

# SURE SHOTS

Whether you're a filler first-timer or a Bo pro, ELLE's first annual no-fear guide to injectables covers everything you need to know, from choosing the best doctor to the importance of taking things slow. Here, **April Long** celebrates all the small things.

It goes without saying that no one wants to look *done*. Still, we've all seen it, or maybe it's even happened to us: the brow too high, too low, too frozen; the balloonish lips or Angelina-Jolie-in-*Maleficent* cheekbones that give the game away. Here is a person, these all-too-obvious needle-assisted interventions say, who hoped to look younger, prettier—someone who strove to arrest aging, à la Blake Lively's magical imperviousness to time in *The Age of Adaline*, or even to reverse it, like Benjamin Button—and overshot the mark.



Thankfully, as dermatologists have grown more sophisticated in their methods and the array of fillers, neurotoxins, and fat dissolvers like Kybella has become more diverse and specialized, patently obvious nonsurgical work is becoming the exception rather than the rule. (And surely, if the 9 million-plus injections done in the United States in 2015 had made us a nation of funny-faced freaks, we'd know it.) The best needle wielders now recognize that the most natural-looking effects are achieved incrementally, with tiny, almost imperceptible adjustments.

"I'm a big believer in 'You don't fill up the gas tank in one try,'" says Los Angeles-based dermatologist Annie Chiu, MD. "Softly adjusting gives the most beautiful results, and budgetwise it's more reasonable as well. You can always add, but it's harder to take away. Hyaluronic acid fillers are reversible, but you obviously don't want to do that unless absolutely necessary."

"**I CALL THEM** little tweak-bits," says New York-based derm Dendy Engelman, MD. "This is the secret behind all the celebrities who the layperson thinks are just genetic phenoms. They are able to age beautifully because they're not doing major overhauls. They're not changing their faces, adding tons of volume, or erasing their expressions. They're just focusing on tiny changes that really fly under the radar. They're not so perceptible that it's like, 'Oh, she went and got her eyes done' or 'She's changed her lips.' Nobody can tell."

With injectables, small hits can have a big impact—and not necessarily in the places one might expect. Engelman, for example, sometimes uses "a tiny bit of Botox at the base of the columella, which is that divider between the nostrils," to lift the tip of the nose. "There are a lot of small physiological changes that people don't really notice as signs of aging, which we can address," she says. Another trick: making the eyes look bigger by injecting a baby dose of neurotoxin just underneath the eye. "If you just put one unit of Botox there," Engelman says, "it drops the lower eyelid about one or two millimeters and opens up the aperture of the eye. So you look a little more awake, a little younger or prettier—but not noticeably different."

In more traditionally treated areas, derms tend to stay with standard doses of Botox and fillers—"I believe that if you use too little between the eyebrows, you're not going to prevent those etched lines from getting deeper over time," says New York-based dermatologist Whitney Bowe, MD. "And I find that I need to put in .1 to .2 ccs—the more traditional doses of filler—along the cheekbone in order to get the lifting effect I'm after." But for the rest of the face, Bowe says, "I've completely changed my injection technique."

To address crow's-feet, for example, Bowe "wraps" microdoses of neurotoxin—delivered with an ultrathin tuberculin needle—around the eye, starting from the tail of the eyebrow and finishing under the lower eyelid. "Instead of hitting that area with just three injections on each side, which is what was studied during FDA trials, I actually do a series of about six or seven injection sites," she says. "That way, I get a very gentle, natural, widespread effect that opens up the eye and lightens up heavy lids. It also changes the texture of the skin in a way that traditional deeper injections don't, because I'm actually affecting only the very superficial muscle fibers. So when people complain that they have crepey or cigarette-paper skin around the eye, it helps to smooth that out."

**SIMILARLY, BOWE USES** minuscule doses of hyaluronic acid fillers in marionette lines, smile lines, and nasolabial folds, placing them shallowly into the dermis "to gently hydrate the skin from beneath the surface." This imparts an immediate dewy glow but also, she says, galvanizes a longer-term benefit: "It triggers your own body to make more collagen. I'm deliberately wounding the skin in tiny points down and along those lines in order to tell your body to start healing itself. I find that by doing



"This is the secret behind all the celebrities," Engelman says.

this injection technique, I'm able to get a much more powerful preventive effect from the filler, because I'm creating tension on the fibroblast cells, making them create more collagen. Again, it's very off-label, but if I see people every three months and I use very low doses distributed in a lot of different areas, I'm able to get healthier-looking skin over time. So even after the enzymes in our bodies break down that hyaluronic acid filler, the skin looks tighter and firmer."

The goal, always, should be natural movement (nothing should "stop you from communicating, emoting, showing sympathy or empathy or interest," Bowe says)—even if that means leaving a few wrinkles unsmoothed and not going full throttle on a particular area, which could create, say, an overlarge lip that's disharmonious with the rest of the face. Indeed, with cruel irony, anything too heavy-handed can actually backfire and make someone's face read as being older, rather than younger. "It's always that fine line between doing just enough but never

## BEAUTY REPORT

teetering over into too much,” Engelman says. “I think that although Kylie Jenner has had good work, she looks about 15 years older than her real age. All these young girls are doing way too much, way too early. I always say to my young patients, ‘The one thing I can’t give you is your actual youth, so you need to ride that out as long as you can. When that starts to break down—and it will—we can start to do things. But in the meantime, don’t go messing with it. If you start monkeying with it too early, it knocks you into an older-looking category.’”

**WHEN WE DO SEE** overfilled or disconcertingly immobile faces, there can be several factors to blame, but it nearly always involves either an unskilled injector or an unscrupulous one who will acquiesce to patients who want—and are willing to pay for—something they don’t need. “Every time I look at celebrities who have crossed over to the dark side of doing too much, it’s not that I’m upset with them; I’m upset with the doctor who did it to them,” Engelman says. “We all know the right aesthetic.”

It’s important, therefore, to find a board-certified dermatologist or plastic surgeon who will work with you to strike the right balance—and say no to you when necessary. When Bowe encounters “millennials who come in with Instagram pictures of enormous lips,” she says, “I have to counsel them extensively about how we have to maintain the proper ratios and proportions. I can put in only a little bit of product but focus on the pillows of the lips, and give you a beautiful, sexy smirk when you’re at rest. I can turn up the corners or make the Cupid’s bow pop. It’s not about pumping lips full of product and giving you two big sausages.” Even when a patient does have naturally thin lips and desires a fuller pout, Bowe takes it slow: “I’d rather do a series of treatments using very small injections at a time. Someone might need two syringes to get to the point where she’s going to be happy, yes, but I’ll do one syringe, and then I’ll have the patient come back in a month or two to do the second. I like to give the tissues a chance to recover, and then evaluate.”

In general, derms are breaking away from a one-size-fits-all approach and tackling individual faces with an eye toward modest interventions that preserve

idiosyncrasies and asymmetries; the goal is to make us look like better versions of ourselves, not like everyone else. “I really believe injectables are an art,” Chiu says. “Every single face is different, and there are vast differences, even culturally, in how you approach someone. It’s about enhancing—not changing.”

**“WHEN I TALK** to patients, new or established, I’m actually analyzing their expressions and balance and beauty,” says New York dermatologist and Mount Sinai Medical Center associate clinical professor Ellen Marmur, MD. “By the time we catch up on our news or introductions, I already have an idea of what

I might like to offer. I draw out a master plan with each patient, even using an iPad painting tool on a photo of the patient. We start with baby steps and give touch-ups until we’ve achieved a uniquely personalized map of what and where to inject.”

Although it may seem counterintuitive, or even wasteful, to invest money in something so deliberately invisible, Marmur says, “economic analysis has proven that routine, under-the-radar procedures pay off over time more than the big, dramatic antiaging procedures.” No one will know how we’ve managed to sail through time so remarkably unravaged. And isn’t it better to leave them guessing?



# AIN'T THAT THE TRUTH

There are alternative facts galore when it comes to what to do and what not to do when getting a round of injectables. Here, the misconceptions get debunked. **By Megan O'Neill**

## **Botox and filler shouldn't be cocktailed in the same syringe.**

**FALSE.** New York-based derm Doris Day, MD, sometimes adds a few units of Botox into filler and then injects them together for a sleek, natural-looking outcome. "You can get some extra tightening," she says of mixing in a line-diminishing neurotoxin so that the combined effect with the filler yields a smooth surface. "If you want to soften the lip lines, it's a combo that diffuses nicely, and you won't affect how the lip moves."

## **"One size fits all" when you're scheduling Botox and filler.**

**FALSE.** "One size fits *none*" is Day's rule for tune-up regularity. The FDA gauges that neurotoxins last about four months, while most soft-tissue fillers endure for about six months. But some fillers last much longer: Juvéderm Voluma (made of molecules that are cross-linked to create a viscous consistency that's suited for adding structural support to the cheeks) and Juvéderm Volbella (whose molecules are cross-linked to form a thinner texture that's better for filling superficial lines around the lips) can last up to two years. For Botox *and* filler, the stress surrounding, say, a wedding or work—or being athletic!—can cause the body to metabolize both substances faster, so that treatment may be needed sooner than usual.

## **Injectables and ultrasound don't play well together.**

**FALSE. AND TRUE.** Arkansas-based derm Missy Clifton, MD, emphasizes the need to get procedures done in proper order: If she's administering a deep-heat treatment, such as Thermage (radio frequency) or Ultherapy (ultrasound), she does it first, then waits a few minutes for skin to come back to its normal temperature before going ahead with filler and Botox. Meanwhile, New York-based derm Robert Anolik, MD, separates such procedures and injections by a few days. "In the scenario of a new patient coming in who's never had anything done, I'd inject Botox and then have the patient come in after three

to seven days"—the time it takes neurotoxins to reach full effect—for Ultherapy or Thermage, he says. "I like the skin to be relaxed so that Ultherapy's or Thermage's tightening effects can occur without being compromised by the skin pulling in the opposite direction."

## **Blow-outs posttreatment are A-OK.**

**FALSE.** New York-based dermatologist Patricia Wexler, MD, advises patients not to break a sweat for a full day postfiller, since upping the heart rate increases circulation and can cause swelling if hyaluronic acid-based fillers are exposed to more fluid. But there are sedentary activities that also, surprisingly, pose a threat: "Don't get your hair done or cook over a stove for at least four hours; the heat can diffuse Botox," says Wexler, even though some derms no longer consider such activities risky since injection techniques have evolved.

She also forbids shoe shopping (bending down can upset Botox placement), flying (the change in altitude exerts added pressure that can be problematic for fresh Botox and filler, which both need time to integrate into the face), and high-altitude skiing (ski goggles pressing against your forehead can cause filler to clump) within the same time frame.

## **You can help extend your Botox.**

**TRUE.** In a study published in *Dermatologic Surgery* in 2015, researchers separated overly square-jawed participants into two groups: Both received slimming injections of Botox into their masseter muscles (the key muscles that move the jaw), but one group was instructed to do chewing exercises for weeks afterward, and the other had no specific instructions. Interestingly, the group that chomped more experienced the benefits of Botox longer than the control group did. "The idea is if we encourage patients to purposely use their chewing muscles during the few months when Botox is active, once the Botox wears off, the masseter muscles won't be relied on as much for chewing," Anolik says. As a result, they'll stay streamlined longer.

## TRICK OR TREAT?

Before-and-after photos provide key proof of a practitioner's skill—except when the proof has been tampered with. One dermatologist reveals the red flags



Robert Anolik, MD

### 1. LIGHTING

"Side lighting exaggerates every crease, while head-on lighting can erase wrinkles altogether," says dermatologist Robert Anolik, MD. "Look at the shadows in both photos—do they match? If not,

the lighting has been altered."

### 2. MAKEUP

Beauty products are used to enhance a feature or cover a flaw. "If makeup is used only in the 'after' photo, don't believe the comparison," Anolik says.

### 3. CAMERA ANGLE

Anolik advises that unless you're viewing the subject from the same camera angle in both shots, you can't really trust the shot.

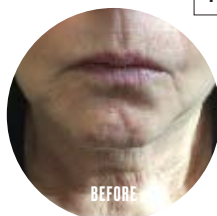
**4. POSE** "When the chin is up, the neckline looks better; if it's down,

the neckline looks worse—the face looks more jowly," Anolik says.

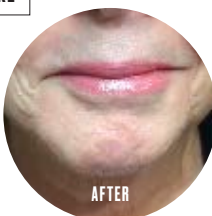
### 5. SELFIE CULTURE

"Beware of patient-provided photos. Filters are available with a few clicks, even on a not-so-smart phone."

FAKE

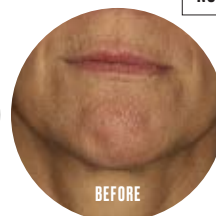


BEFORE



AFTER

NOT FAKE



BEFORE



AFTER

# KNOW BEFORE YOU GO

The best way to ensure the most refreshed, rejuvenated-looking outcome after an injection: Brush up on these key protocols before setting foot inside a professional's office. **By Megan O'Neill**

1

## BE AWARE OF WHERE YOUR INJECTABLE CAME FROM

Make sure your doctor is an official vendor of everything you're getting injected. Allergan, Merz, and Galderma are three of the top manufacturers of neurotoxins and fillers, and Allergan also makes the fat-dissolving Kybella. To reduce the risk of getting a subpar, potentially dangerous product, some manufacturers' websites offer a tool to search by zip code for every licensed physician who's obtained their product legally.

2

## BIN THE BARGAINS

If the price is questionably low for Botox or filler, you may be getting a diluted dosage, says West Islip, New York-based dermatologist Kavita Mariwalla, MD. Another possibility is that your doctor purchased the product from a supplier in a country such as Canada or the United Kingdom, where government price controls keep pharmaceutical prices substantially lower than those in the United States. Not only is it illegal (with very few exceptions) for doctors to intentionally purchase medications outside the country for use on patients within the U.S., manufacturers also say that unauthorized suppliers may compromise the effectiveness and safety of injectables by, for example, not storing them at the proper temperature or even offering counterfeit products.

That said, prices for in-office treatments tend to be higher in metropolitan regions, such as New York, Chicago, and Dallas, where there's a greater demand for cosmetic procedures. To find out the price range in your area, call around. New York-based dermatologist Elizabeth Hale, MD, adds that you're usually better off with a doctor who bases his or her fee on how many units of product are used, rather than how many different zones of the face are injected. "All the

muscles in the face are intertwined, and even when I treat, say, just the '11' lines between the brows, I always put a tiny bit in the forehead to balance things out—I don't count that as two [separate] zones."

3

## BLOOD-THINNING MEDS AREN'T THE ONLY THING TO AVOID PRE-INJECTION

Most Botox and filler veterans know to lay off anticoagulants such as aspirin and ibuprofen before treatment, since those types of drugs hinder blood clotting and increase the risk of bruising should the needle nick a blood vessel. But Manhattan dermatologist Patricia Wexler, MD, has a longer list of things to forgo, including some seemingly innocuous pantry staples. "No fish oil, multivitamins, green tea, cinnamon, ginger, and red wine a full week before treatment," she says. "Antioxidants, though not all of them, can increase the fragility of blood vessels and prevent clotting." Ask your MD at least two weeks ahead of time for a full list of what to avoid.

4

## A CONSULTATION IS CRUCIAL

"The person performing the injection should have you smile and frown and raise your eyebrows," Hale says. "An experienced professional is carefully evaluating you that whole time to see how different areas of your face naturally move, so that he or she can keep you looking refreshed instead of expres-

"No fish oil, multivitamins, green tea, cinnamon, ginger, and red wine a full week before treatment," Wexler says.

sionless." Some derms like to ask patients to talk about something they're passionate about to gauge facial movement. You should also be given a thorough health assessment prior to the injection. Certain antibiotics, specifically in the aminoglycoside category, like gentamicin (prescribed for bacterial infections), can increase the potency of neurotoxins. (To avoid risk, don't receive treatment for the duration of your antibiotic prescription.) Worst-case scenario: You end up with a droopy lid, according to Mariwalla.

5

## BRUISES CAN BE UNDONE

Neurotoxins generally require finer needles and are usually placed more superficially than fillers, but any injection could potentially hit a vessel, causing blood to pool beneath the skin and form an unattractive black-and-blue blotch. Fortunately, many dermatology practices, including Hale's, offer a next-day complimentary vascular laser treatment, which breaks down pooled blood into smaller particles, thereby greatly diminishing bruises within 24 hours. "It's a good idea to ask up front if whoever you're going to offers it," Hale says. "Our patients take a lot of comfort in knowing they can come back for that."

6

## NOT ALL FILLERS ARE CREATED EQUAL

"Never get silicone. It's the one filler we see the most complications from," says Mariwalla of one injectable that's occasionally used—but not FDA approved—to fill wrinkles in the face. Unlike malleable hyaluronic acid-based fillers, which can be absorbed by the body and will eventually break down, silicone is a synthetic material that can't be metabolized and can harden over time, creating unsightly, uneven bulges. "It's permanent, and it does not age well with you," Mariwalla says.