

# DERMAL FILLERS

## Should Dermal Fillers be Prescription Only Medicines?

Injectable dermal fillers are registered as **devices rather than prescribable medicines** in the United Kingdom and Ireland, requiring only CE marking (which relates to production standards, not efficacy) for release on to the market.

In the United States dermal fillers have to be approved by the Food and Drugs Administration (FDA) as medicines.

Therefore over 140 injectable fillers are available in the UK compared with six in the US.

## What to look out for.

The perfect dermal filler would be safe, painless to administer, non-allergenic, non-carcinogenic, have no associated migration and have minimal inflammatory response. It should also have a long lasting effect with slow degradation in the body and be inexpensive.

It should have consistent and predictable results, feel natural under the skin.

With the increasing desire for people to achieve a more youthful appearance and the increased demand for "lunch-time procedures," the pharmaceutical market has responded by providing the cosmetic practitioner with an increasing number of options to meet the demands of the cosmetic patient.

Appreciating the necessity of replacing depleted soft tissue volume has allowed for a more comprehensive approach to total facial rejuvenation. Because of the hundreds of filling products available worldwide, and the enormity of options, the public is often confused about which products work best, where and why.

- Most dermal fillers used in the UK and Ireland today are temporary or resorbable products made from various kinds of man-made and synthetic materials.
- The array of available soft-tissue filling agents is best simply categorised as: non-permanent and permanent.
- Semi-permanent and permanent relate to the chemical constituents of fillers, not to the type of correction produced, as the public often thinks.

## **Hyaluronic acid fillers are the most widely used fillers in Ireland and have a very high safety profile.**

- A. Hyaluronic acid is naturally present in the skin as part of the extracellular matrix and as a component of collagen.
- B. Its chemical structure is identical in all species making allergic reaction unusual.
- C. Due to its visco-elastic properties it acts as a ground substance of the dermis, and is also a component of joint fluid, vitreous of eye, disc nucleus, and the umbilical cord.
- D. It performs functions such as space filling, lubrication, shock absorption, and also modulation of inflammatory cells and scavenging of free radicals.
- E. Hyaluronic acid fillers have emerged as the leader of dermal filling agents for soft tissue augmentation.
- F. Examples of the more commonly used Hyaluronic acid Fillers are Restylane, Juvederm Ultra, Teosyal, Belotero, Varioderm and Cristal.
- G. Hyaluronic acid products can come in different viscosities, which make them a versatile choice for treating different areas of the face.
- H. A thinner product would be well suited to fine lines and wrinkles or for subtle enhancement of the lips whereas a thicker product is ideal for addressing volume loss and very deep wrinkles.

### **Other types of filler available include:**

- Radiesse (Calcium hydroxylapatite) Temporary, long lasting
- Sculptra (Poly-L-lactic acid,) Collagen Stimulator
- Artecoll/Artefill (Polymethyl methacrylate) Permanent
- Evolence ( Porcine collagen) Temporary
- Zyderm (bovine Collagen) Temporary
- Aquamid (Polyacrylamide) Permanent

## There are advantages to non-permanent or temporary fillers:

1) If the result is not to the patients liking, then it will recede over a period of time.

## Permanent fillers have two main drawbacks:

- 1) Misplacement of the filler necessitating in surgical removal
- 2) Filler placement cannot subsequently be adjusted to account for ongoing age-related changes in the face.

Even with the most experienced injectors, there can be complications.

- Dermal fillers are implants and, essentially foreign bodies, which may remain in the skin in some form for up to several years. They should be injected at a certain skin depth, but this is a blind procedure, and the practitioner cannot see exactly where the filler is placed. Therefore there is the potential for complications and adverse events are not uncommon.
- The [Prescribing Nurse Bulletin](#) is an important document for all nurses and will help in managing good practice. It sets out a systematic approach to prescribing, using the seven step model.

Even those who are not Independent Nurse Prescribers should follow these steps to justify their choice of dermal filler and treatment plan.

It will take you from consultation to choice of product, treatment and reflection.

**1. Examine the Holistic Need of the patient.** Medical and Social History. Examine.

**2. Consider the appropriate Strategy.** Diagnosis. Patient Expectations/Desire.

**3. Consider the choice of Product.**

How appropriate is the product. How safe. How Effective. Cost effective to patient.

**4. Negotiate a Contract.** The decision to prescribe or inject a particular product is a shared contract known as Concordance. Ensure patient understands the treatment recommended and is able to make an informed decision. Potential problems explained. Consent. Treat.

**5. Review.** This will establish effectiveness and patient satisfaction and also attend to any dissatisfaction (leading to satisfaction)

**6. Keeping Records.** The IMB has strict guidelines on record keeping. Record accurately and in detail. If there is no record, then it didn't happen!

**7. Reflecting.** Essential for improving professional knowledge and competence.

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## Useful websites

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The Medicines Management Programme aims to promote safe, effective and cost effective prescribing.

<https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/>