



Big Kiss

By Dr. Joseph Heik - February 2013

Angelina is usually the name on everyone's lips when asked to nominate a standout pout, lush and bee-stung, both Mother Earth and A-list Goodies.

According to a scientific survey released this year, fuller lips also make a woman look more youthful.

The Likewise funded study, conducted at seven universities, made the findings after analyzing the faces of 162 white British women aged 45 to 75 as well as 102 pairs of Dutch female twins between the ages of 59 and 61.

Scientists found that "lip height" was correlated by genes, with men and women rearing their full lip volume in young adulthood.

Lips begin to shrink between the ages of 30 and 40 for most people, the study reportedly found, causing a person to look older than they are (supporting speculation that Angelina, 35, may have had human intervention in recent years to maintain her mouth's divine dimensions).

"When we identified people who looked younger for their age, we were struck by the difference in their lips," University research scientist David Carr said.

Of course, we haven't needed a bunch of scientists all these years – centuries, in fact – to alert us to the lure of lush lips. And with the advent of injectable dermal fillers over the past 20-something years it has been possible to pronounce and God-damn genes. And not always with pretty results – see the trout-pout phenomenon.

One who fell prey was American TV star Lisa Rinna, who underwent surgery in August to fill the trough in her pout she inadvertently acquired more than 20 years ago; her lips, the fact, "had started to define who I am."

She wasn't wrong about that. A youthful whine at 25 to emulate Barbara Hershey's pouty lips in the Betty Midler movie Beaches initially reaped thrilling results. "Plump and beautiful," as Lisa has said.

It was the late 80s, when injectable dermal fillers were in their genesis, and Lisa's upper lip was augmented with silicone. Uh-oh ...

Five-year-age silicone in faces and breasts (or anywhere but building works and household odd jobs) has long proved to be a very fast road, as though Hershey will attest.

Essentially, the silicone swayed and hardened, forming scar tissue and turning Lisa's upper lip into something of a calcification. Swollen larger than her lower one, it distorted the natural symmetry and made her mouth the magnetic focal point of her face (physically, and of considerable ridicule for many years).

Her husband, fellow actor Harry Hamlin, has said Lisa's lips never bothered him; it was her beautiful eyes that captured his attention and have had to focus through 15 years of marriage (it wouldn't hurt, either, that 47-year-old, mum-of-two Lisa has one of Hollywood's hottest bodies ...).

But to the world at large, Lisa's lips preceded her. When I interviewed the actress for a magazine in the late 90s, I viewed myself that I wouldn't stare at her mouth. "Yet as I sat across the table at lunch, I was compelled. It wasn't that, in the flesh, it looked bad or anywhere near as big as I figured many people would think it. It was hard to look at and funny, nice and interesting as she was, however, I still found myself interviewing Lisa's upper lip.

She once commented that her lips "made me who I am" and, for better and worse, Lisa was right. Although she looks fabulous post-oh – her surgeon recombed and reduced the volume by about 30 per cent – with her old mouth back she just doesn't look like the first act of the older 20 years, anyway.

Having made her name in Hollywood daytime soap *Days of Our Lives* in the early 80s, followed by a headline-grabbing role on the TV series *Baywatch* (1989-96), Lisa managed to keep her celebrity profile front and center throughout the 90s despite the lack of prominent roles (she and her spouse are currently promoting their new reality TV series in the US, *Harry's Love Life*). You can't doubt the latter ...

While a stunning, entrepreneurial Hollywood actress has been able to parlay such misfortune into an arguable career move, there are no such "daytime" outcomes in real life. A blotch of inappropriate cosmetic enhancement looks plain bodacious or inappropriate, with attendant physical distortion and emotional distress.

If the backstory of summer invites putting one's lips into sun-kissed glow, are considering non-surgical lip augmentation with dermal fillers, consideration and moderation are key.

Successful cosmetic enhancement of the lips – as any part of the body – is an art form and tailored to an individual's proportions and personality.

"Most women patients of mine would prefer to have no enhancement at all rather than have a treatment that appears obvious or 'done,'" says Dr. Joseph Heik of Sydney's All Saints CosmeoMed clinic.

"In general, this is down to the practitioner and their experience and technique. The latest high-tech products (such as Esthetic's with CPM technology) now allow very superficial injecting which will smooth out the lines, like those on the upper lip without the side-effect effects (lump, contour and the like) of products injected over the years ago. In order to get a result that is very 'obvious' you really have to set out with that intention."

Walking into a doctor's surgery these days brandishing a photo of an actress's pouty lips that you want planted on your own is going to get you very far, says Dr. Heik.

"I would give her the reasons behind my advice and let her decide if it would be to balance and harmony in her face. If not convinced, I would allow a two-week cooling-off period for her to think through her decision. In most instances they return for a more conservative approach."

Dr. P? Parmer of Miami Cosmetic and Laser Clinic in Sydney adds: "Generally patients agree with the advice of the injector. Sometimes, however, when the expectations are inappropriate then we have two options, either decline treatment and refer them to another doctor for a second opinion or opt with a small amount and gradually build up at the next appointment, say two weeks later."

"Also, it may help in some instances with using a software where you download a [patient's] picture and edit it on the computer screen, which gives them a virtual image to help make their decision."

Dr. Heik says, however, that generally among Australian patients, the trend is out: new, natural-looking results are what patients are demanding. "A balanced, symmetrical look of pouty lips. We can provide something like that, creating a fuller and curved outline to the lips, create a cupid's bow, define definition to the border and create projection. This is particularly important in women 30+, as age and volume loss, the top lip appears to lengthen as it moves out."

"There are two ideals of upper vs. lower lip," he says. "That is 1 to 1 or 50-50. The upper lip should rise about 0.5-1 mm in front of the lower lip on the profile view."

An ideal pout is hard to define, continues Dr. Parmer. "It is a personal choice but in aesthetic sense a protrusion and projection is called a pout. Different cultures have a different sense of pout, South Americans and Middle Easterners like the upper lip larger or equal to lower lip, other cultures like them other way around. A good pout is where the upper central part of lip is rolled out and has a visible cupid's bow."

What are the general rules to be observed when augmenting lips (eg. a surgeon writing for an American site I was just reading said that the lower lip should always be about 20 per cent larger than the upper lip. When the lower lip is "purpled" and the lower lip left untouched, that's when it becomes obvious "void" has been "done")

Dr. Heik: We need to mimic nature and not design our own version of lips. 1:1.6 is ideal. A

Dr. Parmer: Again it is all about shape and size, depending on the size of your upper and lower face and oval or square faces the size of upper lip varies, but as a general rule the lower should be more than upper lip 20%. The trend has changed and we are finding the generation X was bigger upper lip.

Apart from making lips look fuller and purpler, what other benefits does lip augmentation have (eg. does it help other and prevent more lip lines forming)?

Dr. Parmer: There is an argument that using dermal filling injections actually stimulates collagen formation so that subsequent treatments will be less frequent and require less quantity of product. We often find that, in fact, a patient is happy with subsequent treatments and, rather than reduce the amount of product, looks at other areas, such as neck, forehead and the mid face.

Are there different "rules" for women of different ages when having lip augmentation?

The general rule is that an overdone result is never appealing, so when in doubt, under correct and plan a further treatment later if necessary.

How many men on average – if any – would approach you for the procedure?

Very few – this is still a female-dominated procedure, although we have corrected many asymmetries after accident, illness or removal of skin cancer, for example. Men generally are not as diligent as women in following up their treatments, so permanent filler is often a good option, after they have achieved the appearance they want with the temporary product.

What medical fillers are used in lip augmentation?

Esthetic is used in the upper lip areas for lines or wrinkles, and in the lip border to reduce definition of lip and create definition to the shape.

Fontelle is used to create lip volume, to create projection or 'pout', and give dimension to the lip body for a kissable youthful lip. We also use Fontelle to fill any depressions at the side of the mouth.

And if you have already tried dermal fillers and want a result that last for 7 years, I would use Aquamid – the only permanent filler available in Australia.

Is Aquamid appropriate for use in this area, to achieve as good as permanent fuller lips? If so, I imagine it would only be used after a woman has had lip augmentation previously with fillers that last months rather than years and knew the shape suited her.

Exactly. Although Aquamid as well as temporary fillers can be reduced / removed, the ideal situation is to establish the treatment that gives the best outcome using right product and slowly building the volume with permanent fillers.

What is someone asked for Aquamid in the lips straight off the bat?

It is preferred that we use temporary fillers to establish a treatment plan and, when satisfied, use the permanent product. Generally I would not treat with Aquamid at the first appointment.

If a patient is unhappy with the shape of their lips, can the fillers be "dissolved"?

Yes – there is an injection that can 'dissolve' Hyaluronic Acid – it's called Hyaluronidase. It is an enzyme that breaks down hyaluronic acid by breaking down its polymer structure. But it's not permanent and we would rather go forward slowly that give a client a situation she won't be happy with. So we under-correct and then make a slow up adjustment if necessary.

The Hyaluronidase injections can be done several days after the initial treatment when any swelling has reduced. Localised allergic reactions to hyaluronidase were frequent in clinical studies on this subject and patients with a history of allergy to the venom or to its preparations should be alerted.

In relation to Aquamid, again the product can be removed but it's not the preferred option. Some experienced injectors will complete the treatment with saline solution to dilute the result and then, a couple of days later, will repeat the procedure with the permanent filler. Like a little run. This is common with non-surgical nose correction.

Although doctors are often reluctant to comment on celebrities, are there any famous lips that particularly amuse you when it comes to how they look and what they've done to get that something has been done as a point of reference?

Dr. Heik: Jennifer Aniston has very natural lips (she has had some filler in the past) but looked good. Leslie Lohan has definitely gone overboard.

Dr. Parmer: A few names come to mind like Angelina Jolie, Scarlett Johansson and Jessica Biel which are often mentioned in terms of model desire lips but there are equal number of patients mentioning "I don't want Angelina's lips or Pamela's lips".

Any other information or observations on the topic would be most welcome.

Dr. Heik: Ensure there is harmony between lips and rest of face.

Remind patient about lip hydration. Hint: use chlorophyllin eye ointment for dry and cracked lips.

Lipstick bleeding is easily fixed with soft fillers like Esthetic.

Address the support of the lip in people over 40s as well as the lip (in lip commissure, marionette, philtrum) otherwise the lips would not sit nicely on the patient's face.

Dr. Parmer: As a general rule I spend time before the procedure understanding the needs of the patient and discussing various products available. I also prefer they bring a picture of a desired lip shape and size so I know exactly what it is that they want as some patients don't explain the shape and size they want. Also I am a strong believer in slowly increasing the volume and matching it with rest of their features.

Dr. Heik – All Saints CosmeoMed – Darlinghurst and Parramatta www.allstaintcosmeomed.com.au