



THE
IMPLANTS
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*Saline-filled
permanent lip
implants
present
customizable
options*

THE MOUTH MODIFIED

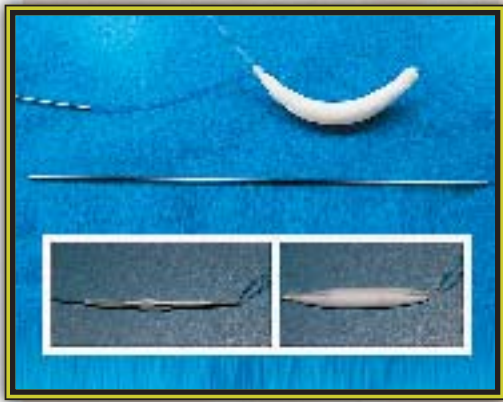
Nancy A. Melville

STAFF CORRESPONDENT

Facing tough competition from ever-improving temporary fillers, the latest in permanent lip implants offers an intriguing twist — it's fillable. The saline-filled implant, called VeraFil (Evera Medical, Foster City, Calif.), provides physicians with the ability to adjust the amount of saline

in the implant, thus customizing the fullness of the lip. The device has an outer membrane composed of thin, expanded polytetrafluoroethylene (Gore-tex) that is bonded, only at the ends, to a silicone inner membrane. Once implanted, the saline volume is adjusted via a removable fill tube and a self-sealing microvalve.

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Photograph of VeraFil implant with filler tube and tether sutures attached. The implant is flat for insertion and is then filled with saline after placement (*insert*).



24-year-old female patient before (*left*) and six weeks after (*right*) placement of upper and lower VeraFil implants.



Same patient exhibiting normal animation after implant placement.

Reprinted with permission from Niamtu J. Experience and Evaluation of a New, Saline-Filled Implant for Cosmetic Lip Augmentation. *Am J Cosmet Surg.* 2007:24.

THE MOUTH

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Joseph Niamtu, D.M.D., who recently published a study on the VeraFil implant, says the implantation process is simple and offers the advantage of saline, which provides the same natural texture of the lips.

“The benefit of the saline implant is that it will always be pliable because it’s liquid and is more inherent to the natural feeling of the lip tissue,” says Dr. Niamtu, a Richmond, Va.-based oral and maxillofacial surgeon specializing in facial cosmetic surgery.

LIP FLEX According to Dr. Niamtu, implantation with VeraFil is easy, and the ability to customize them is a big advantage. “The implants are very easy to place — you make a tunnel through the lip in the same way you place any lip implant, and then when you inflate it with saline, you have control of the size. I call them the ‘five-minute lips.’”

In a study involving 25 implants, Dr. Niamtu reported no mechanical failure or displacement, and no incidence of extrusion or infection. Two implants were removed or repositioned due to improper placement. As of last June, Dr. Niamtu reported that 102 implants had been in place for more than a year, with 32 in place for more than 18 months. There was one confirmed infection and one suspected infection, as well as one case of dehiscence through the incision. One implant shifted and needed to be replaced, and there were no cases of late extrusions.

Dr. Niamtu cautions that patient selection for lip implants is important and advises against using them in smokers or patients who make a living with their lips, such as scuba divers or woodwind or brass musicians.

SELECTIVE UPTAKE The new implants do have a place in the market, particularly because they give the physician the ability to shape the lip according to the patient’s wishes, says

Andrew Jacono, M.D., F.A.C.S. “The [VeraFil implant] represents an advance in technology and it’s good to have a certain amount of customization,” says Dr. Jacono, head of Facial Plastic and Reconstructive Surgery at North Shore University Hospital Manhasset and assistant clinical professor in the Division of Facial Plastic and Reconstructive Surgery at The New York Eye and Ear Infirmary.

That’s not to say he uses them, however.

“It’s not that I don’t think this is a good product, or at least potentially good, but my perspective is that the lips are a very thin, soft and movable portion of your face,” he says. “I think when it comes to using a synthetic foreign body in a movable part of the face such as the lips, which are constantly moving – kissing, speaking, chewing and smiling, there is a real risk of having a significant problem.”

Dr. Jacono says that, over the years, he has removed synthetic implants from patients due to problems ranging from scar contracture or fibrosis to difficulty in moving the lips and extrusion of the implant.

OTHER OPTIONS About 70 percent of his lip augmentation patients choose temporary fillers, but the rest desire permanent augmentation, and for those requests Dr. Jacono instead looks to the patient’s own natural body tissue for material.

“There are a host of permanent procedures using the body’s own soft, pliable tissues that give permanent results and that won’t be rejected by the body. Considering that these options are available, I don’t really see the need to go to a synthetic implant.”

Procedures Dr. Jacono uses include dermal fat grafts, SMAS lip augmentations and autologous fat transfers.

“When you’re talking about something like breast augmentation, there aren’t a lot of options, but with lip augmentation there are a whole host of options. So if I can do it with something that is not synthetic, of the body and has essentially a zero risk of having extrusion or infection, why wouldn’t I use it?”

Dr. Niamtu says that even though he has seen successful results with the VeraFil implant, he also approaches permanent implants with caution and usually only offers implants after patients have had a chance to use injectables first to make sure they are pleased with the results.

“The fact is, lip implants are not for everyone, and with all the new filler choices, it’s easy to customize the lips any way you want.”

GROWING MARKET But recent figures from the American Society for Aesthetic Plastic Surgery indicate that when it comes to lip

augmentation, there is still a growing market beyond fillers: The statistics show that lip augmentation procedures — other than those utilizing injectable materials — increased from 8,776 in 2006 to 10,673 in 2007, with a 27.4 percent increase among women. ◀

Disclosure

Dr. Niamtu is a consultant for Evera and has received lecture honoraria.

Reference

Niamtu J. Experience and evaluation of a new, saline-filled implant for cosmetic lip augmentation. *Am J Cosmet Surg.* 2007;24.

For more information

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