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Minimal invasive evacuation of polyacrylamide gel with ultrasonographic markings and fat-transfer cannula

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Background: Injecting cosmetic fillers is increasing worldwide and desiring a cheap permanent filler had led to increased use of Polyacrylamide gel (PAAG) as filler in cosmetic procedures. We frequently see complications including induration, immigration, and infection after injection.

Objectives: This study aimed to introduce a new method of evacuating PAAG with the help ultrasonography (USG) markings on face. And evacuating with fat-transfer cannula, we aimed to remove PAAG with a technique using fat-transfer cannula in patients with complicated or displaced injected materials. In this method, the exact site of PAAG was determined by USG and marking the sites on face before removal of materials.

Patients & Methods: We enrolled patients who were unsatisfied with the results of injection or had developed complications such as induration, gel migration, or infection referred to our clinic to evacuate the filler since 2013. Patients were examined by ultrasonography and reported the volume, place, and depth of gel as well as fibrosis and marked them on the patients' face or its photographs. We used barikbin tumescent solution to facilitate the evacuation of concentrated gel and reduce the risk of injury to vital tissues. We inserted a 18G-fat-transfer cannula through a hole on the regions and evacuated the gel by vacuum force with suction and milking. We also used a manhattan forcep subcision blade to dissect fibrosis. The evacuated region was irrigated by normal saline.

Results: We treated 154 patients, including 150 females (97.4%), with the mean (SD) age of 33.79 years. According to VAS, 98.7% of patients reported complete satisfaction while 2 (1.2%) were unsatisfied with the results. Patients reported no complication of therapy.

Conclusions: Our method provided good results and performing evacuation under the guide of bedside ultrasonography is recommended.

Biography

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