



Lip enhancement

This is suitable for anyone who would like larger or fuller lips. In addition there are people who were born with abnormalities of the lips or who's lips have become deformed for one reason or another in later life.

Procedures available

There are a large number of different procedures to choose from but they can be grouped together.

Temporary enhancement Many substances have been used to temporarily enlarge the lips. These substances are primarily injected under the white line. That is the white hair free line which outlines the vermilion (red mucosa) of the lip and is distinct from normal lip skin. This gives a pouting (Paris) lip. (see illustration). The bulk of the lip can be increased by injections into the muscle but these tend to dissolve at a faster rate. The commonest material used is collagen for which an allergy test is required. Recently hyaluronic acid gel (Hylaform, Restylane) has been used. All these dissolving substances need to be topped up every 3 to 6 months.

Fat injection

This is usually considered to be temporary. It has the advantage that one is using the patient's own tissue and therefore there will be no allergic reaction. The fat is collected either as part of some other liposuction procedure or harvested specifically for the purpose of augmentation of the lips. Usually it is taken from the abdomen or buttocks. It can be stored in the fridge for later use for many months. Injection of fat does cause more temporary swelling (bee sting lips) than the injection of other substances.



Be fore



*A temporary substance (ie collagen/hyaluronic gel) can be injected into the vermilion border.
This runs along the lip border giving a fuller pouting lip.*



After

Permanent lip enlargement using the patient's own tissue

Dermis, or the deeper layers of the skin, has been used as a graft for many years, but recently has become popular for lip enhancement. The tissue is harvested as a by product of some other operation where it would otherwise be discarded - e.g., abdominal reduction, breast reduction, facelift, etc. The epidermis or outer skin is removed and the shaped dermis threaded through from one side of lip to the other. The advantage is that this tissue takes well as a graft because it is the patient's own tissue therefore there will be no problems of allergy. The graft may not take fully and there will be some thinning of the dermis with age. However, good results can be achieved. It is a bigger procedure, producing more swelling for longer (one to three weeks) and can also create complications of infection and bleeding, as in any operation. An alternative graft to dermis is fascia (the covering of muscle). This can be the temporalis fascia from the covering of the temporalis muscle under the scalp at the temple, or from elsewhere. Lip enhancement by injection or graft is limited by the amount of vermilion or mucosa of the lip that is available. Some older people have

very limited amounts of vermilion.

Surgical advancement of the vermilion

The mucosa of the inner side of the lip can be advanced downwards to make a fuller lip or even advanced downwards and round to replace normal skin. This last operation will however destroy the normal white line. These reconstructive procedures tend to be used to treat congenital deformities and those acquired through injury or disease.

Which procedure is the best?

There are many procedures that can be used to enhance the lips. Some patients prefer temporary ones as they can change their minds. They may also wish just to try the appearance of larger lips as a preliminary to something more permanent. Many patients and surgeons will prefer to use the patient's own tissue, although the injections are simpler. The choice will depend very much on the patient's wishes and the surgeon's experience.

DISCLAIMER:

This document is designed to supply useful information but is not to be regarded as advice specific to any particular case. It does not replace the need for a thorough consultation and all prospective patients should seek the advice of a suitably qualified medical practitioner. The BAAPS accepts no liability for any decision taken by the reader in respect of the treatment they decide to undertake.