Fillers with lidocaine ease injection sting

Key Points

• Fillers containing lidocaine hit the market this spring
• Physicians should allow time for the injected area to become anesthetized
• Aesthetic results are the same as fillers without lidocaine; pain relief is only difference

New York — Approved by the Food and Drug Administration, a number of fillers containing lidocaine hit the market this spring and are quickly coming into fairly widespread use.

Arielle Kauvar, M.D., director of the New York Laser & Skin Care Center, says she started using them in March, and unless a patient is allergic to lidocaine, she sees no reason now to use fillers without the anesthetic already included.

Dr. Kauvar says that using the fillers with lidocaine can take some getting used to, however — perhaps even more so for the doctor with more experience injecting fillers.

"The fillers with lidocaine are definitely effective at delivering anesthesia to the treatment area, but it does take a few minutes for the area to become anesthetized. So, one has to get a little bit clever about where to place the injections initially," Dr. Kauvar says.

Take it slow

Whether the physician is doing serial punctures or using a threading technique, most experienced doctors will move from one area to an adjacent area.

"If you do that quickly, however, as an experienced injector can, the lidocaine will not have had time to take effect.

"If you're moving along quickly, the treatment area 2 mm away or 5 mm away will not be anesthetized yet. It actually takes several minutes for the lidocaine from the first injection to help anesthetize the area. The patient will definitely feel that first injection. Although, as with fillers in general, if it is injected slowly, it always hurts less," she says.

"There are definitely tricks to placing the injected material, so you can return to the area around the first injection site and have some anesthetic in the surrounding area," Dr. Kauvar says.
Placement planning

Dr. Kauvar, a clinical associate professor at New York University School of Medicine, New York, provides a couple of suggestions for initial placement of the injections.

"If you're injecting the nasolabial fold, it helps to inject some at the pyriform aperture," she says. "You can first inject 0.05 to 0.1 ml in the pyriform aperture, and this will allow you to inject the nasolabial fold with significantly less pain. Similarly, if you are also injecting the lips, first inject 0.05 ml in at the oral commissure.

"You can then return to injecting from the base of the pyriform aperture, in a retrograde fashion down the nasolabial fold," Dr. Kauvar says. "That way, you will be injecting into areas that have already developed some anesthesia. Similarly, after the anesthetic effect has set in at the oral commissure, you can inject in a medial direction along the vermillion as the zone of anesthesia advances."

Dr. Kauvar notes that following an injection, it can take a "good five minutes" before a 5 mm to 10 mm area is anesthetized, and she says it's relatively easy to outstrip the anesthetic capabilities of the fillers with lidocaine.

"On the lips, if you start injecting in the oral commissure, you can advance so that you're going from a place that's anesthetized to one that is not. You want to plan a bit, so you're not sitting around having to wait for the lidocaine to take effect, either.

"You can inject a couple of boluses in areas where it's important to get some anesthetic," Dr. Kauvar says. "Then, if you're doing another procedure on the patient, such as botulinum toxin, you administer the botulinum toxin, then go back and those original areas will be somewhat anesthetized. It takes some planning, however, because it's not instantaneous anesthesia with injection."

A 51-year-old female patient is shown before (above) and one month after a total of 2.0 ml of Restylane-L (with 0.3 percent lidocaine) was injected into the nasolabial folds, oral commissures and vermillion border. (Photos: Arielle Kauvar, M.D.)
Postprocedure benefits

Even more important than reducing a patient's pain from the individual injections is the benefit to the patient following the procedure, Dr. Kauvar says.

"I think the greatest advantage comes after treatment, because, whereas in the past, people's lips were really sore, they now have the benefit of a half-hour longer anesthetized vermillion area," she says.

Dr. Kauvar explains that in the past, she would use nerve blocks before starting injections around the lips, but that still left something to be desired for patients.

"When blocks wear off, the lips are sore, because you have material in there that is still swelling, whereas if you inject it with the lidocaine, patients are much more comfortable after the procedure," she says.

In terms of aesthetic results, Dr. Kauvar says they are exactly the same for fillers with and without lidocaine. The pain relief is the only difference.

"In my practice, unless the patient has a very high pain tolerance, I typically apply a topical anesthetic for 20 to 30 minutes before the first injection," she says. "That makes the patient more comfortable. If you do that, plus use a filler that comes with lidocaine, patients are pretty comfortable throughout the procedure and beyond."

Dr. Kauvar says she usually uses at least two types of fillers with lidocaine on most patients, depending on the anatomy and the effect she wants to achieve.

"Allergan's Juvéderm Ultra and Juvéderm Ultra Plus and Medicis' Restylane and Perlane all come with the lidocaine now," she says. "I use all the products, because they have slightly different properties. Some I like to use superficially, and some I like to use for volume."