



# The Botox Pout

**Julie Brackenbury** gives her tips and tricks for using botulinum toxin in the lips

*"It is always difficult to get a group of experts to agree on anything, let alone something challenged, personal and artistic as Botulinum toxin type A"*

Kane, (2013)<sup>1</sup>

**E**arlier this year Julie Brackenbury presented on tips and tricks using Botulinum toxin type A (BoTxA). In this article she shares what she thinks is a simple and upcoming treatment in the aesthetic world; sharing her experience with using neurotoxin to enhance the cupid's bow of the mouth, a topic that is little discussed in the literature.

### THE LIP EPIDEMIC

It is not uncommon knowledge that lip augmentation is now part of the regular beauty routine for millions of women (slowly increasingly and arguably, men). Most aesthetic practitioners would agree lip augmentation is the biggest facial fashion accessory of this decade, and one that symbolises sensuality, sexuality and youth. However, there was a time BoTxA applied in the perioral area was deemed as controversial treatment, but we now see indications for BoTxA constantly evolving and in safe hands, it can be administered in many areas of the face and neck.

### SOCIAL MEDIA

In the past, only celebrities have battled constant scrutiny about their appearance. Nowadays, it is popular for most to have a public image, whether it be on Facebook, Instagram, or Twitter. Diller et al (2011)<sup>2</sup> suggested that for some women, the phenomena of using a public image on social media can create a compulsive obsession with looking perfect, and describes this as "beauty dysmorphia". Other experts strongly believe that social media is the main contributory factor for the growing rise in cosmetic procedures, and consequently advises that aesthetic practitioners need to be aware of these drivers and the challenges.<sup>3</sup> Importantly, it is not just females who are feeling the pressure; Hobza et al (2007)<sup>4</sup> and Barker (2009)<sup>5</sup> have suggested a strong relationship between social media and male self-esteem.

### CONFUSION WITHIN THE PUBLIC DOMAIN

Many are not aware of the different modes of action between dermal filler and BoTxA. Most people speak of "injectables" as non-surgical options for facial enhancement, but many misunderstand that there are many different types of "injectables", and that different materials serve different functions. In the author's opinion, there are a number of reasons for this; mixed messages via the mass media, lack of education and incorrect information from family and friends. In addition, those who are perceived to have gone "overboard" with aesthetic treatments can sometimes cause controversy and confusion within their peer groups. All of these reasons can be a challenge to the aesthetic practitioner.

### APPLICATION

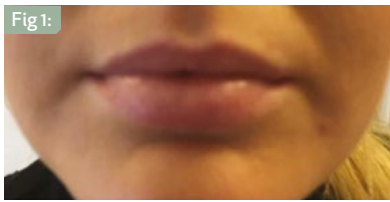
The cupid's bow is a facial feature where the double curve of a human upper lip is said to resemble the bow of Cupid, the Roman god of erotic love. The peaks of the bow coincide with the philtral columns giving a prominent bow appearance to the lip whilst the orbicularis oris actions cause pursing of the lips and, over time, result in etched-in lines around the mouth, which can also be treated with small doses of BoTxA.

The application of BoTxA in the oral region has been described by several authors (Ward and Barnes 2007).<sup>6</sup> This results from diminishing the hollowing appearance within the vertical muscular bands, offering a "pseudo- augmentation". Consequently, treatment can result in a widening of the philtrum column as well as slight eversion of the vermilion itself (Benedetto 2006).<sup>7</sup> Niamtu (2008)<sup>8</sup> explains that a series of injections of one to two units of BoTxA (Botox<sup>®</sup>) across the upper and lower lips can enhance the treatment of vertical rhytids and agrees with Benedetto (2006) as well as Beer (2007)<sup>9</sup>, in that the effect of decreasing the pursing actions creates a slight eversion of the lips, resulting in lips that appear to have been augmented. Alternatively, if your patient doesn't have a specific cosmetic concern about their lip rhytides, then BoTxA can be used as a stand-alone treatment to subtly enhance the cupid's bow. In addition, Niamtu states that using a combination of BoTxA with dermal fillers will prolong increased longevity of the effect – however, there is not much literature available to support this.

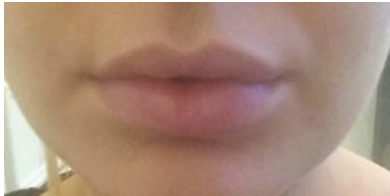
Importantly, patients will have many questions for aesthetic practitioners from the common misconception that BoTxA should not be used in the lower face. This application is an off label treatment and by law, doctors, dentists and non-medical independent prescribers (i.e. nurses and pharmacists) are permitted to use or advise using a licensed medicine for indications, in doses and by routes of administration outside of the licensed recommendations (Davies, 2012).<sup>10</sup> It is important to note that the responsibility for the consequences of the above actions lies with the prescriber. The prescription of a drug requires the prescriber, in light of the evidence, to balance the potential good and harm that might ensue.<sup>11-13</sup>

### PATIENT SELECTION

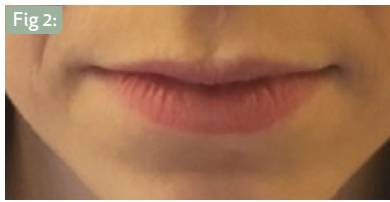
Patient selection is key and the best results in the author's opinion have been seen in those with fuller and more youthful lips (see Figs 1,2, and 3). For patients who rely on lip contraction for their occupation (for example, scuba divers or wind instrument players), this treatment should probably be avoided. In addition, patients with a very thin/atrophic upper lip or a long columella-to-vermillion distance should not be injected.<sup>14</sup> Importantly, Semchyshyn and >



Before



After



Before



After



Before



After

Sengelmann<sup>15</sup> believe that these patients may experience an even thinner lipped appearance because of the slight lengthening of the lip. Managing expectation is absolute key in non-surgical aesthetic medicine and must be reflected in the consent form.

perpendicular, approximately halfway into the skin at each tip of the cupid's bow, by way of an isolated serial puncture technique and bolus administration. The overall procedure takes approximately 20 minutes of clinical time to perform, but can be less depending on the practitioner's experience.

**TECHNIQUE**

Consultation, consent, photography, topical anaesthesia is performed, and the lips are wiped with alcohol. The main goal is to accentuate the white roll and cupid's bow area to provide definition, especially in the "lazy M" region.<sup>8</sup> To treat this muscle, a single injection of three to five units of Botox®, based upon the estimated muscle mass of the individual.<sup>9</sup> By using a 31-gauge short-needle insulin syringe, the needle hub is inserted

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**ADVERSE EVENTS**

There does not exist a cosmetic procedure that is complication free and many of the problems aesthetic practitioners face are consistent with a learning curve, thus becoming less common with experience. As mentioned above, patient selection is a skill that comes from knowledge, skill and time. An in-depth consultation, informed consent and management of expectation can help improve communications when problems arise. In the author's opinion, the number one rule for BoTxA is the same for dermal fillers and for all cosmetic procedures; take a conservative approach. Over treatment or correction is challenging and stressful for both the patient and practitioner, whereas under treating can provide comfort, confidence, trust and less stress.



**Side effects include:**

- Overcorrection
- Undercorrection
- Allergic reaction
- Bruising, swelling
- Unmet patient expectations
- Asymmetry
- Oral pursing problems

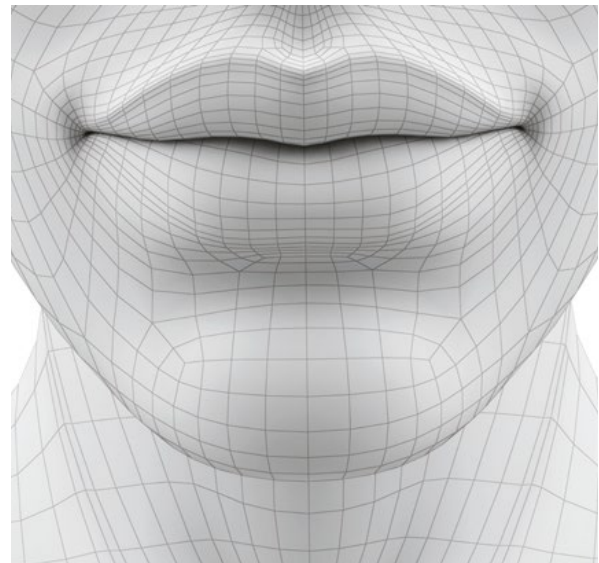
One of the side effects that patients notice immediately after treatment is that their lips look instantly “plumped”. The reason for this is a combination of the numbing agent<sup>16</sup> used, as well as the mild swelling caused as a result of the injection. In some cases this can provide an actual idea of what the result will look like once the effect of BoTOxA starts to have its effect.

**LENGTH OF DURATION AND FOLLOW UP**

From the author’s experience, the effects can last up to eight weeks and this reflects in the studies.<sup>7</sup> Toxin duration at this location is typically seven to 10 weeks, shorter than that seen in other regions, but still on par with other highly dynamic areas such as nasalis lines.<sup>7</sup> A follow-up visit is recommended at two weeks following treatment to assure patient satisfaction, efficacy and symmetry.

**CONCLUSION**

Our understanding and knowledge about the toxin has grown tremendously since it became available, which has led to an expansion of its use and indications and, although generally safe, effective, and well-tolerated, BoTxA at this location is best reserved for patients with a history of successful results in the upper face.<sup>17</sup> Gordon<sup>18</sup> agrees that BoTxA is a minimally invasive way to provide substantial cosmetic improvement to the signs of ageing around the lips and can provide an adjunct to lip augmentation. Of course, for real lip volume improvement, fillers are better advised. On the other hand, some patients “worry” about fillers, so to offer an alternative seems a reasonable option. Overall, successful injection technique requires a thorough understanding of the facial anatomy and interactions between the muscles. Aesthetic practitioners should be aware of the secondary compensation mechanisms that may occur when trying to paralyse or diminish the activity of a certain muscle or group of muscles. **AM**

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