

# AESTHETIC COMPLICATIONS EXPERT GROUP WORLD PROTOCOL FOR THE ADMINISTRATION OF HYALASE®

## VASCULAR OCCLUSION

Reconstitute Hyalase® in 1-2mls of solution (bacteriostatic saline)

Infiltrate 450-1500 units of Hyalase® over the entire area including the course of the vessel by serial puncture, at multiple depths and angles, flood the area.

Massage and apply heat.

Reassess after 60 minutes to ensure capillary refill returns to normal (<3 secs)

**Resolved**

Provide appropriate aftercare and follow up

**Unresolved**

Repeat at hourly intervals up to 4 cycles

## OTHER INDICATIONS

Reconstitute Hyalase® in 5-10mls of solution (ACE Group World recommends 5mls of bacteriostatic saline for Delayed Onset Nodules and 10mls when dissolving small amounts of filler)

Perform an intradermal patch test of 20 units of Hyalase® in the forearm to raise a 3-4mm bleb

**No Reaction/Minor Erythema**

Treat with Hyalase® - Be aware false negative patch tests occur

Amount of Hyalase® to be injected depends on volume of filler to dissolve, concentration of hyaluronic acid, particle size and cross-linking. Amount injected should be titrated to clinical effect but a general guide is 20-30 units of Hyalase® per 0.1ml of hyaluronic acid.

Use a suitable needle (length appropriate to depth and small gauge size) and inject accurately and limited to the affected area covering the upper and lower borders as well as the product or nodule directly. Injections should be at multiple sites, depths and angles to ensure complete dispersion and apply vigorous massage.

Observe the patient for 60 minutes to ensure no adverse reaction occurs.

Review at 48 hours and consider further treatment.

Consider antibiotic prophylaxis for inflammatory nodules.

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