

# body language

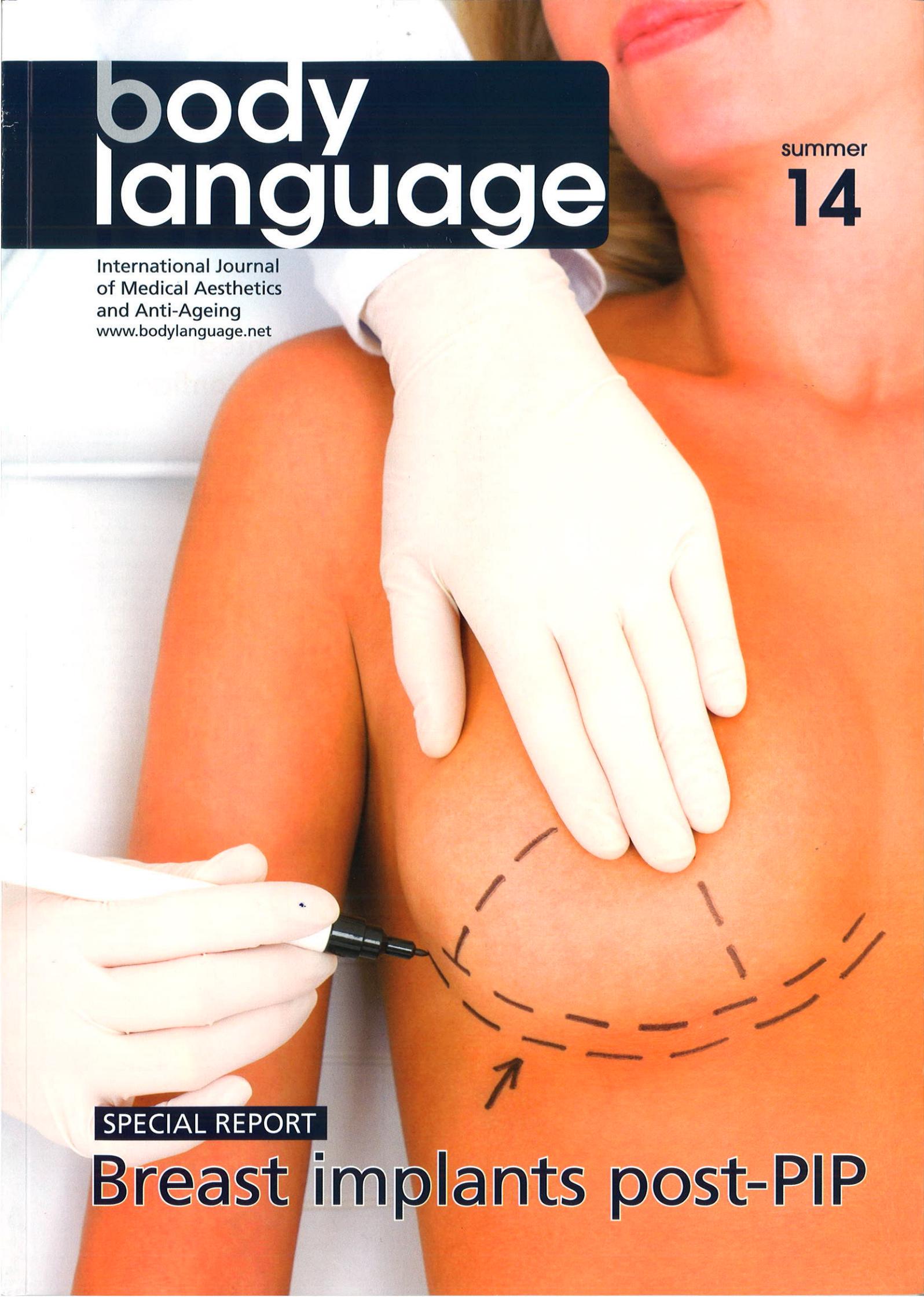
summer

14

International Journal  
of Medical Aesthetics  
and Anti-Ageing  
[www.bodylanguage.net](http://www.bodylanguage.net)

SPECIAL REPORT

## Breast implants post-PIP



# Bluntly speaking

Dr Katrin Dreissigacker describes the benefits of blunt cannulas, particularly when injecting hyaluronic acids

**I** use blunt cannulas instead of sharp needles because they don't puncture tissue. They glide smoothly along connective tissue fibres, instead of puncturing them. Blunt cannulas are less traumatic and less invasive. You simply can't destroy blood vessels. With a sharp needle, it is easy to disrupt or destroy a vessel.

Another advantage of blunt cannulas is that you can achieve a regular and even flow of hyaluronic acid (HA) filler, meaning we can achieve more natural results. We can avoid lumpiness and is an absolute precondition for a full face or minilift approach.

In terms of flow regulation when injecting, whatever pressure you put on the cannula, the flow of HA filler is always the same. You can then just focus on your patient without having to worry about the flow of product.

When you're pushing through with the blunt cannula, you don't cut the tissues. A sharp needle might cut a hole in front of the tip—the injected material is placed into that hole and not exactly where we want it to end up. With a sharp needle, you also achieve more droplets and lumpiness. The blunt cannula enables the particles of HA filler to fall into their natural place and where we need volume.

Blunt cannulas also decrease inflammatory reactions. If you injure a tissue, you create an inflammatory reaction. By using a blunt cannula, you decrease trauma to a minimum. So patients experience less bruising, pain and redness. This might also affect longevity, and help the product last longer.

I conducted a controlled application study with 30 patients, who had previously received treatment with a sharp needle. In the self assessment questionnaire following injections with a cannula, patients showed the swelling, bruise and pain aspects decreased with a cannula for a more satisfying procedure.

So what else do we need to achieve a perfect result? We need to know about anatomy. When attempting a minilift approach to non-surgical rejuvenation and to cut down the learning curve using blunt cannulas, we should learn about the fat compartments in the face.

When you're injecting with the blunt cannula, it lets us stay in the superficial subcutaneous connective tissue as well as in the deep subcutaneous fatty tissue.

I've been asked so many times during my training lessons: "Where are we injecting? Can we stay in the dermis?" Most of the time, we are in the subcutaneous fatty tissue. Needle diameters are often thicker than the dermis itself, so it's impossible to stay in the dermis.

Is it important to stay above or beneath and does it affect the duration? I don't think so. It depends on the amount of HA, what tool you are using and, of course, individual patients.

The nasolabial fold is an isolated compartment. Don't over treat. Instead, treat the mid face complex, the contours and the jawline area, which will lift the nasolabial fold. The fold is just

an atrophy in the nasolabial compartment. So if we lift, enhance and support the surrounding compartments, the nasolabial fold will be supported.

When we are treating the periorbital area, we are beneath the orbital muscle. This is really safe with the blunt cannula.

There are other sensitive anatomical structures in the temple area, such as the temporalis artery. While you can't avoid hitting them, with a blunt cannula the risk of injury is reduced.

I have also started to treat arms quite successfully. It's a lot of work and we need a lot of material, but patients are quite satisfied, especially with the frontal part of the arms. Obviously, if there is a need for surgery, you will have to do an arm lift. But it's an effective treatment.

## Treatment

We need to look at our patients with the eye of an artist to figure out where to put volume. I use shadow analysis—I take pictures of patients under certain lighting conditions, lighting the face from below to highlight the contours.

I generally use the 25G and 27G PixL cannula with a medium viscosity HA. I use Perlane and Restylane. I use a 23G cannula with Restylane Sub-Q to enhance deep subcutaneous fatty tissue or if I need a high amount of volume. But for general work and for beginners, I would recommend a medium viscosity HA like Perlane. Treatment is virtually pain free because I use HA with added lidocaine.

I use an antegrade injection technique, always keeping a droplet of HA in front of the tip of the cannula. I inject subcutaneously, submuscular or supraperiosteal, in a fanning pattern.

Depending on the patient, I start with the mid face complex with 6–8CC of HA. Enhance this area first because you need less volume with more effect—if you enhance the medial cheek compartment first, it also diminishes the nasolabial fold. You achieve good cheek boundaries.

I don't provide the whole treatment in one session. I split it up in two to three sessions so there is no need to rush and to minimise swelling or side effects. You do need to be aware and tell your patients that superficial veins might appear for a couple of days after treatment.

It is a simple procedure, and you do not always need to treat the whole face. You can just treat certain fat compartments, such as the mid face complex and turn it into a positive vector. Subtlety is good, because patients want subtle and natural results.

This technique has limits, and some lines I cannot diminish or erase completely. But I don't even try to, so I end up getting a more natural result. In terms of duration, it will take around one to one and a half years for a great result. Patients will see their appearance changing.

*Dr Katrin Dreissigacker is a plastic and cosmetic surgeon based in Germany*