



NO.1 LEVEL 7 CLUB

January 2024
issue no 1

CLINICAL

Collaborative Management
of Suspected Vascular
Occlusion Post Lip Filler
Treatment

ACADEMIC

5 steps to starting your
SAQs

JOURNAL CLUB

The Facial Aging Process
From the "Inside Out"

SUCCESS

Success stories from our
graduates

EVENTS

Upcoming events from
Level 7



CONTENTS

NO.1

PAGE 3

Clinical

Collaborative Management of Suspected Vascular Occlusion Post Lip Filler Treatment

PAGE 7

Academic

5 steps to start your SAQs

PAGE 8

Journal club

The Facial Aging Process From the “Inside Out”

PAGE 12

Success

Success stories from our Level 7 Graduates

PAGE 13

Upcoming events

What’s coming up in Acquisition’s Level 7 family.

CLINICAL

Collaborative Management of Suspected Vascular Occlusion Post Lip Filler Treatment

In aesthetic medicine, the ability to recognise and manage complications swiftly and effectively is paramount. This case study focuses on a 42-year-old female patient who experienced a suspected vascular occlusion following a lip filler treatment. It underscores the importance of prompt intervention and the power of collaborative effort within the aesthetic community.

Patient

Demographics: Female, 42 years old

Medical History: No significant underlying medical conditions

Treatment History: Treated with 0.8ml of Juvederm Ultra 2 in a first-time lip augmentation treatment

Presenting Concern: Four days post-procedure, the patient exhibited swelling, discolouration, and a 'spot' on the upper lip, with no immediate symptoms following the operation.

Clinical Presentation

Initially, the patient reported no discomfort or unusual symptoms post-treatment. However, a few days later, she noticed a dusky discolouration and swelling on the upper right lip lateral to the cupid's bow peak. There was also a noticeable small pustule forming on the upper lip. The area was tender to touch on examination, and capillary refill was significantly delayed, suggesting a vascular event.



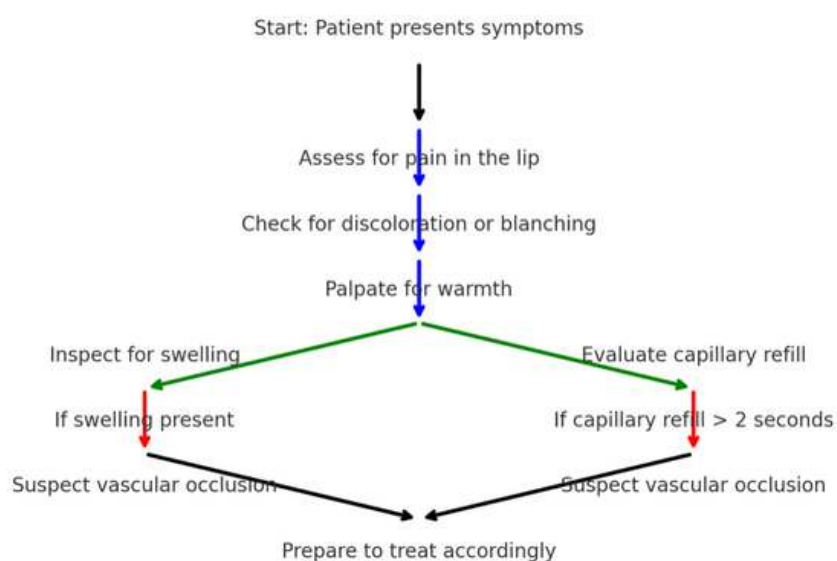
CLINICAL

Vascular occlusion can result from arterial occlusion by direct injection into an artery or embolisation of product, typically presenting immediately with acute pain and blanching. It can also result from venous occlusion from external compression of a vessel by soft tissue filler or subsequent oedema and compression, more often with hyaluronic acid fillers. Venous occlusion usually presents later with a less severe, dull pain, or no pain at all, and dark discolouration of the skin.

Diagnosing a vascular occlusion in the lip can be challenging due to the subtle signs and symptoms that may not be immediately apparent. This often fills a practitioner with doubt and worry. That's why it is so important to have the confidence to manage complications confidently or seek assistance or reassurance from a colleague to help you.

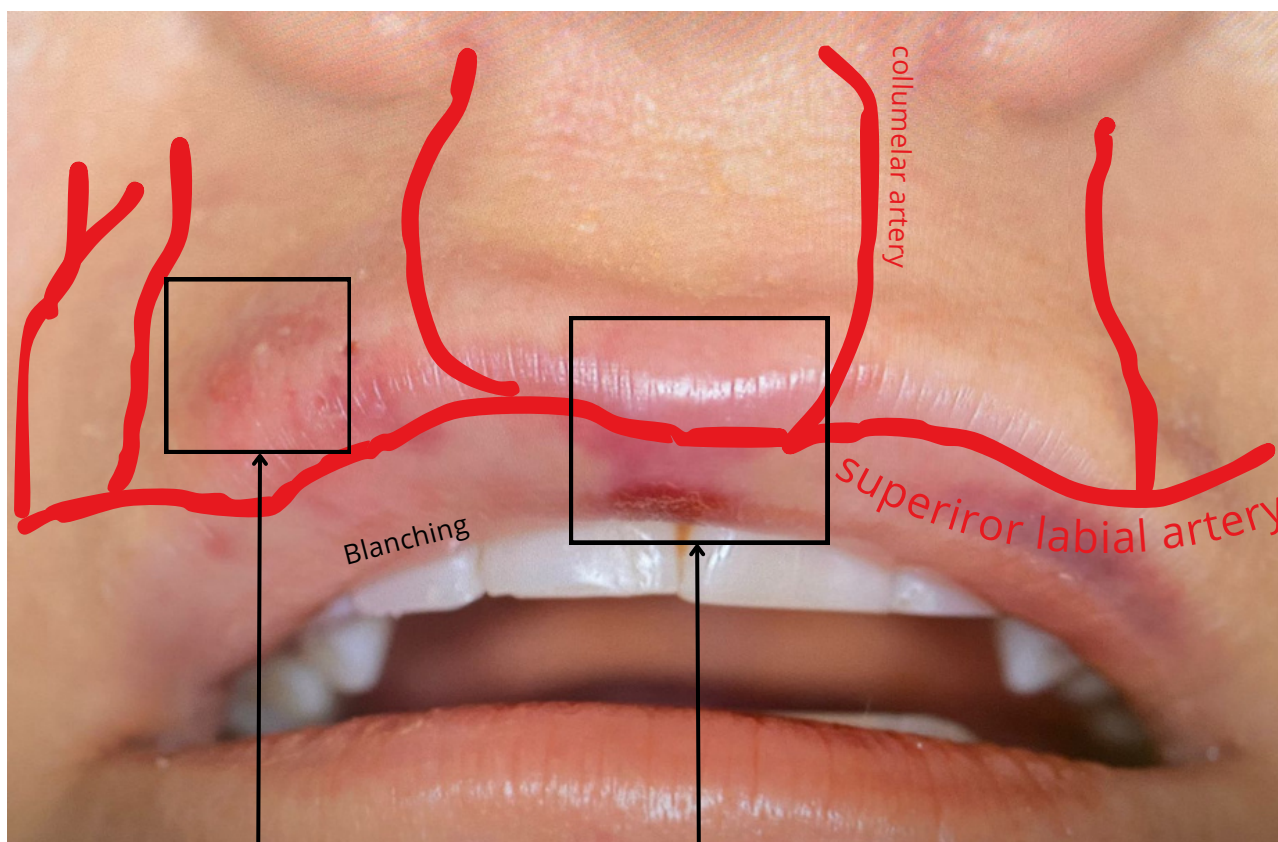
The presentation of vascular occlusion can be divided into three key stages:

- Immediate symptoms during the procedure/ first 24 hours: The initial indication is often blanching, which is the whitening of the skin due to a lack of blood flow and can be quite hard to spot.
- Late symptoms that develop after the first 24-hour window:
Discolouration: The skin may begin to accumulate blood that cannot flow, leading to a dusky, purplish, or blue-grey appearance of the skin.
Bleeding, Numbness, Blistering, and Crustiness: These are later signs of vascular occlusion when tissue necrosis has occurred.



CLINICAL

ANATOMY



? blister formation

Area of congestion

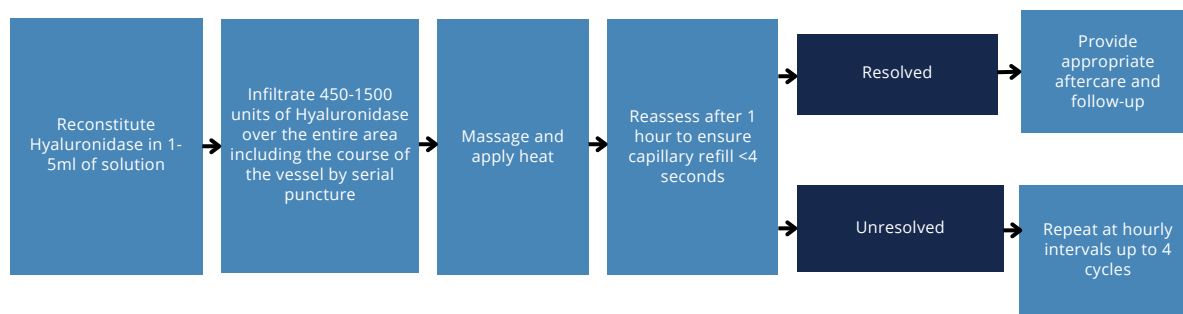
suspected point of occlusion



CLINICAL

Intervention

Upon receiving an urgent phone call from the initial treating practitioner, then I was able to conduct a remote assessment. Considering the clinical signs and the potential severity of a vascular occlusion, it was decided to administer 1500 units of hyaluronidase mixed with 1ml of lidocaine. The patient was also prescribed amoxicillin 500mg to be taken three times a day for 5 days.



Discussion

This case highlights the critical role that interprofessional communication plays in patient safety. The remote assessment and rapid response likely mitigated the risk of more severe complications. Even without classic symptoms, treating the abnormality as a vascular occlusion exemplifies prudent clinical judgment.

The case also illustrates the essential nature of obtaining informed consent. In situations where swift action is needed, clear communication regarding the potential risks and benefits of the treatment is crucial.

Learning Points

- **Ask for Help:** In the aesthetic community, it is vital to seek peer advice when faced with uncertain clinical presentations.
- **Act Immediately:** If there is any suspicion of vascular occlusion, it is better to treat it immediately rather than wait for further symptoms to develop.
- **Informed Consent:** Gaining informed consent is not only a legal requirement but also an ethical practice that fosters trust and ensures that the patient is aware of their treatment plan.
- **Learn from experience:** The more procedures you carry out, the more complications are likely to occur. This should not fill the practitioner with fear but rather a motivation to gain a broader understanding of complication management and to build a reliable and supportive community of aesthetic practitioners for help when you require it.

ACADEMIC

5 STEPS TO STARTING YOUR SAQS

1. Set deadlines

Decide when you're going to start and set a finish time that is realistic for each day you are able to work on the SAQs. Give yourself unit deadlines that are realistic and you can stick to!

2. Easy targets

It's easy to become overwhelmed with the SAQs. Give yourself a target like 250-500 words a day.

You can also set a time and work solidly for 25-30 minutes at a time, and then give yourself a break.

3. Create a good environment

Set yourself up with a study space that will be relaxing but also minimise distractions. Switch off notifications and remove distractions.

It could be useful to leave the house and go to the library or a coffee shop and give yourself a couple hours there to work.

4. Ask for help

Your level 7 team is here to support you. Don't hesitate to reach out and



engage with the resources available on the dashboard or rewatch the SAQ Deep Dive Diploma sessions.

5. Look after yourself

Be kind to yourself - getting through the SAQs is a mammoth task and will take time and effort. Don't overwork or overwhelm yourself. Prioritise sleep, eating well, and socialising alongside your work and diploma.

ACADEMIC

JOURNAL CLUB

Special Topic

The Facial Aging Process From the “Inside Out”

Arthur Swift, MD; Steven Liew, MD; Susan Weinkle, MD;
Julie K. Garcia, PhD; and Michael B. Silberberg, MD, MBA



Summary

Facial aging alters the harmonious and symmetrical features of youth, impacting physical attractiveness and self-esteem. The paper aims to provide an evidence-based overview of facial aging, analysing changes in the facial skeleton, fat pads, muscle tone, and skin. It also offers an in-depth analysis of aging in different facial regions (upper, middle, and lower thirds), helping clinicians in treatment decisions for restoring facial balance.

Key Aspects of Facial Aging

- **Psychological and Social Impact:** Signs of aging, such as wrinkles and poor skin tone, can significantly affect self-perception and social interactions. Addressing these signs can positively impact self-image and social perception.

ACADEMIC

JOURNAL CLUB

- **Anatomical Considerations:** Youthful facial features include large eyes, cheek fullness, and a defined jawline. Aging leads to changes in these features due to bone remodeling, fat pad changes, muscle tone alterations, and skin degradation. Aging gracefully involves maintaining facial fullness and smooth contours.
- **Facial Aging Process:** The aging process is complex and dynamic, involving all layers of facial anatomy. The extent and rate of aging varies among individuals, influenced by factors like race and ethnicity.
- **Layer-by-Layer Aging:** Facial aging is a multidimensional process involving changes in bone, soft tissue, and skin. Changes in one layer often trigger adjustments in adjacent layers.
 - **Bone:** The facial skeleton provides structure and defines facial contours. Age-related bone resorption and remodeling lead to changes in facial shape and proportions.
 - **Fat:** Facial fat is categorized as superficial or deep, with aging causing atrophy or repositioning of these fat pads, impacting facial contours.



ACADEMIC

JOURNAL CLUB

- Muscle: Aging affects muscle tone, resulting in dynamic wrinkles and changes in facial expression. The interplay between facial muscles and skin contributes to altered facial expressions with age.
- Skin: Intrinsic factors (like time) and extrinsic factors (like sun exposure) contribute to skin aging. This leads to changes in skin texture, pigmentation, and elasticity.



- Facial Regions Analysis: The paper divides the face into upper, middle, and lower thirds, detailing the specific aging changes in each area:
 - Upper Third: Changes in the forehead, glabellar area, temporal region, and eyebrow position are due to muscle contractions, fat loss, and bone remodeling.
 - Middle Third: This area includes the periorbital region, nose, and nasolabial folds, where aging manifests as changes in skin color, eye appearance, and the prominence of nasolabial folds.

ACADEMIC

JOURNAL CLUB

- Lower Third: Involves the perioral region, chin, and jawline, where aging leads to loss of lip fullness, changes in chin projection, and definition loss in the jawline.
- Clinical Implications: Understanding the aetiological factors behind facial aging can enable more precise and effective clinical treatments. This knowledge is vital for restoring the facial balance lost with age.



Conclusion

This comprehensive analysis of facial aging underscores the importance of understanding the intricate, multi-layered process of aging. Such knowledge is crucial for aesthetic clinicians to devise targeted treatments that address specific aging signs while maintaining or restoring facial harmony. The paper emphasises the need for a nuanced approach to treating aging signs, considering the varied impacts of aging across different facial regions and individual differences in aging patterns.

SUCCESS STORY

Congratulations to Dr Ravinderpal Padda for achieving his Level 7 Diploma!

Here is what Dr Padda had to say:

Master of Facial Aesthetics

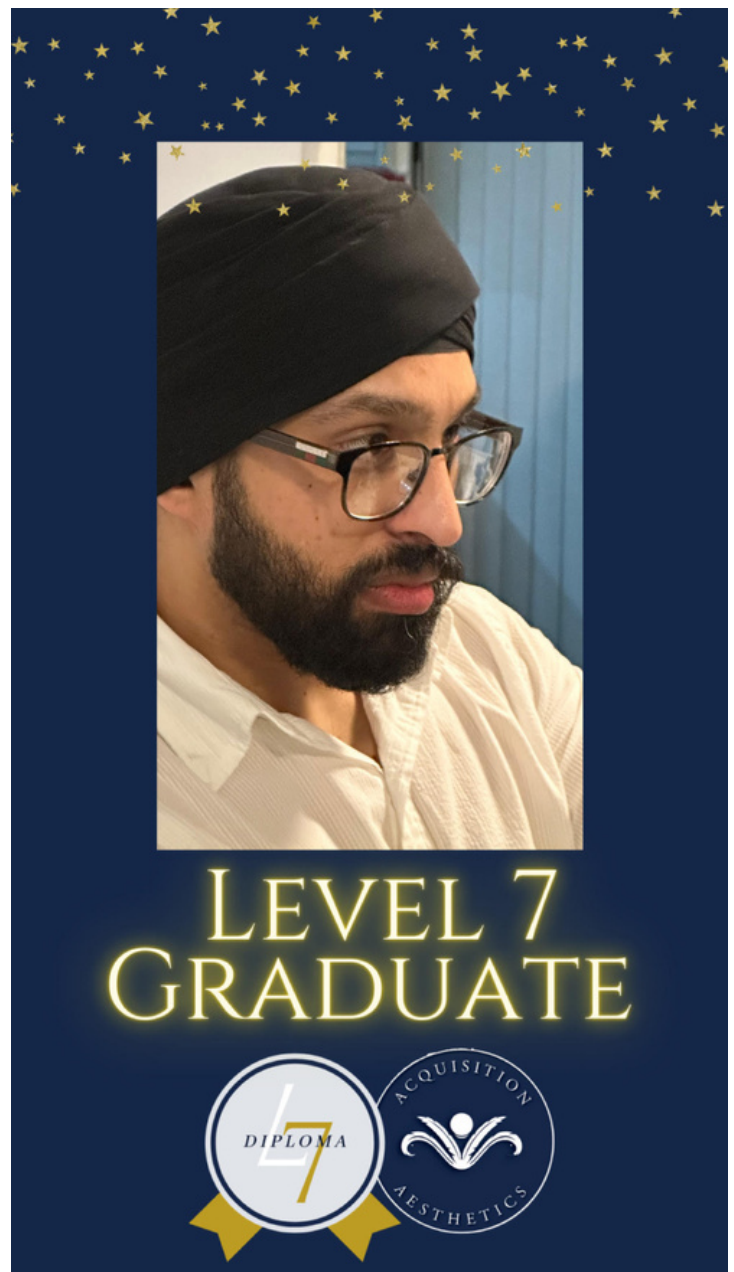
Level 7 finally completed after Covid delays and multiple other hurdles!

Mad respect to anyone who can do a degree alongside work and even more so alongside family responsibilities!

Procrastination and focusing on my degree rather than just work was by far my biggest battle in this journey! But grateful to have overcome these challenges!

Few milestones along the way and a lot of learning life and work lessons too!

Look forward to the next step of my career! Let's see where this takes us!



COURSES WITH AVAILABILITY

- Saturday 13th January 2024 - Foundation - London
- Saturday 13th January 2024 - Foundation - Manchester
- Sunday 14th January 2024 - Advanced - London
- Sunday 14th January 2024 - Advanced - Manchester
- Saturday 20th January 2024 - Tear Trough - Newcastle
- Sunday 21st January 2024 - Tear Trough - London
- Sunday 28th January 2024 - Lip - London

Book via your Level 7 Dashboard

MENTORING SESSIONS BOOK UP FAST SEE BELOW FOR UPCOMING SESSIONS WITH AVAILABILITY

- Saturday 2nd March 2024 - Mentoring - London
- Saturday 6th April 2024 - Mentoring- London
- Saturday 6th April 2024 - Mentoring- Newcastle
- Saturday 20th April 2024 - Mentoring- London
- Saturday 11th May 2024 - Mentoring - London
- Saturday 18th May 2024 - Mentoring - London
- Saturday 1st June 2024 - Mentoring - London

Book via your Level 7 Dashboard

DIPLOMA SESSIONS

- **8th January** - How to keep calm in a complication situation - with Dr Bryony Elder
- **22nd January** - with Dr Emmaline Ashley

Book via your Level 7 Dashboard