

# Merz Aesthetics Partnership in Practice conference: The King's Fund, London

The recent regional Merz Aesthetics Partnership in Practice conference brought together several cosmetic nurses and doctors to discuss the management of complications and demonstrate best practice when injecting the upper, middle and lower regions of the face. Aesthetic nurse Trudy Friedman reflects on the highlights of this educational event and gives it her stamp of approval

The Merz scientific programme was devised and led by eminent experts in the medical specialty of facial aesthetics, and delegates were provided with a unique opportunity to review the latest developments in the field. Merz's philosophy strongly lies in education and providing a forum for peer-to-peer interaction. It has a particular forum on safety and adverse event management. Stefanie Williams opened and chaired the conference, sharing her insights into clinical practice and adverse event management.

## Legal issues in aesthetics

Kate Hill, a lawyer who specialises in clinical negligence, gave a lecture about a legal framework and related issues in aesthetic medicine. One of the key issues mentioned was patient consent and the importance of understanding the bigger picture and its implications. Record keeping using facts and not opinion was emphasised, as well as the use of before and after photographs. It was stressed that consent forms with tick boxes are not evidence of explanation to patients. However, repeat treatments using prior consent were said to be valid as long as the patient's medical history had not changed and this was clearly documented.

## Treatment complications

Chris Inglefield and Fiona Collins presented an expert consensus on botulinum toxin and dermal filler complications.



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## Recognising and minimising complications in practice

The paper covered facial anatomy, including key muscles and the arterial and venous supply. Panel speakers first described how to recognise and minimise complications when treating the upper face with toxins or dermal fillers. Mid-face indications such as tear trough procedures were also identified as the most challenging areas to treat with dermal fillers, particularly when lifting the lateral and medial fat pads. The key to success in this area was said to be good patient assessment. Recommendations were also given for the use of cannulas and low-viscosity hyaluronic acid (HA) fillers.

The speakers then discussed how to avoid complications with other indications such as nose shaping, cheeks and nasolabial folds. Face mapping was strongly recommended with particular attention on the infraorbital rim, infraorbital foramen alar-tragal line and the medial canthal line. With regards to the lower face, the panel covered toxin dosages and avoiding complications, as well as using an HA in the lips and marionette lines.

## Risk reduction and treatment

Risk reduction and treatment focused on managing patient expectations. It was emphasised that a full pre-treatment facial assessment is key and that practitioners should provide a result with a balanced outcome, especially when more than one area of the face is being treated. We were advised to understand the products we choose to use, and maintain correct depth when injecting.

Aseptic technique and the use of chlorhexidine before treatment was suggested for pre-facial cleansing, and it was highlighted that scrupulous attention to hygiene would reduce the risk of post-treatment infection. Advice was then given on how to reduce

bruising, bleeding and swelling, along with the management of lumps and bumps.

Vascular complications were detailed and advice was given on how to avoid them and what to do if this complication occurs. Additional advice was given on hyaluronidase, glyceryl trinitrate (GTN) paste, massage techniques and immediate intervention.

Following on from this, the ideal content for a resuscitation bag was detailed along with the recommendation of oxygen being available in the clinic. Anaphylaxis and hypersensitivity were explained in detail and we were advised to follow the algorithm of the Resuscitation Council (UK) (<http://www.resus.org.uk/pages/reaction.pdf>).

## Anatomy and technique

The afternoon session was more practical, with Kate Goldie and Michael Prager combining their personal experiences. This involved live demonstrations on anatomy, injection techniques and specific considerations. Prager injected several indications on the face with great anatomical advice and considerations from Goldie. Gertrude Huss then continued with lower face anatomy, discussing case studies and giving great advice regarding toxin dosages. She shared troubleshooting advice and gave excellent guidance when using products in the lower face.

## Conclusion

The day was invaluable for aesthetic doctors and nurses, whether at the beginning of their career in aesthetics or experienced practitioners. Effective learning programmes encourage safe practice and enhanced patient care. Maintaining knowledge and practical skills is paramount for safe and effective clinical practice. The day certainly gave us food for thought and speakers shared excellent presentations and knowledge. ◀ JAN