

INTERFACE
AESTHETICS

ADVANCED
COURSE BOOKLET

THE ADVANCED COURSE

1. PRINCIPLES OF AESTHETIC PATIENT

ASSESSMENT 06

The client centred approach 06

Key aspects of the aesthetic consultation 06

1) Geometrical Facial Assessment 07

2) Appreciation of Sexual Dimorphism 07

3) Illumination 08

4) Skin Health assessment 08

5) Patient's own perceptions 08

2. ANATOMY AND PHYSIOLOGY FOR

AESTHETIC PROCEDURES 09

2.1) The layers of the face 09

2.2) The skin 09

2.3) Subcutaneous fat 10

2.4) Muscles of facial expression 10

2.5) Deep fat 11

2.6) Bones 11

3. ADVANCED BOTULINUM TOXIN TECHNIQUES- 12

Hyperhidrosis 12

Masseter muscle 13

Neck (Platysmal Bands) 13

Chemical Brow lift 13

Lower face treatment 13

Gummy smile 14

Mentalis 14

3.1) Advanced Dermal Filler techniques 16

Jawline contouring 16

Chin 16

Temples 17

Tear Trough 17

Advanced Midface 17

3.2) Cannulas in Cosmetic Injectable Treatments 18

Cases 19-20

NEXT STEPS 21

FINAL THOUGHTS 21

FOREWORD



Mr James Olding
Director

This manual is designed to be used in conjunction with the Interface Aesthetics Foundation course in Injectables. It contains the core syllabus as well as important aspects of the principles and practice of aesthetics that will be covered during the course.

The manual should be used alongside the Interface Aesthetics video tutorials.

Medical aesthetics is a rapidly expanding, innovative and exciting industry, and aesthetic treatments continue to grow in popularity across all demographic sections of society. For practitioners, it can be a hugely rewarding career, in both

professional and financial terms. How you forge your career depends greatly on your approach to patients on a professional level, your training strategy, and your ability to synthesise your knowledge, skills and artistic flair in your practice.

At Interface Aesthetics, we will encourage you to develop your skills in all of the aforementioned areas, with training pitched to the level of qualified healthcare professionals. As healthcare professionals, our patients are at the centre of everything we do. The huge sense of professional fulfilment that can be achieved by positively influencing a patient's life is a feeling that drives healthcare professionals; making a person feel better and more confident about their appearance is one manner in which we can do this, and thus allows us to promote this positive feeling through practising aesthetics safely and competently.

The Foundation course in injectables is a first step to achieving competency within aesthetics and may represent the beginning of a long and exciting journey. We sincerely hope that you are inspired by the effect that carefully considered treatments can have on patients seeking the care of an

The Advanced Course in Cosmetic Injectables

The Advanced Course in Cosmetic Injectables has been designed to complement the Interface Aesthetics Foundation Course, serving as a natural progression on to the treatment of a wider range of areas, and for more diverse indications. Upon completing this course, our delegates will have the knowledge and experience to treat a wide range of patients presenting with treatment goals in all areas of the face.

The Interface Aesthetics Advanced Course provides delegates the opportunity to build on the main techniques taught from the Foundation Course. The Advanced Course will increase a delegate's repertoire of techniques, including through the introduction of cannula work, and there will be a strong emphasis on independent facial analysis and decision making. This course can be taken in conjunction with the Foundation Course over a weekend, or with a time interval.

- **Advanced Botox**

Neck, Lower Face, Under Arm, Masseter, Brow Lift, Gummy Smile

- **Advanced Dermal Filler**

Jawline, Chin, Temple, Tear Trough, Advanced Midface, cannula use

ABOUT US

Interface Aesthetics is an organisation that sets the standard for teaching and clinical practice in the field of cosmetic injectables. Beyond simply being a mission statement, our team are proud to live and breath this core mission through each and every course run, and each and every delegate trained. As with any organisation, this ethos starts from the top, with Interface Aesthetics Founder, Director and Lead Trainer, Mr James Olding.

This course has been designed by Mr Olding with anatomy, safety and patient outcomes as the three overarching principles. Anatomy comes first, as the mastery of anatomy is wholly necessary for the exercise of safety and the achievement of excellent patient outcomes. Mr Olding is a Specialist Registrar in Oral & Maxillofacial Surgery, dual qualified in medicine and dentistry, an International Key Opinion Leader & Trainer in Injectables (Allergan Aesthetics), and Principal Investigator in Phase 3 Clinical Research in injectables. Mr Olding and the team of Advanced trainers are unparalleled in their skills, experience and expertise; experts

MEET THE TEAM



Mr James Olding

MBChB (Hons) BDS (Hons)
BSc b n (Hons) MRCS (England)
PG Dip (Aes)
Director & Lead Trainer

Dr Olding graduated from the University of Bristol in 2012, achieving Honours in Bachelor of Medicine & Surgery. He became a Member of the Royal College of Surgeons of England in 2015 (by examination) and is now a Specialist Registrar in Oral & Maxillofacial Surgery in London, having graduated with Honours in Dentistry from King's College London (KCL) in 2021.

Following on from a longstanding interest in the treatment of diseases and trauma in the face, and in conjunction with training in facial surgery, Dr James became fascinated with facial aesthetics, seeing non-surgical treatments as an essential component of managing patients' cosmetic concerns. He rapidly moved to combine and integrate the different aspects of professional practice in facial aesthetics, drawing on surgical & non-surgical experience, as well as continued NHS practice and care of acutely ill patients with facial injuries.

Having established a successful private aesthetic practice, Dr James was troubled by the lack of regulation in the sector and decided to combine a campaign for higher standards with his passion for teaching through establishing Interface

Aesthetics in 2019. In addition to multiple publications in the area of facial trauma, James has presented nationally on the topic of safety and regulation in aesthetics. He is actively involved in campaigns to improve patient safety and increase regulation in injectables and has been multi-award nominated both as an individual practitioner and for his role in Interface Aesthetics.



Dr Davina Wilson

MBBS BA(Hons) MRCP DFSA
Senior Trainer

Dr Davina is the owner of clinic Look Lovely London. She has been working in General practice and delivering high-quality skin treatment for over a decade. She is registered with the General Medical Council, The Royal College of GPs and Save Face which regulate patient safety in aesthetics. She has carried out over 10,000 procedures with no serious complications to-date. Her gentle approach and meticulous training are reflected through outstanding results. She is one of the most respected cosmetic doctors in West London. Davina has been training GPs and nurses for the last 5 years which has then allowed them to be confident and practice independently. She is particularly experienced at using cannulas and she provides training across the full menu of Interface courses.

MEET THE TEAM



Mr Felix Karst

MD BDS (Hons)
MRCS AKC PG Dip (Aes)
Injectables trainer
JTMS Lead and Educational
Resource Developer

Dr Felix is a dually qualified doctor and dentist, GMC registered, and originally from Germany, with several years of experience as a trainee maxillofacial surgeon in the NHS. Felix received his medical degree from the Charité University Hospital Berlin and went on to complete a dental degree at KCL with honours. During his time in maxillofacial surgery in both Berlin and London he developed a special interest in facial reconstruction and orthognathic surgery. The constant evolution and innovation in non-surgical aesthetics sparked his curiosity into the field. It is the holistic approach to patient care that has motivated Felix to further develop his skills in facial aesthetics, understanding and weighing up every patient's personal needs and expectations. He has a special interest in the anatomy of the face and has been teaching students and doctors for over 8 years. He is a member of the Royal College of Surgeons and the German Society for Botulinum Toxin and Filler Treatment.

Starting out as a delegate in the foundation course four years ago he is now a clinical trainer and lead of our Junior Trainee Mentorship Scheme (JTMS).



Dr Yousrah Ahmed

BDS. BSc (Hons)
MFDS RCPS (Glasg)
PGDip CAIT

Dr Yousrah qualified from the University of Manchester initially as a dental therapist in 2006, then after a year in practice wanted to further enhance her training and skills, and went on to study as a Dentist. She qualified in 2012. Dr Ahmed's experience of treating patients and dedication to continuously enhance her clinical skills drove her to training in aesthetics. She has been in the aesthetic field since 2014 and has a Diploma in Clinical aesthetic injectable therapies.

Dr Yousrah has been a clinical trainer since 2018, and has worked with OTHM awarding body and has been involved in writing qualification specifications, as well as being a member of the British Society of Aesthetic examiners & Assessors.

1 | Principles of aesthetic patient assessment

The client centred approach

In order to develop a holistic treatment plan, it is paramount that the practitioner works together with the patient. This is called the client-centred approach and includes:

- Client aims/goals
- Medical history
- Psychological needs
- Skin condition and anatomy of face
- Recovery/post-procedure needs

As with any aspect of healthcare, individualized care is a fundamental component of medical aesthetics. Working in conjunction with your patient is necessary for several reasons:

- The patient will feel listened to, and their autonomy respected
- The patient will be more likely to approve of the treatment plan, without feeling coerced or ignored
- The patient will feel more comfortable sharing information
- There is less probability of any misunderstanding or lack of communication resulting in an undesired outcome
- The treatment plan will be tailored to the current patient's needs and desires

Clinicians should avoid making assumptions about what a patient may wish to have treated, nor about their motives for seeking treatment. Letting the patient lead the consultation with open questions can be highly informative and is more likely to allow the clinician to devise an appropriate plan. Important areas to consider include the patient's goals, their psychological needs, recovery requirements (eg: any big events within the next few days) as well as objective clinical assessment such as concomitant health issues and skin conditions.

Key aspects of the aesthetic consultation

Adopting a systematic approach to the aesthetic consultation will bring about higher standards of practice, better outcomes and greater patient satisfaction. The treating practitioner must discuss the proposed procedure with the patient in person, without delegating this to any other practitioner or individual.

Being systematic in your approach to facial analysis is an important first step. The overriding principle is that facial analysis must be holistic, taking into account both other aspects of the face as well as the patient as a whole, including their desires, objectives, medical co-morbidities. Excellent communication is fundamental to successful and safe practice; importantly, it must be two-ways, with the practitioner ensuring that they are actively listening as well as clearly discussing the procedure, risks and expected outcomes in a non-jargon manner.

The overall aesthetic assessment can be divided into a number of steps, and these can be followed to ensure you remain systematic and holistic in each and every consultation with a patient.

1) Geometrical Facial Assessment

Facial analysis requires an appreciation of facial anatomy and the morphology of ageing. A good approach is to divide the face into facial thirds with horizontal lines, with a single vertical line dividing the face again into halves (left and right) as illustrated.



The facial thirds are:

- Upper: Hairline to glabella
- Mid: Glabella to subnasale
- Lower: Subnasale to pogonion

The facial thirds should be equal in both length and dominance. It is also important to assess for symmetry, looking for any obvious asymmetry. It should be noted that most faces are asymmetrical, and that while addressing any obvious asymmetry is good, perfect symmetry is not necessarily more attractive.

2) Appreciation of Sexual Dimorphism

The features of a typical male and typical female face are depicted in the diagram below. Dividing the face into thirds, we can appreciate some important differences:

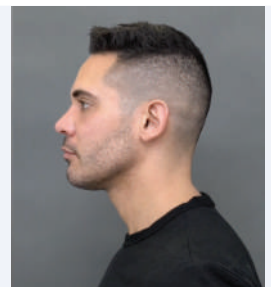
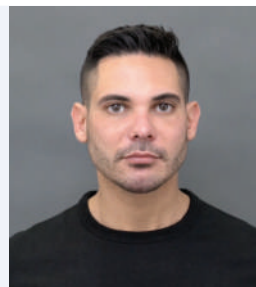


Female

- V-shaped face
- Narrow chin ending in a point
- Higher set brows
- High and wide set malar prominence

Male

- Prominent, wide mandibular angle
- Wide chin
- Low set brow
- Square face with cheek bones in a vertical line with the mandibular angle



3) Illumination

Pay attention to the contours of the patient's face, as well as hollows and any areas of sagging tissue. Excellent lighting is paramount here, as is viewing the patient from different positions including from the side and leaning forward.

4) Skin Health assessment

Aesthetic practitioners must be aware of the important aspects of a skin assessment. These include:

- Medical history
- Medication history and previous dermatological treatments
- Sun exposure
- Other external factors (work, environmental exposures)
- Current skincare regimen
- Assessment of skin using assessment tools
- Clinical photography
- Patient expectations and concerns

5) Patient's own perceptions

Ask the patient how they think others perceive them and try to elucidate what emotional attributes they connect to their appearance. For example, does the patient feel that they look tired (under eye hollowing), sad (Marionette lines) or unfeminine (loss of cheek volume)?

The assessment should take place in optimal conditions, with good light (ideally natural), with the patient sat up, without excess makeup, and with hair away from the face. The patient's face should be assessed from various angles, and assessment should take into account the patient's age, skin condition, and anatomical features.

In a process which is ubiquitous, volume loss of the face occurs with resultant signs of ageing appearing in conjunction. Volume loss is from both bone and soft tissue; it is important to identify where the suspected loss has occurred and to what degree. In a younger patient volume loss may be less pronounced and strategies may consist in prevention of the signs of ageing as opposed to revolumisation of an older patient's face.

2 | Anatomy and physiology for aesthetic procedures

2.1) The layers of the face

The face can be divided into 5 layers:

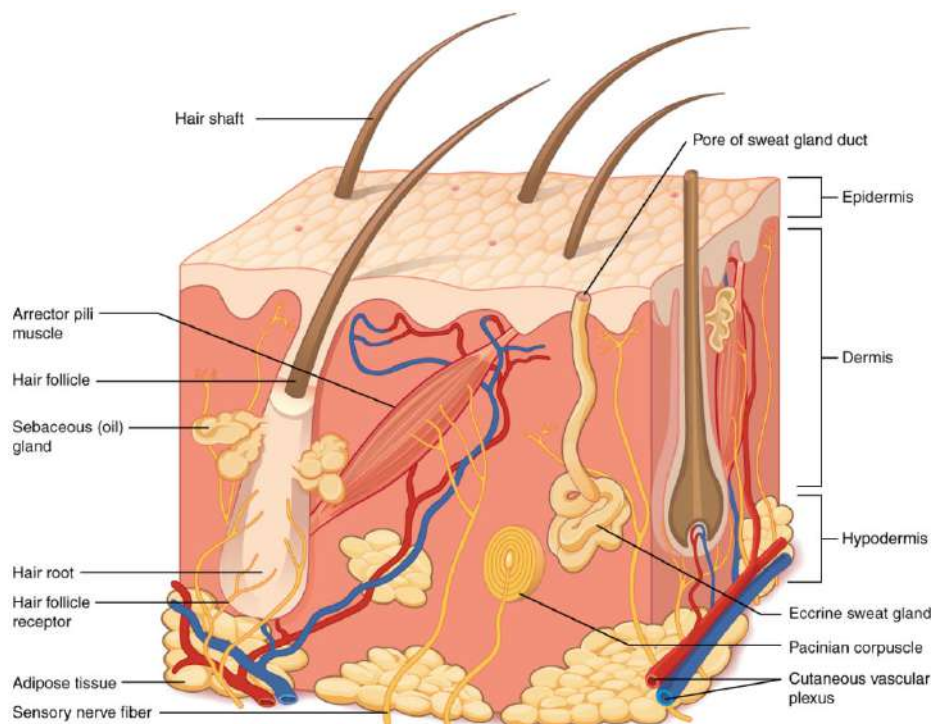
- Skin
- Superficial fat
- Muscle (SMAS-layer)
- Deep fat
- Bone

Each of these layers undergoes changes during the ageing process and can be targeted with non-surgical aesthetics. The deep fat layer is absent in the upper facial third.

2.2) The skin

The skin is the largest organ in the body and possesses multiple functions such as protection, thermoregulation and hormone synthesis.

The skin is subdivided into the superficial epidermis that consists mainly of densely packed keratinocytes that work as physical barrier that protects against microorganisms and UV radiation. Underneath the epidermis lies the dermis, a thicker layer that contains sweat glands, hair follicles, nerve endings and small blood vessels.



2.3) Subcutaneous fat

Under the dermis lies a layer of fat and connective tissue that contains large blood vessels and nerves. Dermal fillers are often injected into this layer as volume loss occurs here frequently. It is of utmost importance to be aware of the large vessels that run in this depth to avoid vascular occlusion. The muscles of facial expression are connected to the dermis via

the superficial musculoaponeurotic system (SMAS) in order to allow movement of the skin. These fibrous septa divide the subcutaneous fat into separate fat pads.

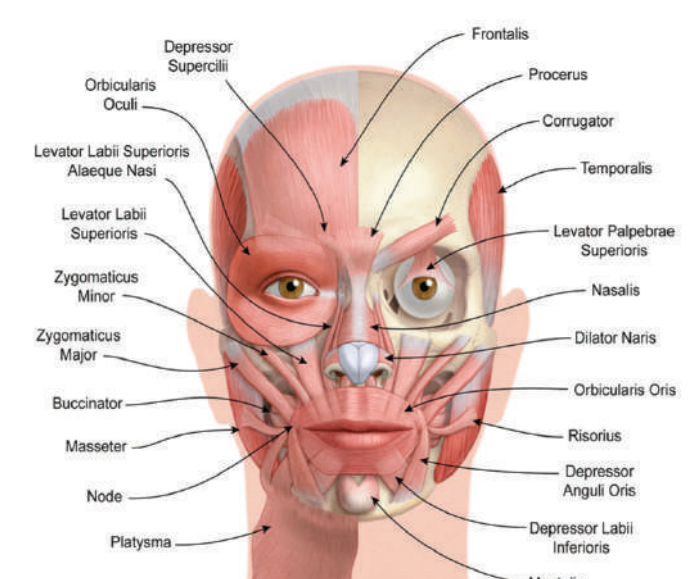


Superficial Cheek Fat Compartments

- a - Infraorbital fat
- b - Medial Cheek fat
- c - Nasolabial fat
- d - Middle cheek fat
- e - Lateral cheek fat
- f - Superior jowl fat
- g - Inferior jowl fat

2.4) Muscles of facial expression

The muscles of facial expression are all supplied by the seventh cranial nerve, the facial nerve. These muscles of facial expression are highly dynamic, enabling humans to produce a wide range of expressions. In facial aesthetics, the upper face is the area most commonly treated with botulinum toxin. Rhytids in the skin appear always perpendicular to the direction of muscle contraction.



2.5) Deep fat

In the lower two thirds of the face a second, deep layer of fat can be found between the bones and the muscles of facial expression. It is also subdivided into fat compartments by fibrous septa.

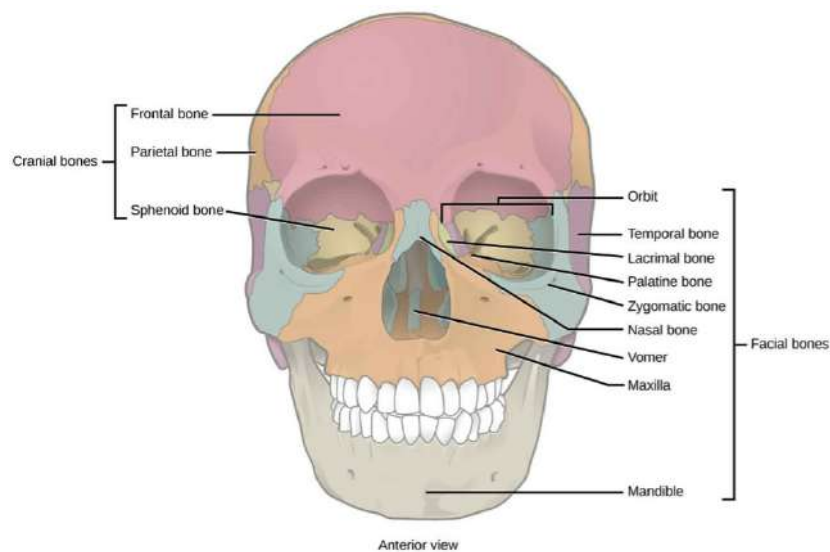


Deep Cheek Fat Compartments

- A - Medial sub-orbicularis oculi fat
- B - Lateral sub-orbicularis oculi fat
- C - Deep medial cheek fat
- D - Buccal fat

2.6) Bones

The bones of the face in focus of aesthetic treatment consist mainly of the frontal bone in the upper facial third and the bones of the midface nasal bone, maxilla, orbit, zygomatic bone and the mandible.



It is important to note that even bones undergo changes during the ageing process. Especially the nasal aperture and the lateral inferior orbit undergo a large amount of bone loss. To counteract this volume loss, dermal filler can be injected supraperiosteal.

3 | Advanced Botulinum Toxin Techniques:

The toxin section of the Advanced Course builds on the skills and knowledge expected upon completion of the Foundation Course.

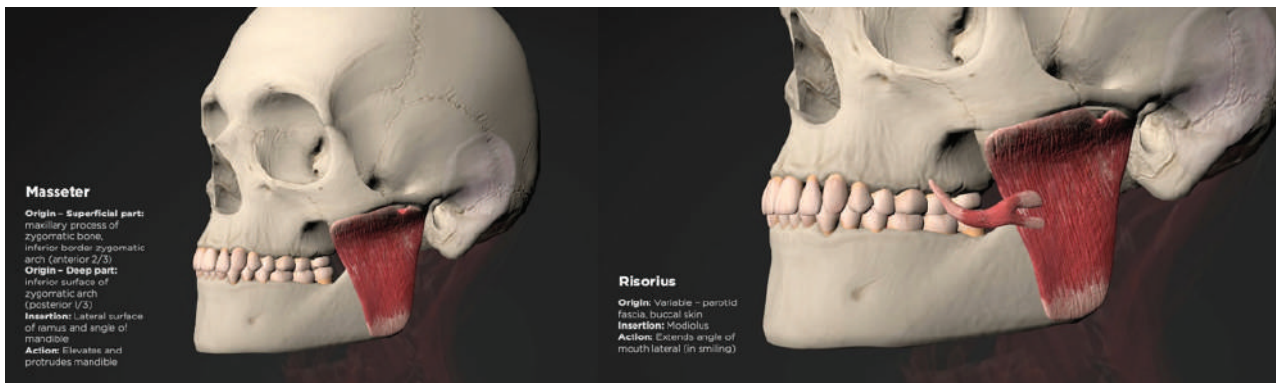
- **Hyperhidrosis**

You will learn to identify when to treat this with botulinum toxin, the area to be treated, the amount of product. This treatment can help patients who have hyperhidrosis with their self-confidence.

Dose Range	Up to 50units/side
Treatment notes	Intradermal (aim for a bleb)

- **Masseter muscle**

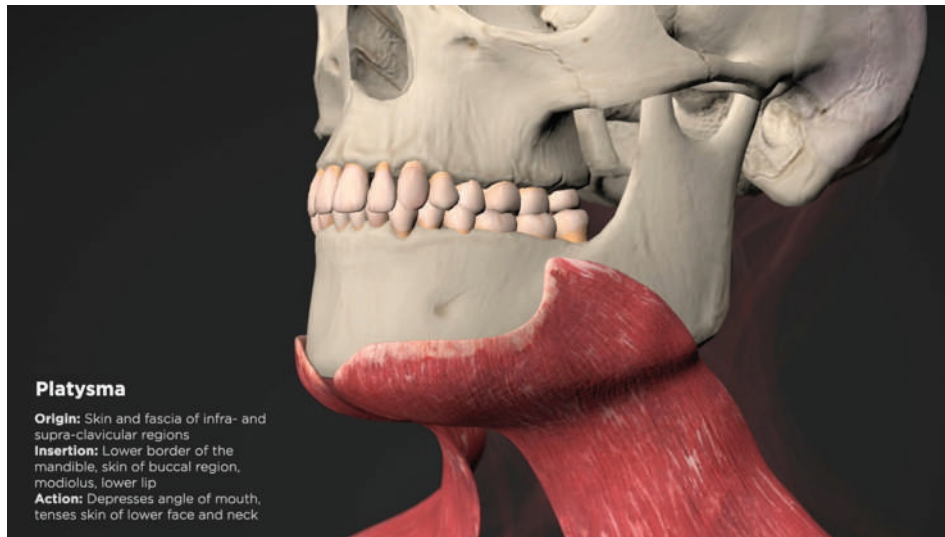
You will learn to inject the Masseter muscle with botulinum toxin to treat teeth grinding and/or give a slimmer lower face. You will learn the area to be injected and the units to be used. You will also learn the pros and cons of the treatment.



Dose Range	Highly Variable (20 - 40units/side)
Treatment notes	Injection must be deep. Markings based on commissure lobule line as superior marking line

• Neck (Platysmal Bands)

This is for patients complaining about sagginess and or wrinkles in the neck area. You will learn to identify when botulinum toxin can benefit the patient, its pros and cons of the treatment. In addition, you will learn how to strategically choose the areas to treat and the amount of units to use



Dose Range	Highly variable (max 40 units)
Treatment notes	Inject superficially. Target individual platysmal bands

• Chemical Brow lift

You will learn how to identify the area to be treated, the amount of units to be injected and the pros/cons of the treatment

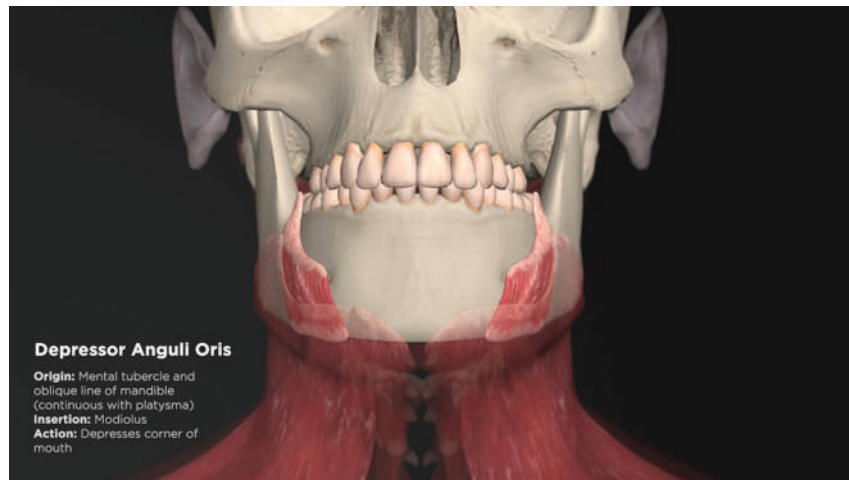


Dose Range	Max 2units/side
Treatment notes	Upper Outer Quadrant. Caution in male patients. Must be superficial injection

• **Lower face treatment**

You will learn to identify and treat the lower face with botulinum toxin. Each individual will require a different approach so you will need to treat one area or treat areas together to achieve the best outcome.

Depressor Anguli Oris (DAO) With time, the DAO muscle can cause the corners of the mouth to turn down as we age. The result of the treatment will turn up the corners of the mouth and give a fresher, more youthful look. It is important to identify the muscle and know the units to inject to avoid complications. In the course we will teach you to identify these so that you know when to offer this treatment



Dose Range	Commence with 2 units/side
Treatment notes	Feel contraction of muscle. Inject precisely and superficially

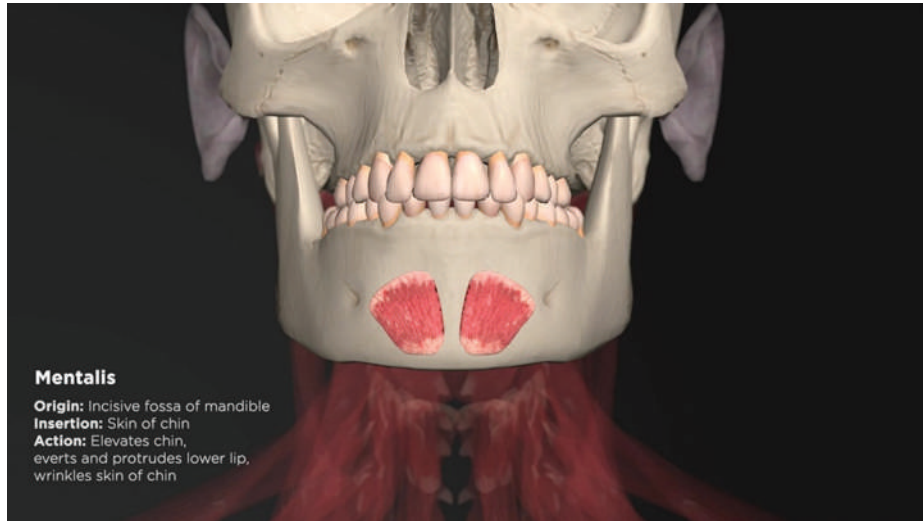
• **Gummy smile**

Some individuals elevate too much the area between the lips and nose – making their gum too obvious when they smile. You will learn to identify the need of the treatment, the area to be treated and the amount of units to be injected and the pros and cons

Dose Range	Commence with 2 units/side
Treatment notes	Feel contraction of muscle. Inject precisely and superficially

• **Mentalis**

you will learn to identify when treatment in this area will help your patient. This treatment helps with puckering and dimpling of the skin. You will learn how to treat the area, the amount of units to be injected and its pros/cons



Dose Range	Commence with 4 units/side
Treatment notes	Observe muscle contraction on skin puckering. Inject deep & perpendicular to skin

3.1 Advanced Dermal Filler Techniques

The dermal filler component of the Advanced Course is extensive, and our one-day course offers an unrivalled level of exposure to these multiple areas of treatment. You will be guided as to when the use of cannula would be more beneficial, or indeed where cannula use is mandated due to safety. Many of the listed advanced filler techniques are undertaken with cannula, and as such you will leave with a solid understanding and experience of cannulas. While the Interface Aesthetics Advanced Course is the most comprehensive one-day course available, we offer delegates a complete menu of follow-on training options to further deepen and perfect their skills and understanding of certain treatment areas, through our range of expert-led Masterclasses.

Advanced Course treatment areas in dermal filler:

• **Jawline contouring**

Identifying the area and the amount of product to be applied. In the course you will learn a variety of techniques that, together, will help you achieve the best results to your patients. You will learn how to combine the use of cannula and needle, the type of fillers, quantity to be injected and pros/cons of the treatment

Product	Juvederm Volux
Area	Angle Mandible
Depth	Supra-periosteal OR Subcutaneous
Volume	Up to 0.5ml/layer
Delivery	Needle OR Cannula
Technique	Bolus OR Linear Threads

• **Chin**

Identifying the area and the amount of product to be applied. In the course you will learn a variety of techniques that, together, will help you achieve the best results to your patients. You will learn how to combine the use of cannula and needle, the type of fillers, quantity to be injected and pros/cons of the treatment

Product	Juvederm Volux
Area	Labiomental Crease, Pogonion
Depth	Subcutaneous
Volume	Up to 2ml total
Delivery	Cannula
Technique	Mix of Bolus/Fanning

• **Temples**

You will learn to identify when filling the temples would benefit the patient. This can also give a lifting result to your patient. You will learn the indications for injecting in this sensitive area, the safe amount to be injected and its pros/cons of the treatment

Product	Juvederm Voluma
Area	Temporal Fossa
Depth	Supra-periosteal
Volume	Up to 0.5ml
Delivery	Needle
Technique	Bolus

• **Tear Trough**

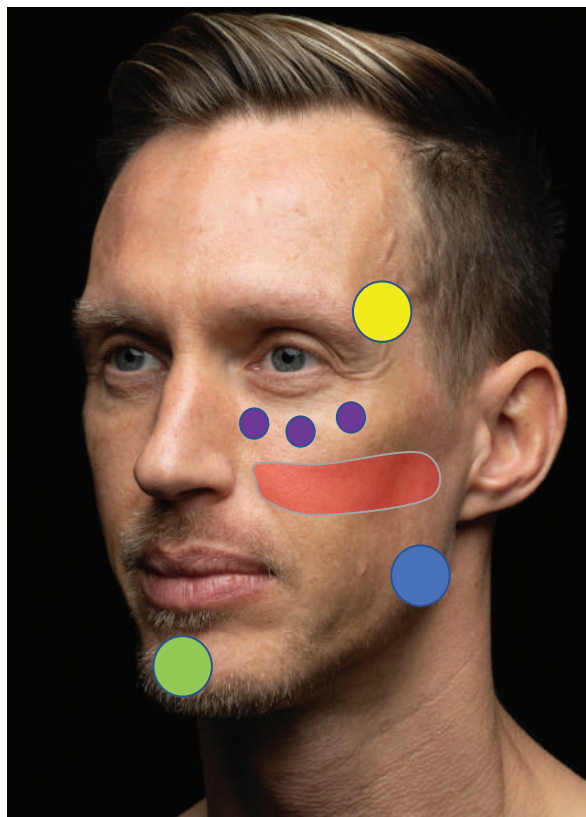
You will learn to identify how to treat the area under the eyes. and if filling this area would give the best outcome to the patient. You will also learn different techniques to treat this area with both needle and cannula as well as treating other areas such as cheeks and temples to achieve the best results, quantity to be injected and pros/cons of the treatment

Product	Juvederm Volbella or Volift
Area	Infraorbital
Depth	Supra-periosteal (deep to orbicularis)
Volume	Up to 0.5ml/side
Delivery	Cannula
Technique	Microaliquots

• **Advanced Midface**

You will learn how to treat the midface area(s) with a combination of techniques with cannula. You will learn a combination of areas to treat, the type of fillers, quantity to be injected and pros/cons of the treatment

Product	Juvederm Voluma or Volift
Area	Subzygomatic/Submalar/DMFP/SOOF
Depth	Subcutaneous (deep or superficial fat)
Volume	Variable
Delivery	Cannula
Technique	Fanning



3.2 Cannulas in Cosmetic Injectable Treatments

Cannulas are blunt tubes that are used in aesthetics to provide soft tissue filler products into the tissues at a desired depth. Being blunt, they may reduce:

- Local tissue oedema
- The frequency of bruising
- The risk of vascular occlusion from intra-arterial injection
- Damage to key structures in 'danger zones' (eg: the parotid gland)

Cannulas come in different sizes, quantified in both gauge (diameter of the tube) and length. Commonly used sizes are 25G, and lengths of with 38mm or 50mm, though longer and shorter cannulas are also used. The cannula is introduced into the tissue by using a sharp needle (provided together with the purchased cannula) as an introducer. This sharp needle is used to puncture the skin, and provide an entry port for the blunt cannula.

There are advantages and disadvantages to cannula use, vis-à-vis the use of needles. It is important to understand these, and this is a topic that receives great focus on the Advanced Course. It is also important to understand that there are certain areas or treatments that necessitate the use of a cannula, and vice-versa there are certain areas that mandate needle use. From the Advanced Course, we can look at three examples of treatments to demonstrate the above decision-making process when selecting either a needle or a cannula. All of these treatments are covered on the Advanced Course with Interface Aesthetics.

CASE 1: Subzygomatic Volume Loss

Scenario

This is a common area of concern, leading to a gaunt appearance, and volume loss here is fundamental in the descent of midfacial tissues that can contribute to worsening of facial folds including jowling.

Consideration

In addition to being a large area that would necessitate many injection points using a needle, this is also a danger area given the presence of the parotid gland and facial nerve. Injection depth MUST be deep to the dermis and superficial to the tough fascia overlying the parotid. Once in this correct layer with a cannula, using a correct (light) force will not result in breach of the fascia and damage to the parotid. Conversely, using a needle could absolutely result in damage to the parotid where depth is not correct.

Conclusion

Based on anatomical understanding, cannula use in this area is mandatory, and will result in a safer, more comfortable and more optimal outcome.

CASE 2: Angle of Mandible: Supra-periosteal

Scenario

This is a common area of concern as part of the ageing process, where studies show that bone loss leads to reduced volume and loss of lower face definition. It can also be sought in younger, often male, patients seeking widening of the lower face as a facial masculinization treatment.

Consideration

A bolus of 0.5ml of a suitably robust product (eg: Juvederm Volux) should be delivered at the supra-periosteal level. When delivering a large bolus, and when injecting on to the bone itself, a needle is required. Using cannula would be complicated by the depth of injection, and by the need for great precision in the placement of the bolus in one single place.

Conclusion

Based on anatomical understanding, especially in regard to depth of placement, use of a needle is mandatory. It should be noted that you will also learn about treatment of this region at a more superficial plane, using a cannula, however this is a different treatment with a different indication and clinical outcome.

CASE 3: Lip Augmentation

Scenario

Undoubtedly one of the most popular treatments for all ages, with increasing demand among male patients also. Depending on the patient's age, gender and ethnicity, this treatment varies enormously – getting it right requires a deep understanding of anatomy. Getting it wrong can be a disaster for both your patient and for your own practice.

Consideration

This is an example of a treatment area that can be undertaken with either cannula, or needle, or both. Using a needle has historically been the most popular way to approach this area, and one advantage is the ability to simultaneously treat at different depths (eg: both in the body of the lip – more deeply, and in the vermillion border – more superficially). Using a cannula is certainly becoming more popular, not least because of the reduced risk of bruising and swelling in the acute phase. Cannula use also reduces the risk of intravascular injection. Nonetheless, if you wish to treat the vermillion border, use of a needle is required.

Conclusion

This treatment area demonstrates how both cannula and needle use may be indicated depending on treatment objectives. Maximising treatment outcomes requires a working knowledge and understanding of cannula use.

NEXT STEPS

We offer a complete menu of follow-on courses to meet your future training needs, with Masterclass and 1-to-1 training led by experts in the non-surgical aesthetics field. These include:

- Masterclass in Non-Surgical Rhinoplasty
- Masterclass in Biostimulatory Treatments
- Masterclass in Jaw & Lower Face
- Masterclass in Periorbital & Tear Trough
- Masterclass in Lips & Perioral
- One-to-One Bespoke Training

In a market that is becoming ever more competitive, the need to become the complete aesthetic clinician has never been so pressing. As more patients seek out treatments, including from more diverse backgrounds, training must reflect this evolving picture, with greater emphasis on individualised care. It is crucial that clinicians choose a training partner that recognises the importance of individualised care, the primacy of anatomical understanding, and the need to strive continuously for excellence in clinical aesthetics practice, including through complications management and safety. Your career is important;

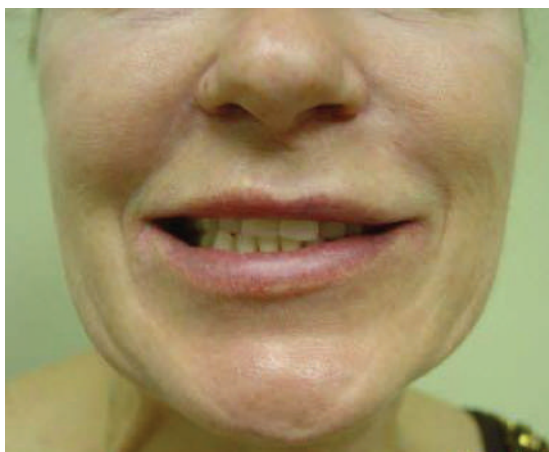


Mr James Olding
Director

investing in the correct resources can have a transformative effect on how it develops. At Interface Aesthetics, we have the clinicians, experience, expertise and support staff at our disposal to ensure that this next step on your career path provides you with the skills and knowledge you need for that development and growth to continue.

Post Advanced Course Quiz

A patient undergoes DAO Botox to help with lifting the corners of the mouth. She attends two weeks later complaining of a “wonky mouth” (see below)



- a. What could have happened here?
- b. How would you resolve this?

When treating a patient for a 'gummy smile with Allergan Botox®

How many units each side is appropriate?

What is the name of the muscle you inject?

When treating a patient in the masseter muscle with Allergan Botox®

What mimetic muscle is at risk of being affected/paralysed inadvertently?

What will be the effect of unilateral paralysis of this muscle?

30 minutes after injecting a patient with filler in the chin, you notice the appearance below. On examination, you note a capillary refill time of 4 seconds



What complication is this likely to represent?

What is the FIRST treatment you would administer?

What are 3 further treatments you would administer?

Choose the single most appropriate product from the Juvederm Range for treating each of the following areas

Area	
Perioral Lines	
Chin	
Jaw Angle	
Tear Trough	
Temple	
Cheek bone (cheek eminence)	

Product Options: Volux, Voluma, Volift, Volbella

ADVANCED COURSE BOOKLET

INTERFACE
AESTHETICS

Phone 0203 280 8666

contact@interfaceaesthetics.co.uk

www.interfaceaesthetics.co.uk