The Aesthetic Complications Expert Group protocol for the administration of Hyalase®

VASCULAR OCCLUSION

Reconstitute Hyalase® in 1-5ml of solution (The ACE Group recommends dilution in 2mls bacteriostatic saline)

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Infiltrate 450-1500 units of Hyalase® over the entire area including the course of the vessel by serial puncture

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Massage and apply heat

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Reassess after 1 hour to ensure capillary refill <4 seconds

Resolved

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Provide appropriate aftercare and follow-up

Unresolved

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Repeat at hourly intervals up to 4 cycles

OTHER INDICATIONS

Reconstitute Hyalase® in 5-10mls of solution (The ACE Group recommends dilution in 10mls bacteriostatic saline when only small amounts of filler are to be dissolved and 5ml dilution when treating Delayed Onset Nodules)

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Perform an intradermal test patch of 20 units of Hyalase® in the forearm and wait for 30 minutes

No reaction/Minor erythema

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Treat with Hyalase® – Be aware false negative patch tests do occur

Weal/Itching/Allergic reaction

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Do not use Hyalase®

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Amount of Hyalase® to be injected depends on volume of filler to dissolve, concentration of hyaluronic acid, particle size and cross-linking. Amount injected should be titrated to clinical effect but a general guide is 5-30 units of Hyalase® per 0.1ml of hyaluronic acid.

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Use a suitable needle (smaller gauge size and length appropriate to depth, e.g. 4mm, 8mm, 13mm) and inject accurately and limited to the affected area covering the upper and lower borders of the product ensuring the product or nodule is injected directly. Several injections will be necessary to ensure complete dispersion and apply vigorous massage.

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Observe the patient for 60 minutes to ensure no reaction occurs.

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Review at 48 hours and consider further treatment if needed

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Consider antibiotic prophylaxis for inflammatory nodules.

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