



# THE INJECTABLE SKIN BOOSTER

*A journey through age, genetics and psychology*



[www.interfaceaesthetics.co.uk](http://www.interfaceaesthetics.co.uk)

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## ABOUT US

“AWARD-WINNING PROVIDER KNOWN FOR ITS COMPREHENSIVE, EVIDENCE-BASED APPROACH TO AESTHETIC TRAINING”

- BASED IN LONDON & MANCHESTER
- APPROVED CENTER FOR CLINICAL TRIALS
- JCCP APPROVED
- CPD ACCREDITED COURSES
- EXPERT-LED FACULTY
- HANDS-ON AND EVIDENCE-BASED APPROACH
- WINNER OF “BEST INDEPENDENT TRAINING PROVIDER” AT THE AESTHETICS AWARDS 2024







# VENUE FACILITIES

- RESTROOM LOCATIONS
- FIRE EXIT & SAFETY
- ACCESSIBILITY – LIFTS
- WI-FI CONNECTIVITY
- REFRESHMENTS
- LUNCH ARRANGEMENTS







# PLAN OF THE DAY

**10.00** - WELCOME PRESENTATION

**11.00** - COFFEE BREAK

**10:30** - PATIENT TREATMENTS

**12.00** - LUNCH

**13.00** - PATIENT TREATMENTS

**15.30** - RECAP + Q&A

**16.00** - FINISH





# LEARNING OBJECTIVES

# SKIN BOOSTERS



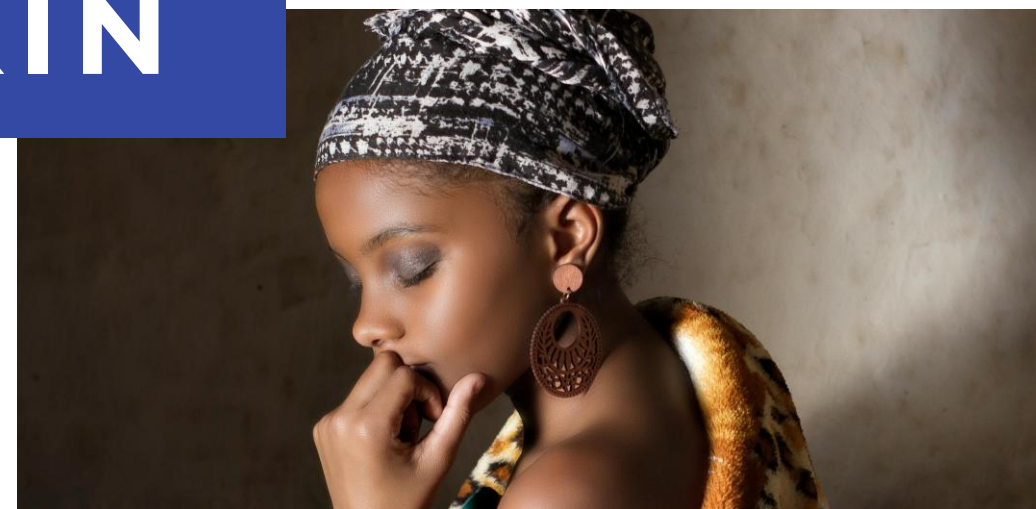
- **Skin Assessment**
- **Modality Selection**
- **Treatment Options**
  - Profhilo
  - Juvederm Volite
  - Redensity 1
  - Polynucleotides





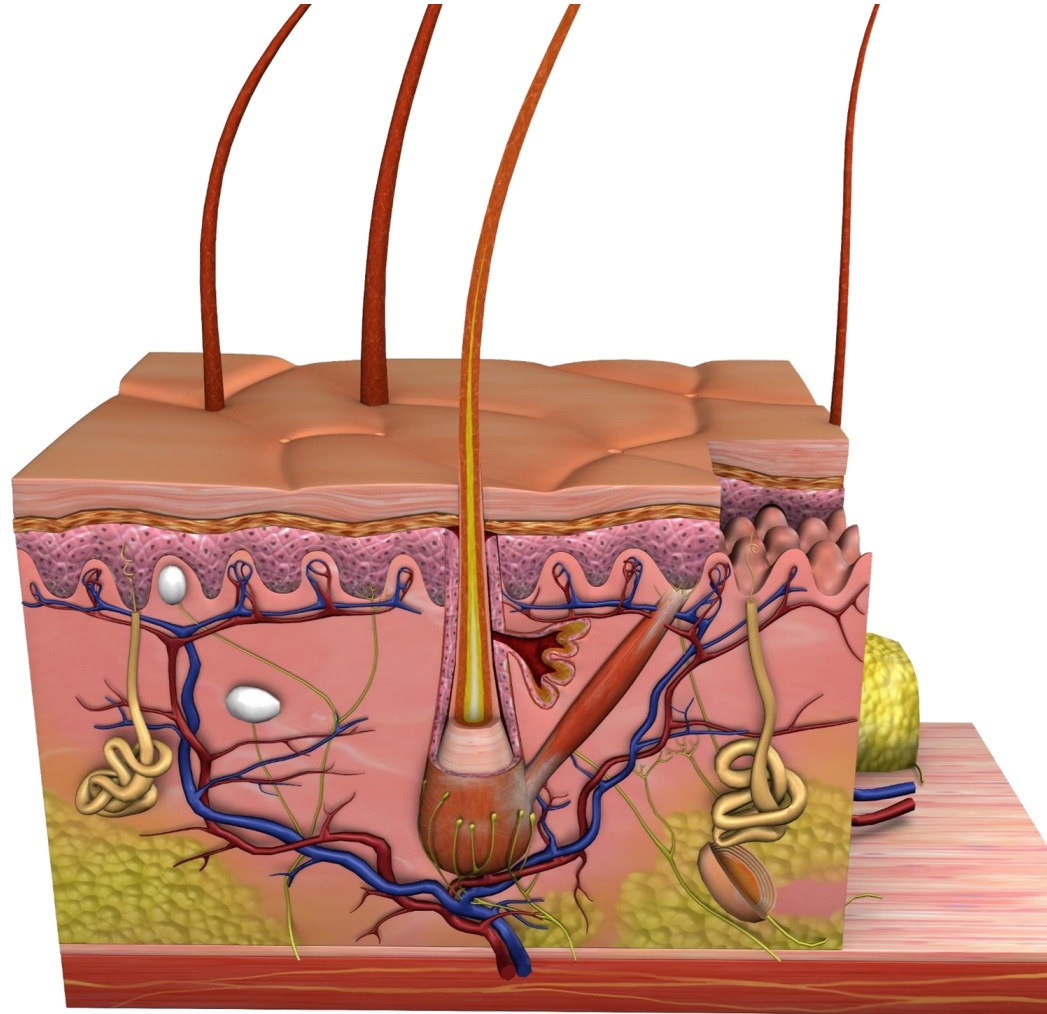


SKIN





*Anatomy*  
**THE SKIN**





# The skin has **COMPLEX STRUCTURE**

The **epidermis** provides a barrier to water, microbes and chemicals<sup>1</sup>

The **dermis** gives the skin strength and the ability to stretch and recoil easily<sup>2</sup>

## **Papillary dermis:**

Connective tissue containing fine elastic fibres and collagen<sup>1</sup>

## **Reticular dermis:**

Denser bundles of collagen than the papillary dermis, with elastic fibres<sup>1</sup>

## **Subcutaneous tissue**

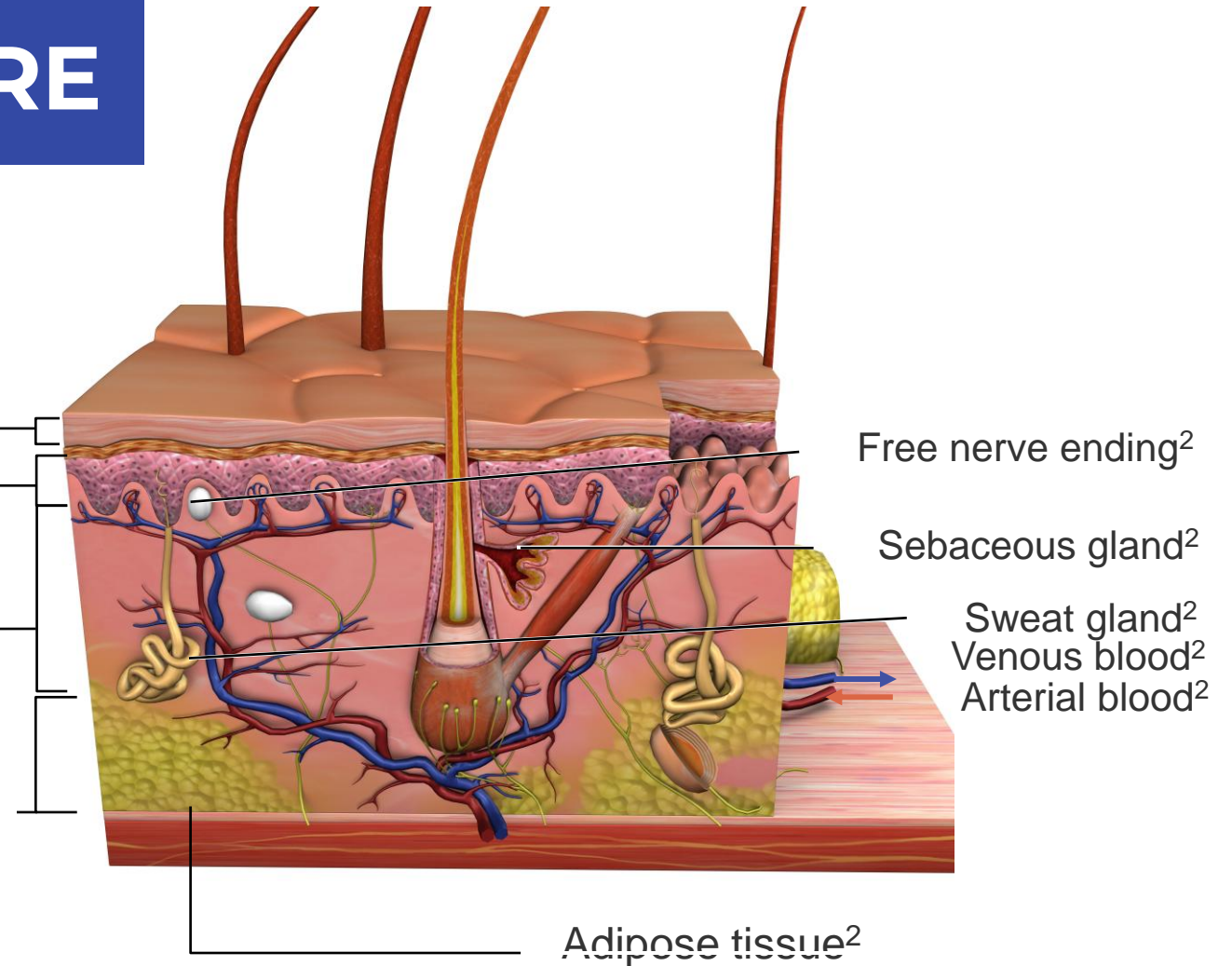


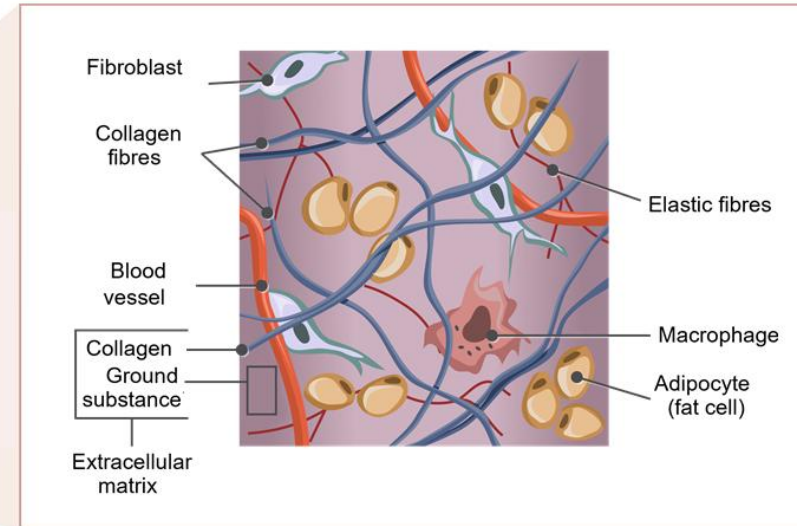
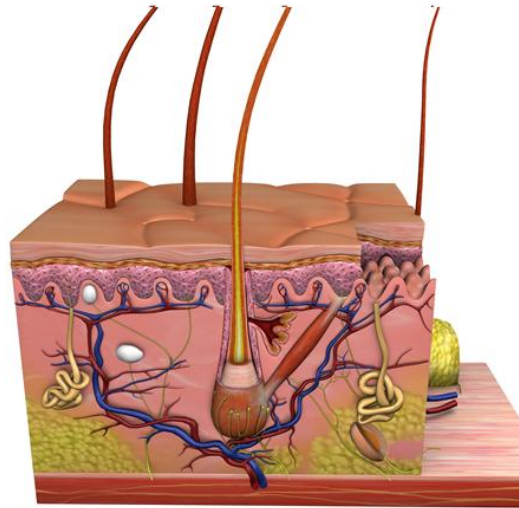
Figure adapted from Weller et al. 2014<sup>1</sup> and Tortora et al. 2017<sup>2</sup> for illustrative purposes only.

1. Weller R et al. Chapter 2. The function and structure of the skin. In: *Clinical Dermatology*. 5th ed. Blackwell Science, 2014. p. 7–28. ISBN 0-632-05916-8; 2. Tortora GJ, Derrickson B. Chapter 5. The integumentary system. In: *Principles of Anatomy and Physiology*. 15th ed. John Wiley and Sons Inc, 2017. p. 153–81. ISBN 978-0470-56510-0.





In addition to resident dermal cells, the dermis has two major components with differing compositions and functions<sup>1</sup>



- THE FIBROUS COMPONENT<sup>1</sup>

Collagen and  
elastic fibres

Skin extensibility and  
elasticity<sup>2</sup>

## THE AMORPHOUS GROUND SUBSTANCE<sup>1</sup>

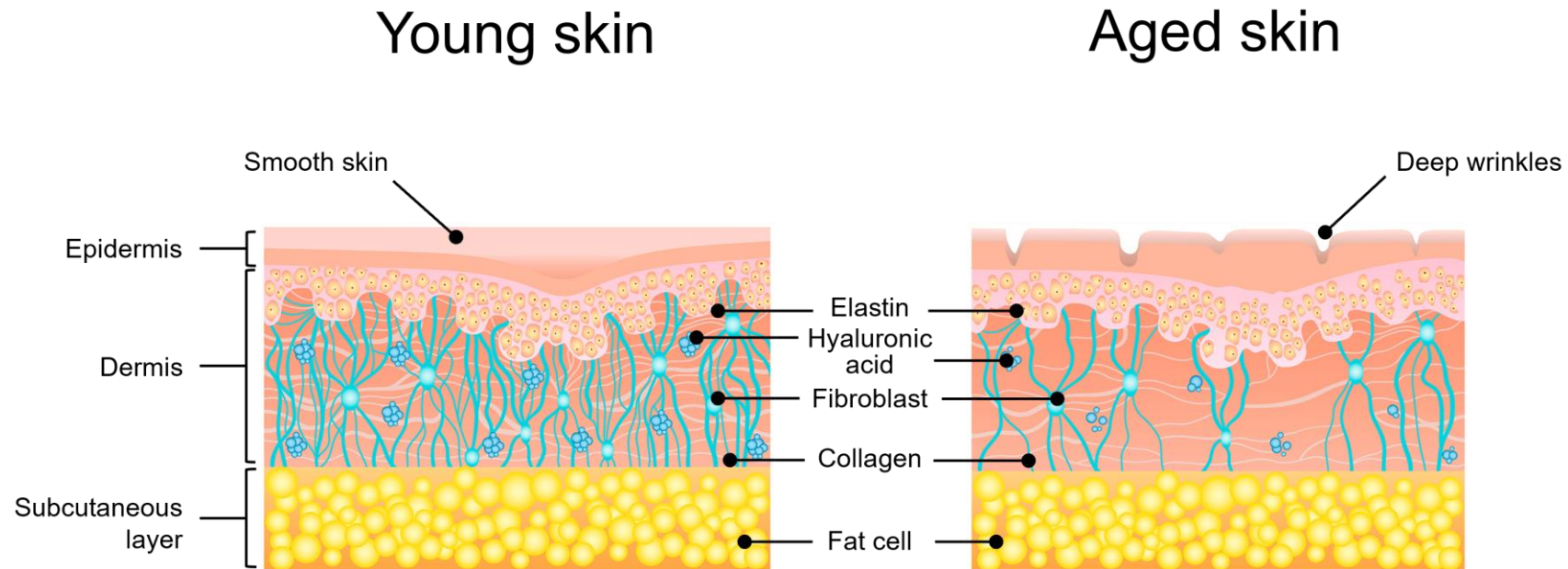
HA and dermatan  
sulphate

- Binds water, allowing molecules to pass through the dermis<sup>1</sup>
- Lubricates the collagen and elastic fibre networks<sup>1</sup>
- Provides bulk, to act as a shock absorber<sup>1</sup>



# STRUCTURE AND SYNTHESIS OF COLLAGEN IN SKIN

- Collagen provides the supporting matrix/mattress underpinning healthy skin and is an essential scaffold protein that gives smoothness and elasticity to the skin<sup>1</sup>





# COLLAGEN CLASS

Samad and Sikarwar; IJBCRR, 14(3): 1-8, 2016; Article no.IJBCRR.27271

**Table 1. Collagen class, types and distribution [4,5,6]**

Class	Type	Distribution
Fibril-forming (Fibrillar)	I	Bone, skin, tendon, ligaments, cornea
	II	Cartilage, vitreous humor in the eyes
	III	Skin, blood vessels
	V	Bone, dermis, co-distribution with type I
	XI	Cartilage, intervertebral discs, co-distribution with type II
	XXIV	Bone, cornea
	XXVII	Cartilage
Fibril-associated collagens with interrupted triple helices (FACIT)	VII	Bladder, dermis
	IX	Cartilage, cornea
	XII	Tendon, dermis
	XIV	Bone, dermis, cartilage
	XVI	Kidney, dermis
	XIX	Basement membrane
	XX	Cornea of chick
	XXI	Kidney, stomach
	XXII	Tissue junctions
	XXVI	Ovary, testis
Network-forming	IV	Basement membrane
	VI	Muscle, dermis, cornea, cartilage
	VIII	Brain, skin, kidney, heart
	X	Cartilage
	XXVIII	Dermis, sciatic nerve
	XIII	Dermis, eyes, endothelial cells
Membrane-associated collagens with interrupted triple helices (MACIT)	XVII	Hemi desmosomes in epithelia
	XXIII	Heart, retina
	XXV	Heart, testis, brain
	XV	Capillaries, testis, kidney, heart
Multiple triple-helix domains and interruptions (MULTIPLEXINS)	XVIII	Liver, basement membrane

28 Collagen Types

90% the body's collagen is Type 1





# *The Skin Consultation*

## **LISTEN**

- *What is the right setting?*
- *Time - How long should we offer?*
- *Patient-led discussion*
- *Medical/dermatological conditions*
- *Current skincare routine*





# *The Skin Consultation* **LOOK**

- *Make-up off*
- *Mirror*
- *Lighting & photography*
- *Skin analysis technology*
- *Sensitive, objective communication of findings*





# COMMON SKIN FINDINGS

- *Tone (melanocyte-driven, vascular)*
  - *Hyperpigmentation hormonal/genetic/skin type/UV/age*
  - *Redness*
- *Fine Lines*
- *Texture (HA, collagen & elastin)*
  - *Thickness*
  - *Pores*
  - *Hydration*
  - *Laxity*



# *The Skin Consultation*

# **SKIN DISEASE**

- ***Importance of considering referral to appropriate specialists***
  - Rosacea
  - Acne
  - Rheumatological/autoimmune with skin manifestations
  - Post trauma/burns
  - Psoriasis
  - Eczema



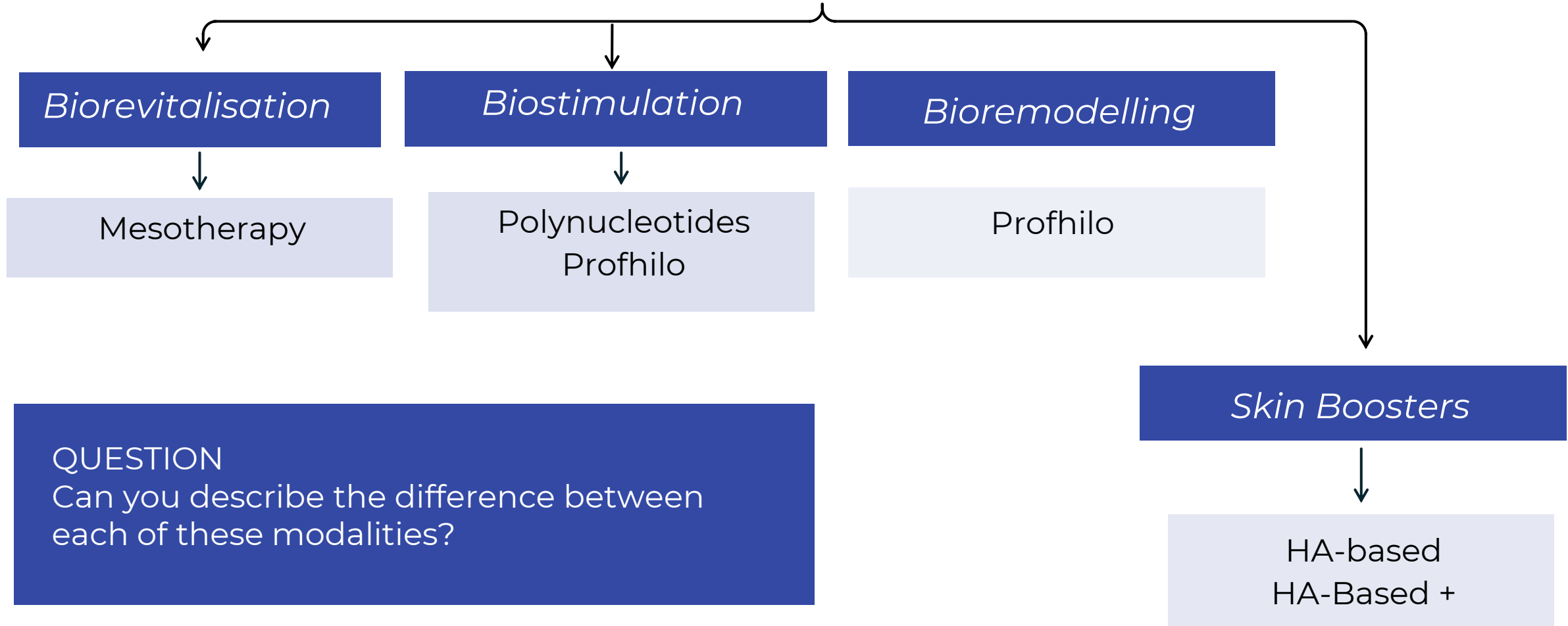




*SKIN*  
**AGEING**



# TREATMENT MODALITIES





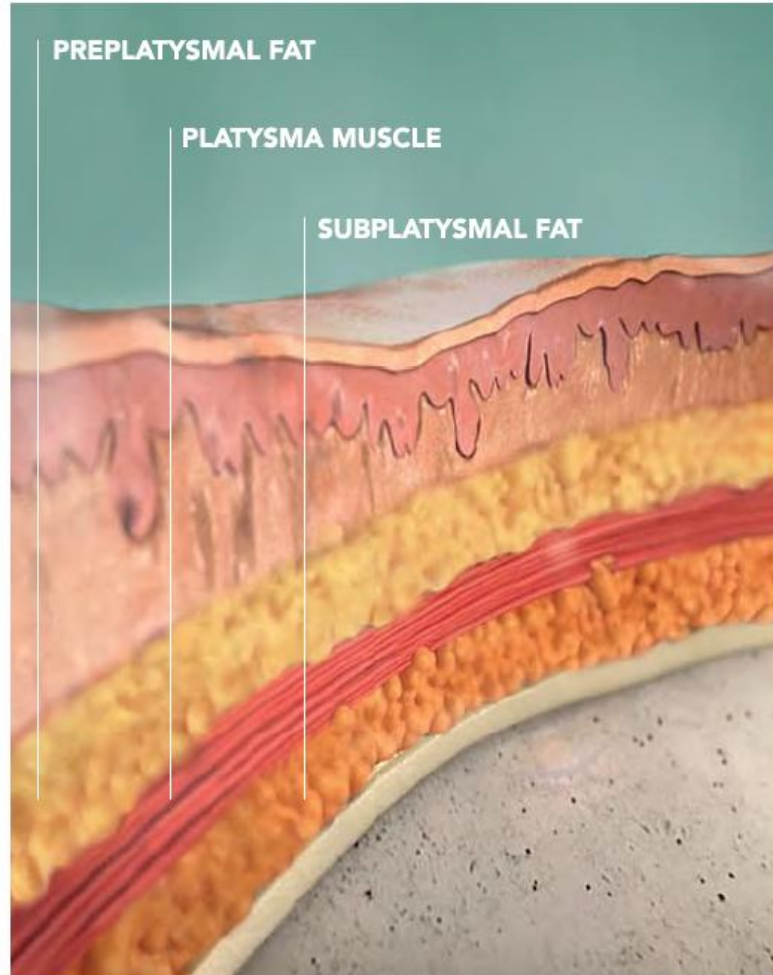
# TREATMENT OPTIONS

PRODUCT	MAIN COMPONENT	ADDITIONAL COMPONENTS	DEPTH OF PLACEMENT	TECHNIQUE
Profilo (IBSA)	HA – linear, non-crosslinked, High and Low MW chains		Deep Dermal	Needle, 5 points each side of face with a volume of 0.2ml/point
Juvederm Volite (VYC-12) (Allergan Aesthetics)	Crosslinked HA at 12mg/ml	Lidocaine 0.3%	Deep Dermal	Needle, microdroplets over malar region with a volume of 0.05/point
Redensity 1 (Teoxane)	Non-crosslinked HA, 15mg/ml	Lidocaine 0.3% 8 amino acids 3 antioxidants 2 minerals 1 vitamin	Intradermal	Needle. Microdroplets over face, neck, periorbital, volume of 0.05 – 0.1ml/point
Polynucleotides (HPT)	HPT polynucleotide ranging from 7.5 – 20mg/ml		Superficial dermis dermal-epidermal junction	Microdroplets in chosen area





# PROFHILO – HANDS AND NECK



**Neck Anatomy must be considered with respect to the layers and the target**

## **LAYERS TO BE CONSIDERED**

- Skin
- Preplatysmal fat (subcutaneous tissue)
- Platysma
- Subplatysmal fat

## **STRUCTURES TO BE CONSIDERED:**

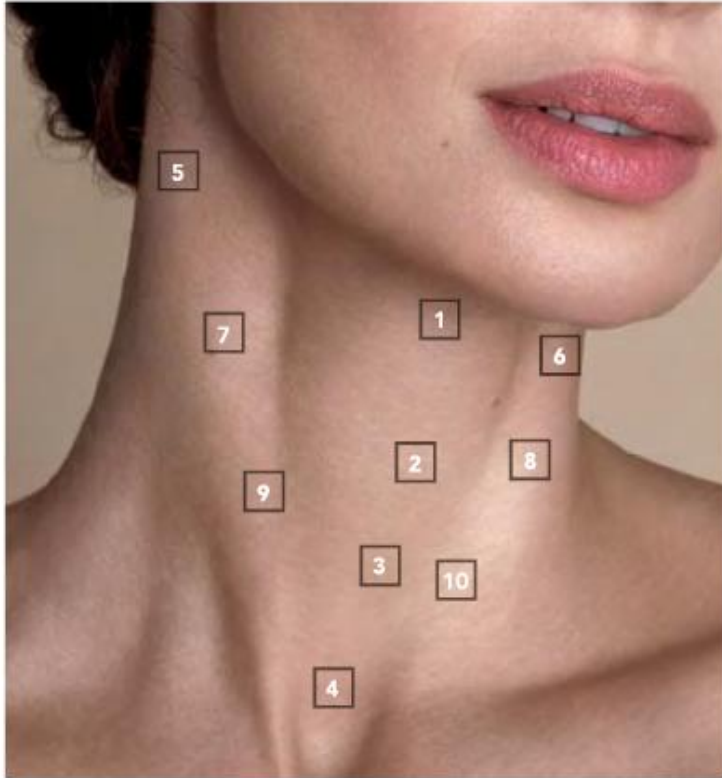
- Jugular veins anterior/external (and to a lesser extent internal)
- Submandibular gland and thyroid
- Carotid artery
- Trachea and larynx

The thickness of the skin and preplatysmal fat varies between individuals and also changes with aging. The principle point of delivery of PROFHILO® is subdermal /subcutaneously and avoiding injection deep to the platysma. In a patient with a thin neck it is easy to inject subplatysmal – this would result in loss of activity due to incorrect placement of the product and importantly is of possible danger to the jugular veins and inadvertent intravenous embolization of PROFHILO®. Other sub-platysmal structures (listed above) may also be damaged.



# PROFHILO – HANDS AND NECK

## Identifying the 10 bap injection sites



This image is for illustrative purposes only and is intended to convey the concept and vision of the Profhilo® BAP Neck Technique. Do not use this image as a sole reference to perform the treatment.

### STEP 1: Marking the neck

#### Midline Indications:

Draw a line from the chin to the sternal notch.

#### Lateral Indications:

Draw a line from the medial border of sternocleidomastoid muscle (SCM) to the sternal notch on both sides of the neck.

### STEP 2: Marking the points

- 1 Midline between the submental border and hyoid bone
- 2 Midline between the apex of Adam's Apple and bottom of thyroid cartilage
- 3 Midline between the base of thyroid cartilage and sternal notch
- 4 Midline at the apex of sternal notch

Horizontal line with mandibular angle & 0.5 cm lateral to medial border of the SCM

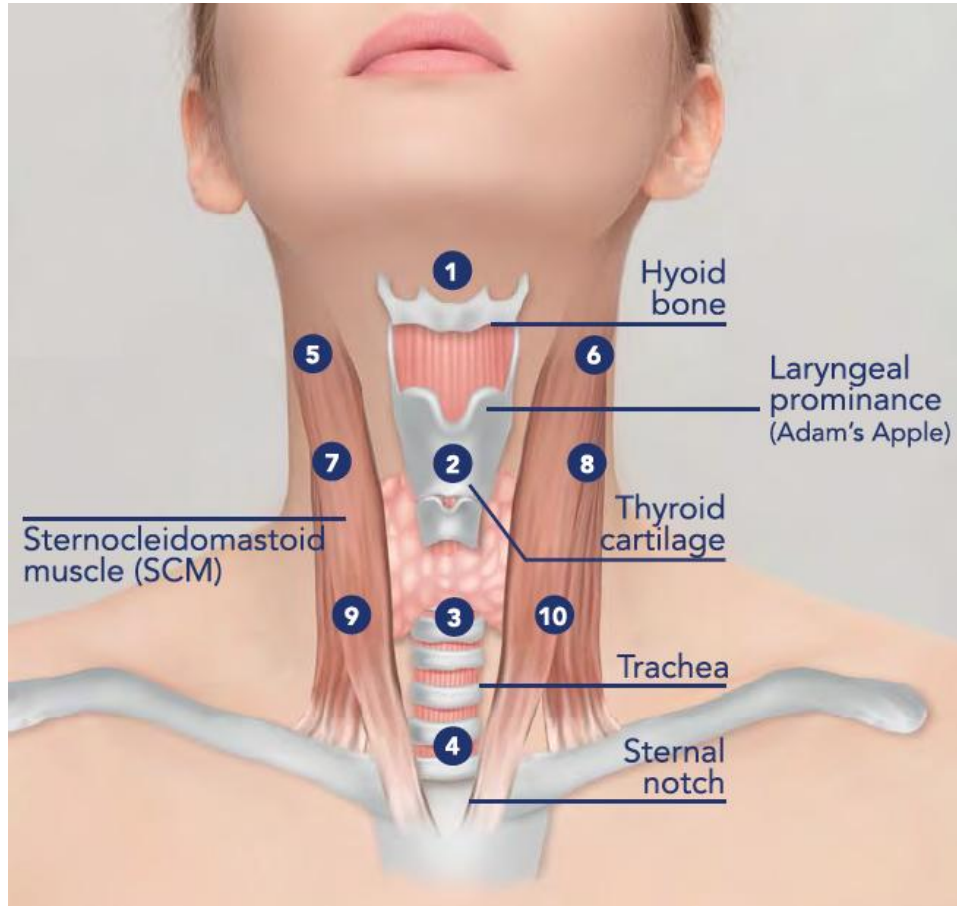
Horizontal line between apex of Adams Apple and bottom of thyroid cartilage

Horizontal line between the base of thyroid cartilage and sternal notch





# PROFHILO – HANDS AND NECK



**STEP 3:** Inject 0.2 ml per bolus at the superficial subcutaneous layer

## INJECTION TECHNIQUE:

Pinch skin at injection point and inject transversely across the skin. Avoid approaching skin at 90 degrees and inadvertently injecting deep to platysma. Before injecting move needle to ensure point is subdermal / intradermal.

## PROTOCOL:

2 treatments with a 1 month interval, twice per year.\*

\*Number of treatments and product quantity depends on the degree of aging.





# PROFHILO – HANDS AND NECK

3D photos taken 15 minutes after the 10-point PROFHILO® BAP Neck Treatment using the 3D LIFEVIZ® Mini camera from Quantificare.

## PROFHILO FLOWABILITY EVIDENCE BASED PERSPECTIVE

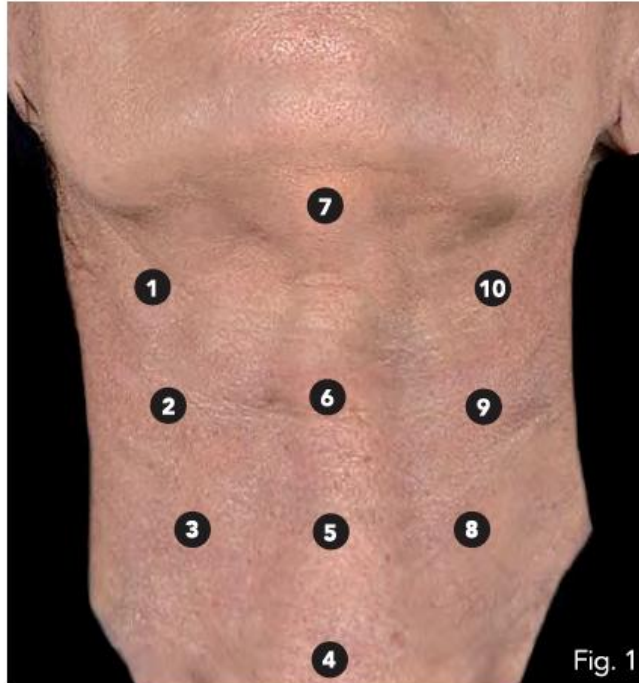


Fig. 1



Fig. 2

- Fig. 1 - Numbers indicate the order in which the injections were made.
- Fig. 2 - Visualization of volume changes using a color code in the QuantifiCare software suite.
- Yellow indicates a positive change in volume from the 3D photo taken before treatment, confirming the spreadability of PROFHILO®.
  - Red indicates greater volume change in the points injected towards the end of the treatment.

Treatment performed by Dr. Antonello Tateo (Italy).



# PROFHILO – HANDS AND NECK

**BEFORE**



**BASLINE**

**AFTER**



**1 MONTH AFTER 2<sup>ND</sup> TREATMENT**

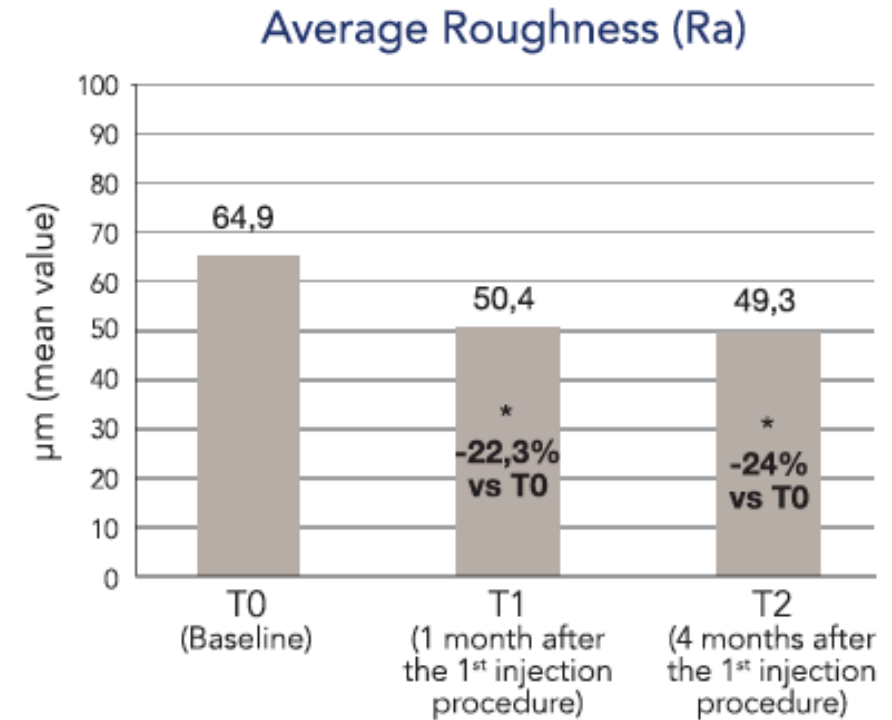
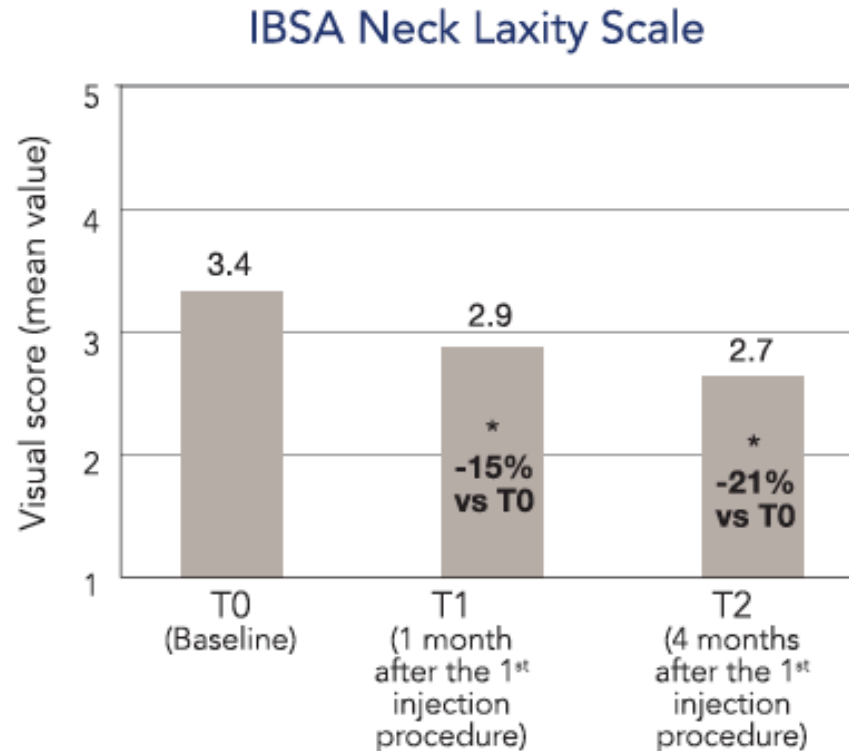
Courtesy of Dr. Hema Sundaram (USA) and Dr. Antonello Tateo (Italy)





# PROFHILO – HANDS AND NECK

## Neck study results – 65% improvement of at least 1 grade of IBSA Neck Laxity Scale



\*  $p < 0,05$  vs T0

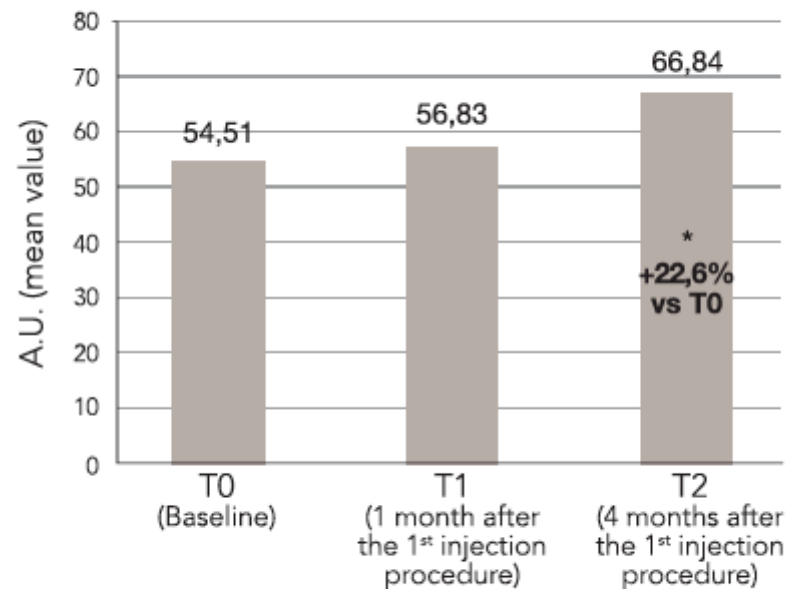


# PROFHILO – HANDS AND NECK

## Patients evaluation – Table 1

### Self-evaluation of the efficacy of the treatment

#### Superficial Skin Hydration



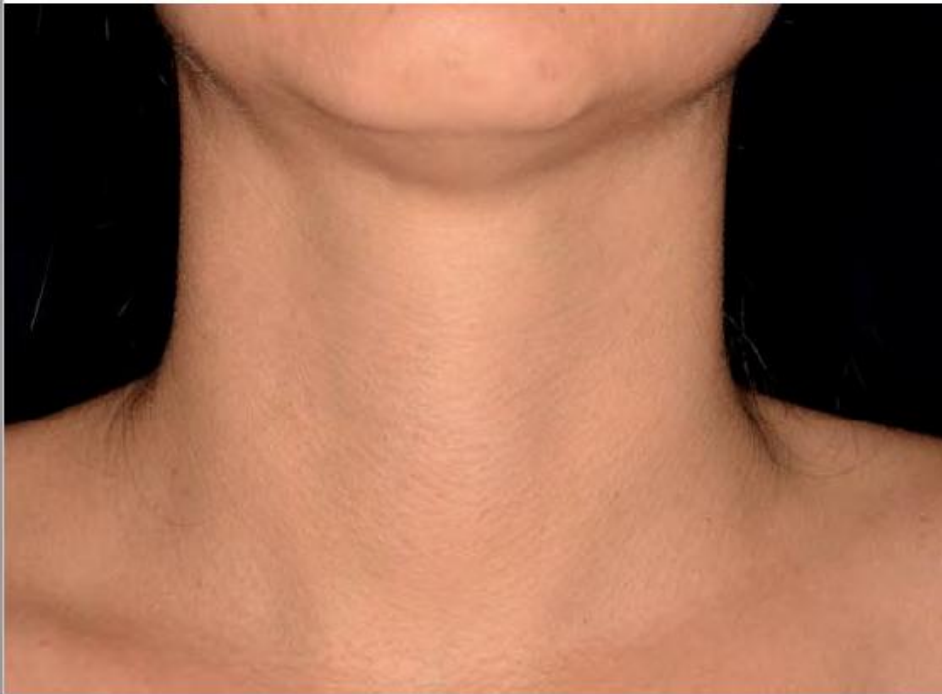
\*  $p < 0,05$  vs T0

	% OF PATIENTS SATISFIED BY THE TREATMENT*
Improvement of skin roughness	87%
Improvement of skin laxity	92%
Silhouette remodeled and more defined	91%
Lifting effect	96%
Improvement of skin suppleness	96%
Improvement of skin smoothness	91%
Improvement of skin hydration	96%



# PROFHILO – HANDS AND NECK

## IBSA NECK LAXITY SCALE



Grade 1



Grade 2



# REDENSITY 1: FACE, NECK

## INTRINSIC FACTORS

The skin undergoes natural physiological challenges overtime: slow and irreversible alteration of the tissues due to intrinsic factors:

- Oxidative stress
- Cellular senescence
- Ethnicity and anatomic variations
- Hormonal changes

## EXTRINSIC FACTORS

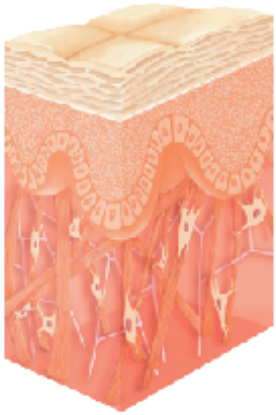
Over time, skin will face a combination of external factors known as the exposome:

- Sun exposure
- Air pollution
- Stress
- Lifestyle choices (diet, smoking...)

# SKIN AGEING

The exposome damage combined with the intrinsic factors can lead to premature skin ageing: **wrinkles, dryness and laxity**

Healthy skin



Dry, brittle and wrinkled skin



- Thinner and more fragile dermis
- Flattening of the dermo-epidermal junction
- Decreased cells activity (fibroblasts)
- Loss of ECM\* structure : collagen, elastin and hyaluronic acid

The Teoxane approach is based on 3 important pillars which are key to achieving bespoke & natural-looking results: the right products in the right places with the right techniques.



# REDENSITY 1: FACE, NECK



⌕ For skin redensification and prevention of skin ageing<sup>5</sup>

HA Concentration: 15 mg/mL

Supplemented phosphate buffer: L-arginine, L-isoleucine, L-leucine, L-lysine monohydrate, glycine, L-valine, L-threonine, L-proline, pyridoxine hydrochloride, zinc acetate dihydrate, copper sulfate pentahydrate, lutealione, N-acetyl-L-cysteine and  $\alpha$ -lipoic acid

Composition: Crosslinked Hyaluronic Acid

Degree of modification: 0%

Lidocaine: 0.3%

Focus indications: Face, neck & décolleté

Injection depth technique recommended by the experts: Superficial to mid-dermis

Needle Provided: 30 G x 1/2"

Box: 1 x 3mL or 2 x 1mL

Duration: Up to 9 months

Mimics the skin's natural hyaluronic acid

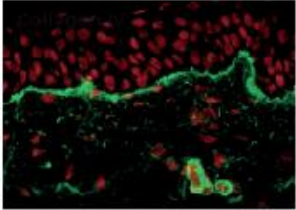
- 100% Free long HA chains
- Only labile & mobile bonds
- Light consistency and high spreadability
- Lidocaine to improve comfort



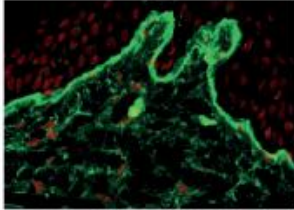


# REDENSITY 1: FACE, NECK

Control - Day 9



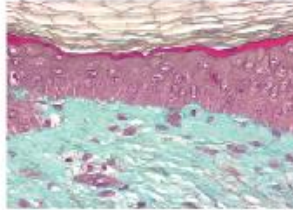
Redensity 1 - Day 9



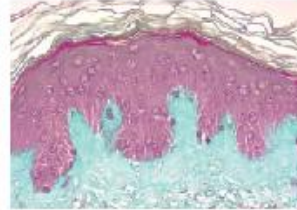
## RESTRUCTURATION

Strengthening of the dermo epidermal junction  
+98% Collagen IV

Control - Day 9

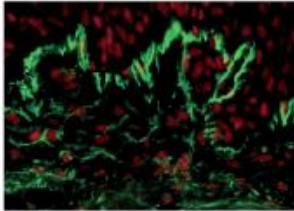
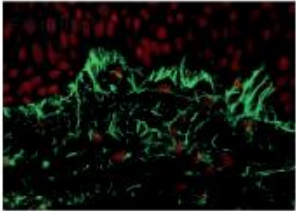


Redensity 1 - Day 9



## DENSIFICATION

Papillary dermis restructuring



## TENSOR EFFECT

+26% of fibrillin-1 in the dermis



## HYDRATION

+1400% of Gycosaminoglycans (GAGs) in the epidermis including hyaluronic acid

Proven efficacy demonstrated in randomized, double-blinded trial versus placebo

First interventional, monocenter, comparative study on 25 patients with 3 injections at 3-week intervals on half-face

## CLINICAL EFFICACY

- Superior improvement of hydration
- Reduction of skin roughness

## SELF-ASSESSMENT\*

- Improvement of radiance & skin quality
- Skin comfort & lifting effect

\*Self evaluation 2 weeks after the end of treatment





# REDENSITY 1: FACE, NECK

**Regions:** face, neck & décolleté

**Injection depth:** superficial to mid-dermis injection

## Injection techniques

Multibolus

Puncture injections (point by point), of a small amount of product (no more than 0.05ml) in the superficial to mid-dermis injection every centimeter

## Retrograde threading

Injection into the mid-dermis using a linear technique. Insert the needle at an angle of 45°, along the cutaneous depression, then deposit the product in the upper dermis while removing the needle gently.

## BEAUTY BOOSTER

- Improvement of hydration, radiance and firmness
- Correction of skin roughness
- Prevention of wrinkles

## REDENSIFICATION ACTION

- Tissue restructuring
- Protection from oxidative stress





# JUVEDERM VOLITE

Juvederm Volite is an advanced injectable skin booster designed to enhance skin hydration, elasticity, and smoothness.

Unlike traditional dermal fillers, it does not volumize but improves overall skin quality.



Manufactured by **Allergan Aesthetics** as part of the Juvederm range.

Uses **VYCROSS® technology**, ensuring a long-lasting, smooth gel.

Effects last up to **6-9 months** after a single session.

**Ideal for:**

Patients seeking improved **skin glow, hydration, and texture**.

Individuals with **fine lines, dryness, and dull skin**.

**Main Component: Hyaluronic Acid (HA)** (13 mg/ml) for hydration and collagen stimulation.

**Additional Ingredient: Lidocaine 0.3%** for improved patient comfort.

**Technology: VYCROSS®:** Combination of low and high molecular weight HA for better integration and durability.

**Benefits:**

**Hydration:** Attracts and retains moisture.

**Skin Elasticity:** Enhances skin suppleness and glow.

**Minimal Downtime:** Quick recovery with immediate return to daily activities.

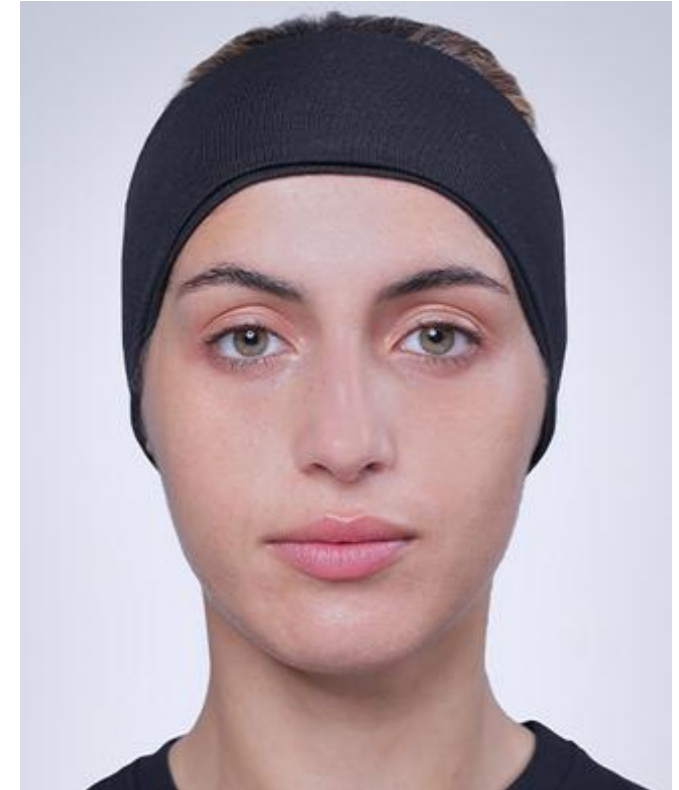




# JUVEDERM VOLITE

## AREAS TO TREAT

- **Face:** Hydrates skin, smooths fine lines, and improves radiance.
- **Neck:** Addresses crepey skin and enhances firmness.
- **Décolletage:** Reduces wrinkles and sun damage.
- **Hands:** Improves skin quality and hydration.





# JUVEDERM VOLITE

## Recommended Techniques:

**Needle Technique:** Multiple **microdroplet injections** intradermally.

**Cannula Technique:** **Linear threading** in targeted areas.

## Depth:

Injected into the **superficial to mid-dermis**.

## Dosage:

Typically **2-3 ml per session**, depending on the treatment area.

## Treatment Schedule:

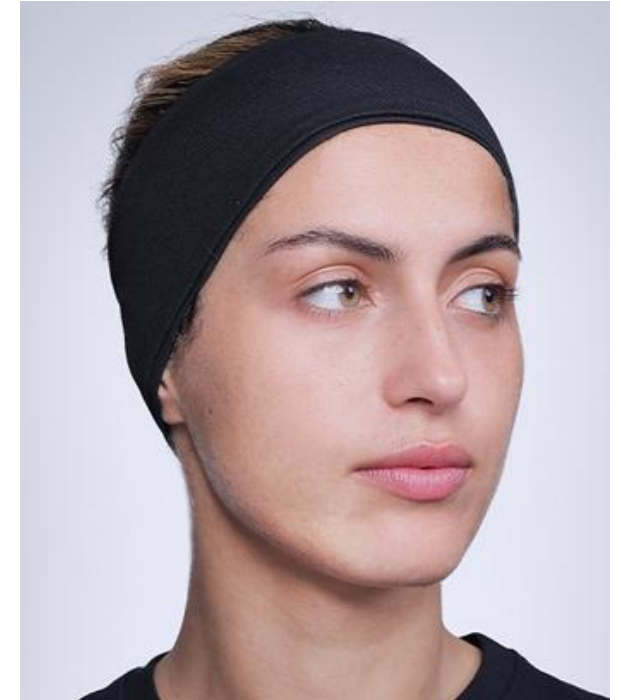
A single session, with top-ups recommended **every 6-9 months**.

## Ideal Candidates:

Dry or dehydrated skin.  
Fine lines and skin laxity.  
Early signs of aging or sun damage.

## Aftercare Tips:

Avoid **alcohol, extreme temperatures, and exercise** for 24 hours.  
Use **SPF 50 sunscreen** to protect the treated areas.





# COMPARISON TABLE: JUVEDERM VOLITE VS. OTHER SKINBOOSTERS

FEATURE	JUVEDERM VOLITE	PROFHILO	REDENSITY 1	FEATURE
HA Concentration	13 mg/ml	32 mg/ml	15 mg/ml	HA Concentration
Cross-Linking	VYCROSS	NA	NA	Cross-Linking
Longevity	6-9 months	4-6 months	3-6 months	Longevity
Lidocaine	Yes	No	No	Lidocaine
Injection Technique	Needle / Cannula	Bolus / BAP	Superficial	Injection Technique





# ASSESSMENT & TREATMENT PLANNING





# ASSESSMENT & TREATMENT PLANNING





# *Skin Boosters*

# SUMMARY

- *Skin anatomy, consultation and assessment*
- *Modalities in skin treatments*
- *When to refer*
- *Integrating skin into treatment plans*
- *NEXT: PATIENT DEMONSTRATIONS & PRACTICE*

