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Botox + Dysport: Better together?

November 03, 2015

By Lisette Hilton

Another Doctor's View

Combining neurotoxins makes sense and can improve outcomes, in the right hands, according to Joe Niamtu, III, D.M.D., an oral and maxillofacial surgeon with a practice limited to cosmetic facial

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surgery, in Richmond, Va.

“Injectable treatments are a paradigm shift that has totally changed the landscape of cosmetic surgery. For the basics, neuromodulators and fillers are really pretty easy to use and obtain predictable outcomes. The average injector probably does it all the same; 20 units here, 12 units there, etc. Same with fillers. I have taught filler (and neuromodulator) techniques to hundreds of doctors from every specialty and for the most part a doc picks up a syringe and plumps the folds or lips and it works out OK,” Dr. Niamtu, a fellow of the American Academy of Cosmetic Surgery, tells *Cosmetic Surgery Times*.

In every discipline, however, there are devotees that totally embrace care, precision and art in what they do.

“This same art and precision carries over into cosmetic surgery. Many injectors love what they do and continually challenge themselves to improve their art. This requires experience, the ability to challenge dogma and close observation and follow-up of patients and techniques. Some docs do injections, and some docs are students of the art,” Dr. Niamtu says. “Also adding to this there has been a big change in patient desires. As Dr. Aguilera mentions, no one wants a frozen face now. Fifteen years ago, patients would get mad if they had movement, and now they get mad if they don’ have movement.”

Dr. Niamtu estimates that about 30 percent of his patients are using fewer neuromodulator units for each area.

“Whereas many patients used to get 40 Botox units in the frontalis and glabella, we may now treat the same area with 15 units. This is probably a combination of patients wanting less paralysis and me becoming more accurate and precise in my technique,” he said.

“Regardless of ‘standard injection technique,’ artistic injectors have learned how to deliver maximum results with less product. They also have learned to harness the strengths and



Dr. Niamtu

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weaknesses of the available products.”

Dr. Aguilera’s combined approach, using Dysport and Botox, is a good example of understanding what works well in one’s hands and how to harness that for precision treatments.

“Regardless of what the literature says about diffusion, Dr. Aguilera tailors his injection technique by how products work in his hands,” Dr. Niamtu says.

While Dr. Aguilera’s approach is novel, combining products on the same patient is not new.

“I have patients that tell me what to put where and how much to put. I embrace this as they have input in their treatment,” he said. “It is also very common for me to use multiple filler products on the same patient.”

In the end, Dr. Aguilera’s technique is evidence of physician refinement of products to more precisely benefit the patient, which of course, benefits the doctor, too, Dr. Niamtu says.

Disclosures:

Dr. Aguilera is a consultant and trainer for Merz. Dr. Niamtu is an advisory board member for Allergan and Valent.



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Lisette Hilton

Lisette Hilton, president of Words Come Alive, has written about health care, the science and business of medicine, fitness and wellness ...



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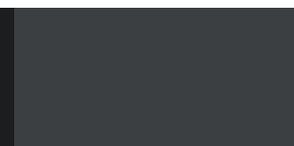
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