ENCHANTED

MEDICAL AESTHETICS

STANDARD OPERATING PROCEDURES
for Procedures

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BUTTOCKS AUGMENTATION STANDARD OPERATING PROTOCOL

Subject: Buttocks Injections

Purpose: This protocol provides comprehensive guidelines for the safe and effective use of dermal fillers and biostimulators in buttocks augmentation procedures.

Policy:
This protocol ensures that buttocks augmentation procedures are performed by qualified providers that adhere to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the gluteal muscles, fat compartments, and neurovascular structures.
- Understanding the optimal injection planes and depths to achieve desired outcomes while minimizing risks—deep dermis or superficial subcutaneous. Submuscular injections should never be performed in this region!

Treatment Considerations:

- Patient's medical history, including allergies, medications, and previous treatments.
- Assessment of buttocks volume, shape, and desired outcomes.
- Evaluation of skin quality and elasticity.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler or biostimulator required.

The Ideal Patient:

- Desires enhanced buttocks volume, shape, or contour.
- Is in good overall health with stable body weight.
- Has realistic expectations about the treatment outcomes.
- Has sufficient subcutaneous tissue to accommodate the dermal filler and/ or regenerative biostimulator products.
- Is willing to comply with post-treatment care and follow-up appointments.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.

Absolute Contraindications:
Buttocks filler injections should not be performed in the following cases:

- Known allergies to the specific dermal filler used.
- Uncontrolled systemic diseases.
- Active infection or inflammation in the treatment area.

- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Uncontrolled diabetes or immunodeficiency disorders.
- History of silicone or permanent filler injections in the buttocks.

Medication Storage:

- Store dermal fillers and biostimulators according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect dermal fillers from excessive heat, sunlight, and freezing.

Reconstitution Guidelines for Hyperdilute Radiesse or Sculptra:

1. Follow the manufacturer's instructions for reconstitution of hyperdilute Radiesse or Sculptra. Typical reconstitution for Sculptra is 8cc of bacteriostatic saline per vial—however, additional water is typically added for the buttocks and NON-PRESERVED saline or water must be used in larger quantities (greater than 25cc) Typical reconstitution/mixing for Radiesse will depend on the patient's concern— volume versus skin quality—see below.
2. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, needles, and cannulas.
3. Mix the Sculptra solution gently and avoid excessive agitation to minimize foaming or bubbling.
4. Mix the hyperdilute Radiesse at least 20 times using a luer lock connector to blend the material.
5. If the reconstituted solution rests undisturbed, you may need to mix again directly before injection due to product separation.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they clearly understand the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, paying particular attention to the buttocks area and skin condition.
3. Assess the patient's buttocks volume, shape, and desired outcomes, and discuss realistic expectations.
4. Mark the treatment areas on the buttocks, considering the desired contour and symmetry.
5. Cleanse the treatment area with an appropriate antiseptic solution and allow it to dry.
6. Administer local anesthesia or use a topical anesthetic to minimize discomfort.
7. Reconstitute the hyperdilute Radiesse or Sculptra according to the manufacturer's guidelines, ensuring proper aseptic technique.
8. Using a cannula or a fine-gauge needle, perform the dermal filler injections into the predetermined treatment sites, following the marked areas.
9. Distribute the product evenly by using a fanning or linear threading technique.
10. Monitor the patient's comfort level and adjust injection technique and depth as needed.
11. Massage the treated area gently to ensure the even distribution of the dermal filler.

12. Dispose of used needles and syringes in a designated sharps container.
13. Provide the patient with post-treatment instructions, including care for the treated area, restrictions on physical activities, and potential side effects.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection.
4. Hematoma.
5. Allergic reactions or hypersensitivity.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply ice intermittently to the treated area to reduce swelling and discomfort.
2. Sitting directly on the treated area is okay and will not affect the result.
3. Using Tylenol as needed is acceptable.
4. Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 48 hours.
5. Provide guidelines for proper skin care and hygiene—do not soak in water for 48 hours.

Expected Outcomes:

- Enhanced buttocks volume, shape, contour, and skin quality.
- Improved symmetry and proportion.
- Increased patient satisfaction with their buttocks appearance and improved self-confidence.

Recommended Follow-Ups:

1. Schedule follow-up appointments to monitor the patient's progress and assess treatment outcomes.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions or touch-ups based on the desired results and patient satisfaction.
4. Provide long-term maintenance recommendations to optimize the results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Sculptra Dilution Protocol

You can now mix the day of treatment
8cc of Bacteriostatic Water – shake vigorously for 45 seconds
Ready to use
Do NOT draw up cellulose (white bubbly material) it will clog your needle/cannula.
Pull up into a 10cc syringe
Add 1cc of 1% Lido – shake for another 15 seconds

Face
6:1 on BONE only (5cc water + 1 cc lido)
9:1 on Lateral Face (8cc water + 1 cc lido)
12:1 on thin skin (10cc water + 2cc lido)

Décolletage
1-2 vials
12:1 or 18:1 depending on skin thickness

Arms
1-2 vials
12:1 or 18:1 depending on skin thickness

Buttocks
6+ vials
9:1 volume
12:1 texture/volume
18:1 texture
When using multiple vials – as in Sculptra Butt Injections – do not use preserved water or saline. Benzoyl Alcohol can become toxic when using 10 or more vials simultaneously.

Thighs
Cellulite 18:1 dilution
1 vial for 18 quarter-sized dimples

Knees
2 vials for mild

4 vials for moderate
12:1 or 18:1 depending on skin thickness
Mixing Sculptra and Radiesse Together Butt Augmentation for Volume

1:3 Radiesse – 6cc total mixed with 9:1 Sculptra
(2) 10cc syringes

Make sure you inject this in mid-subcutaneous

Texture

1:6 Radiesse – 12cc total mixed with 12:1 Sculptra

(3) 10cc syringes

Make sure you inject this directly subdermal

CHEEK AND TEAR TROUGH FILLER STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable medications (dermal filler and biostimulators) in the cheek and tear trough regions.

Policy:
Mid face augmentation is performed to restore volume loss and soften the transition from under eye to cheek. This protocol ensures that mid face (cheek and tear trough) injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the facial fat compartments, muscle anatomy, lymphatic system, and neurovascular structures—superficial and deep fat pads, zygomatic muscle, zygomatic notch, infraorbital foramen, and angular artery.
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks— use safer techniques.
- The superficial fat pads are moveable and should have minimal product injected to reduce animation deformity.
- The deep fat pads should primarily be restored to maintain a natural result.

Treatment Considerations:

- Patient's medical history, including prior treatments or surgeries in the mid face area.
- Assessment of volume loss, existing asymmetry, and treatment goals.
- Evaluation of skin quality, elasticity, and presence of any dynamic wrinkles or folds.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler or biostimulator required.

The Ideal Patient:

- Desires enhanced volume, contour, or rejuvenation of the cheek and tear trough area.
- Has sufficient tissue thickness to accommodate the injected material.
- Does not have malar edema or festoons.
- Has realistic expectations about the treatment outcomes.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming dental work or vaccinations.
- Seasonal allergies.
- History of silicone or permanent filler injections in the treated areas.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal fillers and biostimulators according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Reconstitution Guidelines for Hyperdilute Radiesse or Sculptra:

1. Follow the manufacturer's instructions for reconstitution of hyperdilute Radiesse or Sculptra. Typical reconstitution for Sculptra is 8cc of bacteriostatic saline per via. Typical reconstitution/mixing for Radiesse will depend on the patient’s concern— volume versus skin quality—see below.
2. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, needles, and cannulas.
3. Mix the Sculptra solution gently and avoid excessive agitation to minimize foaming or bubbling.
4. Mix the hyperdilute Radiesse at least 20 times using a luer lock connector to blend the material.
5. If the reconstituted solution rests undisturbed, you may need to mix again directly before injection due to product separation.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they have a clear understanding of the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.

3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Mark the treatment areas on the mid face.
6. Administer local anesthetic (lidocaine with epi plus a bump of bicarbonate) or use a topical anesthetic to minimize discomfort.
7. If indicated: reconstitute the hyperdilute Radiesse or Sculptra according to the manufacturer's guidelines.
8. Using a cannula or a fine-gauge needle, perform the injections into the predetermined treatment sites, following the marked areas.
9. Use a fanning, linear thread, or depot bolus technique to distribute the product evenly. Depot bolus for cheek augmentation is typically 0.1-0.2cc per injection point on periosteum. The direct tear trough should typically be limited to less than 0.2cc of hyaluronic acid.
10. Monitor the patient's comfort level and adjust injection technique and depth as needed.
11. Assess the skin for capillary refill after procedure completion.
12. Gently press on the treated area to ensure there are no contour irregularities.
13. Dispose of used needles and syringes in a designated sharps container.
14. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling or malar edema.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to the treated areas to reduce swelling and discomfort.
2. Instruct the patient to avoid excessive facial movements and pressure on the treated areas for 2 weeks.
3. Using Tylenol as needed is acceptable.
4. Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 48 hours.
5. Provide guidelines for proper skin care and hygiene—do not soak in water for 48 hours.

Expected Outcomes:

- Restored volume and contour to the cheeks and tear troughs.
- Reduction in the appearance of under-eye hollows and dark circles.
- Improved symmetry and facial balancing.
- Enhanced facial rejuvenation and a more youthful appearance.

Recommended Follow-Ups:

1. Schedule a 4-week follow-up appointment to monitor the patient's progress and assess treatment outcomes.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result.
4. Provide long-term maintenance recommendations to optimize the results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**Less is more in this area, have the patient return for 1-2 follow ups to assess and add more as needed.
**Excess product on the superficial, moveable fat pads will make the eyes appear smaller.
**Skin quality, especially on the under eyes, must be addressed prior to adding a dermal filler. This can be accomplished with multiple modalities, such as CO2, platelet rich fibrin, and pdo threads.
**Do not use Sculptra or Radiesse in the direct tear trough.

Notes:

CHIN AND JAWLINE FILLER STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable hyaluronic acid dermal filler in the jawline and chin.

Policy:
Chin and jawline augmentation is performed to restore volume loss from aging, improve facial balancing, asymmetry or overall facial shape. This protocol ensures that injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Description:
Dermal filler is a hyaluronic acid derived product that is injected superficially or on periosteum in the chin and jawline to restore volume loss, improve facial balancing, correct asymmetry, or improve overall facial shape.

Anatomy to Consider:

- Knowledge of muscle anatomy, lymphatic system, and neurovascular structures, fat pads, and surrounding anatomical landmarks.
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks.
- Individualized assessment prior to injection to ensure patient is a candidate for chin and jawline filler.

Treatment Considerations:

- Patient's medical history, including prior treatments, surgeries, or implants in the face.
- Assessment of volume loss, existing asymmetry, and individual treatment goals for the patient.
- Evaluation of skin quality, elasticity, and presence of any volume loss, or asymmetry.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler required for desired outcome.

The Ideal Patient:

- Desires enhanced volume, rejuvenation, projection or balancing of the chin and jawline.
- Has sufficient tissue to accommodate the dermal filler.
- Has realistic expectations about the treatment outcomes.
- Understands the potential risks and benefits of the procedure being performed.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming or recent dental work, surgery, or vaccinations.
- Dermal filler injections less than two weeks prior to appointment.
- History of silicone or permanent filler injections in the face.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal fillers according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Detailed Procedure Steps for Direct Needle to Jawline:

1. Obtain written and verbal informed consent from the patient.
2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess facial volume, asymmetry, areas to avoid and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Cleanse the treatment areas with alcohol or hibiclens.
7. Find the area of greater deficit on the chin and jawline and inject that area first.
8. Identify vascular landmarks to avoid during injection.
9. Mark areas to be injected.
10. Choose appropriate product and needle size (generally 27g-30g). For higher g-prime products, a larger gauge needle will be chosen.
11. Attach needle to product, unprimed.
12. Inject at a 90 degree angle on periosteum at gonial angle.
13. Aspirate for 10-14 seconds. If there is a negative aspiration, inject 0.2ml-0.3ml of product. Adjust needle if necessary, then re-aspirate and inject 0.2ml-0.3ml of product. Repeat on opposite side.
14. Assess pre jowl for deficit. If appropriate, inject as described above.

15. If there is a positive aspiration, no product will be distributed, and the needle will be withdrawn. The blood contaminated product will be wasted, and a new needle will be used.
16. Monitor the patient's comfort level and adjust injection technique.
17. Dispose of used needles and syringes in a designated sharps container.
18. After completion, ensure even distribution or product and assess capillary refill.
19. Assess surrounding tissue.
20. Provide the patient with ice, post-treatment instructions including care, restrictions on physical activities, and potential side effects.
21. Give patient office contact information.

Detailed Procedure Steps for Direct Needle to Chin:

1. Obtain written and verbal informed consent from the patient.
2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess facial volume, asymmetry, areas to avoid and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Cleanse the treatment areas with alcohol or hibiclens.
7. Find the area of greater deficit on the chin and jawline and inject that area first.
8. Identify vascular landmarks to avoid during injection.
9. Mark areas to be injected.
10. Choose appropriate product and needle size (generally 27g-30g). For higher g-prime products, a larger gauge needle will be chosen.
11. Attach needle to product, unprimed.
12. Inject at a 90 degree angle on periosteum to medial chin.
13. Aspirate for 10-14 seconds. If there is a negative aspiration, inject 0.2ml-0.3ml of product. Adjust needle if necessary, then re-aspirate and inject 0.2ml-0.3ml of product.
14. Reassess and inject lateral chin as needed for desired length or projection.
15. If there is a positive aspiration, no product will be distributed, and the needle will be withdrawn. The blood contaminated product will be wasted, and a new needle will be used.
16. Monitor the patient's comfort level and adjust injection technique.
17. Dispose of used needles and syringes in a designated sharps container.
18. After completion, ensure even distribution or product and assess capillary refill.
19. Assess surrounding tissue.
20. Provide the patient with ice, post-treatment instructions including care, restrictions on physical activities, and potential side effects.
21. Give patient office contact information.

Detailed Procedure Steps for Cannula to Jawline/Chin:

1. Obtain informed consent from the patient and ensure they have a clear understanding of the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or hibiclens.
5. Identify vascular landmarks to avoid during injection.
6. Mark areas to be injected.
7. Administer local anesthetic (lidocaine with epinephrine with bicarbonate) to minimize discomfort.
8. Using an 18g needle, make an entry point for the cannula.
9. Using a 22g-25g 1 ½" – 2 ¾" cannula, Inject dermal filler into the predetermined areas of deficit at a superficial to deep dermal depth, depending on the product being used and where it is being injected.
10. Use a fanning or linear thread technique to distribute the product evenly.
11. Monitor the patient's comfort level and adjust injection technique and depth as needed.
12. Assess the skin for capillary refill after procedure completion.
13. Assess surrounding tissue.
14. Dispose of used needles and syringes in a designated sharps container.
15. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Asymmetry.
9. Immune response.
10. Migration of filler.
11. Vascular occlusion.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.

4. Advise the patient to avoid blood thinners and alcohol 3-5 days before the procedure.
5. Instruct the patient to avoid direct sun exposure before the procedure.
6. Advise patient to wait two weeks before or after surgical or dental procedures before getting injections.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to reduce swelling and discomfort.
2. If bruising in present, Arnica gel and/or intermittent warm compress may be used.
3. Do not massage or manipulate treated area after injection. Since a higher g-prime filler is used, this product may appear as a ball for a couple days- reassure patient this will subside.
4. Instruct the patient to avoid exercise for 24 hours post injection.
5. Use Tylenol as needed the first 24 hours, then Ibuprofen every 6-8 hours as needed is acceptable.
6. Provide guidelines for proper skin care and hygiene—do not submerge underwater for 48 hours post procedure.
7. Avoid facials for up to two weeks post injection to avoid manipulation of filler.
8. Avoid direct sun exposure for a week post injection.
9. Educate on adverse events and when to notify provider.

Expected Outcomes:

1. Restored volume, improved facial balancing and symmetry to the chin and jawline.
2. Reduction in the appearance of lines, volume loss and asymmetry.
3. Enhanced facial balancing and a more youthful appearance.

Recommended Follow-Ups:

1. Schedule a 2-week follow-up appointment to assess symmetry and patient satisfaction.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result.
4. Provide long-term maintenance recommendations to maintain optimal results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**Use a lower g prime filler if you are injecting superficially close to the orbicularis oris muscle.
**If the mentalis muscle is very strong, use tox first before adding dermal filler. Reassess for dermal filler in 1-2 weeks once the muscle is relaxed.

CO2 LASER STANDARD OPERATING PROCEDURE

Purpose:
To establish a standardized protocol for the safe and effective administration of CO2 laser resurfacing for cosmetic purposes.

Policy:
This protocol applies to patients who have undergone a thorough history, examination, diagnosis, and treatment plan before CO2 laser treatment.

Purpose:
CO2 laser is a resurfacing laser used to promote skin rejuvenation, collagen production, reduction of pore size, and improvement of various skin concerns such as fine and deep lines, wrinkles, acne scars, hyperpigmentation, and hypertrophic or keloid scars.

Anatomy to Consider:
Identify and familiarize yourself with the relevant anatomical structures in the treatment area to minimize the risk of complications. Key considerations may include the epidermis, dermis, nerves, and bony landmarks.

Treatment Considerations:
CO2 laser is a resurfacing laser used to promote skin rejuvenation, collagen production, reduction of pore size, and improvement of various skin concerns such as fine and deep lines, wrinkles, acne scars, hyperpigmentation, and hypertrophic or keloid scars. However, it may also be utilized off-label for addressing specific skin conditions determined by the treating provider, based on clinical judgment and patient needs.

Ideal Patient:
The ideal candidate for CO2 laser resurfacing:

- Is in good general health
- Has realistic expectations regarding treatment outcomes, including the possible need for multiple treatments
- Has undergone a comprehensive consultation and evaluation
- Has been educated about the procedure, benefits, potential risks, and expected recovery process

Relative Contraindications:
Although CO2 laser resurfacing is generally safe, the procedure may be contraindicated or

require caution in certain cases. Relative contraindications include, but are not limited to:

- Active skin infections or inflammatory skin conditions in the treatment area
- Patients on anticoagulant medications or with bleeding disorders
- History of or current melasma
- Patients with pacemakers or other implanted electronic devices

Absolute Contraindications:
CO2 laser resurfacing is strictly contraindicated in the following cases:

- Uncontrolled diabetes or other systemic illnesses
- History of skin cancer in the treatment area
- Recent use of isotretinoin (Accutane) within the past six months
- Active herpes simplex virus (HSV) infection in the treatment area
- Allergy to components of the CO2 resurfacing laser
- Pregnancy
- Patients with metal implants on or near treatment area
- Recent use of retinol products or antibiotics less than five days before laser treatment

Storage:
Store the CO2 resurfacing laser according to the manufacturer's instructions in a clean, dry environment protected from excessive heat or cold.

Procedure in Detail:
1. Take pre-treatment photos.
2. Prepare the treatment area by cleansing the skin to remove excess dirt, oil and makeup.
3. Apply a topical anesthetic agent to the treatment area and allow sufficient time for numbing.
4. Cleanse the skin thoroughly with alcohol.
5. After assessing the patient’s skin type and areas of concern, turn the CO2 laser on and choose appropriate settings according to the manufacturer’s guidelines and desired outcome.
6. Apply protective eyewear to the patient, then apply eyewear to the provider performing laser treatment.
7. Complete one pass over the treatment area systematically, covering the entire area and adjusting settings as needed throughout the procedure.
8. Assess patient comfort level during procedure and adjust settings as needed.
9. During and upon completion of the procedure, assess the treated area for any signs of adverse events, such as excessive redness, abnormal discoloration, bleeding, or swelling.
10. Apply topical exosomes or a thin layer of Aquaphor post-procedure evenly over the treatment area.

Adverse Events/Risks:
Inform the patient about potential adverse events and risks associated with CO2 laser resurfacing, which may include but are not limited to:

- Mild to severe redness and swelling in the treatment area
- Pinpoint bleeding or grid pattern appearance to the treatment area.
- Temporary heat, skin sensitivity, and tenderness, lasting up to two hours post-procedure
- Rare instances of infection, scarring, or melasma flare-up
- Hyperpigmentation or hypopigmentation, which could be short or long term

Pre-Treatment Patient Instructions:
Before the procedure, provide the following instructions to the patient:

- Avoid direct sun exposure, tanning beds, and spray tanning for at least two weeks before the treatment.
- Discontinue using retinoids, exfoliating agents, antibiotics, or any other potentially irritating skincare products in the treatment area for a specified period before the procedure.
- Inform the treating provider of any changes in medical history, medications, or skin conditions.

Post-Treatment Patient Instructions:
After the procedure, advise the patient to follow these instructions:

- Avoid direct sun exposure and use a broad-spectrum sunscreen with a high SPF (30 or above) to protect the treated area from UV radiation 24 hours after CO2 laser.
- Gently cleanse the treated area the night of the CO2 laser with a mild cleanser and apply a recommended post-treatment product or moisturizer. Cool water is recommended on the first night to avoid excess sensitivity.
- Patients can gradually reintroduce skin care products after 24-48 hours, depending on the aggressiveness of CO2 laser settings. Avoid retinol or acids for one week after CO2 laser.
- The skin will be very hot immediately post procedure and will last one to two hours. Do not apply ice.
- Sandpaper texture can last 4-10 days, depending on treatment area.
- Skin will become dry and itchy as it is healing. Moisturizing during this time is important. Hydrocortisone cream may be used to decrease symptoms.
- Makeup can be worn 48 hours post-procedure if bleeding and oozing are absent.
- Avoid excessive heat, exercise, saunas, steam rooms, or activities that may induce excessive sweating for at least 2 days.
- Inform the treating provider of any unexpected or prolonged adverse reactions or concerns.

Expected Outcomes:
CO2 resurfacing laser treatments typically yield gradual improvements in skin texture, tone, and firmness over two to four weeks. The patient can expect a reduction in the appearance of fine lines, wrinkles, pore size, laxity, and pigmentation, with optimal results seen after one to three treatments spaced four weeks apart.

Recommended Follow-Up Schedule:
Establish a follow-up schedule based on the patient's treatment plan, typically four weeks between sessions. Assess the patient's progress, address any concerns, or side effects, and make any necessary adjustments to the treatment plan during follow-up visits.

Documentation Recommendations:
Maintain comprehensive documentation for each patient, including:

- Pre-treatment evaluation and consent forms
- Photographs
- Treatment parameters, including CO2 laser settings
- Treatment areas and setting adjustments during treatment
- Adverse events or side effects experienced during or after the procedure
- Post-treatment care instructions provided to the patient
- After photographs (with patient consent) to track progress

Pearls from Experience:

- Tailor the aggressiveness of treatment based on the patient's skin type and desired outcome.
- Utilize topical anesthetics, cooling devices, or other comfort measures to optimize the patient's experience during the procedure.
- Ketamine troche is an option.
- Pro-Nox is an option.
- Offer additional post-treatment skincare recommendations or products to support healing and enhance treatment outcomes.

Radiofrequency micro needling can be performed with a lighter setting on the CO2 resurfacing laser (without tissue dwell time) for optimal results.

Low-dose prednisone can be prescribed for patients with a strong histamine response post-laser.

Patients with known hypersensitivity may start taking Zyrtec or Claritin three days before the laser and continue for three days post-laser.

Benadryl 25-50MG Q8H can be taken at night as needed.

Any Extra Notes:
Always stay up to date with the latest research, guidelines, and manufacturer recommendations regarding CO2 laser resurfacing to ensure the highest patient care and safety standard.

Dynamic Line Dermal Filler Standard Operating Protocol

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable medications (dermal filler and biostimulators) in superficial to deep lines and wrinkles.

Policy:
Dermal filler for dynamic wrinkles and folds is performed to restore volume in areas of the face which have suffered from degradation of collagen and elastin due to aging or external factors such as repetitive sun exposure. This protocol ensures that dermal filler for lines procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the multiple skin layers, facial fat compartments, muscle anatomy, lymphatic system, and neurovascular structures
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks— use safer techniques.
- The dermis is typically the most optimal plane for placement of dermal filler for lines.
- The dermis should primarily be restored to maintain a natural result.

Treatment Considerations:

- Patient's medical history, including prior treatments or surgeries on the face.
- Assessment of volume loss, existing asymmetry, and treatment goals.
- Evaluation of skin quality, elasticity, and presence of any dynamic wrinkles or folds.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler or biostimulator required.

The Ideal Patient:

- Desires a more smooth and youthful appearance of the skin.
- Has sufficient tissue thickness to accommodate the injected material.
- Has dynamic wrinkles beyond those which are only present during facial muscle movement.
- Has realistic expectations about the treatment outcomes.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.

- Uncontrolled diabetes.
- Immune disorders.
- Upcoming dental work or vaccinations.
- Seasonal allergies.
- History of silicone or permanent filler injections in the treated areas.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal fillers and biostimulators according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Reconstitution Guidelines for Hyperdilute Radiesse or Sculptra:

1. Follow the manufacturer's instructions for reconstitution of hyperdilute Radiesse or Sculptra. Typical reconstitution for Sculptra is 8cc of bacteriostatic saline per vial—however, additional water is typically added for the buttocks and NON-PRESERVED saline or water must be used in larger quantities (greater than 25cc) Typical reconstitution/mixing for Radiesse will depend on the patient's concern— volume versus skin quality—see below.
2. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, needles, and cannulas.
3. Mix the Sculptra solution gently and avoid excessive agitation to minimize foaming.
4. Mix the hyperdilute Radiesse at least 20 times using a luer lock connector to blend the material.
5. If the reconstituted solution rests undisturbed, you may need to mix again directly before injection due to product separation.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they clearly understand the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Insert the needle at desired location and advance.
6. Aspirate for a minimum of four seconds.

7. Inject filler in retrograde linear threads to desired restoration of tissue and appropriate blending with surrounding tissue.
8. Monitor the patient's comfort level and adjust injection technique and depth as needed.
9. Assess the skin for capillary refill after procedure completion.
10. Dispose of used needles and syringes in a designated sharps container.
11. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling
8. Superficial placement of filler resulting in nodule formation
9. Superficial placement of filler resulting in tyndall effect

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to the treated areas to reduce swelling and discomfort.
2. Instruct the patient to avoid excessive facial movements and pressure on the treated areas for 2 weeks.
3. Using Tylenol or Ibuprofen as needed is acceptable.
4. Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 48 hours.
5. Provide guidelines for proper skin care and hygiene—do not soak in water for 24 hours.

Expected Outcomes:

- Restored volume to dynamic wrinkles.
- Reduction in the appearance of unwanted lines in skin tissue.
- Improved skin texture.
- Enhanced facial rejuvenation and a more youthful appearance.

Recommended Follow-Ups:

1. Schedule a 2-week follow-up appointment to monitor the patient's progress and assess treatment outcomes.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result.
4. Provide long-term maintenance recommendations to optimize the results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**If a patient has a history of herpes simplex, and areas of injection are near places of historical outbreaks, pre-treat one day prior with 1000mg of valacyclovir and continue that dose daily for 5 days
**Dermal filler with moderate g prime tends to work best here.
**Biostimulators are the most ideal choice for preventing further dynamic wrinkles.

Notes:

HYALURONIDASE STANDARD OPERATING PROCEDURE

Subject: Hylenex/ Hyaluronidase (trade/generic)

Purpose: To provide a standing order to administer hyaluronidase into the targeted area for the purpose of dissolving hyaluronic acid fillers for cosmetic or emergency purposes.

Policy: This standing order may be used for any patient who has a current history, exam, diagnosis, and treatment plan prior to receiving hyaluronidase treatment.

Medication Description/Detailed Purpose: Hyaluronidase is an enzyme that breaks down hyaluronic acid, a substance commonly used in dermal fillers. The purpose of administering hyaluronidase is to dissolve or reverse the effects of hyaluronic acid fillers in case of complications or undesired outcomes.

Anatomy to Consider: Consider the anatomical landmarks and pertinent vessels, nerves, etc., in the target area to ensure safe and effective treatment. Please refer to relevant anatomy resources specific to the area of injection.

Treatment Considerations:

- Hyaluronidase can be used to dissolve hyaluronic acid fillers, both on-label and off-label, depending on the specific product and situation.
- It is important to assess the patient's suitability for hyaluronidase treatment based on their individual needs and treatment goals.

Describe the Ideal Patient: The ideal patient for hyaluronidase treatment is someone who:

- Has a history of hyaluronic acid filler treatment.
- Requires correction or reversal of the effects of the filler.
- Has realistic expectations regarding the outcome of the procedure.

Relative Contraindications:

- Known allergies or hypersensitivity to hyaluronidase or any of its components.
- Active infection or inflammation in the treatment area.
- Pregnancy or breastfeeding.

Absolute Contraindications:

- Severe allergies or anaphylactic reactions to hyaluronidase
- History of significant adverse reactions to hyaluronidase or its administration

Medication Storage: Hyaluronidase should be stored according to the manufacturer's instructions, typically refrigerated, and protected from light. Please consult the specific product packaging for storage guidelines.

How to Reconstitute: Follow the manufacturer's instructions for reconstitution if the hyaluronidase product requires it. Hylenex brand is ready-to-use. Other brands may involve adding a specified amount of diluent to the vial containing the lyophilized powder and mixing until fully dissolved. Please refer to the package insert for detailed reconstitution guidelines.

Procedure in Detail:

1. Prepare the treatment area by cleansing it with an appropriate antiseptic solution.
2. If indicated, reconstitute the hyaluronidase according to the manufacturer's instructions. You may add sodium bicarbonate to lessen the burn; An example is 0.9cc of hyaluronidase plus 0.1cc of sodium bicarbonate.
3. Use a fine gauge needle or cannula to inject the hyaluronidase solution into the targeted area where the hyaluronic acid filler is present.
4. Inject the hyaluronidase solution in small aliquots, evenly distributing it within the treatment area.
5. Massage the area to facilitate the diffusion of hyaluronidase throughout the tissue.
6. Observe the patient for any immediate adverse reactions or signs of improvement.
7. Assess the desired outcome and repeat the procedure if necessary, following a suitable interval as determined by the healthcare provider.

Adverse Events/Risks: Potential adverse events associated with hyaluronidase administration:

- Localized swelling, redness, or bruising at the injection site.
- Allergic reactions, ranging from mild to severe, such as itching, rash, or anaphylaxis.
- Tissue damage or necrosis if the product is inadvertently injected into a blood vessel or other sensitive structures.

Pre- and Post-Treatment Patient Instructions:
Pre-Treatment Instructions:

- Inform the patient about the procedure, its purpose, and potential risks or side effects.
- Obtain informed consent from the patient prior to treatment.
- Advise the patient to avoid taking blood-thinning medications, such as aspirin or non-steroidal anti-inflammatory drugs (NSAIDs), for a specified period before the procedure to minimize the risk of bruising and bleeding.
- Instruct the patient to avoid alcohol consumption for 24+ hours before the treatment.

Post-Treatment Instructions:

- Instruct the patient to apply cold compresses or ice packs to the treated area to help reduce swelling and discomfort.
- Recommend avoiding vigorous exercise, saunas, hot tubs, or any activities that may cause excessive sweating for at least 24 hours post-treatment.
- Instruct the patient to avoid exposing the treated area to excessive heat or sunlight.
- Advise Tylenol or Ibuprofen as needed for pain relief.
- Advise the patient to follow a gentle skincare routine and avoid harsh or abrasive products in the treated.
- Schedule a follow-up appointment to assess the results and address any concerns or further treatment needs.

Expected Outcomes: The administration of hyaluronidase is expected to gradually dissolve the hyaluronic acid filler, leading to a reduction or reversal of its effects. The specific outcome will vary depending on various factors, including the amount of filler present, the location of injection, and individual patient response. The aesthetic provider should discuss realistic expectations and potential outcomes with the patient before the procedure.

Recommended Follow-up Schedule: Schedule a follow-up to evaluate the results and determine if any further treatment is necessary. The timing may vary depending on the individual patient and the specific situation. Hyaluronidase is typically in full effect after 72 hours.

Documentation Recommendations:

- Document the patient's informed consent for the procedure.
- Record the patient's medical history, including any allergies, previous filler treatments, and any relevant contraindications or precautions.
- Document the procedure details, including the specific product used, dosage, injection technique, and treatment area.
- Note any adverse events, complications, or patient reactions during or after the procedure.
- Keep a record of the patient's pre- and post-treatment instructions provided.
- Maintain any relevant before-and-after photographs for documentation purposes.

Pearls from Experience:

- Educate the patient on temporary (up to three months) loss of local HA and therefore a reduction in tissue volume greater than the amount of fille removed in some circumstances.
- Start with a conservative dose of hyaluronidase and titrate as needed based on the patient's response. Use the starting guideline of 10 units of hyaluronidase per 0.1ml of HA filler.
- Communicate openly with the patient about the procedure, managing expectations, and addressing any concerns or questions.

- Have an epi pen readily available in case of severe allergic reactions or other emergencies.

KYBELLA AND PCDC STANDARD OPERATING PROCEDURE

Subject: Deoxycholic Acid (plus PC Phosphatidylcholine for compounded version)

Purpose: This protocol provides a guideline for the safe and effective use of deoxycholic acid.

Policy: The use of deoxycholic acid is intended to address submental fullness in suitable patients. This protocol ensures procedures are performed by qualified providers who adhere to established guidelines, safety measures, and best practices.

Description:
Kybella is an FDA-approved injectable medication containing synthetic deoxycholic acid. It is used to improve the appearance of moderate to severe submental fullness, commonly referred to as a "double chin." Deoxycholic acid is a naturally occurring bile acid that aids in the breakdown and absorption of dietary fat.

Anatomy to Consider:
Key considerations include the mental and submental nerves, the submental artery, the skin thickness, and the platysma depth in the submental area. Proper knowledge of anatomy ensures precise and safe injection placement.

Treatment Considerations:

- Patient's medical history, including prior treatments or surgeries in the submental area.
- Assessment of submental fullness and treatment goals.
- Evaluation of skin laxity and elasticity.
- Determination of the appropriate treatment plan, including the required treatment sessions.

The Ideal Patient:

- Exhibits visible submental fullness or a "double chin."
- Is in good overall health with a stable body weight.
- Has realistic expectations about the treatment outcomes.
- Possesses adequate skin elasticity in the submental area.
- Has no contraindications for Kybella treatment.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.

- History of dysphagia or difficulty swallowing.

Absolute Contraindications

- Known allergies to deoxycholic acid or any other ingredients in Kybella.
- Active infection or inflammation in the treatment area.
- Uncontrolled systemic diseases (cancer).
- Pregnancy or breastfeeding.
- Severe liver or kidney disease.

Medication Storage:
Deoxycholic acid vials can be stored in the refrigerator between 2°C and 8°C.

- Protect vials from light and freezing.
- Do not use deoxycholic acid after the expiration date.

Drawing Medication:

1. Ensure proper aseptic technique while drawing up.
2. Using a sterile 3cc syringe, draw up pre-mixed medication into the syringe using an 18g needle.
3. Replace the 18g needle with a 30g half-inch needle for injection.

Detailed Procedure Steps:

1. Obtain informed consent from the patient.
2. Review medical history and perform a physical examination.
3. Assess the submental area, marking the treatment sites and injection points according to the treatment plan.
4. Cleanse the treatment area with alcohol, hibiclens, or purycin.
5. Administer local lidocaine (with epi and a bump (0.1ml) of bicarbonate) or use a topical anesthetic to minimize discomfort.
6. Using a 30-gauge 1/2-inch needle or a 22-gauge cannula, administer deoxycholic acid injections into the submental fat in the predetermined treatment sites.
7. Injection technique: grid pattern with needle or fan technique with the cannula.
8. Apply a cold pack immediately after injection to minimize swelling and discomfort.
9. Dispose of used needles and syringes in a designated sharps container.
10. Provide the patient with verbal and written post-treatment instructions.
11. Educate the patient about potential side effects and what to expect during recovery.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites are expected.
2. Numbness or altered sensation in the treatment area.
3. Pain or discomfort during or after the procedure.

4. Formation of small, firm areas or nodules in the treatment area.
5. Infection, although rare, if proper aseptic technique is followed.
6. Dysphagia

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments to the submental region.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to discontinue any blood-thinners or supplements as instructed.
5. Instruct the patient to avoid alcohol consumption for at least 48 hours before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply ice (with a skin barrier to protect from a burn) intermittently to the treated area to reduce swelling and discomfort.
2. Instruct the patient to avoid touching or rubbing the treated area for at least 24 hours.
3. Recommend using pain relievers as needed, such as Tylenol, for the first 3-4 days.
4. Advise the patient to avoid vigorous exercise or activities that may increase blood flow to the treated area for at least 72 hours.
5. Provide guidelines for proper skin care and sun protection.
6. Advise the patient to sleep elevated to reduce swelling.
7. Offer compression in the form of coban wrap or an ACE bandage.

Expected Outcomes:

1. Gradual reduction in submental fullness and improvement in chin contour over several weeks.
2. Enhanced jawline definition and a more aesthetically pleasing profile.
3. Increased patient satisfaction with their appearance and improved self-confidence.

Recommended Follow-Ups:

1. Schedule follow-up appointments to monitor the patient's progress and assess treatment outcomes at 8-week intervals.
2. Typically, 2-4 sessions are indicated.
3. Provide long-term maintenance recommendations to optimize the results— for example: if a patient gains weight, they may notice fullness again in the originally treated area.

Documentation:

1. Patient's medical history— allergies, medications, and previous treatments.
2. Pre-treatment assessment— photographs, neck measurements, and treatment plan.

3. Details of the procedure—including the injection technique, dosage, treatment sites, lot numbers, and expiration date.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:

*Patients may experience increased hunger for up to 8 weeks following injection of deoxycholic acid. Making them aware of this risk may prevent weight gain during recovery.

*Encourage patients to stay well-hydrated and to exercise to help mobilize and excrete fat.

Any extra notes:

This medication can be used for numerous off-label indications, such as, jowls, axillary, abdomen, hip rolls, knees, and posterior thighs.

LIP INJECTION STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for safely and effectively using injectable hyaluronic acid dermal filler in the lips.

Policy:
Lip augmentation is performed to restore volume loss from aging, or to enhance the shape, asymmetry, or overall volume in the lips. This protocol ensures that lip injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Description:
Dermal filler is a hyaluronic acid-derived product that is injected superficially into the wet/dry border of the lip to enhance shape, improve hydration, and restore volume loss.

Anatomy to Consider:

- Knowledge of muscle anatomy, lymphatic system, neurovascular structures, fat pads, and surrounding anatomical landmarks.
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks.
- Individualized assessment before injection to ensure the patient is a candidate for lip injections.

Treatment Considerations:

- Patient's medical history, including prior treatments or surgeries of the face and lips.
- Assessment of volume loss, existing asymmetry, and individual treatment goals for the patient.
- Evaluation of lip quality, elasticity, and presence of any volume loss, muscle pull, obvious vascular pooling or scarring in the lips.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler required for desired outcome.

The Ideal Patient:

- Desires enhanced volume, rejuvenation, or balancing of the lips.
- Has sufficient lip tissue to accommodate the dermal filler.
- Has realistic expectations about the treatment outcomes.
- Understands the potential risks and benefits of the procedure being performed.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming or recent dental work, surgery, or vaccinations.
- Lip injections less than two weeks prior to appointment.
- History of silicone or permanent filler injections in the lips.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Active HSV1 lesions.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal fillers according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Detailed Procedure Steps:

1. Obtain written and verbal informed consent from the patient.
2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess lip volume, asymmetry, areas to avoid and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Cleanse the treatment areas with alcohol or hibiclens.
7. Find the area of greater deficit on the lips and inject that area first.
8. Using a 27g to 30g needle, depending on the product, inject at a 30-degree angle. Once the bevel has entered the lip tissue, advance the needle at a parallel angle to the hub.
9. Aspirate for 10-14 seconds. If there is a negative aspiration, gently and steadily push the product while retrograding the needle. Approximately 0.02-0.1 ml of product will be laid, per linear thread, depending on the desired volume.
10. The needle will be withdrawn, then redirected laterally to the previous injection point. Repeat step 9 until the entire lip has been injected or the area of the deficit has reached the desired correction.

11. If there is a positive aspiration, no product will be distributed, and the needle will be withdrawn. The blood-contaminated product will be wasted, and a new needle will be used. Lips will be reassessed and injected in a different area.
12. Monitor the patient's comfort level and adjust the injection technique.
13. Dispose of used needles and syringes in a designated sharps container.
14. After completion, massage lips with a lubricant to ensure even distribution or product, smoothing bumps and assessing capillary refill.
15. Assess surrounding tissue.
16. Provide the patient with ice, and post-treatment instructions, including care, restrictions on physical activities, and potential side effects.
17. Give patient office contact information.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Asymmetry.
9. Immune response.
10. Migration of filler.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 3-5 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the lip before the procedure.
6. Advise the patient to wait two weeks before or after surgical or dental procedures before getting lip injections.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to the lips to reduce swelling and discomfort.
2. If bruising in present, Arnica gel and/or intermittent warm compress may be used.
3. Do not massage or manipulate lips after injection.
4. Instruct the patient to avoid exercise for 24 hours post-injection.

5. Use Tylenol as needed the first 24 hours, then Ibuprofen every 6-8 hours as needed is acceptable.
6. Provide proper skin care and hygiene guidelines—do not submerge underwater for 48 hours post-procedure.
7. Hydration is important post-procedure- lips may feel dry for two weeks after injection.
8. Avoid direct sun exposure for a week post-injection. Sunscreen, SPF 30+, on the lips will be necessary.
9. Educate on adverse events and when to notify the provider.

Expected Outcomes:

- Restored volume, hydration, and symmetry to the lips.
- Reduction in the appearance of lines, volume loss, and asymmetry.
- Enhanced facial balancing and a more youthful appearance.

Recommended Follow-Ups:

- Schedule a 2-week follow-up appointment to assess symmetry and patient satisfaction.
- Evaluate any post-treatment concerns or complications reported by the patient.
- Consider additional treatment sessions based on the desired result.
- Provide long-term maintenance recommendations to maintain optimal results.

Documentation:

- Patient's medical history, including allergies, medications, and previous treatments.
- Pre-treatment assessment, including photographs, measurements, and treatment plan.
- Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
- Adverse events, complications, or any patient-reported concerns.
- Post-treatment instructions provided to the patient.
- Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:

**Focus on what the lips look like during injection, not solely on the amount of product used.
**Depending on the product, less is more.
**Use the product that is appropriate for your patient based on their desired outcome.

MICC STANDARD OPERATING PROCEDURE

Subject: MICC Vitamin Injection for Energy Boost

Purpose: To provide a population-based standing order to administer MICC vitamin injections for the purpose of energy enhancement.

Policy: This standing order may be used for any patient that has a current history, exam, diagnosis, and treatment plan before treatment.

Medication Description/Detailed Purpose:

- MICC injections consist of Methionine, Inositol, Choline, and Cyanocobalamin, essential vitamins, and nutrients.
- The purpose of MICC injections is to support metabolism, improve mental clarity, and promote overall well-being.

Anatomy to Consider:

- Landmarks for injection site: Upper outer quadrant of the gluteal muscle or central deltoid.
- Pertinent vessels and nerves: Care should be taken to avoid major blood vessels and nerves in the injection area.

Treatment Considerations:

- MICC injections are primarily indicated for individuals experiencing fatigue, low energy levels, or seeking an energy boost.
- The injections can also be used off-label for other purposes as determined by the healthcare provider.

Describe the Ideal Patient:

- Adults aged 18 and above.
- Patients without known allergies to any of the components of MICC injections.
- Patients without a history of cardiovascular disease, liver or kidney dysfunction, or any medical condition that contraindicates MICC injections.

Relative Contraindications:

- Pregnant or breastfeeding individuals (unless specifically recommended by their healthcare provider).
- Patients with any history of liver or kidney dysfunction.
- Elevated blood pressure.

Absolute Contraindications:

- Patients with known allergies to any of the components of MICC injections.

Medication Storage:

- Ensure proper storage of the MICC injection vial as per manufacturer instructions.
- Check expiration date before use.

How to Reconstitute Product (if indicated):

- N/A (Not applicable for MICC injections as they usually come pre-mixed and ready for use).

Procedure in Detail:

- Review the patient's medical history, allergies, and current medications.
- Explain the procedure to the patient, including potential benefits and risks.
- Ensure proper hand hygiene and don appropriate personal protective equipment (PPE).
- Select the upper outer quadrant of the gluteal muscle or central deltoid as the injection site.
- Cleanse the injection site using an alcohol swab and allow it to dry.
- Assemble the syringe and needle, ensuring sterility is maintained.
- Withdraw the desired dose of MICC solution into the syringe, typically 1ml.
- Gently tap the syringe to remove any air bubbles and expel them.
- With one hand, stretch the skin taut at the injection site.
- With the other hand, hold the syringe like a dart and insert the needle swiftly and firmly into the muscle at a 90-degree angle.
- Slowly inject the MICC solution while monitoring for any signs of adverse reactions.
- Once the injection is complete, withdraw the needle and apply gentle pressure to the injection site using a clean cotton ball or swab.
- Dispose of used needles and syringes in a sharps container.
- Document the procedure, including the date, time, dosage, injection site, and any relevant observations or patient feedback.

Adverse Events/Risks:

- Potential risks may include injection site discomfort, bruising, infection, or allergic reactions.
- Adverse events should be reported to the healthcare provider immediately.

Pre-Treatment Patient Instructions:

- Advise patients to disclose their medical history, allergies, and current medications.
- Explain the purpose and potential benefits of MICC injections.
- Inform patients about the procedure, potential risks, and expected outcomes.

- Obtain informed consent from the patient prior to the injection.

Post-Treatment Patient Instructions:

- Instruct patients to monitor the injection site for any signs of infection or adverse reactions and to seek medical assistance if necessary.
- Encourage patients to maintain a healthy lifestyle, including regular exercise, balanced nutrition, and sufficient sleep, to maximize the benefits of MICC injections.
- Inform patients about the recommended frequency of MICC injections, typically once or twice per week for six weeks, as determined by their healthcare provider.
- Schedule any necessary follow-up appointments and provide relevant contact information for further inquiries or concerns.

Expected Outcomes:

- Patients may experience improved energy levels, enhanced mental clarity, and an overall sense of well-being following MICC injections.
- Individual responses to the treatment may vary.

Recommended Follow-Up Schedule:

- Follow-up appointments should be scheduled as per the healthcare provider's recommendations, typically once per week.
- The frequency of follow-up visits may depend on the patient's response to MICC injections and treatment goals.

Documentation Recommendations:

- Document the date, time, dosage, injection site, and any relevant observations or patient feedback during the procedure.
- Maintain accurate records of the patient's medical history, allergies, and current medications.
- Note any adverse events or complications that occur during or after the injection.
- Document follow-up visits, including any adjustments to the treatment plan.

Pearls from Experience:

- Ensure proper training and familiarity with the injection technique to minimize the risk of complications.
- Recommend once per week for six weeks and then monthly to maintain effects.
- Individualize treatment plans based on the patient's specific needs and response to MICC injections.
- Regularly review and stay updated with the latest research and guidelines regarding MICC injections for energy enhancement.

Any Extra Notes:

- Methylated B12 is recommended in patients with MTHFR mutation instead of cyanocobalamin.

NEUROMODULATOR STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable medications (neuromodulators) in the muscles of the face and neck.

Policy:
Neuromodulator injections decrease the appearance of fine lines and wrinkles on the face and neck. They are also effective in pain relief related to muscle tension. This protocol ensures that neuromodulator injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the multiple skin layers, muscle anatomy, lymphatic system, and neurovascular structures
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks.
- Muscles of the face and neck occur at different depths, and neuromodulators should be injected accordingly.
- Injections should be performed to maintain a natural result, enhance positive expression, and relieve pain when applicable.

Treatment Considerations:

- A patient's medical history, including prior treatments or surgeries on the face.
- Assessment of muscle movement, existing asymmetry, and treatment goals.
- Evaluation of skin quality, elasticity, and presence of any dynamic wrinkles or folds.
- Determination of the appropriate treatment plan, including the type and volume of neuromodulator required.

The Ideal Patient:

- Desires a more smooth and youthful appearance of the skin
- Desires enhancement of positive expression
- Has dynamic wrinkles beyond those present during facial muscle movement or has muscle-related tension or pain that is likely to be relieved by neuromodulator injections.
- Has realistic expectations about the treatment outcomes.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.

Absolute Contraindications:

- Known allergies to the specific product.
- Neuromuscular disorders.
- Amyotrophic lateralizing sclerosis myopathies.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.

Medication Storage:

- Store neuromodulators according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Reconstitution Guidelines:

1. Follow the manufacturer's instructions for the reconstitution of specific brands of neuromodulators (Botox, Xeomin, Dysport, Jeuveau, Daxxify). Bacteriostatic normal saline is the reconstitution agent of choice.
2. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, and needles.
3. Once reconstituted, if using Xeomin, turn the vial of neuromodulator upside down and allow to sit for 15 minutes before use. Otherwise, gently agitate reconstituted product by swirling it.
4. Draw up the neuromodulator as necessary for doses in specific areas.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they clearly understand the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial musculature, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Insert the needle at desired location and advance to the appropriate depth.
6. Aspirate for a minimum of four seconds.
7. Inject neuromodulator in boluses using slow extrusion force.
8. Monitor the patient's comfort level and adjust injection technique and depth as needed.
9. Dispose of used needles and syringes in a designated sharps container.
10. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

- Swelling, bruising, or redness at the injection sites.
- Pain or discomfort during or after the procedure.
- Headache
- Flu-like symptoms
- Infection, although rare if proper aseptic technique is followed.
- Hematoma.
- Nerve injury or damage.
- Allergic reactions or hypersensitivity.
- Prolonged swelling.
- Facial asymmetry.
- Ptosis of brow, eyelids, or lips.

Pre-Treatment Instructions:

- Educate the patient about the procedure, expected outcomes, and potential risks.
- Obtain a detailed medical history, including allergies, medications, and previous treatments.
- Assess the patient's expectations and provide realistic goals for treatment.
- Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
- Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

- Advise the patient to avoid pressure to injected areas for 24 hours.
- Using Tylenol as needed is acceptable.
- Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 24 hours.
- Provide guidelines for proper skin care and hygiene—do not soak in water for 24 hours.
- Advise the patient that neuromodulator effects are not fully seen until 14 days after procedure.

Expected Outcomes:

- Decreased appearance in fine lines and wrinkles.
- Enhanced positive expression.
- Improved skin texture.
- Enhanced facial rejuvenation and a more youthful appearance.
- Improvement of pain or tension if placed in areas affected by such symptoms.

Recommended Follow-Ups:

- Schedule a 2-week follow-up appointment to monitor the patient's progress and assess treatment outcomes.

- Evaluate any post-treatment concerns or complications reported by the patient.
- Consider additional treatment sessions based on the desired result.
- Provide long-term maintenance recommendations to optimize the results.

Documentation:

- Patient's medical history, including allergies, medications, and previous treatments.
- Pre-treatment assessment, including photographs, measurements, and treatment plan.
- Details of the procedure, including the type and volume of neuromodulator used, injection techniques, and treatment sites.
- Adverse events, complications, or any patient-reported concerns.
- Post-treatment instructions provided to the patient.
- Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**Headaches as a side effect are common for first-time neuromodulator patients.
**Reconstitution with a smaller amount of bacteriostatic normal saline is preferred in areas where targeted muscle is very small and specific. 1cc of diluent to one vial of neuromodulator is a common volume to reduce product spread.
**Ideal retreatment with neuromodulators occurs every 3 to 4 months to maintain best results.

Notes:

PLATELET RICH FIBRIN STANDARD OPERATING PROCEDURE

Subject: Autologous Blood-Derived Growth Factors

Purpose: This protocol provides guidelines for the safe and effective use of Platelet Rich Fibrin (PRF) in regenerative procedures.

Policy:
The use of Platelet Rich Fibrin (PRF) is intended for regenerative purposes to enhance tissue healing and improve skin quality. This protocol ensures that PRF procedures are performed by trained providers adhering to the best practices and safety guidelines.

Description:
PRF is a natural autologous preparation derived from the patient's own blood. It contains concentrated platelets, growth factors, and cytokines that promote tissue regeneration and wound healing. PRF is obtained by centrifuging a blood sample to separate the red blood cells, resulting in a fibrin clot enriched with platelets.

Anatomy to Consider:
The anatomical considerations will vary based on the treatment areas.

Treatment Considerations:

- Patient's medical history, including bleeding disorders, allergies, recreational drug or tobacco use, hydration status, and medication use.
- Treatment goals and expectations.
- Upcoming sun exposure (risk of hemosiderin staining)

The Ideal Patient:

- Is in good overall health.
- Has realistic expectations about the treatment outcomes.
- Understands the procedure and its potential benefits and risks.
- Is properly hydrated.
- Is not a smoker.

Relative Contraindications:

- Blood disorders or hematological abnormalities.
- Uncontrolled diabetes or metabolic disorders.
- Heavy smoking or alcohol use

- Micronutrient or macronutrient deficiencies
- Dehydration

Absolute Contraindications:

- Active systemic infections or local infections at the treatment site.
- Severe clotting disorders or platelet dysfunction.
- Active malignancy or history of cancer in the treatment area.
- Active anticoagulant therapy or uncontrolled bleeding disorders.

Detailed Procedure Steps:

1. Obtain informed consent from the patient.
2. Perform a medical history and physical examination.
3. Select the appropriate venipuncture site and aseptically prepare the area.
4. Collect the patient's blood using aseptic technique.
5. Transfer the blood sample tubes to the centrifuge.
6. Centrifuge the tubes according to manufacturer guidelines to obtain separated platelet rich fibrin.
7. Prepare the treatment site by cleaning and disinfecting the area.
8. Apply a topical or local anesthetic for patient comfort. Topical I sused for needle injections, while local is used for cannula injections.
9. Inject the PRF in the subdermal or periosteal layer using a needle (29g or 30g) or a cannula (typically a 25g).
10. Use caution when injecting near a known location of a nerve or vessel to prevent vascular spasm of occlusion.
11. Provide appropriate post-treatment instructions and care— no ice, heat, or massage. No exercise for 48 hours. Do not take anti-inflammatories, the procedure works via the inflammatory process.

Adverse Events and Risks:

1. Infection at the treatment site
2. Pain, bruising, or swelling
3. Allergic reactions or hypersensitivity to anesthetic
4. Hematoma
5. Injury to surrounding structure’s (temporary nerve inflammation)

Pre-Treatment Instructions:

1. Provide detailed pre-treatment instructions, including dietary or medication restrictions and hydration requirements.
2. Inquire about any recent illnesses, infections, or vaccinations.

3. Instruct the patient to avoid alcohol and tobacco use for a specified period before and after the procedure.

Post-Treatment Instructions:

1. Advise the patient to avoid massaging the treated area for two weeks.
2. Recommend the use of pain relievers, such as Tylenol, instead of anti-inflammatories, that can affect the collagen-stimulating process.
3. Advise the patient to avoid strenuous physical activities or exercise for 48 hours.

Expected Outcomes:

- Stimulation of collagen and elastin.
- Enhanced wound healing and reduced scarring.
- Improvement in the appearance of wrinkles, scars, and fine lines.
- Mild volume enhancement.

Recommended Follow-Ups:

1. Schedule follow-up appointments every four weeks until the desired outcome is reached.
2. Evaluate any post-treatment complications or concerns raised by the patient.
3. Discuss the need for any adjunctive treatments based on the patient's response and treatment goals.
4. Provide long-term maintenance recommendations to optimize the results of PRF treatment.

Documentation:

1. Patient's medical history
2. Pre-treatment assessment, including photographs and treatment plan.
3. Details of the procedure, including the specific technique used and the amount of PRF administered.
4. Any adverse events, complications, or patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**Cooling the blood product and letting it rest for at least five minutes allows the blood to separate properly and yields the best outcomes.
**PRF gel can also be created as a bio-filler using the albumin portion of your blood.
**Traditional PRF is excellent for texture and tone of the tissue, PRF is excellent for volume and dermal improvement.

Extra notes:

POLY-L LACTIC ACID STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable Poly-L lactic acid via cannula.

Policy:
Poly-L lactic acid augmentation is performed to restore volume loss in the face or buttocks from aging or rapid weight loss, improve facial balancing, asymmetry, or overall facial shape. This protocol ensures that injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Description:
Poly-L lactic acid is a collagen stimulator that is injected in the deep dermis or periosteal in the face or buttocks to restore volume loss from aging or rapid weight loss, improve facial balancing, correct asymmetry, or improve overall facial shape.

Anatomy to Consider:

- Knowledge of muscle anatomy, lymphatic system, and neurovascular structures, fat pads, and surrounding anatomical landmarks.
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks.
- Individualized assessment before injection to ensure the patient is a candidate for Poly-L lactic acid.

Treatment Considerations:

- Patient's medical history, including prior treatments, autoimmune disorders, surgeries, or facial implants.
- Assessment of volume loss, existing asymmetry, and individual treatment goals for the patient.
- Evaluation of skin quality, elasticity, and presence of any volume loss, or asymmetry.
- Determining the appropriate treatment plan, including the type and volume of Poly-L lactic acid required for the desired outcome.
- Ability of the patient to follow post-procedure protocol instructions, which include massaging the treatment area for five minutes, five times per day, for five days.

The Ideal Patient:

- Desires enhanced volume, rejuvenation, projection, or balancing of the face or buttocks.
- Has sufficient tissue to accommodate the dermal filler.
- Has realistic expectations about the treatment outcomes.
- Understands the potential risks and benefits of the procedure, including Poly-L lactic acid not being reversible.
- Ability of the patient to follow post-procedure protocol instructions, which include massaging the treatment area for five minutes, five times per day, for five days.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming or recent dental work, surgery, or vaccinations.
- Dermal filler injections less than two weeks before the appointment.
- History of silicone or permanent filler injections.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store Poly-L lactic acid according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.
- Must be used within 14 days of mixing product.

Detailed Procedure Steps for Poly-L lactic acid via cannula:

1. Obtain written and verbal informed consent from the patient.
2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess facial/buttocks volume, asymmetry, areas to avoid, and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Cleanse the treatment areas with alcohol or hibiclens.
7. Identify vascular landmarks to avoid during the injection.
8. Mark areas to be injected.

9. Mix Poly-L lactic acid with bacteriostatic normal saline (typically 8mL for face, up to 13mL for buttocks)
10. Shake vigorously for 45 seconds or spin with a vortex.
11. Use 18 G needle to withdraw the product into a 10-20 mL syringe, but do not withdraw foam.
12. Inject area for insertion with a small bleb of lidocaine with epinephrine and a bump of sodium bicarbonate.
13. Once numb, create a pilot hole with 18g needle.
14. Attach 22g 2 ¾" cannula to 10-20mL syringe, prime the product. Can use up to a 7cm cannula if injecting the buttocks.
15. Insert cannula and advance into the deep dermis, retrograde product evenly over the plane. Find the area of greater deficit and inject that area first. Repeat until correction is achieved, then repeat on the opposite side.
16. Monitor the patient's comfort level and adjust injection technique.
17. Dispose of used needles, cannulas, and syringes in a designated sharps container.
18. After completion, ensure even distribution or product and assess capillary refill.
19. Assess surrounding tissue.
20. Massage treatment area with medium pressure for 5 minutes, teaching patient how to do so at home as well. 5 MINUTES, 5 TIMES A DAY, FOR 5 DAYS IS THE STANDARD PROTOCOL RECOMMENDED BY GALDERMA.
21. Provide the patient with post-treatment instructions including care, restrictions on physical activities, and potential side effects.
22. Give the patient office contact information.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Asymmetry.
9. Immune response.
10. Granuloma.
11. Vascular occlusion.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.

4. Advise the patient to avoid blood thinners and alcohol 3-5 days before the procedure.
5. Instruct the patient to avoid direct sun exposure before the procedure.
6. Advise patients to wait two weeks before or after surgical or dental procedures before getting injections.
7. Advise the patient Poly-L lactic acid will take several weeks for a noticeable result due to collagen stimulation.
8. Advise the patient multiple treatments will be needed for desired result, then annual maintenance is recommended.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to reduce swelling and discomfort.
2. If bruising in present, Arnica gel and/or intermittent warm compress may be used.
3. The patient will be required to massage the treated area for five minutes, five times per day for 5 days.
4. Instruct the patient to avoid exercise for 24 hours post-injection.
5. Use Tylenol as needed the first 24 hours, then Ibuprofen every 6-8 hours as needed is acceptable.
6. Provide proper skin care and hygiene guidelines—do not submerge underwater for 48 hours post-procedure.
7. Avoid direct sun exposure for a week post-injection.
8. Educate on adverse events and when to notify the provider.

Expected Outcomes:

- Restored volume, improved facial balancing and symmetry.
- Reduction in the appearance of lines, volume loss, and asymmetry.
- Enhanced facial balancing and a more youthful appearance.
- Improved skin texture.

Recommended Follow-Ups:

1. Schedule a 6-week follow-up appointment to assess symmetry and patient satisfaction.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result, volume loss and age of the patient.
4. Provide long-term maintenance recommendations to maintain optimal results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.

5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
**The general rule of thumb for Poly-L lactic acid is one vial per decade of life to restore volume loss. If the patient is using this product for skin quality and prevention, one vial annually should be sufficient.

RADIESSE (CALCIUM HYDROXYLAPATITE) STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable Radiesse in deep periosteum for volume replacement and in superficial to deep lines and wrinkles after dilution.

Policy:
Radiesse injections are performed to restore volume in areas of the face which have suffered from degradation of collagen and elastin due to aging or external factors such as repetitive sun exposure. This protocol ensures that Radiesse injections are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the multiple skin layers, facial fat compartments, muscle anatomy, lymphatic system, neurovascular structures, and periosteum.
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks.
- The dermis is typically the most optimal plane for placement of hyperdilute Radiesse.
- The periosteum is typically the most optimal plane for placement of Radiesse when used for volume replacement and tissue lifting.
- Injections should result in the most natural appearance possible.

Treatment Considerations:

- Patient's medical history, including prior treatments or facial surgeries.
- Assessment of volume loss, existing asymmetry, and treatment goals.
- Evaluation of skin quality, elasticity, volume loss, and presence of any dynamic wrinkles or folds.
- Determination of the appropriate treatment plan, including the amount of Radiesse and appropriate dilution ratio of biostimulator required.

The Ideal Patient:

- Desires a more smooth and youthful appearance of the skin when using Radiesse as a biostimulator.
- Has sufficient tissue thickness to accommodate the injected material.
- Has dynamic wrinkles beyond those only present during facial muscle movement.
- Has mild to moderate volume loss in the temples, midface, or jawline.
- Has realistic expectations about the treatment outcomes.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming dental work or vaccinations.
- History of silicone or permanent filler injections in the treated areas.

Absolute Contraindications:

- Known allergies to polydioxanone.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal Radiesse according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect Radiesse from excessive heat, sunlight, and freezing.
- Moisture within the foil packaging of Radiesse is common and necessary for appropriate storage.

Reconstitution Guidelines for Hyperdilute Radiesse:

1. Follow the manufacturer's instructions for reconstitution of hyperdilute Radiesse. Typical reconstitution/mixing for Radiesse will depend on the patient's concern— volume versus skin quality—see below.
2. Typical dilution ratios are as follows, and these ratios are subject to change depending upon patient needs.
    a. 1:1 or 1:2 in the face
    b. 1:3 in the neck and decolletage
    c. 1:3 in the arms, legs, anterior knee area
    d. 1:1 – 1:4 in the buttocks
3. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, needles, and cannulas.
4. Mix the hyperdilute Radiesse at least 20 times using a luer lock connector to blend the material.
5. If the reconstituted solution rests undisturbed, you may need to mix again directly before injection due to product separation.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they have a clear understanding of the procedure, potential risks, and expected outcomes.

2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Insert the needle at desired location and advance to periosteum.
6. Inject Radiesse in 0.2mL or less boluses on periosteum, carefully, consistently assessing surrounding tissue for any signs of blanching or abnormal bruising.
7. Monitor the patient's comfort level and adjust injection technique and depth as needed.
8. Assess the skin for capillary refill after procedure completion.
9. Dispose of used needles and syringes in a designated sharps container.
10. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Superficial placement of filler resulting in nodule formation
9. Vascular occlusion.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to the treated areas to reduce swelling and discomfort.
2. Instruct the patient to avoid excessive facial movements and pressure on the treated areas for 2 weeks.
3. Using Tylenol as needed is acceptable.

4. Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 48 hours.
5. Provide guidelines for proper skin care and hygiene—do not soak in water for 48 hours.

Expected Outcomes:

- Restored volume to dynamic wrinkles (if using as a biostimulator).
- Increased volume in appearance of fat pads which were previously lacking volume.
- Reduction in the appearance of unwanted lines in skin tissue.
- Improved skin texture.
- Enhanced facial rejuvenation and a more youthful appearance.

Recommended Follow-Ups:

1. Schedule a 2-week follow-up appointment to monitor the patient's progress and assess treatment outcomes.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result.
4. Provide long-term maintenance recommendations to optimize the results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:

**Radiesse undiluted tends to swell within the first 24 hours, more than other fillers. Advise the patient of this and reassure them, while still encouraging them to notify staff for any excessive swelling.

**Radiesse cannot be dissolved but can be dispersed using hyaluronidase and saline.

**Dilute Radiesse is the most ideal choice for preventing further dynamic wrinkles.

**Knowledge of the location and depths of facial vessels is key to success when injecting Radiesse.

**The gel carrier typically remains for 4-6 months following injection.

Notes:

PDO (POLYDIOXANONE) SMOOTH AND BARBED THREADS STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of smooth and barbed PDO threads.

Policy:
PDO threads, both smooth and barbed, are used for collagen production, or to reduce the appearance of fine and coarse lines. Barbed PDO threads provide a lifting effect, correct asymmetry, and improve overall facial shape. This protocol ensures that PDO threads are inserted by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Description:
PDO threads are made of polydioxanone, a synthetic monofilament, that break down over varying time frames based on thread type and gauge. PDO threads increase collagen production, provide a lifting effect (barbed PDO threads), improve facial balancing, correct asymmetry, decrease the appearance of lines and wrinkles, or improve overall facial shape.

Anatomy to Consider:

- Knowledge of muscle anatomy, lymphatic system, and neurovascular structures, fat pads, and surrounding anatomical landmarks.
- Understand the optimal insertion planes and depths to achieve desired outcomes while minimizing risks.
- Individualized assessment before injection to ensure the patient is a candidate for smooth or barbed PDO threads.

Treatment Considerations:

- Patient's medical history, including prior treatments, autoimmune disorders, surgeries, or facial implants.
- Assessment of volume loss, existing asymmetry, and individual treatment goals for the patient.
- Evaluation of skin quality, elasticity, and presence of any volume loss, or asymmetry.

- Determining the appropriate treatment plan, including the type and amount of PDO threads required for the desired outcome.
- Ability of the patient to follow post-procedure protocol instructions, which include no pressure to the treatment area, no tugging/pulling area, no facials, no chiropractor, and no dental or surgical procedures for two weeks post-treatment.

The Ideal Patient:

- Desires lifted or improved contour of the face, increased collagen production, and reduction of lines.
- Has realistic expectations about the treatment outcomes.
- Understands the potential risks and benefits of the procedure being performed, which includes rippling, migration, and inadequate lifting.
- Ability of the patient to follow post-procedure protocol instructions, which include no pressure to the treatment area, no tugging/pulling area, no facials, no chiropractor, and no dental or surgical procedures two weeks post-treatment.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming or recent dental work, surgery, or vaccinations.
- Dermal filler injections less than two weeks before appointment.
- History of silicone or permanent filler injections.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store smooth and barbed PDO threads per the manufacturer’s instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect PDO thread products from excessive heat, sunlight, and freezing.
- Must be used within 30 days of opening the package. All unused threads must be stored in a sealed, sterile bag to prevent oxidation.

Detailed Procedure Steps for smooth PDO threads:

1. Obtain written and verbal informed consent from the patient.

2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess volume, asymmetry, areas to avoid, and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Use topical EMLA numbing cream for 15 minutes before insertion.
7. Cleanse the treatment areas with alcohol or hibiclens.
8. Identify vascular landmarks to avoid during injection.
9. Mark areas to be injected and determine vector pattern to insert.
10. Remove the plastic cap from smooth PDO threads and place on sterile tray.
11. Insert smooth PDO thread (one at a time, typically 23g 25mm- 30g 60mm) into the subcutaneous tissue until the white stopper reaches the skin.
12. Move about ¼" from the previous insertion site, depending on the desired pattern, and repeat step 11 above.
13. Twist the needles, about four at a time, and withdraw slowly while holding the white stoppers in place. Once the needle is removed from the skin, place it in the sharps container.
14. Monitor the patient's comfort level and adjust the injection technique.
15. Assess treated and surrounding tissue.
16. Provide the patient with post-treatment instructions, including care, restrictions on physical activities, and potential side effects.
17. Give patient office contact information.

Detailed Procedure Steps for barbed PDO threads:

1. Obtain written and verbal informed consent from the patient.
2. Ensure verbal understanding of the procedure, potential risks, and expected outcomes.
3. Perform a medical history and physical examination.
4. Assess volume, asymmetry, areas to avoid and desired outcomes.
5. Discuss realistic expectations and outcomes with the patient.
6. Use topical EMLA numbing cream for 15 minutes prior to insertion.
7. Cleanse the treatment areas with alcohol or hibiclens.
8. Find the area that needs greater lifting and insert barbed threads to that area first.
9. Identify vascular landmarks to avoid during injection.
10. Mark areas to be injected and determine pattern to insert.
11. Inject lidocaine with epinephrine and a bump of bicarb to insertion points.
12. Create a pilot hole with a 16-18g needle.
13. Insert barbed PDO thread (one at a time, typically 23g 100mm- 18g 100mm for cheek vectors, and 70-100mm for jawline and brows) into the subcutaneous tissue, depending on the area, until the desired end point is reached.
14. The outline of the cannula should be seen while in the correct plane.
15. Use your non-dominant hand and ensure the end of the thread has locked into the tissue at the distal end.

16. Withdraw the cannula while twisting in a 360-degree motion two to three times and fully remove the cannula from the tissue.
17. Use fingers to apply pressure along the thread line upward to ensure threads have grasped the tissue to provide a lift.
18. Repeat steps 13-16 until desired lift has been achieved, then repeat on the opposite side.
19. Have the patient sit up after placing all threads to assess symmetry. Add additional threads if needed.
20. Twist threads, two at a time, to lock threads in place. You can also tie depending on the thread type indication.
21. Use hemostats to secure threads and pull up at a 90-degree angle. Use scissors to cut at the entry point. Make sure PDO threads are not visible at entry point. If so, use scissors to push gently into the tissue. If needed, cut PDO thread again.
22. Apply a small amount of bacitracin and band-aid to entry points.
23. Monitor the patient's comfort level and adjust depth as needed.
24. Assess treated and surrounding tissue.
25. Provide the patient with post-treatment instructions, including care, restrictions on physical activities, and potential side effects.
26. Give the patient office contact information.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Asymmetry.
9. Immune response.
10. Granuloma.
11. Migration or rippling of threads.
12. Visibility of threads.
13. Inadequate lifting of tissue.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 3-5 days before the procedure.
5. Instruct the patient to avoid direct sun exposure before the procedure.

6. Advise patient to wait two to four weeks before or after surgical or dental procedures before getting injections.
7. Advise the patient with barbed PDO threads, results will be instant, but swelling can take up to four weeks to resolve.
8. Advise the patient with smooth threads, results will not be noticeable until approximately four weeks post treatment.
9. Advise the patient multiple treatments of smooth PDO threads will be needed for desired result, then annual maintenance is recommended.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to reduce swelling and discomfort.
2. If bruising in present, Arnica gel and/or intermittent warm compress may be used.
3. Instruct the patient to avoid exercise for two weeks post barbed PDO threads, 24 hours for smooth PDO threads.
4. Use Tylenol as needed the first 24 hours, then Ibuprofen every 6-8 hours as needed is acceptable.
5. Provide guidelines for proper skin care and hygiene—do not submerge underwater for approximately two weeks for barbed PDO threads, 48 hours for smooth PDO threads.
6. Avoid dental and surgical procedures for 2-4 weeks post insertion of barbed PDO threads.
7. Avoid direct sun exposure for a week post injection.
8. Educate on adverse events and when to notify provider.

Expected Outcomes:

- Restored volume and improved facial balancing and symmetry.
- Reduction in the appearance of lines, volume loss and asymmetry.
- Enhanced facial balancing and a more youthful appearance.
- Improved skin texture.

Recommended Follow-Ups:

1. Schedule a 4-week follow-up appointment to assess symmetry and patient satisfaction.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions of smooth PDO threads based on the desired result, lines/wrinkles, volume loss and age of the patient.
4. Provide long-term maintenance recommendations to maintain optimal results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs and treatment plan.

3. Details of the procedure, including the type of PDO threads, insertion techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:
** Smooth threads will break down faster than barbed PDO threads. The faster they break down, the faster collagen production will start. It is ok to have facials, microneedling, and heat to treatment area as soon as the same day.
**Barbed PDO threads should not be exposed to the tissue for 6-8 weeks post procedure to prevent premature thread breakdown. Prematurely breaking down barbed PDO threads could risk losing the lifting effect.
**If rippling occurs, use Radiofrequency microneedling or CO2 laser to break down the threads quickly.
**Heat will soften smooth PDO threads quickly if they are poking the patient and causing discomfort.

TEMPLE FILLER STANDARD OPERATING PROCEDURE

Subject: This protocol provides a comprehensive guideline for the safe and effective use of injectable medications (dermal filler and biostimulators) in the temple region.

Policy:
Temple augmentation is performed to restore volume loss and soften the transition from the temporal fusion line to the lateral cheek. This protocol ensures that temple injection procedures are performed by trained and qualified providers adhering to established guidelines, safety measures, and best practices.

Anatomy to Consider:

- Knowledge of the facial fat compartments, muscle anatomy, lymphatic system, and neurovascular structures—superficial and deep fat pads, temporal artery
- Understand the optimal injection planes and depths to achieve desired outcomes while minimizing risks— use safer techniques.
- Temporal fossa is very large in comparison to other facial structures.

Treatment Considerations:

- Patient's medical history, including prior treatments or surgeries in the upper face area.
- Assessment of volume loss, existing asymmetry, and treatment goals.
- Evaluation of skin quality, elasticity, and presence of any dynamic wrinkles or folds.
- Determination of the appropriate treatment plan, including the type and volume of dermal filler or biostimulator required.

The Ideal Patient:

- Desires enhanced volume, rejuvenation, or blending of the temporal area.
- Has sufficient tissue thickness to accommodate the injected material.
- Has realistic expectations about the treatment outcomes.

Relative Contraindications:

- Bleeding disorders or use of anticoagulant medications.
- History of hypertrophic scarring or keloid formation.
- Uncontrolled diabetes.
- Immune disorders.
- Upcoming dental work or vaccinations.
- History of silicone or permanent filler injections in the treated areas.

Absolute Contraindications:

- Known allergies to the specific product.
- Pregnancy or breastfeeding.
- Severe allergies or anaphylaxis history.
- Active infection in the treatment area.
- Uncontrolled systemic diseases.

Medication Storage:

- Store dermal fillers and biostimulators according to the manufacturer's instructions.
- Ensure that the storage temperature is appropriate and within the recommended range.
- Protect injectable products from excessive heat, sunlight, and freezing.

Reconstitution Guidelines for Hyperdilute Radiesse or Sculptra:

1. Follow the manufacturer's instructions for reconstitution of hyperdilute Radiesse or Sculptra. Typical reconstitution for Sculptra is 8cc of bacteriostatic saline per vial—however, additional water is typically added for the buttocks and NON-PRESERVED saline or water must be used in larger quantities (greater than 25cc) Typical reconstitution/mixing for Radiesse will depend on the patient's concern— volume versus skin quality—see below.
2. Prepare an aseptic work area and gather the necessary equipment, including vials, syringes, needles, and cannulas.
3. Mix the Sculptra solution gently and avoid excessive agitation to minimize foaming or bubbling.
4. Mix the hyperdilute Radiesse at least 20 times using a luer lock connector to blend the material.
5. If the reconstituted solution rests undisturbed, you may need to mix again directly before injection due to product separation.

Detailed Procedure Steps:

1. Obtain informed consent from the patient and ensure they have a clear understanding of the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Mark the treatment areas on the mid face.
6. Administer local anesthetic (lidocaine with epi plus a bump of bicarbonate) or use a topical anesthetic to minimize discomfort.
7. If indicated: reconstitute the hyperdilute Radiesse or Sculptra according to the manufacturer's guidelines. Or use pre-filled hyaluronic acid filler.

8. Using a cannula (22-25 g) or a fine-gauge needle (27-29 gauge), perform the injections into the predetermined treatment sites, following the marked areas.
9. Distribute the product evenly by using a fanning, linear thread, or depot bolus technique (on periosteum). Do not overfill this area, the temple should have a slight concavity.
10. Monitor the patient's comfort level and adjust injection technique and depth as needed.
11. Assess the skin for capillary refill after procedure completion.
12. Dispose of used needles and syringes in a designated sharps container.
13. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Detailed Procedure Steps for Direct Needle Injections:

1. Obtain informed consent from the patient and ensure they clearly understand the procedure, potential risks, and expected outcomes.
2. Perform a medical history and physical examination, focusing on the facial areas of concern.
3. Assess facial volume loss, asymmetry, and desired outcomes, and discuss realistic expectations with the patient.
4. Cleanse the treatment areas with alcohol or purycin. Do not use hibiclens near the eyes.
5. Mark the treatment areas on the mid-face. Specifically, mark out the location of the temporal artery.
6. Measure one centimeter lateral to the temporal fusion line and one centimeter up from the brow bone.
7. Insert the needle at 90° deep to the periosteum and aspirate for a minimum of four seconds.
8. If no blood returns, inject in 0.2mL aliquots, re-aspirating after every 0.2mls injection until the desired lift is achieved.
9. Monitor the patient's comfort level and adjust injection technique and depth as needed.
10. Assess the skin for capillary refill after procedure completion.
11. Dispose of used needles and syringes in a designated sharps container.
12. Provide the patient with post-treatment instructions, including care for the treated areas, restrictions on physical activities, and potential side effects to watch for.

Adverse Events and Risks:

1. Swelling, bruising, or redness at the injection sites.
2. Pain or discomfort during or after the procedure.
3. Infection, although rare if proper aseptic technique is followed.
4. Hematoma.
5. Nerve injury or damage.
6. Allergic reactions or hypersensitivity.
7. Prolonged swelling.
8. Prominence of temporal vessels post injection.

Pre-Treatment Instructions:

1. Educate the patient about the procedure, expected outcomes, and potential risks.
2. Obtain a detailed medical history, including allergies, medications, and previous treatments.
3. Assess the patient's expectations and provide realistic goals for treatment.
4. Advise the patient to avoid blood thinners and alcohol 7 days before the procedure.
5. Instruct the patient to avoid direct sun exposure and use sun protection on the treated area before the procedure.

Post-Treatment Instructions:

1. Advise the patient to apply a cold compress intermittently to the treated areas to reduce swelling and discomfort.
2. Instruct the patient to avoid excessive facial movements and pressure on the treated areas for 2 weeks.
3. Using Tylenol as needed is acceptable.
4. Advise the patient to avoid vigorous exercise or activities that may strain the treated area for 48 hours.
5. Provide guidelines for proper skin care and hygiene—do not soak in water for 48 hours.

Expected Outcomes:

- Restored volume and contour to the cheeks and tear troughs.
- Reduction in the appearance of temporal hollowing.
- Improved symmetry and facial balancing.
- Enhanced facial rejuvenation and a more youthful appearance.

Recommended Follow-Ups:

1. Schedule a 2-week follow-up appointment to monitor the patient's progress and assess treatment outcomes.
2. Evaluate any post-treatment concerns or complications reported by the patient.
3. Consider additional treatment sessions based on the desired result.
4. Provide long-term maintenance recommendations to optimize the results.

Documentation:

1. Patient's medical history, including allergies, medications, and previous treatments.
2. Pre-treatment assessment, including photographs, measurements, and treatment plan.
3. Details of the procedure, including the type and volume of dermal filler or biostimulator used, injection techniques, and treatment sites.
4. Adverse events, complications, or any patient-reported concerns.
5. Post-treatment instructions provided to the patient.
6. Follow-up appointments, outcomes, and any adjustments to the treatment plan.

Pearls from experience:

**Less product is typically used when using a cannula superficially here.
**Greater risk of the prominence of temporal vessels when using cannula technique and placing product superficially.
**Skin quality must be addressed prior to adding a dermal filler. You should consider deeper injections if a patient has a thin dermal layer.
**Patients should know that deep injections in this area are typically quite sore for several days, and pain is worse with chewing.

Notes:

SOP OUTLINE

Subject: med name (trade/ generic)

Purpose: To provide a population-based standing order to administer X into the X for the purpose of X for cosmetic purposes.

Policy: This standing order may be used for any patient that has a current history, exam, diagnosis, and treatment plan prior to treatment.

Medication description/ detailed purpose:

Anatomy to consider: ** detail landmarks and pertinent vessels, nerves, etc to consider**

Treatment considerations:

Example— kybella is indicated for submental fullness, but can also be used off label for X

Describe the ideal patient:

Relative contraindications:

Absolute contraindications:

Medication storage:

How to reconstitute product if indicated:

Procedure in detail: **step by step instructions: mixing, to marking, to position of your needle

Adverse events/ risks:

Pre- & post-treatment patient instructions:

Expected outcomes:

Recommended follow up schedule:

Documentation recommendations:

Pearls from experience/ Additional Notes: