

REJUVENATION OF THE PERIORBITAL AREA WITH TEOSYAL REDENSITY® [II] (CANNULA INJECTION) AND TEOSYAL® RHA 2

In the utmost fragile and delicate periorbital area the first signs of ageing already occur around 30 years of age, with the effect of reducing gradually the brightness and brilliance of our look. Although this is a particularly sensitive anatomical area due to its high arterio-venous vascularity and to the presence of the infraorbital nerve, it is now possible to treat it while managing the risks of complications and side effects.



"If there is a volume deficit it is better to fill it right away. At about 25-30 years old we can certainly begin to take care of our eye contour in order to postpone premature ageing of the area."

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Dr. Giovanni Brunelli
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- Specialist in Plastic, Reconstructive and Aesthetic Surgery.
- Degree in Medicine and Surgery at the University of Brescia in 1989.
- Specialization in Plastic and Reconstructive Surgery at the University of Milan in 1995.
- European Diploma of Surgery of the Hand in 1999 in Bonn.
- Author/co-author of about 80 publications in Italian and international scientific journals.

Thanks to the semi-crosslinked feature of TEOSYAL Redensity® [II]*, and to the use of microcannulas (rather than standard hypodermic needles), we can reduce the likelihood of tissue trauma and obtain at the same time an excellent spreading of the HA gel in the tear trough cavity. The large number of case studies that I have collected over the years (about 170 injections) proves it without fear of contradiction.

In my daily practice I use 0.3 cc of TEOSYAL Redensity® [II] in the tear trough and eventually I distribute the remaining 0.2 cc in the central and lateral parts of the periorbital region. Usually I only use one entry point, though sometimes I can provide a second one to better distribute the product and prevent bruising. Normally, I ask my patients to come back for a follow-up visit, after 15-30 days to see if they need a touch-up.

With regard to the treatment of other periorbital areas (frown lines and crow's feet lines), I often adopt - alternatively or together with the botulinum toxin* - the TEOSYAL® RHA resilient fillers, with a particular preference for TEOSYAL® RHA 2**, a very soft HA gel that allows to efficiently work more superficially. Frequently, to treat very deep lines in the glabellar region**, on which the botulinum toxin is not sufficiently effective, I include TEOSYAL® RHA 2 in my treatment in combination

with the botulinum toxin, in a second session (7-10 days after the treatment with botulinum toxin). Finally, when I find it useful, I use TEOSYAL® RHA 3* to lift the tail of the eyebrow in order to open well the look.

Recently, non-invasive aesthetic medicine has made huge progress and is able to improve patients' outcomes in nearly every situation. However, in certain cases, especially for patients over 60 years old, filler injection is not enough and we need to consider surgery. This happens, for example, when there are important eyelid bags and we find the so-called «pseudo-hernias». In the same way, it is necessary to intervene surgically when there is a very significant ptosis of skin and muscle (dermatochalasis). With the exception of these difficult cases, I can confirm that, generally, the treatment with TEOSYAL Redensity® [II] is optimal for the medical-aesthetic care of a wide range of patients, from 25 to 60 years old.

Thus, I recommend TEOSYAL Redensity® [II] even for very young patients, because - as I always say - if there is a volume deficit it is better to fill it right away. At about 25-30 years old we can certainly begin to take care of our eye contour in order to postpone premature ageing of the area.

* Please refer to instructions for use

** A thorough knowledge of this high risk area is mandatory to avoid vascular compromise. See page 3