

LIP service



Dr Steven Harris discusses his Nonsurgical Lip Lift (NLL) and the Aesthetic 'o'

The lips, along with the eyes, are arguably the most important aesthetic features when it comes to judging beauty. Studies involving eye tracking show that we tend to fixate on the eyes followed by the mouth (eye-mouth gaze continuum) much more so than any other area of the face.¹ It is no surprise then that lip procedures involving dermal fillers rank as one of the most popular non-surgical treatments with increasing interest, especially on social media. However, the lips are probably the most challenging non-surgical facial procedure to perform as they require an artistic acumen and great technical skills in order to produce subtle, beautiful and natural-looking results.

During assessment for lip treatment, it is very important to first consider the face as a whole. There are a number of reasons for this. As we age, the facial skeleton shrinks with inward rotation. The unsupported soft tissues weigh in on the lips which collapse due to loss of their own support. Treating the lips directly without restoring the surrounding framework will invariably lead to an unbalanced and unsatisfactory result. A more aesthetic result can be achieved by restoring the peripheral outline (facial reshaping) and areas immediately around the mouth to improve the overall appearance of the face from the front

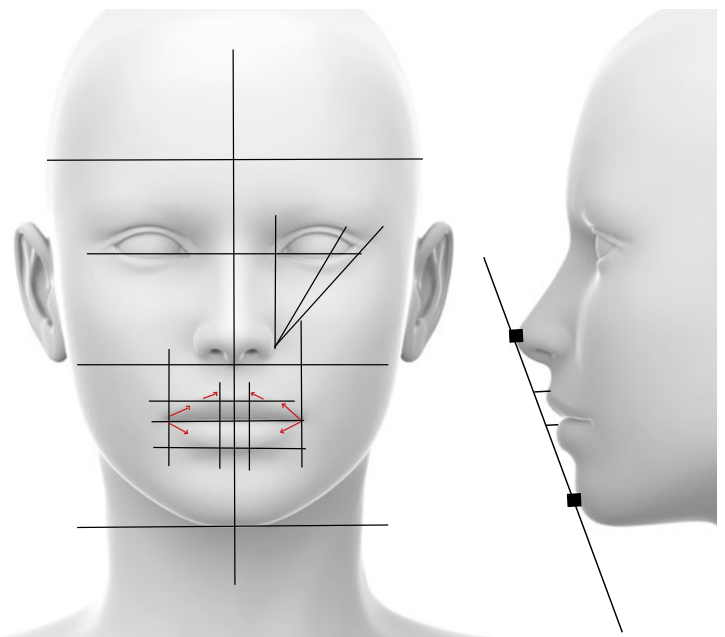


Figure 1: The lips should always be considered as part of facial proportions (left). Ideally the lower lip should be 2mm behind and the upper lip 4mm behind Ricketts' Aesthetic Line (right).

(frontal view) and the side (profile view), while providing a supportive framework for the lips (figure 1).

The ideal facial shape for both genders is oval, but there can be considerable variation from a heart shape in women to a more square shape in men. Facial reshaping involves deep periosteal injections on the bony outline (forehead, temple, lateral cheek, angle of the jaw and chin) to outwardly rotate the ageing face and restore its ideal shape.² During this process, the lips themselves will to a large extent correct through a process of 'indirect beautification' which leads to more natural and harmonious results (figure 2a and b).



Figure 2a: Facial Reshaping - Restoring the ideal facial shape



Figure 2b: Indirect Beautification. Lips may be treated indirectly by restoring the shape of the face and the structure immediately surrounding the lips

In my opinion, facial reshaping and indirect beautification should always be considered first before directly treating any area of the face, and the lips are no exception. An integral part of indirect beautification is 'myomodulation', the potential change in muscle activity when a filler is placed next to it. For example, injecting a bolus of filler on the zygomatic bone deep to zygomaticus major raises the point at which the muscle contracts to lift the corner of the mouth more effectively. Placing a filler deep to the depressor anguli oris (DAO) appears to inhibit its contraction to also raise the corner of the mouth, but the underlying mechanism here is less clearly understood. Along the facial midline, support for the lips may further be provided by injecting the nasolabials on the pyriform fossa to lift the upper lip, while filler placed more superficially in the labiomental crease has the effect of lifting the lower lip. Finally, the dentition needs to be assessed for signs of malocclusion which may range from a slight overbite (class 1) to retrognathism (class 2), or prognathism (class 3).

Once the face as a whole and surrounding structures have been addressed, the lips should be assessed in terms of their shape and size. Lips come in different shapes and sizes (figure 3). The ideal size should be matched to the size of the face as well as the facial features, in particular the eyes. Larger lips fit large size eyes, but look out of place

with smaller size eyes. There are also important differences to consider between men and women. In men the lips tend to be wider and flatter, often described as rectangular. In women, the lips are fuller and curvier with a more pronounced Cupid's bow.

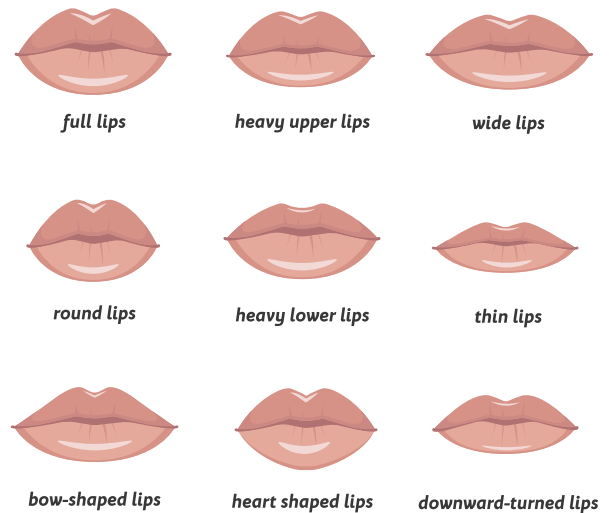


Figure 3: Different lip shapes

The shape of the lips cannot be fundamentally changed, however they may be improved in terms of definition, symmetry and proportions. The ideal lips are well defined, symmetrical (left to right) and well-proportioned in relation to surrounding structures and the face as a whole. Their definition may be enhanced by subtly treating the fine vermilion border, but care should be taken not to overtreat this delicate structure as the filler can escape into the perioral area to create the very commonly observed and unsightly 'duck look'. Symmetry in the face is desirable, but in the lips it is essential and as with all other areas of the face, it is advisable to start treatment on the weaker side (to match the stronger side).

The ideal lip ratio top:bottom is often said to be 1:1.618 in line with the 'golden ratio', but a 1:1 ratio may be more suitable depending on the rest of the face.

NONSURGICAL LIP LIFT (NLL)

The Nonsurgical Lip Lift (NLL) which I developed is an artistic approach to lip augmentation involving dermal fillers which safely and reliably leads to subtle and beautiful natural looking results. The NLL makes use of the natural anatomy of the lip, in particular the lip tubercles (figure 4), to gently and subtly augment them while increasing vertical height from under the vermilion border (upper lip) or above (lower lip) rather than directly inside the border itself. Only fillers made of hyaluronic acid (HA) should be used as these are relatively safe compared to other fillers and fully reversible with hyaluronidase. Ideally, the HA filler of choice would be 'soft', cohesive and predictable causing minimal swelling.

The NLL involves 10 steps (figure 4), but depending on the lips being treated, there may be a wide variation to the number and order of steps (figure 5). >

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Figure 4: The Nonsurgical Lip Lift (NLL) technique showing the injected tubercles (white circles) and threads of fillers (arrows). The steps are: 1. Bolus injection into the right lower tubercle 2. Linear thread above the vermilion border 3. Curved thread below the vermilion border 4. Linear thread along the right side of the Cupid's bow (starting from the middle tubercle) 5. Bolus injection into the right upper tubercle 6. Bolus placement in the left lower tubercle 7. Linear thread above the vermilion border 8. Curved thread below the vermilion border 9. Linear thread along the left side of the Cupid's bow (starting from the middle tubercle) 10. Bolus injection into the left upper tubercle.

The typical amount of filler used is between 0.5-1ml in total and usually between 0.05-0.1ml per step. All the steps involve very slow injections anteriorly well in front of the superior labial

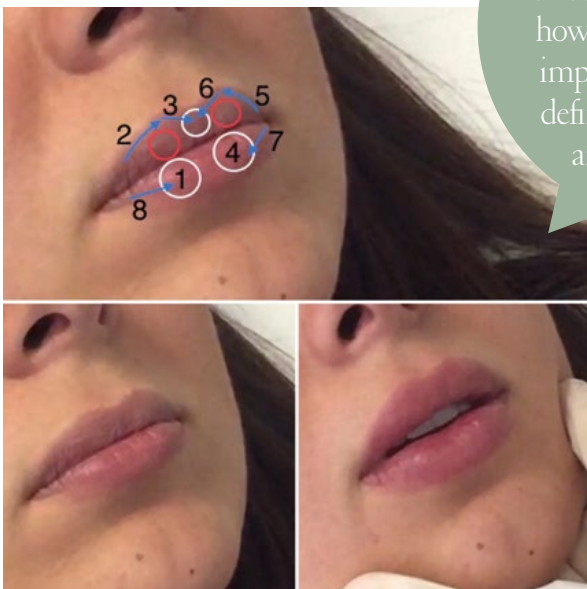


Figure 5: The Nonsurgical Lip Lift (NLL) technique showing variation in number and order of steps according to lip presentation and desired results



Figure 6: The Aesthetic 'o' formed (or accentuated) in the centre of the lips following the Nonsurgical Lip Lift (NLL).

artery and inferior labial artery. The steps are described in the example in figure 4 where approximately 0.1ml of filler was used in each. When injecting, the bevel of the needle should face inward to avoid the filler from showing. However, when injecting under the upper vermilion border the bevel should be facing upward (to help lift the border). The 'curved thread' technique (steps 3 and 8) is a variation on the linear thread technique involving a curving motion when injecting to accentuate the upper lip curve. Steps 1, 4 and 5 involve augmenting the tubercles which can lead to a small and round pouty gap - I have named this the Aesthetic 'o' (figure 6).

Finally, the NLL is a relatively safe and effective technique which makes use of the natural anatomy of the lips to gently and subtly augment them. It enhances definition, shape, symmetry and proportions without compromising the vermilion border. When performed correctly the NLL leads to consistently subtle and beautiful natural looking results with a very high patient satisfaction rate. **AM**

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REFERENCES

1. Rogers, S.R., Speelman, C.P., Guidetti, O., Longmuir, M. Using dual eye tracking to uncover personal gaze patterns during social interaction. *Nature International Journal of Science* 8, 1-9 (2018)
2. Harris, S. Facial Reshaping. *Aesthetic Medicine* September, 72-74 (2017)



Dr Steven Harris MB BCH, MBCAM, MSc completed his medical studies in Johannesburg in 1997. He has been practising aesthetic medicine at his clinic in North London since 2004 and has gained an international reputation for producing entirely natural-looking results. Dr Harris is also a trainer and educator. His regular educational posts may be viewed on Instagram @drharrisclinic