RISK vs REWARD

RANA KENNELLY
BSN, BSc (Hons), CANS

312-731-5585
rana@ranakennelly.com
www.ranakennelly.com
@naturally_rana
THE GOAL IS TO

Create natural beauty
Sleep well at night
Boost confidence
A DAY IN THE LIFE

• You inject the nasolabial fold on label with an HA facial filler in the mid to deep dermis. You see the tip of the nose blanch white.

• What do you do?
RUN
GET IT TOGETHER
USE REVERSABLE PRODUCTS INCASE OF EMERGENCY

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
NEW HIGH DOSE PULSED HYALURONIDASE PROTOCOL FOR HYALURONIC ACID FILLER VASCULAR ADVERSE EVENTS

<table>
<thead>
<tr>
<th>High-dose pulse hyaluronidase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage</td>
</tr>
<tr>
<td>Lip, nose, and forehead</td>
</tr>
<tr>
<td>Two areas</td>
</tr>
<tr>
<td>Three areas</td>
</tr>
</tbody>
</table>

Protocol

- Inject at least every 60–90 minutes until skin color has normalized and capillary refill time has normalized
- Massage to increase embolus contact with the hyaluronidase by propelling the HA distally into thinner-walled arterioles
- Aim to complete treatment within 72 hours of onset for complete resolution
- Keep patient in clinic for observation and treatment until the capillary refill has improved (usually three sessions over 3 hours)
- Do not apply nitroglycerin paste until the offending HA has been dissolved (day 2 or 3 of treatment) as dilation of adjacent nonobstructed vascular pathways can lead to the propagation of the embolus toward the orbit

Ref: A 10-point plan for avoiding hyaluronic acid dermal filler-related complications during facial aesthetic procedures and algorithms for management

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
2019 DON’T GIVE UP!

- 40yr old woman in Indonesia
- 2ml of filler to nose with 25 g cannula
- Injected dorsum, columella & tip
- 10 mins: After treatment developed blurring of vision, blanching of nasal skin, upper eye lid ptosis & pain in right eye
- After 1hr: Patient had only perception of light in right eye

- 40 hours post: Initial diagnosis 1500 u Hyaluronidase
- 6 hours later: Second dose of 1500
- 4th day: No improvement in the vision & areas necrotic
- 5th day: Retrobulbar injections & external injections of hyaluronidase - 4hrs later patient reported significant relief from pain in right eye
- 6th day: 1500u hyaluronidase
- 3 months: Post filler injection full recovery of vision

Ref: Reversal of Post-filler Vision Loss and Skin Ischaemia with High-Dose Pulsed Hyaluronidase Injections
Almond Wibowo • Krishan Mohan Kapoor Wolfgang G. Philipp-Dormston5
PUT IT IN PERSPECTIVE
INDUSTRY WORST FEAR
GLOBAL REVIEW

2016: 98 cases of reported blindness

2019: 146 cases of reported blindness


HIGH RISK AREAS WITH FACIAL FILLERS

Ref: Serious Vascular Complications after Nonsurgical Rhinoplasty: A Case Report
Feb 16, 2016. Chen et al. Qiqing, Chen, M, Yu Liu, Dongliang Fan, MD
VARIABILITIES OF THE NASAL ARTERIES


IS THE RISK WORTH IT

Haley Wood MSN, WHNP, CPSN, CANS
SAFER REWARD - NOSE

Ref: Shanna Concepcion www.aiamtrainings.com - Shannacrn@gmail cell 901-482-3237

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”
All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
Ref: April Harrison PA-C managed another's complication IG: @April_Harrison_derma_pa

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
SAFER REWARD - GLABELLA

Ref: Amie Martin IG @amiemartinrn cell 8152632808

Ref: Shanna Concepcion www.aiamtrainings.com - Shannacrn@gmail cell 901-482-3237

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”
All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”

[Content: “All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.”]

[Image: Diagram showing a comparison of “Risk” versus “Reward” with “Forehead” as the central theme.

Risk: Frontal image showing a condition affecting the forehead.

Reward: Rearranged frontal image showing a healthy forehead.

Images by Dr. Peter Kim]
SAFER REWARD NASOLABIAL FOLD

- Treat mid face first
- Inject NLF either supra periosteum or in the skin
- Micro needling, skin tightening, threads

Creases from repetitive muscle movement

Volume decent & loss

Creases & folds

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
BONE VS SKIN

Dr Tom van Eijk

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
ALTERNATIVES

- Consider alternatives to improve high risk areas with no concern of blindness
- PDO threads
- Micro needling
- Regenerative therapies
- Laser & light therapy
- Neuromodulators
- Topicals
INJECTOR TIPS

I want to lick your brain
INJECTION DEPTH RELATED TO ANATOMY

- Dermal
- Subcutaneous
- Bone
- Cannula
- Avoid
CADAVER DISSECTION

Dr Jonathon Sykes

Dr Chris Surek
IS INJECTING ON THE BONE SAFE?
PINNING THE ARTERY TO THE BONE

• Accidental intra-vascular embolization when the needle is in constant contact with the periosteum

Published: 15 December 2016
DR STEVEN LIEWS NO. 1 TIP

Dr Steven Liew MB, BS (SYD), FRACS

RANA KENNELLY // “Sharing safe, natural, and artistic aesthetic practice”

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
BUILD TRUST

• Inform & consent the patient about risk vs reward
• Even though it is rare it is potentially life changing
• The patient may not have proceeded with treatment had they known of the risk
• Consent for antidote
FIRST AID CHECK LIST

- 3000u unexpired Hyaluronidase on hand
- Collaborate & share with nearby offices
- Who is your emergency ophthalmologist
- Where is your closest Hyperbaric chamber?
- Practice your aesthetic emergency drills

All content is created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied upon.
TIPS TO AVOID COMPLICATIONS

- KNOW YOUR INJECTION ANATOMY – AVOID DANGER AREAS
  - Aspiration before injection
  - Slow injection
  - A moving needle
  - Micro movements with delivery of product
  - Smaller deposits of product 0.1-0.2 cc
  - Small syringe to deliver delicate amounts (sterile technique transfer to BD insulin needle)

- Small needle gauge to slow injection speed
- Conservative approach
- Blunt flexible cannula (25g or larger) perpendicular to major vessels
- Patient selection (ie history of previous surgeries)
- Safer fillers are fillers which can be dissolved with hyaluronidase
- Addition of epinephrine with filler injections to stimulate vasoconstriction
- Education of patients & staff in recognition of an AE
INJECTOR GONE ROGUE
THANK YOU & PAY IT FORWARD

- Trust & Authenticity
- Connect globally
- Be open to change
- Love what you do
- Boost confidence
- Sleep well
SHARING SAFE, NATURAL, AND ARTISTIC AESTHETIC PRACTICES.

RANA KENNELLY
BSN, BSc (Hons), CANS

312-731-5585
rana@ranakennelly.com
www.ranakennelly.com
@naturally_rana