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17TH AESTHETIC & ANTI-AGING
MEDICINE WORLD CONGRESS

BLEPHAROPLASTY: WHY DO WE NEED A PREPARATORY STAGE

INTRODUCTION

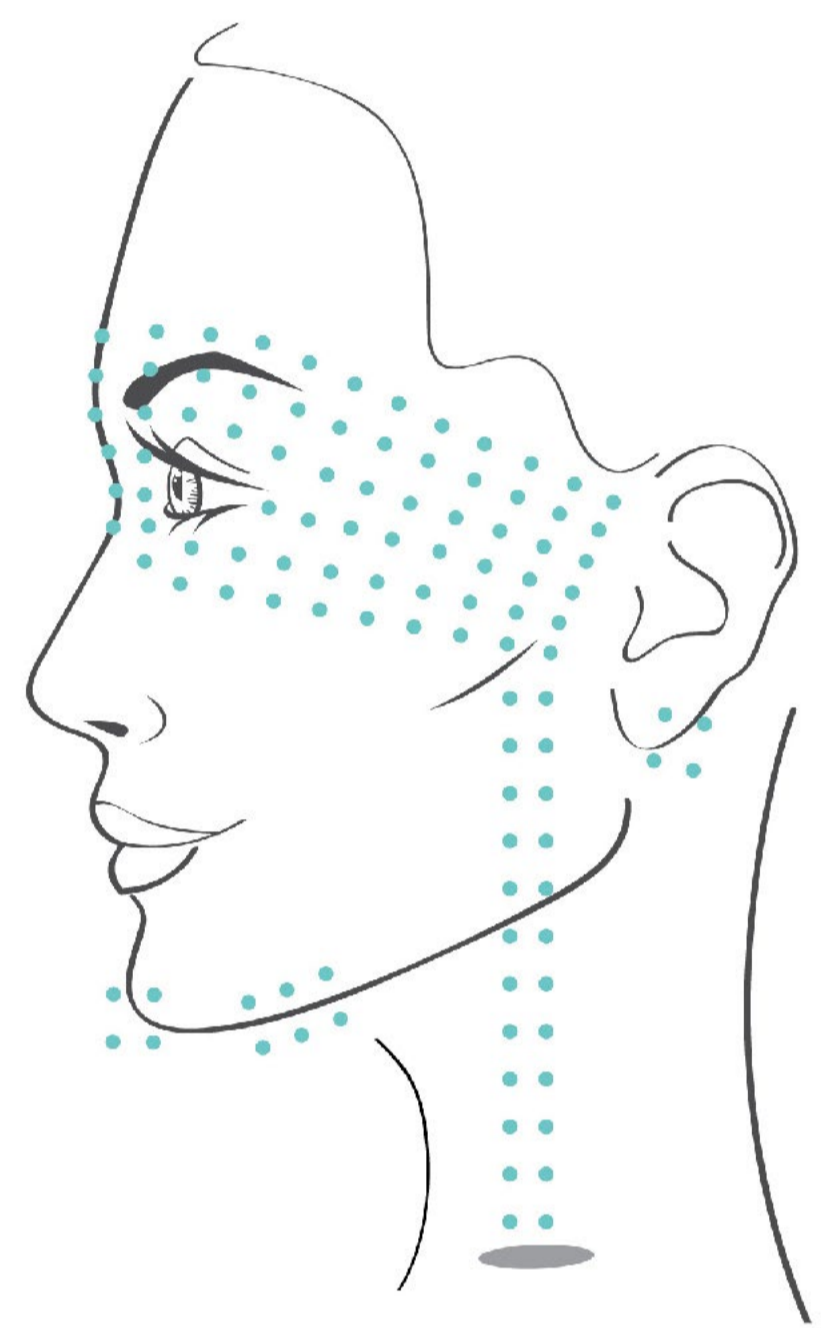
Problems after blepharoplasty:

- rough, long-existing scars;
- hyperpigmentation;
- swelling;
- dry, dehydrated skin;
- insufficient skin density;
- long rehabilitation period.

We use a preparation containing high molecular hyaluronic acid (11 mg/ml) and succinic acid (16 mg/ml).

High molecular hyaluronic acid is an anti-inflammatory agent, it reduces the level of proinflammatory cytokines, leucocyte infiltration and hydratated skin.

Succinic acid is normalized microcirculation and cellular energy exchanges, prevents damage of the cell genome, involvements in mechanisms of skin repair.



Preparation: sodium succinate (16 mg / ml) + hyaluronic acid (11mg / ml), 2.0 ml per procedure.

Technique: papular injections with a 30G needle.

Before surgery: 3 procedures (1 every 2 weeks).

After surgery: 3 procedures (1 every 1 weeks, at 7th, 14th and 21th day after surgery).

METHODS

RESULTS

WITHOUT INJECTIONS BEFORE AND AFTER BLEFAROPLASTY



SWELLING



WITH INJECTIONS BEFORE AND AFTER BLEFAROPLASTY



After surgery



At the 6th day after surgery



HYPERPIGMENTATION



At the 3d day after surgery



At the 9th day after surgery



DISCOMFORT IN SCAR AREA



At the 9th day after surgery.
Without injections (right eye)



At the 9th day after surgery.
With injections (left eye)



VISIBLE SCARS



Patients who were injected a combined preparation containing sodium succinate (16 mg/ml) and hyaluronic acid (11 mg/ml) noted a decrease in the rehabilitation period, less pronounced edema, lack of discomfort in the area of the scar, fewer hematomas in early period after blepharoplasty.

CONCLUSIONS