



Filler Crash Kit

Read This Before Injecting

If filler injection site has **severe pain** (or no pain) with **blanching** or **mottled skin discoloration** (livedo reticularis) **immediately** administer:

- **Warm compress**, massage filler out of entry site(s)
- **Nitropaste**, (2% solution of Nitroglycerin absorbent paste) apply topically to the area
- **Baby aspirin** (81mg of acetylsalicylic acid); orally
- **Supplemental oxygen**
- **HYALURONDASE**
- **Inject** 300 units of Hyaluronidase (2cc in a 3cc syringe, with 0.2cc plain Lidocaine 2% , 27 g-needle) into subcutaneous tissue in area of discoloration
- **Massage** Hyaluronidase into tissue
- **Repeat** every 40 – 60 minutes until skin circulation is restored to a bright red appearance (Hyaluronidase can be liberally injected, 1000-8000 units or more)
- **Restock** Hyaluronidase (package of 4 vials; each vial contains 150 USP units/cc; 2cc equals 300 units; store at 36-46F; always keep 12 vials on hand)
- **In the event of BLINDNESS** urgently consult an ophthalmologist and retinal specialist for possible retro-bulbar injection of Hyaluronidase
- **In the event of stroke**, initiate standard emergency room stroke protocol

Know filler complication risk factors:

- Deep injections (nasal radix and lateral nasal wall)
- Avoid upper lip philtrum (vessel is superficial)
- Large volume bolus (greater than 0.1cc)
- Previous rhinoplasty patient
- High pressure injection
- Small, sharp needles

Disclaimer:

The preceding methods and products are not required. They are recommendations from the ISAPS Patient Safety Committee and do not establish a standard of care. Practitioners who do not have these products should consider practicing near a facility which does and which would allow for expeditious access.