential side effects and proposed treatment, consent etc, she was prepped by removing the make-up and sterilising all around the mouth.

DermaDentalGentle dental anaesthetic was given to the patient adjacent to the upper left and right canine, as well as adjacent to upper right and left second premolars.

The reason for this was two-fold: firstly to ensure the entire top lip was completely and utterly numb. I like to give dental anaesthetic adjacent to the 5’s (the second premolars) because the current trend is to put 0.1ml of HA injected medially in the corners of the mouth for a more youthful upturned mouth.

Also we gave local anaesthetic both left and right with a view to enhancing the vermillion border on the asymmetric side; as well as adding volume to this side by adding filler to the body of the lip, we placed lip filler along the vermillion border on the normal side.

A small amount of LA was also given adjacent to the central incisors, to ensure that the injecting of Cupid’s bow would also be 100% pain-free.

Like many facial aesthetic practitioners, I opt to use dental anaesthetic that does not contain adrenaline, because I like the patient to be 100% numb during the lip enhancement but I don’t want them numb for the rest of the afternoon. DermaDentalGentle ensures absolutely zero pain for the patient; even the.

Figure 3: The patient prepped for the treatment before having DermaDentalGentle local anaesthetic. Make-up has been removed and the area sterilised. It is obvious that her lips are asymmetric even from this non close-up image.

Figure 4: Injecting DermaDentalGentle dental freeze before any treatment takes place.

Figure 5: About to start lip filler treatment.
dental freeze is pain-free. The trick is to dental block. Of course there is no trick, but when given by a dentist it works every time, and remember us dentists have given thousands upon thousands of dental injections.

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Many of my non-dentist facial aesthetic colleagues will pull me aside at conferences/workshops and ask what the trick is to dental block. Of course there is no trick, but when given by a dentist it works every time, and remember us dentists have given thousands upon thousands of dental injections. Again I ask, why would you want a facial aesthetician who has done a half-day of training in dental block for the purpose of being insured to give you dental injection when you can have a dentist deliver a pain-free dental injection that works every time?

The beauty of having a facial aesthetic dentist doing lip enhancements is that as students we spend five years learning how to give dental block, and any number of years following dental school giving 30-50 dental injections a day. Why would you want anyone except a dentist giving you dental injections?

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Figure 6: Hyaluronic acid (HA) lip filler treatment in progress

Figure 7: Ten minutes post-operatively. Some swelling is apparent but there is no bruising

Figure 8: One hour post-operatively – again absolutely no bruising, still a little swelling

Figure 9: Close-up of the end result

Figure 10: The effect of lip filler is immediate and the swelling comes down very quickly

Figure 11: The patient was absolutely delighted with the final result, stating that: ‘I have a lot more confidence in myself’
Anyone injecting lips using Emla cream is clearly of a sadomasochistic disposition; ask anyone who has had their lips done without dental injection! Non-dentist practitioners often opt to do lips without dental block because they simply do not have the confidence, or knowledge or experience to use dental block correctly.

There are practitioners out there who have done a half-day of training in dental block, and are giving dental injections to patients for lip enhancement. There are nurses and beauticians out there giving dental block to patients too, and this is deeply worrying because if they were to hit the lower mandibular nerve/mental nerve or nerve plexus this could result in paraesthesia/anaesthesia of the lower face.

In addition, any dentist who has qualified in the past 10 years will have had rotations through oral medicine/oral surgery/maxillofacial departments during their undergraduate training. I know at Trinity we were certainly put through our paces when it came to diseases of the lip. So when you are familiar with pathology and anatomy of the lip it is only a natural progression to be working with lips, and a lovely adjunct to this treatment is to use dental block so specifically and in such a specialised way that patients not only do not feel the lip treatment, they don’t even feel the dental block.

Again, though, you do need to have an eye for doing lips; there are far more bad lip enhancements out there than good ones. The trick is always ‘less is more’ to build it up slowly.

Once the patient’s lip was completely numb, we proceeded to inject Juvederm Ultra along the vermillion border on the asymmetric side, and then injected directly into the lip on that side only. Then the vermillion border ONLY on the normal side was injected. This asymmetric method of injecting Juvederm was to correct the asymmetry in this patient’s lip.

The HA was massaged in to minimise any bumps, and then the area was cleaned and sterilised again. Post-op instructions were given both orally and in writing regarding the local anaesthetic and the lip filler.

As you can see from the pictures taken 10 minutes post-operatively, there is absolutely no bruising to the patient. Some swelling is present of course, but over the course of 10 or 20 minutes the swelling goes down practically before your eyes.

This patient left about 20 minutes after treatment and went back to her workplace across the road from DermaDentalExpress Foxrock. On her lunch break one hour later she came back across to us, and was almost crying – she couldn’t believe the difference (lip filler works immediately).

I must admit I was delighted with the result because her delight and immediately improved self-esteem was so obvious.

This was different to normal lip enhancements that I do every day. Previous to this treatment this very pretty young woman often covered her mouth when speaking because she was so self-conscious. She now has a twinkle in her eye, and it was really great to do something that was a corrective procedure.

I look after all my patients and mind them so well, and I am always delighted to see them so happy with the result, but maybe this patient touched me a little bit more than most because it was clear that what I had done was going to make a big difference to this lovely young woman.

For more information on the lip filler technique using DermaDentalGentle dental freeze, please visit the new DermaDental website at www.dermadental.ie. DermaDentalGentle is a trademarked product.