

# Fillers – The Race for Space

By Frederick N. Lukash, M.D., P.C.

**B**aby boomers are not aging gracefully. They want help - and they want it fast, with little "down time." Plastic surgeons have heeded the call! Surgery has become less invasive, and a more clear understanding of the facial aging process has evolved.

Rejuvenation is more than tightening; it is also volume replacement. This is especially true in the younger individual. Early intervention with volume can plump up sagging skin and reduce wrinkles. This epiphany has led to the race for space-occupying

*Rejuvenation is more than tightening; it is also volume replacement.*

filler substances. At last count there are 18 injectables in addition to surgically insertable implants.

The need and the demand are driving the market. This is where the buyer must beware. Many of the products are claiming permanency, or at least significant

longevity. Maybe this is good – and maybe not. After all, in spite of all we do, faces will continue to age. Well placed fillers may look fabulous at age 40, but what happens when the face sags at age 50? This unhappy lesson was learned from the silicone experience where lumps and bumps revealed themselves years later.

The ideal volume replacement should be non-allergic, easily placed, and of reasonable longevity so as to enhance, yet keep pace with the aging process. It should also be available in a variety of densities in order to correct a range of problems, from fine wrinkles to small lips to mid-facial sagging.

## Where are we today?

Silicone has basically faded into history; and collagen, the gold standard for many years, may soon do the same because of potential allergic reactions and short duration of efficacy.



Autologous (your own) fat is ideal for large volume replacement – cheeks, chin, lips, and nasal labial folds. It is limited for fine lines and has the downside of requiring a surgical procedure for harvesting. Also, in spite of what may be quoted, fresh is best; and storage is of limited benefit to none at all. It does, however, enjoy the big benefit of revitalizing itself as living tissue and will age as you age.

*Artecoll and Radiesse are two of the newest generation of injectable micro-implants.*

Artecoll and Radiesse are two of the newest generation of injectable micro-implants. Although widely used in Europe, both are in the investigational stages in the United States. Reports on longevity vary, with claims ranging from years to permanent.

Artecoll is 75% collagen and 25% polymethylmethacrylate microspheres. Once injected, the collagen dissipates over time and then is replaced by one's own collagen to create the desired appearance. This down-and-up process takes 6 months, so be prepared for a change in appearance while this morphing is occurring. Radiesse by Bioform is calcium hydroxyapatite (bone substance) made into a paste. What you see is what you get for years to come. Both substances require superb technical skill on the part of the physician and a clear understanding by the patient of the desired effect. Unlike collagen, this is staying.

Restylane is a filler derived from a naturally occurring substance in humans called hyaluronic acid. Use has been widespread and favorable in Europe and Canada. No allergic reactions have been reported, and it can last up to one year. As of this date it is not approved by the FDA and cannot be used in the United States.

#### **What am I doing?**

First and foremost, I am playing by the rules. I am waiting for approval of Restylane and will then respond to the demand of my collagen and fat-grafting patients and will use the various densities to contour the face. If it lasts a year, I will be pleased and so will my patients. It appears to be long-term error free.

As of now I use collagen for fine lines and lip augmentation, and use fat for those who want facial contouring. For more permanency in the lips, I will use

fat but only after a "test run" with collagen to assess patient satisfaction with size and shape.

I have been reticent to jump into the cosmetic use of permanent fillers which are brand new and do not have long-term experience. I have been intrigued with using Radiesse to augment nipple reconstructions that lack projection and to fill small defects in cleft lip repairs. I also see Radiesse as a filler for small nasal dorsal defects and to increase projection in ear reconstructions. As I judge these results, I will shift from reconstructive to cosmetic uses.

I have no experience with Artecoll.

#### **What should patients do?**

Look before you leap. We all want plastic surgery in a syringe, but permanent may be exactly that! Remember that the face is not static. It will change as it ages. Evaluate whether a short duration versus long-lasting versus permanent filler is right for you. Careful consultation with your aesthetic surgeon regarding type of filler and long-term outcomes will be critical. Let us not repeat the silicone experience. 