



L7 BULLETIN

NO.4

April 2024

No 4

CLINICAL

Injection points for upper face botulinum toxin treatment.

ACADEMIC

Whats expected for your toxin case study

JOURNAL CLUB

Botulinum Toxin in Aesthetic Medicine: Myths and Realities

SUCCESS

Success Stories from our Graduates

EVENTS

Upcoming Events from Level 7

YOU ASKED, WE PROVIDED

New E-learning PDF



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You asked, we provided

New E-learning PDF

CLINICAL

Injection Points for Upper Face Botulinum Toxin Treatment.

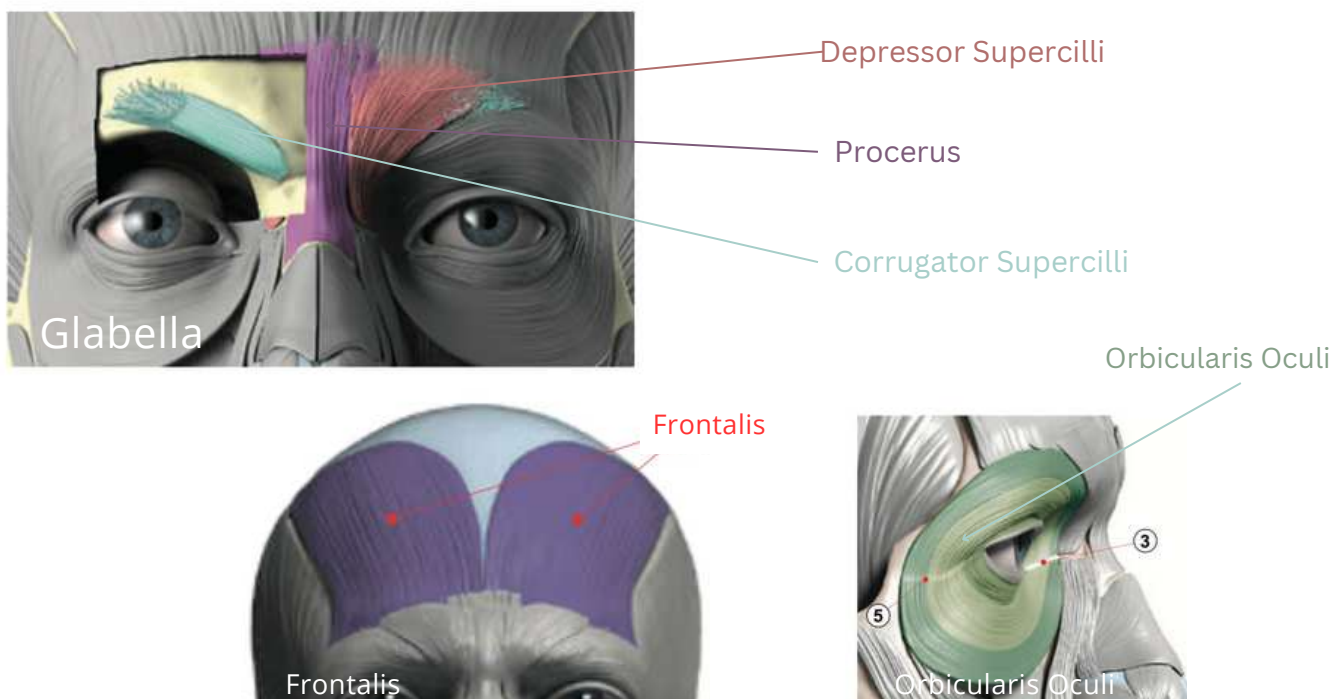
Initial training for aesthetic practitioners places significant emphasis on the three key areas of the upper face: the glabella, frontalis, and lateral canthal lines. These areas are crucial in botulinum toxin treatment as they greatly influence facial aesthetics. This article will delve into the anatomy, marking injection points, injection depth, and Azzalure BoNT dosage for this procedure.

Anatomy

- Humans possess 43 facial muscles, enabling diverse facial expressions.
- Facial muscles specialise in swift and precise movements, allowing for nuanced and not-so-nuanced expressions.
- Most muscles are not directly connected to bone but to skin and connective tissue, providing flexibility and independent control over facial regions.
- Each individual's facial muscle structure is unique, leading to a wide range of possible expressions. This variability underscores the need for personalised treatment plans and highlights the complexity of the aesthetic practitioner's work.

In essence, the abundance of specialised facial muscles in humans grants us the exceptional ability to convey a broad spectrum of emotional and social cues through subtle and dynamic facial expressions. This capacity for nonverbal communication is a defining aspect of human interaction.

Let's look deeper into the muscles of the upper face.



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Muscle	Origin	Insertion	Innervation	Action
Procerus	Nasal Bone	Skin of the lower to mid forehead, between the brows,	Facial Nerve (CN VII)	Draws skin down between the eyebrows
Depressor Supercilli	Lateral of nasal bridge	Flares out across the intercanthal region	Facial Nerve (CN VII)	Draws down the eyebrows. forms the horizontal wrinkle at bridge of nose,
Corrugator Supercill	Medial superciliary arch	Forehead skin, near the eyebrows.	Facial Nerve (CN VII)	Pulls the eyebrows downward and towards the midline.
Frontalis	Gala	Obicularis Oculi, Procerus, Skin of eyebrow.	Facial Nerve (CN VII)	Raises eyebrows.
Orbicularis Oculi	Frontal, lacrimal, maxillary bone	Lateral Palperebral raphe	Facial Nerve (CN VII)	Closes eyelids

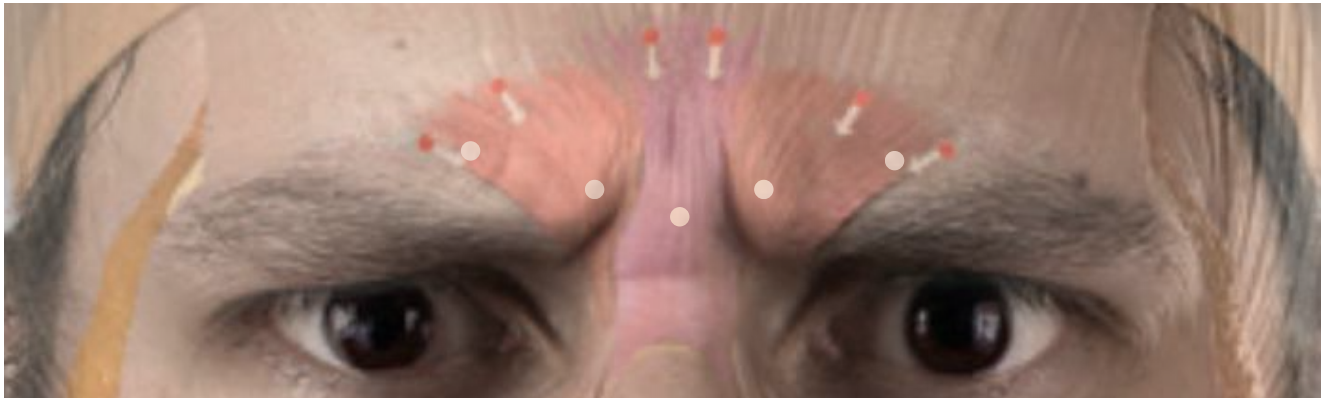


Understanding your injection points for your upper facial toxin relies heavily on your knowledge of the muscles you are aiming to treat.

When treating the glabella, one must understand the interactions of all three muscle bodies and the presentation of your patient's concerns. There is a variation in anatomy between patient and patient. Often, patients may have a narrow space between the depressor supercity, therefore indicating that the preservice is further down onto the nasal bridge. Identification of this through movement is essential.

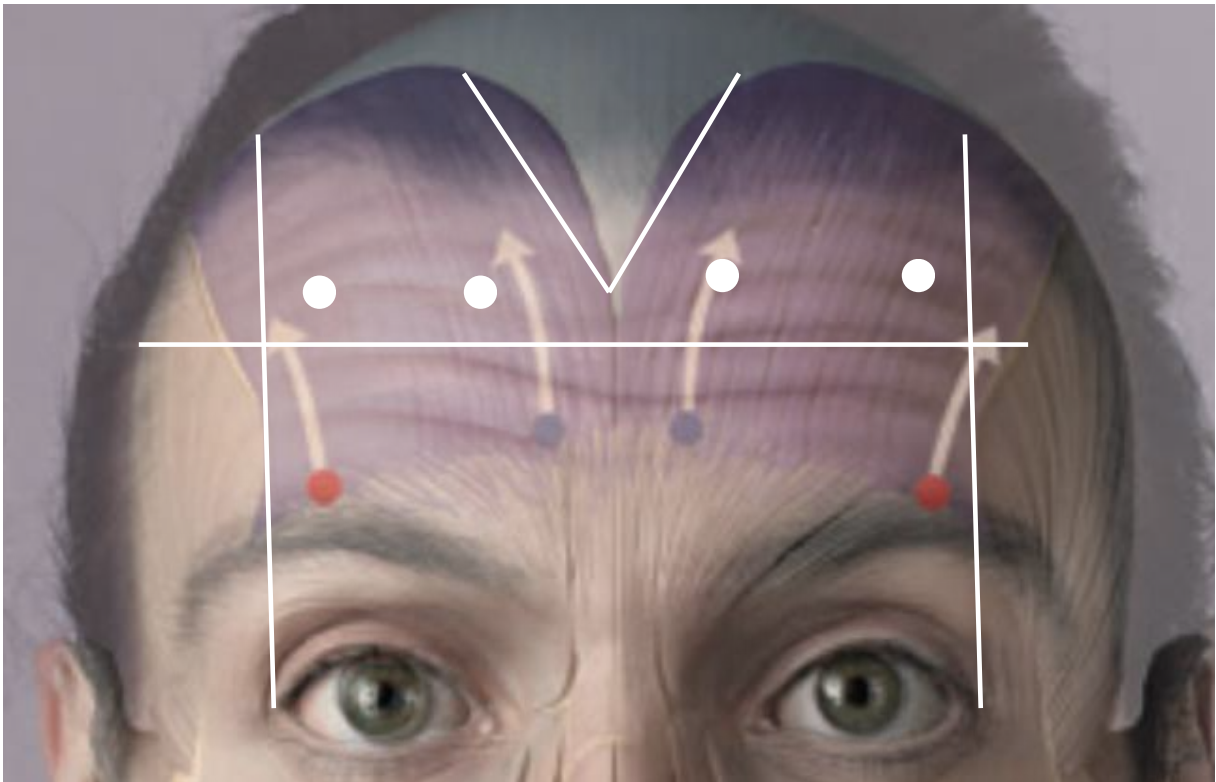
Similarly, when treating the frontalis, it is integral to understand where the frontalis fans sit and meet and how they interact with the aponeurosis.

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Muscle	Action to ask patient to perform	Injection Point	Depth of Injection	Units
Procerus	'Frown' or 'Angry'	Central to the bulk of the muscle	90 Degrees Deep Injection	10u
Depressor Supercilli	'Frown' or 'Angry'	1cm above orbital rim 1cm lateral to most intra-canthal flare	45 Degree 1/2 needle depth Face away from Orbital rim- towards hairline	10u
Corrugator Supercill	'Frown' or 'Angry'	1cm above orbital rim 1cm lateral to most lateral 'chevrons' of origin	SuperficialFace away from Orbital rim- towards hairline	10u

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Muscle	Action	Injection Point	Depth of Injection	Units
Frontalis	Surprise	4cm above orbital rim Not into aponeurosis spread equally over 4 points into the maximum area of contraction	45 degrees half depth needle towards hairline	5u x 4

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Muscle	Action	Injection Point	Depth of Injection	Units
Orbicularis Oculi	'Smile in the sunshine'	1cm away from orbital rim Point 1= lateral to the canthus Point 2= 1cm above point 1, following curve of orbital rim Point 2= 1cm inferior to point 1 following curve of orbital rim	Superficial 1mm into tissue protect orbital rim tip of needle towards tragus	1= 10u 2 and 3 = 5u

The following treatment standard after-care protocols should be followed: They should include avoiding exercise for 24 hours, avoiding wearing make-up for 24 hours, avoiding touching the area and increasing the risk of infection to injection points, avoid massages and facials for the next 48 hours; any redness is to be expected; however, any redness it last longer than 12 hours should be reported to the practitioner.

CLINICAL +

ENHANCING CLINICAL PRACTICE: INCORPORATING POLYNUCLEOTIDES TRAINING WITH AMEELA® INTO THE LEVEL 7 DIPLOMA IN CLINICAL INJECTABLE THERAPIES

If you're a practitioner who has mastered neurotoxin treatments and wants to offer your patients supplemental injectable and restorative skincare, polynucleotides may be the answer.

In addition to your wealth of learning within your Level 7 Diploma program, consider the exclusive opportunity to explore the beneficial inclusion of Ameela® polynucleotides training. This additional training, available only to a select few, provides a comprehensive approach to enhancing your clinical skills and improving patient outcomes.

Polynucleotides, a groundbreaking biomaterial category, have gained significant acclaim in aesthetic and regenerative medicine. Ameela® offers a wide range of polynucleotide-based products that leverage the body's natural healing properties for various therapeutic applications.

Integrating Ameela® polynucleotides training into your expertise offers several notable advantages:

- **Enhanced Regenerative Abilities:** Polynucleotides support tissue regeneration, boost collagen production, and enhance skin elasticity. Mastering the use of Ameela® products enables you to deliver advanced regenerative treatments for diverse aesthetic concerns, such as skin ageing, scars, and hair loss.
- **Expanded Treatment Choices:** Having a varied toolbox of treatments is crucial for meeting individual patient needs. Ameela® polynucleotides provide adaptable solutions tailored to address various aesthetic concerns in different patient groups, ensuring optimal results and patient satisfaction.
- **Professional Growth and Distinction:** By incorporating Ameela® polynucleotides training, you are a forward-thinking and highly skilled practitioner. This boosts your professional reputation and creates new career progression and development avenues.
- **Patient-Centered Approach:** Ultimately, integrating Ameela® polynucleotides aims to deliver top-tier care to your patients. You empower patients to reach their aesthetic objectives by offering innovative and effective treatments.

Adding Ameela® polynucleotides training to the Level 7 Diploma in Clinical Injectable Therapies gives you a significant opportunity to expand your clinical expertise and transform your practice. This training can enhance patient outcomes and keep you at the forefront of aesthetic and regenerative medicine.

Seize this chance to embark on a transformative journey toward excellence in clinical practice.

For further details and pricing on the course, please get in touch with our Brand Ambassadors at contact@acquisitionaesthetics.co.uk or call 0203 514 8757.

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WHAT SHOULD YOU INCLUDE IN YOUR TOXIN CASE STUDY

What cases should be used?

- You should include a case that has been performed by yourself in a clinical setting.
- This means you should include before and after photos that are approximately 2 weeks apart so we can assess your results, and you can reflect on your case appropriately.

What should be included in the case study?

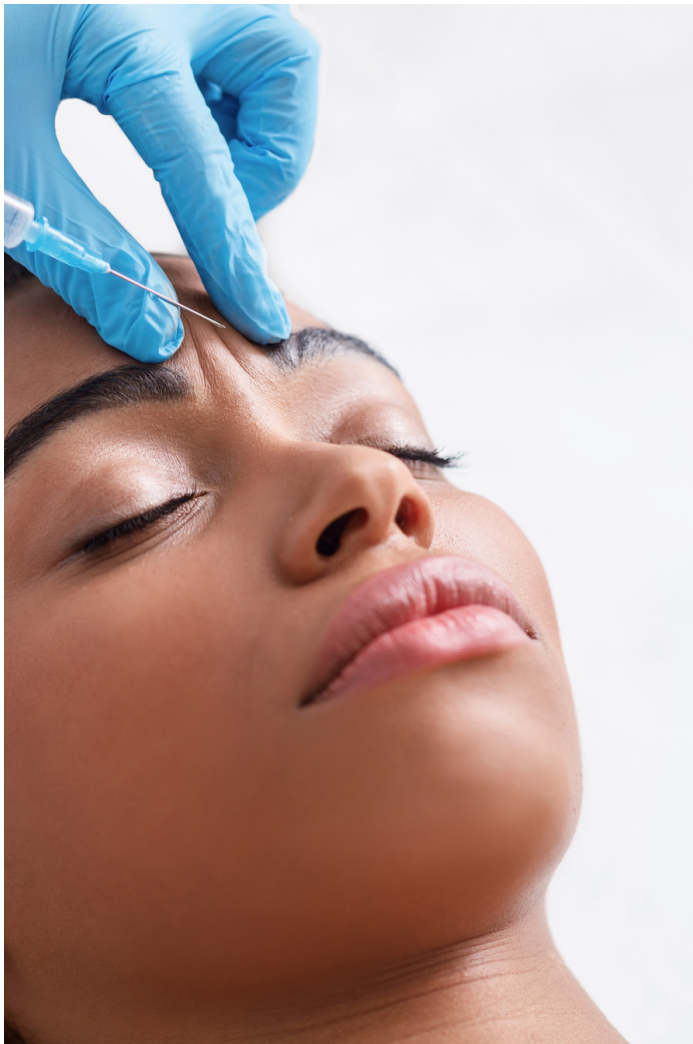
- **Consultation:** medical history, complaint, history of complaint, patient assessment. Consider patient psychology.
- **Treatment planning:** treatment options considered, patient considerations, final treatment plan.
- **Photographs:** before and after images. The after photo should be taken approximately 2 weeks after treatment.
- **Treatment provided:** Skin preparation, skin marking (this should include a precise description of your markings and measurements used), product used (this should include how you reconstituted your toxin), injection technique (depth and location), management of complications, aftercare instructions.
- **Case reflection:** This should be detailed and patient specific.

Consent forms!

- Yes, it is required that you include photography consent and consent for treatment. Patient identifying features must be redacted which can be easily done via a word processing document making sure the following are blanked out of the document:
Patient's full name.

Botulinum Toxin in Aesthetic Medicine: Myths and Realities

JEFFREY S. DOVER, MD, FRCPC,* GARY MONHEIT, MD,[†] MARK GREENER, BSc(HONS), MRSB,[‡]
AND ANDY PICKETT, PhD^{§||}



Summary

The paper "Botulinum Toxin in Aesthetic Medicine: Myths and Realities" by Jeffrey S. Dover, Gary Monheit, Mark Greener, and Andy Pickett seeks to clarify common misconceptions surrounding the use of Botulinum toxin serotype A (BoNT-A) in aesthetic medicine. As the aesthetic applications of BoNT-A expand, misconceptions have proliferated regarding its use, efficacy, formulations, and side effects. This comprehensive review critically examines these myths against current evidence to provide clarity and guide best practices.

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Interchangeability of BoNT-A Formulations

The article dispels the myth that all formulations of Botulinum toxin serotype A (BoNT-A) used in aesthetic medicine are interchangeable based on dose units. It emphasises the critical need for understanding the unique characteristics, efficacy, and recommended dosing guidelines of each BoNT-A product. The misconception arises partly due to inappropriate dose comparisons and marketing efforts, leading to varied clinical outcomes. Clarifying this myth, the authors advocate for a nuanced approach in selecting and applying BoNT-A formulations, tailored to individual patient needs and based on evidence-based practices, to ensure optimal aesthetic results and patient safety.



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Impact of Protein Complexes

The paper challenges the myth that protein complexes in Botulinum toxin serotype A (BoNT-A) formulations significantly influence their efficacy and diffusion in aesthetic applications. It underscores that despite variations in protein load among different BoNT-A products, these differences do not meaningfully affect clinical outcomes.

The evidence suggests that factors such as correct dosing and injection techniques play a far more critical role in achieving desired aesthetic results. This insight prompts a reevaluation of the emphasis placed on protein complexes in clinical decision-making, advocating for a focus on evidence-based practices.



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Reconstitution Methods

The article addresses misconceptions about the impact of reconstitution solutions on botulinum toxin A's effectiveness and patient comfort. It clarifies that using preserved saline for reconstitution, contrary to popular belief, can significantly enhance patient comfort without compromising the efficacy of the treatment.

This insight challenges the traditional preference for nonpreserved saline, highlighting the importance of patient comfort in aesthetic procedures without affecting the outcome. This revelation encourages practitioners to reconsider their reconstitution practices for improved patient experiences.



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Neutralising Antibodies:

The paper delves into the complex issue of neutralising antibodies (NAb) in botulinum toxin A treatments, challenging the myth that NABs significantly contribute to treatment failure.

It provides an evidence-based perspective, showing that the formation of NABs is relatively uncommon and not a predominant cause of diminished clinical response in aesthetic applications. This challenges prevailing concerns over immunogenicity and underscores the need for further research to fully understand the interplay between NABs and clinical outcomes, advocating for a more nuanced approach to evaluating and managing treatment efficacy.



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Diffusion Profiles and Dosing:

The paper discusses the significance of accurate dosing and precise placement of Botulinum toxin A (BoNT-A) to ensure effective diffusion and achieve desired aesthetic outcomes. It emphasises that the diffusion of BoNT-A is predominantly dose-dependent, debunking the myth that the spread of the toxin is significantly influenced by factors other than the administered dose. This section underlines the critical role that skilled technique plays in maximizing treatment benefits while minimising risks, highlighting the need for practitioners to base their application strategies on robust clinical evidence and patient-specific considerations.



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What does this mean in simple terms?

- **Not All Brands are the Same:** Brands of Botox-like products (like Botox, Azzalure, Bocouture, Nucevia) work a bit differently too. It's not a one-size-fits-all situation.
- **Complex Ingredients Don't Affect Performance:** Whether a product has extra complexing proteins for stability or not doesn't change how well it smooths out wrinkles.
- **Pain Relief with Different Mixtures:** Mixing the Botox solution with a bacteriostatic saline can make injections less painful without changing the wrinkle-reducing effects.
- **True resistance is much rarer than we think:** For cosmetic uses, there's little evidence that true resistance occurs. First consider things like dose and patient expectations.
- **Dose and Precision are Key:** How far a product diffuses is less about the molecular weight (as in Azzalure), and more about the dose it at which its injected.



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In conclusion, the paper calls for additional well-designed, adequately powered controlled randomized studies to explore these areas further and recommends that experienced practitioners should be able to achieve equivalent results regardless of the BoNT-A formulation used, provided they adhere to evidence-based practices. The authors' analysis underlines the importance of basing clinical decisions on scientific evidence rather than prevailing myths, to ensure patient safety and the effectiveness of BoNT-A treatments in aesthetic medicine.



SUCCESS STORY

Congratulations to Komal Chopra on achieving her Level 7 Diploma!



We asked to share a little about her journey with us. Here is what she had to say.

What inspired you to pursue the Level 7 Diploma Clinical Aesthetic Injectable Therapies with Acquisition Aesthetics?

My inspiration to pursue the Level 7 Diploma Clinical Aesthetic Injectable Therapies with Acquisition Aesthetics stemmed from my desire to master facial aesthetics and deliver treatments with a holistic approach. I recognized that this program would equip me with the knowledge and skills to provide safe and effective patient care, which has always been my main goal.

Can you share a bit about your journey and what led you to train in Aesthetics?

By merging beauty and health, aesthetics aims to enhance not only outward appearance but also inner confidence and self-esteem which is why I wanted pursued this path.

What are some of the most valuable experiences or lessons you gained during the diploma program?

Undertaking the Level 7 Diploma has given me valuable lessons on how to treat a patient holistically.

What advice would you give to current delegates about making the most of their practical training sessions?

I would recommend having patients booked in prior to attending a session so the skills can be applied as soon as possible.

Now that you have graduated, what are your short term and long term aesthetics career goals?

Short term: continue to improve my skills and build a strong patient base

Long term: less dentistry and more facial aesthetics which will allow me to enjoy my work life more

How has the Level 7 Diploma prepared you for future endeavors in aesthetics?

I have secured two jobs with great dental clinics to start up their facial aesthetics ventures.

Based on your learning, what trends do you see shaping the future of aesthetics?

I believe that regenerative and minimally invasive anti-ageing treatments will shape the future of aesthetics.

How do you plan to stay updated and continue your professional development in this rapidly evolving field?

I would love to keep in touch with acquisition aesthetics and continue to attend courses to keep my knowledge up to date. I am excited to apply various training into my own practice.

Can you share a significant transformation or 'aha' moment you experienced during your training?

Completing the SAQs completely opened my eyes into so many different avenues of aesthetics that I had never properly considered such as alternative therapies, body dysmorphia and the process of ageing. I feel so much more knowledgeable since completing the diploma.

COURSES WITH AVAILABILITY

- Saturday 6th April 2024 - Foundation - London
- Saturday 6th April 2024 - Foundation - Newcastle (only 1 space)
- Sunday 7th April 2024 - Advanced - London
- Sunday 7th April 2024 - Lip - Newcastle
- Saturday 20th April 2024 - Foundation - London
- Saturday 20th April 2024 - Foundation - Manchester
- Sunday 21st April 2024 - Advanced - Manchester
- Saturday 27th April - Foundation - Glasgow
- Sunday 28th April - Advanced - Glasgow
- Sunday 28th April - Polynucleotides - Newcastle

MENTORING SESSIONS WITH AVAILABILITY

- Thursday 18th April 2024 - London (Bring your own model)
- Saturday 11th May 2024 - London
- Thursday 16th May 2024 - London (Bring your own model)
- Saturday 18th May 2024 - London
- Saturday 1st June 2024 - London
- Thursday 20th June 2024 - London (Bring your own model)
- Saturday 6th July 2024 - Mentoring - London

Book via your Level 7 Dashboard

DIPLOMA SESSIONS

- Monday April 8th 2024: Marking up for toxin: Live Demonstration - with Dr Bryony Elder
- Monday 22nd April 2024 - RoadMap to starting an Aesthetics Business - with Dr Emmaline Ashley

Book via your Level 7 Dashboard

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E-learning PDF

We have acknowledged that the format of the E-learning as presented can be difficult to refer back to when required. Therefore we are introducing a new PDF format of the E-learning upon completion:

- Once you have completed the E-learning you can either submit your E-learning certificate early, or you can submit your certificate with your informal coursework submission. We will then send you the PDF version of the E-learning to refer back to at your own convenience.

Please keep an eye on your inboxes!

