

Lifting vs volumizing: maximising efficiency when filling cheeks

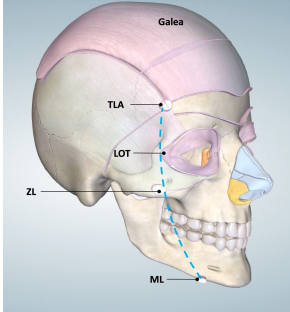
Often, clients require dermal filler placement in both the medial and lateral cheek. This may not pose questions regarding treatment order for most of us.

However, recently, scientific evidence has been published that confirms anecdotal evidence that the order of treatment leads to differences in the amount of filler required to achieve the same volume-increasing visual effect.

A study by [Casabona et al. \(2018\)](#) in Spain published in The Journal Of Cosmetic Dermatology took a group of subjects and studied two variables: infra-orbital hollowness and upper cheek fullness.

The right side of the face had the lateral portion of the cheek treated first, followed by the medial. The left side was treated in the opposite way. This was done to test the difference between injecting laterally and medially to the line of ligaments in different orders. This line is shown below. The image has been taken from the paper itself and is referenced at the end of this article.

Commented [1]: Casabona G, Frank K, Koban KC, et al. Lifting vs volumizing—The difference in facial minimally invasive procedures when respecting the line of ligaments. J Cosmet Dermatol. 2019;00:1–7.



Left: major facial ligaments of the face. Starting superiorly, the ligaments are: temporal ligamentous adhesion (TLA), lateral orbital thickening (LOT), zygomatic ligament (ZL) and mandibular ligament (ML).

Below: injection points used in the study - laterally (zygomatic arch) and medially (medial cheek). One group had lateral injections before medial, whereas the other had medial first. Outcomes can be seen to be identical. Volumes required to achieve the same outcome is explained below.

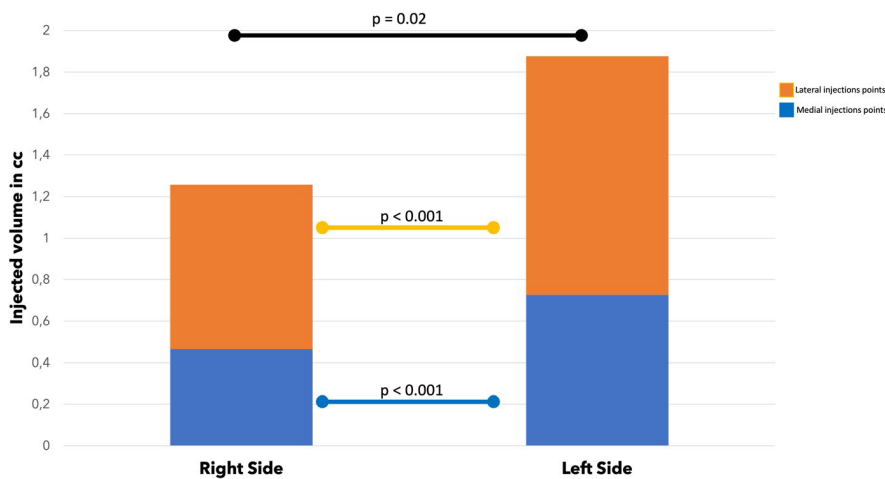


The results showed that to achieve the same fullness of the infra-orbital hollow and upper cheek after treatment, injecting laterally (zygomatic arch) first required on average a total 1.26ml of filler, whereas injecting medially first required 1.88ml total. The aesthetic outcomes were symmetrical between sides.

An explanation for this could be that the medial cheek region is stretched and flattened to some extent when lateral injection points are carried out first due to the parallel schematics of anatomical layers across the face. If the medial region is treated first, then there is no pre-treatment stretch. This is thought to lead to “volume of the midfacial fat compartments [remaining] unaltered resulting in a reduced surface effect of the injected soft tissue filler” (Casabona et al. 2018).

These results show the importance of respecting facial anatomy if one is attempting to be minimally invasive in their treatment. Injecting laterally first reduces the amount of filler needed to create symmetrical and aesthetic outcome(s) in the infra-orbital hollow and upper cheek.

Conversely, treating the medial cheek first leads to a greater amount of filler being required to achieve the same result, if we don't inject laterally first.



Above: difference in volume required to achieve the same aesthetic and symmetrical outcome when treating laterally first (right side) as opposed to medially (left side).

References:

1. Casabona G, Frank K, Koban KC, et al. Lifting vs volumizing—The difference in facial minimally invasive procedures when respecting the line of ligaments. J Cosmet Dermatol. 2019;00:1–7.