



DR MATTEO  
VIGO

PLASTIC SURGERY

HOW TO GET THE  
PERFECT LIPS FOR  
YOUR FACE



Read my lips: I'm not saying you need lip injections. But if you'd like to try them or are curious about the procedure (and it's kind of impossible not to be, given the current state of pouty celebrities and volumising lip products), it's important to fill up on facts before you go plumping anything.

The objective in treating the upper lip is to artistically create a form that harmonizes with the patient's unique facial features and takes into account the age and ethnic background of the patient. The goal in treating the lower lip is to create bulk and greater prominence and artistic projection of the vermilion. The physician must establish appropriate guidelines and patient expectations for augmentation relative to normal lip proportions in order to avoid a cartoon-like appearance.

It's important to see your box of injectables opened in front of you and to be sure only your dermatologist or plastic surgeon is doing the injections. Avoid blood thinners, like aspirin and fish oil, for at least a day beforehand, which can increase bruising. If you opt for numbing cream, expect it to be placed on the lips for approximately 10 minutes. The lips absorb quickly and do not require lengthy topical anaesthesia. Then, the skin surface should be cleansed properly and then injections are performed. Your doctor should go very slowly, often pausing to show you the progress that he or she is making. There is a real balance and art to it, I find that you really need to go little by little, so you normally inject the top lip first, balance it out on the other side, then inject the bottom lip. It takes about 15 to 20 minutes. What you see is what you get, you're not waiting for it to work, like Botox.

Some doctors will gently mould the filler with their fingers after it is injected by squeezing and patting it into place, while others aim to inject it exactly where they want it and avoid moulding, since it can increase bruising and swelling. Based on my extensive experience, there is no

single stance on moulding - it's a technique that some like, while others do it sparingly.

### **FILLER SUITABILITY**

When selecting a suitable filler for the lips, the following factors are taken into consideration:

**Longevity:** it is important to advise the patient how long a product is expected to last for, and explain that this is not guaranteed in order to successfully manage their expectations

**Crosslinking technology:** relates to longevity and propensity to swell  
Cost: patient needs to be aware of financial commitment  
Company support: specific product knowledge and training/marketing is essential

**Reversibility:** ensures a safety net incase of vascular accident or other filler-associated complications; you should have an emergency kit including hyaluronidase on site





**Strong clinical study evidence:** ensures a safe, evidence-based choice

**Previous patient experience of product:** if a patient has had good clinical results with a certain product and is happy with it, do not use something else as they may be unhappy with the new product

### **LIP AUGMENTATION TECHNIQUES**

There is no single technique that fits every lip, and each practitioner will have his or her own approach to treatment. Below are the factors of which typically followed when it comes to lip augmentation:

**Visually assess the lip in 3D:** i.e. the lateral and frontal view. This will give an idea of projection required. For an attractive lip, the upper lip should project around 2mm further than the lower lip.

**Assess the smile:** if the patient has a 'gummy' smile and the lip disappears upon smiling then consider botulinum toxin injections to soften the action of the lip elevators. I have found that for best results, it should be a deep injection, 1cm lateral to the lateral alar of the nose. If the patient has an active depressor angulioris, contributing to a downturned mouth, also consider treating this muscle with botulinum toxin to prevent a downward pull of muscle on the corners of the mouth.

**Determine the amount of filler:** I always agree with the patient the amount of filler that will be used. It is important to not over or underfill the lip (amount is case dependent). For example, overfilling the upper lip can create a 'duck lip' appearance, which is usually not regarded as aesthetically appealing. I do not use more than 1ml per visit to prevent overcorrection and reduce the risk of vascular compression.

**Enhancement or restoration:** I always ask if the patient is seeking enhancement or restoration - this usually depends on the patient's age - to ensure that you understand their expectations of treatment.

**Age appropriateness:** ensure that the lips are 'age appropriate'. I advise not to try to create the lips of a 25 year old on a 60-year-old patient.

**In patients showing signs of ageing:** treat the perioral complex and not just the lip. To do this, use filler to turn up the corners of the mouth at the oral commissure, to treat oral rhytids and to restore volume in the cutaneous lip and chin area. Botulinum toxin in the mentalis and depressor angular oris can be used to reduce hyperkinetic activity of mouth depressors.

**Consider the vermilion border:** consider using low viscosity filler when treating the vermilion border. This can create a very sharp and well-defined demarcation by creating maximum light reflection without distorting the delicate lip architecture.

### POST-INJECTION CARE

Cool compresses and ice packs can be used to minimize swelling and bruising. Patients should be advised to avoid ASA, NSAIDs, and other medications associated with an increased risk of bleeding. If anti-HSV I medication was prescribed, it should be continued according to physician recommendation. Because HAs are hydrophilic, they attract water from the surrounding tissues and further augment the soft tissue volume beyond that expected from mere implantation. The significant swelling of the vermilion in the immediate post-operative period may be camouflaged by applying flesh-toned foundation or concealer to the entire vermilion. Lipstick can then be applied to a smaller portion of the vermilion than usual so as to not exaggerate the swelling that may be present.

### SELECTING THE RIGHT FILLER

There are a lot of difficult decisions you have to make when it comes to getting lip injections, but fortunately, picking the right filler isn't one of them. Hyaluronic acid, in a few different forms, is both the industry standard for temporary lip injections and the only temporary lip filler approved by the FDA.

They're marketed under different brand names - Restylane Silk, Belotero, Juvederm - but they're all made from the same molecule, which is hyaluronic acid, as you may already know, naturally occurs in skin and is a top ingredient in hydrating skin-care products, since it plumps skin by capturing and holding onto water. Picking which of the formulas is best for you is really up to your doctor. Hyaluronic acid is not only the best option, but the only option for those new to the world of injections, since it will dissolve on its own and is well-tolerated, since it's already in your body. There are irreversible fillers and implants, but those are not for beginners.

### PAIN MANAGEMENT

Lips are one of the more uncomfortable places to inject filler. We have a lot of nerves in our lips, so I can do a combination of topical numbing cream and, sometimes, injectable numbing medications, so patients are comfortable. However, many of the H.A. injectables come with lidocaine (a numbing pain reliever) built right in, so some doctors opt out of additional measures. One, or a combination of the above pain-reducing options, will normally temper the pain of the actual procedure, but you're likely to experience pain later, since the skin is being stretched. The pain as mild to moderate and notes that it can last for a few days.



## **SIDE EFFECTS**

Any time there is a needle crossing the skin, there is a risk. Bruising, swelling, and pain - all of which can last up to days and in rare cases, even weeks - may occur. There is also the risk of infection. Naturally, this makes it very important to check in with your doctor post-treatment, especially if you're feeling nervous about side effects.

While hyaluronic acid is a naturally occurring substance in your body, you can still have an allergic reaction to H.A. injectables, since there are often inactive ingredients (like carrying agents) and pain-reducing ingredients (like lidocaine) in the formula. Those prone to allergies or are just plain nervous can do a patch test on their forearm a few days before the procedure to be sure they won't have an adverse reaction.

Injecting the lips can prompt cold sores for those who are prone to them, so he normally pretreats those patients with a round of anti-viral medication, like Valtrex.

There are also less common side effects that are important to consider. More rare side effects include nodules or palpable material within the lips - basically bumps of H.A. that don't settle or feel natural. Extremely rarely, lip filler can be introduced into a blood vessel in the lip, which can have more significant consequences if not dealt with immediately and appropriately.

## **WHAT TO EXPECT**

One of the great things about lip injections is that the results are instantaneous, so you'll leave the office with fairly accurate (albeit swollen) results. For the first 24 to 48 hours, the filler is malleable and your skin is prone to swelling, which means be gentle! This is noted as the time that your injections need to "settle." No facials, yoga, or exercise is recommended, which can alter the placement of the filler and increase swelling and bruising.

Lips often swell for one to three days after treatment, but this is highly variable and some patients will experience no swelling and some will have more dramatic swelling that will take longer to subside. Bruising can last approximately one week, but can be covered with makeup or lipstick, as needed. Some doctors will offer to treat more significant bruising with a laser treatment if necessary.

While the average length of time H.A. fillers will last is about six months, it varies for everyone, from around three months to a year. H.A. lasts different lengths, depending on where you put it and how active that body part is. I find that if the labelling says six to 12 months, [patients] normally come back every three to six months.



# A BRIEF NOTE FROM DR MATTEO VIGO



I decided to become a doctor at early age but I was not aware of the world of Plastic Surgery. Once I have discovered it I fell in love with the whole concept behind and how this field of Medicine can be helpful for many people.

I passionately believe that, in order to improve the physical aspect of a patient, the plastic surgeon needs to combine the principles of art and science, adopting a global approach to understanding the individual desires.

Plastic Surgery is a truly fascinating, dynamic, constantly evolving field of medicine and I believe that the role of a Cosmetic Surgeon is unique and highly privileged.

My main goal is to understand the needs of a patient and try to transform their desires into reality. The role of a plastic surgeon is not only merely surgical but also supportive in the decision process of the best treatment to help patients finding themselves and their wellbeing.

All these steps are taken into consideration once a person walks in my office and the service I am offering them is always at the top.

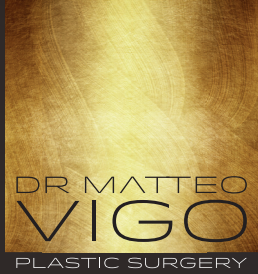
I am combining experience, quality and professionalism to evaluate each single case and offer the best solution for my patients.

**"Because you deserve the best"** is my motto and I want always to put the patient at the centre of what I am doing.

You have to feel pampered, understood, listened, loved once in my office and the feedback of this feelings from my patient is my best satisfaction.

Dr Matteo Vigo





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To book a Dermal Fillers consultation with Dr Vigo, please contact us today.

EMAIL  
[booking@matteovigo.com](mailto:booking@matteovigo.com)

Telephone & Whatsapp  
+971 56 282 5825

### Locations

**AMWAJ POLYCLINIC**  
Building P11  
Jumeirah Beach Residence  
Dubai

**BIOSCIENCE CLINIC**  
Al Razi Building 64,  
Block B, Ground Floor

**HEALTHBAY POLYCLINIC**  
Al Wasl Road, Verve Villas  
Umm Al Sheif  
Dubai