

# FACING *up* to AGEING

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**i** THE FOREHEAD REGION  
In youth, the forehead and frown area has a smooth, unlined appearance. In our mid-30s we see the beginning of expression lines formed by repeated muscle movements.

Their intensity increases through the 40s and 50s, until frown and horizontal lines become etched into the skin and become static, present with or without movement.

The youthful volume of the forehead decreases over time due to loss of tissue such as bone, muscle and fat under the skin. The temples become more indented and there is less support for the eyebrows and the skin and structure of the upper eyelids.

Surface changes include widespread sun damage, sun spots and pigmentation changes (brown spots and brown rashes) and a variety of lumps and bumps which are often blocked oil glands.

## TECHNIQUES FOR THE FOREHEAD REGION

### PREVENTION AND PROTECTION

Like all parts of the body, the forehead needs to be protected from external factors – the most damaging being the sun. Avoid subsequent wrinkling and deepening of expression lines by choosing a good quality sunscreen, wearing a hat (especially for those with hair loss), even choosing a hairstyle that offers some protection to the forehead.

Botulinum toxin is one of the major treatments used in this region nullifying or softening the ability to frown, reducing the depth and severity of horizontal forehead lines, and raising, lowering or reshaping the brow.

Filling substances are also useful if lines are too deep to be removed simply by stopping their causative muscles from working as they can literally fill the



expression line or wrinkle. They may also be used to replace lost volume in the eyebrow and induce an eyebrow lift.

A number of surgical procedures are also used for this region, particularly to raise the brows.

### THE EYE REGION

Some of the most noticeable changes in this area are to do with the surface quality of the skin where medium and very fine wrinkling and even more subtle textural changes can create an aged appearance. Again it's advisable to protect yourself from the sun by wearing sunscreen, hats and sunglasses to minimise potential damage to this area of the skin.

Crow's feet tend to be less of a structural issue, relating more to the dual effects of sun damage and continuing movement caused by smiling, squinting because of the sun or smoking, frowning and grimacing. At first, usually in the 30s, they are only noticeable when you smile or frown but in the 40s they tend to become visible at rest.

In the 50s and 60s, these lines, like those of the crow's feet area, become permanent. Dark circles also form as a result of loosening tissue and muscle.

In the lower lid area pads of fat may start to form, caused by weakened retaining structures and muscles. As a result the mid-cheek can descend. The result is an area full of undulations rather than one that slopes gradually and seamlessly from eyelid to cheek.

## TECHNIQUES FOR THE EYE REGION – PERIORBITAL REJUVENATION PREVENTION AND PROTECTION

More and more this area is being addressed as a whole rather than treating just one area in isolation; this is called periorbital rejuvenation. Non-surgical and surgical treatments are available, sometimes a combination of both.

Non-surgical solutions may combine botulinum toxin to raise the brow, soften crows' feet and lines under the eyes, whilst fillers can add volume and support the underlying facial structures. Chemical peels, fractional resurfacing, plasma skin resurfacing and 'ablative' lasers can address static, sun damage-induced wrinkles. Tightening may also be achieved by radiofrequency machines.

Surgically procedures include removing upper eyelid excess tissue and lower eyelid fat pads with lasers or scalpel treatments.

Hollowness underneath the eyes may be addressed by a variety of injectable filling agents, mid-facelifting procedures or via the insertion of surgical implants or fat transfers.

## THE CHEEK AND NOSE REGION

The volume loss caused by diminishing fat, muscles and/or bone, allows the cheeks to fall victim to gravity descending with jowls at the jaw line and heavy, nasolabial grooves developing from the corner of the nose to the corner of the mouth. Sun-damaged skin is often responsible for secondary smile lines and mid-facial wrinkling. Sun-related spots, age spots and hormonal pigmentation are often at their most obvious in this area. Blood vessels are particularly common in this area due to sun damage and diseases such as rosacea. As the nose ages it seems to droop towards the upper lip.

## TECHNIQUES FOR THE CHEEK AND NOSE REGION PREVENTION AND PROTECTION

There are surgical or non-surgical options available to rejuvenate this area. The cheek can be lifted surgically by selective facelifting techniques and non-surgical attempts such as radiofrequency and ultrasound skin tightening of tissues have also been developed recently.

Volume loss and hollows in mid-cheek, temples, under the eye and displacement can be replaced by fat transfer from areas

of the body or by deep, long term but temporary tissue filling agents.

Blood vessel lasers or light sources may be used to diminish or remove colour issues such as broken blood vessels and capillaries. Likewise, pigmented lesions may be removed by low- or medium-strength chemical peeling, pigmented lasers, fractional lasers or light sources.

Fine or medium wrinkling and other aspects of superficial sun damage may be improved by resurfacing techniques such as medium-strength chemical peeling, laser resurfacing or the newer fractional resurfacing lasers.

## THE LOWER FACE REGION

The main focal point in this region is of course the lips. The youthful fullness of both the lips themselves and the tissue above the lips decreases with age as the

lips thin and appear to lengthen. This loss of volume is a major cause of the vertical wrinkling. Although upper lip wrinkling is very much affected by our genetics it is exacerbated by sun damage, smoking and how we speak. This

vertical wrinkling of, and around, the lips is especially annoying for lipstick users as product tends to bleed into the creases.

The area in front of the developing jowl deepens with increasing years and begins to merge with the developing groove at the angle of the mouth. The chin itself becomes softer and seems to blur into the neck but may also appear a little pronounced as it tends to project further.

## TECHNIQUES FOR THE LOWER FACE REGION

### PREVENTION AND PROTECTION

The lower face is complex and usually needs a combination of techniques to address loss of volume. Suture and surgical facelifts can decrease the weight of tissues which producing the nasolabial, marionette folds and prejowl sulcus. The volume loss here is best replaced by deep tissue filling agents to fill the gaps between the jowls and nasolabial folds and areas including the lips.

The most exciting change possibly revolves around the filling of the lips which has gone from so often looking awful and unnatural to now looking rejuvenated and youthful as we understand more and more about their anatomy and ageing process. **PB**

*“The YOUTHFUL VOLUME of the forehead DECREASES over time due to LOSS OF TISSUE such as bone, muscle and fat under the skin.”*

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