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AMERICAN SOCIETY OF PLASTIC SURGEONS: DERMAL FILLER SAFETY CONSIDERATIONS

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- ASPS Committee Memberships
 - Emerging Trends Subcommittee
 - Patient Safety
 - Quality and Evidence-based Initiatives
- *No financial disclosures*



ASPS committed to promoting best practices in dermal filler use

ASPS strongly advocates that injectors have **robust** training, including:

- Deep knowledge of anatomy
- Understanding properties and appropriate anatomical applications of injectable agents based on viscosity, longevity, and tissue integration characteristics.
- Clear safety protocols for managing filler related complications, including:
 - Intravascular injections
 - Vision changes or loss
 - Discoloration and nodules
- Knowledge of specific interventions for different fillers.
 - Hyaluronidase for HA fillers
 - No reversal for semipermanent fillers (PLLA, CaHA) and permanent fillers (PMMA, silicone) - may require excision
- Emergency tool kit (filler “crash cart”)
 - Appropriate interventions (Hyaluronidase, Sildenafil, Lidocaine, Aspirin, Epi, Benadryl, Nitropaste)

Potential impact on imaging and cancer screenings

When using fillers off label (e.g., décolletage area), injectors should understand potential impact to radiologic imaging and cancer screening.

- Fillers may migrate (move beyond injection area)
 - Because of proximity to the breast and possible interference with imaging, patients should communicate filler use/type prior to imaging to support appropriate interpretation.
- Fillers potentially may mask malignancies on radiographic imaging (*Mundada, et al., 2017*)
- Has this been reported to happen?
- CaHA microspheres are visible on CT scans and x-rays (*Moradi, et al., 2022*)
- A specific non-FDA HA filler has been reported to interfere with breast cancer detection (*Pienaar, et a., 2011*).

Potential impact on imaging and cancer screenings

- Enlargement of cervical lymph nodes has been reported with use of dermal fillers, which could confound breast cancer imaging when fillers are used near the breast (*Girolamo et al., 2015*).
- Dermal fillers are rarely used off-label in nipple reconstructions to enhance nipple projection; type of filler should be considered prior to imaging to support accurate mammogram interpretation or to offer patients more customized screenings (*Dessey et al., 2011, Bellman et al., 2017, Sue et al., 2019*).

Staying ahead of emerging trends in dermal fillers

Current Trends

- Dermal fillers have been used in the neck and décolletage area for their biostimulatory benefits (e.g., skin rejuvenation, texture improvement, tightening) and volume improvement for years (Vanaman et al., 2015).
- Off-label use of dermal fillers is influenced by aesthetic trends that may emerge rapidly due to social media.
- Due to the popularity of GLP-1s and weight loss drugs, patients may seek volume replenishment or improvement of skin rippling in the chest area from weight loss.

Recommendations

- Injectors should remain vigilant in reviewing trends to ensure proper training, education materials, and informed consent.
- Manufacturers/Researchers should study the impacts of filler use in areas like the décolletage because risks may be different depending on anatomical location and volume of product used.
- If considering a pre or post market approval assessment for use in décolletage, it may be important to collect:
 - Comparison of baseline breast imaging pre and post injection to enable assessment the impacts on standard imaging.
 - Imaging that allows short/longer-term assessment of potential filler migration to breasts or lymph nodes.



Thank You



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