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The Consultation

Initial Evaluation

A combination of factors can lead a patient to visit a provider for injectable treatment or evaluation. Often it is a result of the patient looking or feeling tired, or being told that they give that impression to others. Sometimes it is the drive for youthful appearance or for simply a different look (whether that is fewer wrinkles, fuller lips, or higher cheek bones). The motivation for change may be preparation for an event that is fast approaching, like a wedding or reunion, or a longer-term goal, such as maintaining a competitive edge in the job market. All of these factors must be determined in the first discussions prior to developing the plan. The time frame for treatment and recovery, longevity of results, and patient expectations must be part of the planning.

Anatomic Considerations

The injector must have a thorough and comprehensive understanding of facial bone structure, muscle location and function, skin structure and thicknesses, as well as the location of nerve and vascular supplies to the face and neck. Greater familiarity will lead to increased comfort, sophistication, and talent with both diagnosing and treating the changes seen in facial aging. Most aging changes are a result of facial fat loss and redistribution away from key areas of the face, which leads to sagging, undesirable folds, and skeletonization. Loss of fat in the forehead and temples leads to dropping brows and hollowing of the temples. Loss of fat on the cheeks and around the eyes causes dark circles under the eyes and drooping of the malar skin, creating deeper nasolabial folds as well as hollowing, melolabial folding, and jowling. Buccal fat loss contributes to a gaunt look in the lower cheek and can create the effect of a "pouch" lateral to the mouth (which is really just a prominent modiolus due to hollowing anteriorly and posteriorly). Intrinsic changes of the skin due to solar exposure and collagen and elastin loss can accentuate these changes. Recognizing, understanding, and explaining to patients the global effects of these anatomic changes will greatly facilitate the consultation.

Consultation Techniques

A mirror placed on a desk in front of the patient (or a hand-held mirror) is used so that the patient's facial features can be analyzed, both at rest and in animation. It is important to ask patients about what bothers them the most when they look into the mirror. Sometimes the practitioner's trained eye targets an area that turns out not to bother the patient at all. Patients are happiest when we listen to and address *their* concerns first. After we discuss how we can (or cannot) improve

what bothers them, then we can help them develop a plan for total facial rejuvenation, if they so desire.

Pointing out facial asymmetries or irregularities should be done as part of the pre-injection teaching. Patients may not see their asymmetries pre-injection but will note them post-injection. Photographic documentation is essential to document the pre-injection appearance. Three-dimensional photography is another helpful tool that can be used as an objective means to demonstrate areas of concavity and asymmetry as well as skin changes.

Once the need for treatment is established, a summary of the tools available, including neurotoxins for relaxing, fillers for volume restoration, skin boosting, and line filling, is in order. Patients may have heard of the different brand names but are often ignorant of where they go, how they work, and how long the results will last. One should develop clear, concise talking points on the products used, which include safety and recovery profiles. Next, the injector should recommend the quantity of product necessary for a complete correction and a conservative estimate as to when that would need to be re-treated. This should also be provided in written estimate form to avoid any later confusion. An example would be 50 units of Botox to treat the glabella, forehead, and crow's feet, and six syringes of hyaluronic acid (HA) filler to treat under eyes, upper cheek bones, melolabial folds, lip lines, and jawline. The patient should understand that the injections can be done either all at once or in stages, as the patient's budget allows. This would complete the consultation and leave the patient well educated and not feeling like they were pressured.

Some patients will want to be injected at their initial consultation, and others will just want to develop a plan by gaining information and having their questions answered. The initial consultation can be overwhelming for a patient new to injectables. It is important to proceed slowly at first. If a patient is not a candidate for neurotoxins or fillers, be honest about it.

Precautions

The injector must listen to patients and take cues from their body language about how comfortable they are with the concept of injectables and how willing they are to proceed. Some patients are very timid and self-conscious about discussing aesthetic issues. In those cases, it is best not to overwhelm them with too many things that they did not initially seek advice about lest they be scared away. Other patients may be open to a clinician's advice as to what is available and will want to learn all that is possible. Listen carefully to patients and address their primary aesthetic concerns first.

Body dysmorphic disorder (BDD) is a syndrome that all injectors should understand. Know that BDD patients often desire our expertise: these patients have abnormal body perceptions, and small abnormalities are magnified in their mind. It is difficult, if not impossible, to please such patients, so proceed with caution. In practice, it is more likely to regret injecting someone than to regret *not* injecting them!

Additional Reading

[1] Coleman SR, Grover R. The anatomy of the aging face: volume loss and changes in 3-dimensional topography. Aesthet Surg J. 2006; 26 1S:S4–S9

[2] Crerand CE, Menard W, Phillips KA. Surgical and minimally invasive cosmetic procedures among persons with body dysmorphic disorder. Ann Plast Surg. 2010; 65(1):11–16

[3] Matarasso A, Nikfarjam J, Abramowitz L. Incorporating Minimally Invasive Procedures into an Aesthetic Surgery Practice. Clin Plast Surg. 2016; 43(3):449–457

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The Physicians Aesthetic Coalition for Injectable Safety

The increased popularity of injectable procedures has been accompanied by an unfortunate increase in the performance of these procedures by unqualified personnel. It is the authors' concern that the use of this book by untrained individuals could produce disastrous results. The Physicians Aesthetic Coalition (PAC) was created to provide information on qualified injectors, on materials approved by the U.S. Food and Drug Administration (FDA), and on injectable training that can be obtained by qualified professionals. We direct patients and injectors to http://www.physiciansaestheticcoalition.org for appropriate information about the safe use of injectable materials.

The PAC is represented by over 5,000 board-certified members of the American Society for Aesthetic Plastic Surgery (ASAPS), the American Society for Dermatologic Surgery (ASDS), the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), and the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). We encourage professionals to utilize the PAC website for up-to-date information about injectables and injectable safety, laws, and ethical guidelines pertaining to the purchase of injectables, research and statistics, and courses available for training in the use of injectables.