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Injectable Thread Lift

By Leslie Fletcher, RN, MEP-C

The Injectable Thread Lift literally lifts the skin and tacks it back, anchoring it away from the dreaded weight of the folds.

Give nasolabial folds an extreme makeover with this innovative dermal filler injection technique.

If injected correctly, dermal fillers can push out nasolabial folds and alleviate the shadows that draw the face down. If injected incorrectly, they can make your patient look as if she forgot to swallow those two pieces of breakfast sausage and is storing them for a long winter. I've developed a technique designed to offer a more aesthetically pleasing option for your patients. Called the Injectable Thread Lift, it incorporates placing product medial and lateral to the fold in a horizontal pattern.

My inspiration came from the well-documented Fern Pattern technique ("A novel method to inject hyaluronic acid: the Fern Pattern technique," Tom van Eijk, MD, and Martin Braun, MD, *J Drugs in Derm*, August 2007), but the Injectable Thread Lift offers many advantages over the Fern Pattern technique.

When placed in the fashion described below, the product fills the nasolabial fold; adds volume and lifts the cheeks; turns out the lips, making them appear fuller; and supports the tear troughs. It can do all of this while using the same amount of product as the traditional method with fewer injections. It literally lifts the skin and tacks it back, anchoring it away from the dreaded weight of the folds.

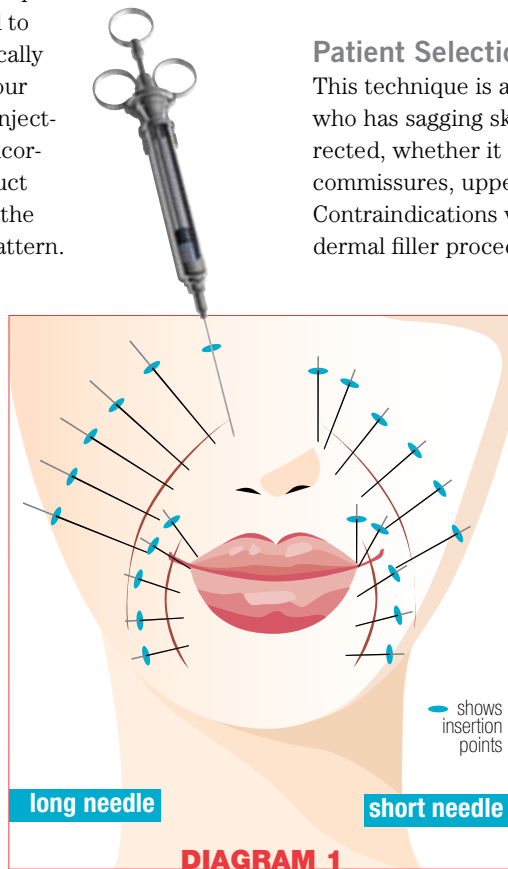
It may seem counterintuitive to inject filler on the full side of the fold, but the direction of placement is critical. The effect is much like laying down structural support beams to reinforce the sagging folds. Think of the columns of filler as working much like the threads in a barbed suture face-lift.

Patient Selection and Prep

This technique is appropriate for any patient who has sagging skin that needs to be redirected, whether it is nasolabial folds, oral commissures, upper lip overhangs or jowling. Contraindications would be the same as for any dermal filler procedure, including making sure the patient has not been using anticoagulants for at least one week before treatment and has signed the consent form for the injectable filler you are using.

Proper anesthesia for this procedure depends on the area you are treating; follow the same protocol with this technique as you would for any other filler procedure. If you are filling only the nasolabial folds, topical numbing

cream may be sufficient. If you are adding oral commissures, you might want to consider a nerve block. In this case, you may want to mark the patient before putting in the block, which can distort the tissue. Next choose the appropriate needle length for the facial area of correction. A longer needle works well on some faces, because you have more surface area to pull away from, giving more of the appearance



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The lifting technique fills the nasolabial folds, adds volume to the cheeks and turns out the lips.

of a midface contour lift by involving the lateral malar eminence. However, with the long needle you have to remember to use enough product to make it supportive. No tiny threads here. These are structural cylinders.

A shorter needle ($\frac{1}{2}$ inch to $\frac{3}{4}$ inch) works great too—maybe even better—because it is easier to control, and you have a better perspective of the plane you are in. When you use a small needle, you can gather the skin “accordion style” to make the short length work longer for you. In other words, when you reach the hub of the needle, continue pushing. You’ll be able to bunch up the skin to gain more distance with your short needle. (See photo 1.)

Finally, disinfect the skin with alcohol, waiting for it to evaporate before injecting.

Procedure

Diagram 1 on page 12 should help you visualize the technique, but tailor it according to your patient’s needs. Just keep following down the shadow of the fold until the correction is optimal. The dots represent approximate needle insertion points. Each should be approximately 1cm lateral and superior to the fold. The main thing is to make sure your needle extends at least $\frac{1}{2}$ cm past the fold. The right side of the diagram shows what it might look like if you used a short needle. The left side shows what it might look like if you used a long needle.

The insertion point must be superior, not inferior, to the fold. When you are laying down the “thread” of product, it should feel as if you are pulling the skin in the direction you want it to go, mainly in an upward vector. (See photo 2.) You may actually have to get behind and above your patient to access the area you need. It would seem ergonomically easier to do this from below, but I honestly can’t see it working as well.

Insert the needle into the appropriate depth for the filler you are using. Radiesse would be in the deep reticu-

lar/subcutaneous junction. Hyaluronic acid would be in the mid to upper reticular dermis. This is because you will end up bearing down on the needle a bit while injecting and placing the material a little deeper than your initial needle placement.

You are going to “cross the line” or pass the fold by at least $\frac{1}{2}$ cm and lay down a continuous line of filler as you withdraw the needle. You will end up placing a little more of your filler on the other side of the fold and tapering off as you ascend, remembering to stop short of the tip. Place the threads 1cm to 2cm apart, depending on what is needed for optimal correction.

As you lay down each thread, push the needle down against the skin—the opposite of tenting against the skin—and arc upward, tugging as you ascend to the end of the needle, finishing with the end of your syringe at a 60- to 75-degree angle. (See photo 3.) This helps to tether the skin as you redirect it upward. The words that come to mind to describe this idea, while far from medical, are effective: Picture yourself “scooping” and “gathering” as if to redirect the loose skin and “staple” it into place. While injecting in this manner, you may actually feel some “crunching” as the dermal attachments release. At this time, you will see the product fill beautifully in the pockets you have just formed with your needle, creating a structure that lifts the skin upward. After you have completed your supportive columns, resist the urge to massage them. Remember, they are supportive rods. If you smash them, you end up with non-supportive blobs.

If you have failed to “stop short,” you might see small nodules at some of the injection points. Press on the bumps only with a cotton-tipped applicator to soften them. If you were overzealous while filling, you may end up with a rippling effect or a ledge superior to the insertion points. If this happens, simply add injections to more or less “connect the dots” (or all of the insertion points) in an arcing fashion.

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Follow-Up and Results

Follow up with your patient one to two weeks after the procedure to ensure that your injections are symmetrical and to check for any complications. Possible complications with this technique are the same as with other types of filler injections, but because of the multiple puncture sites, there may be a greater tendency to bruise.

The best thing about this technique is that, when the patient animates, such as by smiling, the nasolabial fold doesn't have the opportunity to "get into the groove" because the support beams obstruct the way. With the traditional way of filling these folds, the carefully placed product could shift into the groove and would look rope-like upon animation.

This Injectable Thread Lift also works well for oral commissures, marionette lines, separation of the malar fat pad, lateral malar laxity, brow elevation, lower face jowling and fine lines to the lower cheeks. I've even seen it work in extremely dense mouth frowns, where the smile is in the shape of an upside down "U." This technique can be used any time there is an overhang of skin to redirect upward. No area is exempt when it comes to lifting up the skin and going perpendicular to the wrinkle or fold. Any area that needs to be lifted can benefit from an Injectable Thread Lift. Be creative when it comes to this technique, remembering that aesthetic injecting is as much an art as it is a science. 

Leslie Fletcher, RN, MEP-C, an aesthetic nurse specialist for eight years, works with several physicians in the Los Angeles area, including plastic surgeon Michael Newman, MD, and dermatologist Ava Shamban, MD. As a national educator for Aesthetic Advancements Incorporated, she is recognized for her expertise with sculpting and contouring using dermal fillers and Botox Cosmetic. Contact her at www.edenestheticnursing.com.