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SAVING FACE AFTER AESTHETIC FILLER COMPLICATIONS**Shazia Ali***

*Al Tababbah Specialized Clinic, Saudi Arabia

Aim: Soft tissue filler injection has been a very common procedure worldwide. The complications after filler injection can occur at any time after the procedure, early and delayed, and they range from minor to severe. In this presentation, based on my experience and literature research, I will discuss treatment algorithm to help wound healing and tissue regeneration and generate good aesthetic results with early intervention/treatment in response to the side effects of filler. Familiarity with the treatment of these rare complications is essential for achieving the best possible outcome.

Objective: The attendees are presumed to have general knowledge of dermal fillers and their application in treating rhytids and restoring facial volume, as well as a broad understanding of facial anatomy, including detailed anatomy of tissue planes vascular supply of face and fat deposits. After attending this lecture, the participant should be able to:

1. Describe the signs and symptoms of accidental intravascular injection
2. List the associated risk factors and describe risk reduction techniques
3. List the treatment options to be implemented following diagnosis of intravascular complications.

Conclusions: Biofilms and vascular complications are statistically rare following the injection of dermal fillers, but these complications can happen. Doctors with bad injection techniques more than the fillers are the main cause of these complications. The risk is higher for these events when large bolus injections are used in the danger zones for volume enhancement and when smaller needles are used. Treatment begins with diagnosis of the event and should continue with administration of Hyaluronidase, aspirin, and topical nitroglycerine paste, along with the application of warm compresses and massage of the affected area. After initial treatment, if ischemia is still present, evidence, although weak, suggests that HBOT may benefit some patients (to salvage marginal tissue that might otherwise undergo necrosis). Early intervention and daily wound care prevent tissue damage and grave complications like skin necrosis, blindness and stroke.