

8 myths about fillers you need to know

Many people have opinions and prejudices regarding aesthetic treatments, so perhaps we shouldn't be surprised that there are many myths and misconceptions about fillers. Myths can often lead to worries and concerns about things that may not be true. Here we will go through eight common myths about filler treatments and give you the facts.

Myth 1: Fillers can be injected by anyone

No, fillers cannot be injected by anyone. Only a qualified healthcare practitioner should perform filler treatments. Depending on your country's legislation, this may include plastic surgeons, cosmetic clinicians, dermatologists, cosmetic dentists or aesthetic nurses.

A qualified practitioner has the required medical training and will meet the necessary safety standards when performing filler treatments. They will also know how to assess your face and tailor the treatment to you.

Myth 2: Getting dermal fillers is painful

During a filler treatment, the healthcare practitioner will prick the skin with a needle and inject a small volume of filler gel. So, with needles involved, we can certainly experience a bit of pain or discomfort during the treatment.

However, most dermal fillers contain lidocaine, a local anesthetic that reduces the pain and makes the treatment more comfortable. Your practitioner can also apply a numbing cream for additional pain relief.

It's worth remembering that qualified healthcare practitioners have treated hundreds or even thousands of patients. They are familiar with helping those of us who are worried about pain and can help alleviate both our pain and worries.

Myth 3: It will be obvious that I had dermal fillers

Filler treatments don't have to give us a typical "filler look" or make us look over-treated. Minor adjustments – tweakments – can look very natural. We can make small, continuous changes until we achieve the look we desire.

Our face changes with age. With tweakments, we have the possibility to adapt the filler treatments to suit us at every stage in our lives. A prerequisite is that we consult someone who can assess our face properly and knows how to individualize the treatment to us.

Myth 4: Fillers always look fake

When we consult a qualified healthcare practitioner, they will tailor the treatment to our own unique needs and aspirations. Some of us want a dramatic effect from our filler treatment, whereas others want a natural-looking result.

If we want a natural-looking result, it's important to bring this up with our practitioner. Before our treatment we will always have a consultation, and this is the perfect moment to discuss what we want the final result to look like.

A natural-looking result is also what many, if not most, healthcare practitioners strive to create. As Dr. Jackie Yee, a leading plastic surgeon specializing in aesthetic dermatology pointed out in a recent interview: [1]

"I'm always thinking, how can I make sure that this patient stays looking like themselves? Natural and enhanced."

Myth 5: If I don't like it, I will be stuck with it

You will not be "stuck" with your filler treatment forever. Fillers are long-lasting but not permanent. You can expect them to last between 3-12 months and for some fillers even 1-2 years.[2]

You can therefore continue to make small changes and tweaks over time. Most of us don’t want drastic changes, we want the treatment to be natural-looking. The tweakment approach offers us this opportunity.

Myth 6: It takes a long time for the filler to work

Most dermal fillers are based on hyaluronic acid. The effect from these types of fillers is instantaneous. You will see a result straight away.

However, there might be side effects such as swelling, bruising and tenderness at the treatment area. Most side effects usually subside within approximately two weeks.[3] This is when you can expect to see the final result of your filler treatment.

How long side effects take to settle can differ from person to person. Your healthcare practitioner can explain more about side effects and what you can expect in your individual case.

Myth 7: Fillers will stretch out the skin

This myth is most likely the result of a misconception about how much filler gel you actually use for a typical treatment. Fillers are sold in volumes from 0.5 to 2 mL. To compare, a teaspoon is 5 mL. These tiny volumes will not stretch out the skin and make it saggy.

If you worry about saggy skin, some good advice is to avoid smoking and too much sun exposure. Both smoking and excessive sun exposure contribute to a loss of elasticity and to the formation of wrinkles.[4]

Myth 8: The filler injections take a long time to heal

Side effects from filler treatments are usually mild. Common side effects are as already mentioned: swelling, bruising and tenderness at the treatment site.

Usually, these types of side effects resolve within two weeks.[3] However, we are all different and some of us have a higher chance of bruising.

There can be other side effects as well. During your consultation with the healthcare practitioner, you will discuss side effects and you will also be asked about your medical history. It’s important that you answer truthfully as it could affect both the treatment and potential side effects.

You will also get post treatment advice that can alleviate potential discomfort.

What about other myths?

There are of course more myths and misconceptions about filler treatments than the ones listed here. If you’re not sure what to believe, turn to a qualified healthcare practitioner for more information.

When you book an appointment, you will always start with a consultation. During the consultation you have the opportunity to ask all kinds of questions. If you don’t think everything feels right after the consultation, you don’t have to proceed with a treatment. You can say no or have a treatment at a later stage.

You can read more about filler treatments in related articles.

References

1. Interview with Dr. Jackie Yee, https://www.galderma.com/skin-science.
2. Ganceviciene R. et al, Dermatoendocrinol. 2012;4(3):308–319.
3. Time for side effects to settle/heal, example: A. Nikolis et al. ASJ 7 – 2021.
4. Finn CJ et al. Dermatol Surg 2003;29(5):450–455.

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