

Types of Anaesthesia for dermal and lip fillers at Simply Fox

The Juvederm® range we use contains lidocaine- a local anaesthetic, however this does not work instantly as the needle is inserted, it is mixed within the product and can take several minutes to take effect. It will not stop the discomfort felt as the needle pierces the skin or as the product is injected, it just helps with comfort after the procedure.

There are 3 options we can consider helping minimise pain and discomfort while having treatment or a combination of these methods.

1. Topical anaesthetic creams

These are applied to the area being treated and take approximately 20 minutes to take effect. This minimises discomfort of the injection but does not completely remove all discomfort. The advantage of this method is the effect wears off quite quickly after treatment

2. Dental or Nerve Blocks

Involves local anaesthetic deposited near main nerve trunk and is usually distant from operative site. Used to anaesthetise larger areas

Infraorbital nerve block- to block the upper lip

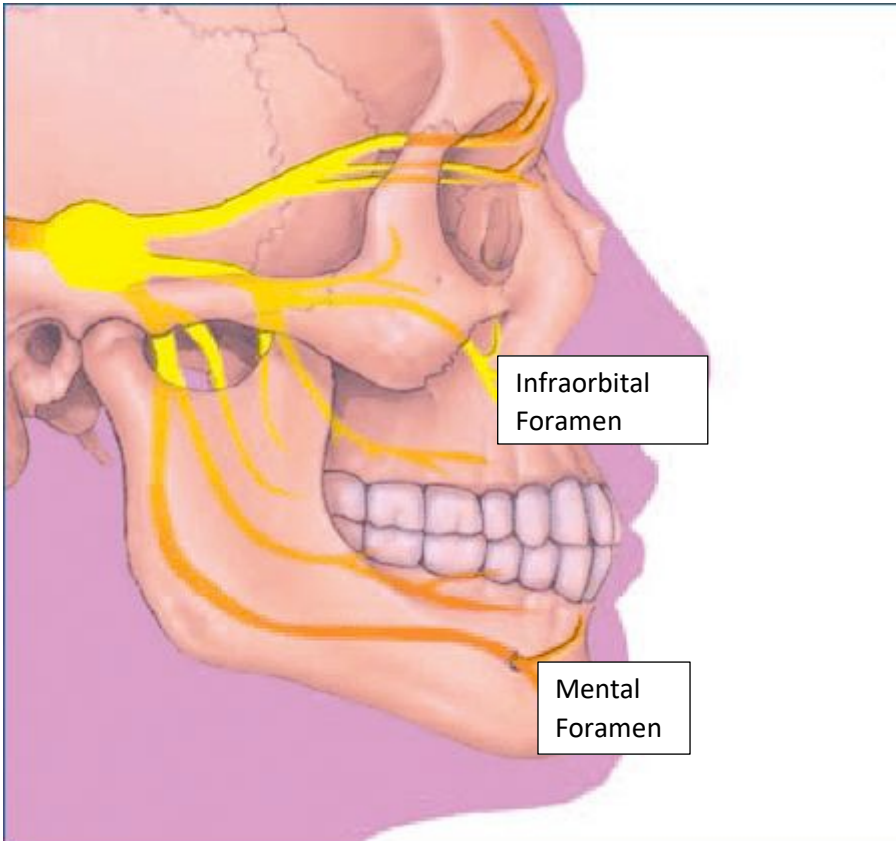
The infraorbital nerve supplies sensory innervation to the lower eyelid, the side of the nose, and the upper lip (see image below). Since the infraorbital nerve provides a considerably large area of sensory innervation, it is a prime candidate for a regional nerve block.

A successful infraorbital nerve block provides anaesthesia for the area between the lower eyelid and the upper lip.



Area of anaesthesia from a successful infraorbital nerve block.





Mental Nerve Block- blocks the lower lip

Area of injection mucobuccal fold at or anterior to the mental foramen. This lies between the mandibular premolars



Contraindications

Contraindications for infraorbital nerve block include the following:

- Any allergy or sensitivity to the anaesthetic agent
- Evidence of infection at the injection site
- Distortion of anatomical landmarks
- Patient who does not want deep injections inside the mouth.

Complications

Complications from infraorbital nerve block may include the following:

- Bleeding
- Hematoma formation
- Allergic or systemic reaction to anaesthetic agent
- Infection
- Unintentional injection into artery or vein
- Failure to anesthetise
- Nerve damage
- Swelling of the eyelid
- Post Injection pain or bruising / swelling

Local anaesthetic dental blocks are required bilaterally for upper and lower lip injection, and this requires four separate injections. This basically renders the patient's entire mid- and lower face anesthetized for 1 to 3 hours, which is an additional drawback.

It is not uncommon for even experienced practitioners to "miss" the dental anaesthetic block, which necessitates even more injections. Finally, post injection pain and hematoma can occasionally occur from these blocking techniques.

Even a successful block tends to fail to fully anaesthetise the central area of the lip which includes the cupid's bow, which is usually the starting point of the lip treatment and vermilion border filling, working from the centre of the lip out towards the oral commissures (lip corners).

3. Local Infiltration.

Topical cream is applied to the outside and inside of the lip and an oral anaesthetic is applied intraorally. Increments of local anaesthetic solution are injected in four to five areas between the canine teeth.

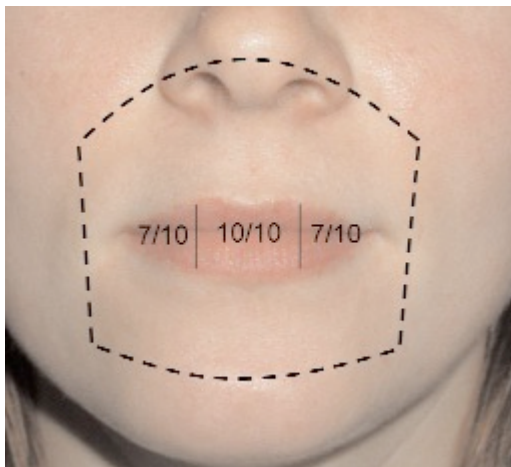
The injection is submucosal, this is a soft tissue injection. If both lips are to be injected, the same procedure is performed in the lower mouth as well.

It results in a few more injections than the dental block, but these are submucosal and carry much less risks than the dental block.

The numbing cream intraorally prevents the patient feeling the entry of the needle, but a slight sting may be felt as the small amounts of anaesthetic are slowly injected.

After several minutes, the lips and perioral areas are adequately anesthetised for filler injection.

Unlike the dental block, the centre of the lip is completely anaesthetised. The area anesthetised may extend to the nasal tip and to the mid chin.



Return of sensation generally progresses between 30 and 60 minutes. No significant anatomic structures are in this area injected, and there are minimal risks of complications. Additional topical anaesthetic can be added to the oral commissures to increase the anaesthesia to the outer corners of the lips if needed.

