

In the event of a suspected vascular obstruction, a high dose pulsed protocol should be adopted[30]. Large volumes (**450-1500 units**) should be infiltrated over the course of the vessel [4,13,31]. Perivascular hyaluronidase will permeate vessel walls [4,32]. Massage the area to promote diffusion and mechanical breakdown. Observe and reassess capillary refill after 60 minutes. If there is still vascular compromise, repeat treatment at hourly intervals for up to 4 cycles [33]

The patient should be kept under observation in the clinic for adverse reactions and provided with written aftercare and advice. All patients should be given appropriate aftercare advice and warned about the symptoms of anaphylactic response and how to seek appropriate medical attention.

Vascular occlusion is often immediate, however there are many reported cases where symptoms of ischemia start several hours or even days later. This may be due to the filler being trapped intravascular only to dislodge later to cause an occlusion. Venous return can also be compromised by secondary swelling following injection of a hydrophilic dermal filler this can cause increased pressure to the arterial tree and a reduction in tissue perfusion.