PATIENT GUIDE

Skin Boosters: Know What You Are Having

'SKIN BOOSTER' IS AN UMBRELLA TERM
Different products behave differently. Polynucleotides, free HA complexes, HA + amino-acid products, Profhilo and r
persistent HA gels are not interchangeable. The product, treatment plane and area determine both the result and th
risk profile.

MAIN FAMILIES

POLYNUCLEOTIDES

- Plinest / Plinest Eye
- Croma PhilArt / PhilArt Eye
- Ameela
- Regenerative skin-quality treatment rather than conventional filler projection.

FREE HA / COMPLEXES

- NCTF 135 HA
- Sunekos
- Jalupro
- Neauvia Hydro Deluxe
- Hydration / biorevitalisation; ingredients and viscosity vary.

BIOREMODELLING

- Profhilo
- Stabilised hybrid cooperative HA complex.
- High HA concentration but not used like conventional contour filler.

MORE PERSISTENT HA

- AQ Prodefine Retouch
- SKINVIVE by JUVÉDERM
- STYLAGE HydroMax
- More persistent HA: filler-type vascular and delayed-reaction awareness matters.

WHY THIS MATTERS
A papular polynucleotide course, Profhilo treatment and a cross-linked HA microdroplet treatment can all be market
'skin boosters', but their expected swelling, persistence, complication profile and aftercare are not identical.

PRODUCT GUIDE

Polynucleotides + Biorevitalisation

POLYNUCLEOTIDES

PLINEST • CROMA PHILART • AMEELA

- Used for skin quality and regenerative/biostimulatory goals rather than conventional volumising projection.
- Eye-specific formulations may be selected for peri-orbital skin quality.
- Temporary papules, redness, tenderness, bruising and swelling are expected; results build across a course.

FREE HA / MULTI-INGREDIENT PRODUCTS

NCTF 135 HA + HYDRO DELUXE

- NCTF 135 HA combines free HA with a multi-ingredient revitalisation complex.
- Neauvia Hydro Deluxe uses linear HA with CaHA, glycine and L-proline.
- Used for hydration / skin quality rather than focal structural contouring.

SUNEKOS + JALUPRO

- HA + amino-acid product families; formulations within each range differ.
- Concentration, viscosity, intended depth and protocol are not interchangeable.
- Used for hydration, dermal quality and biorevitalisation.

PROFHILO

HIGH-HA BIOREMODELLING

- Stabilised hybrid cooperative HA complex used for bioremodelling rather than conventional contour filling.
- Usually placed at defined treatment points. Raised injection-point bumps immediately after treatment are expected.
- Do not aggressively press or flatten treatment points unless specifically instructed.

PRODUCT GUIDE

Persistent HA: AQ Retouch, SKINVIVE + HydroMax

AQ PRODEFINE RETOUCH

AQ PRODEFINE RETOUCH

- AQ describes Retouch as minimally C-linked HA using its Soft C-Linked technology, positioned for hydration, firmness and fine-line improvement.
- AQ uses a defined injection-point protocol and a pre-treatment hydration-mask concept as part of its system.
- AQ states Retouch is NOT to be used in the periorbital zone / under-eye bags.
- Because it is an injectable HA gel, vascular compromise, delayed inflammatory swelling, nodules and other implant-related reactions remain relevant safety considerations.

OTHER PERSISTENT HA SKIN-QUALITY INJECTABLES

SKINVIVE BY JUVÉDERM

- Microdroplet injectable HA gel for skin smoothness / hydration.
- More persistent than free-HA mesotherapy.
- Treat with filler-type vascular-occlusion awareness.
- Temporary bumps, firmness, swelling, tenderness and bruising can occur.

STYLAGE HYDROMAX

- Stabilised HA skin-quality injectable.
- Persistence and hydrophilicity make anatomy and oedema risk important.
- Do not self-massage persistent lumps unless instructed.
- Delayed inflammatory reactions and nodules require assessment.

MORE PERSISTENT DOES NOT MEAN 'MORE LIKE A SERUM'

Once an HA product persists as an implant in tissue, the conversation expands beyond hydration: anatomy, vascula safety, oedema, nodules and delayed inflammatory reactions matter.

BEFORE TREATMENT

Detailed Pre-Care

TELL US BEFORE TREATMENT

MEDICAL + INJECTION HISTORY

- Previous fillers, skin boosters, polynucleotides, biostimulators, threads or surgery in the area.
- Previous vascular occlusion, severe swelling, nodules, granulomas, abscess/infection or unusual inflammatory reactions.
- Autoimmune/inflammatory illness, immune suppression, bleeding disorder, severe allergy history or recurrent cold sores.
- Pregnancy, trying to conceive or breastfeeding.

MEDICATIONS + TIMING

- Anticoagulants, antiplatelets, aspirin, NSAIDs and supplements that may increase bruising.
- Do not stop prescribed medication unless your prescriber says this is safe.
- Tell us about antibiotics, steroids or immunosuppressants.
- Tell us about recent/planned laser, Tixel, peel, microneedling, surgery, dental infection/work or another injectable.

3-7 DAYS BEFORE

KEEP THE SKIN QUIET

- No treatment through active infection, cold sore, dermatitis flare, broken or inflamed skin.
- Avoid new irritating actives, aggressive exfoliation, waxing or depilatory creams over the area.
- Continue prescribed pigment preparation unless it causes marked irritation.
- Plan around events: papules, swelling and bruising may remain visible.

TREATMENT DAY

ARRIVE READY

- Eat and hydrate normally.
- Arrive with clean skin where possible.
- Update us about any new illness, infection, medication, pregnancy/breastfeeding, dental procedure or skin reaction.
- Baseline photographs may be taken.

UNDER-EYES

Treat The Peri-Orbital Area Differently

THIN, VASCULAR + OEDEMA-PRONE
Under-eye skin is unforgiving. We first decide whether the problem is crepiness, pigmentation, hollowing, oedema/festoons or a mixture. A product suitable for the cheek or neck is not automatically suitable under the eye.

POSSIBLE SKIN-QUALITY OPTIONS

SELECTED OPTIONS

- Plinest Eye / Croma PhilArt Eye and selected Ameela products.
- Selected Sunekos or Jalupro protocols.
- NCTF 135 HA may be considered superficially where appropriate.
- Papules and swelling are more visible in thin peri-orbital skin.

IMPORTANT EXCLUSIONS / CAUTION

- AQ states Prodefine Retouch should NOT be injected in the periorbital zone / under-eye bags.
- Persistent hydrophilic HA can worsen oedema or become visible in unsuitable patients/planes.
- Previous tear-trough filler matters even if placed years ago.

BEFORE + AFTER

BEFORE

- Tell us about morning puffiness, malar oedema, festoons or fluid retention.
- Tell us about prior tear-trough filler, dry eye, conjunctivitis, styes, eye surgery or new visual symptoms.
- Remove contact lenses if advised and bring glasses.
- Plan around visible swelling / bruising.

AFTER

- Small papules, redness, bruising and swelling can occur.
- Use a clean cool compress gently; no hard pressure or massage unless instructed.
- Sleep slightly elevated for 1-2 nights if swelling-prone.
- Visual change, severe eye pain, unusual colour change or escalating pain = urgent assessment.

AFTER TREATMENT

The First 48 Hours

FIRST 24 HOURS

KEEP IT CLEAN + GENTLE

- Redness, tenderness, small bumps/papules, swelling, itching and bruising can occur.
- Avoid unnecessary touching, rubbing, squeezing or pressure.
- Use a clean cool compress gently if needed; do not place ice directly on skin.
- Avoid strenuous exercise, significant heat/sauna/steam and heavy alcohol for the rest of the day or until marked redness/swelling settles.
- Use gentle skincare. Avoid strong acids, retinoids and aggressive exfoliation until comfortable.
- No facial massage, gua sha or another invasive treatment directly over fresh injection sites.

WHAT DIFFERS BY PRODUCT

PN / FREE HA / AMINO ACIDS

- Superficial papules may last hours or longer, especially around the eyes.
- Do not squeeze or flatten them.
- Temporary uneven swelling is common.
- Polynucleotide improvement is gradual rather than filler-like.

PERSISTENT HA / PROFHILO

- Profhilo treatment-point bumps are expected initially.
- Persistent HA can feel firmer or swell more in oedema-prone areas.
- Do not massage or try to flatten a lump unless specifically instructed.
- Delayed swelling or an inflamed nodule needs review.

DELAYED COMPLICATIONS

Lumps, Nodules, Infection + Granulomatous Reactions

A 'LUMP' IS A DESCRIPTION - NOT A DIAGNOSIS
A palpable or visible lump can represent product accumulation, oedema, an inflammatory nodule, infection/abscess, delayed hypersensitivity or a foreign-body granulomatous reaction. A true granuloma is a histological diagnosis.

WHAT PATIENTS SHOULD LOOK FOR

NON-INFLAMMATORY LUMP / NODULE

- Firm or palpable area without redness, heat or significant tenderness.
- May relate to product placement, accumulation or redistribution.
- Do not repeatedly press, massage or try to dissolve/treat it yourself.
- Contact the clinic if persistent, visible, enlarging or concerning.

INFLAMMATORY / INFECTIVE PATTERN

- Red, warm, tender or swollen nodule.
- Induration, increasing pain, discharge or fluctuance.
- Multiple nodules or delayed swelling weeks to months later.
- Fever or systemic illness increases concern for infection.

GRANULOMA + DELAYED INFLAMMATORY REACTION

WHY REVIEW MATTERS

- Delayed inflammatory nodules can appear weeks, months or occasionally longer after HA injection.
- Possible mechanisms include immune-mediated reaction, infection/biofilm and foreign-body granulomatous response; more than one process may overlap.
- Granulomatous reactions may present as persistent firm, sometimes erythematous nodules and cannot be confirmed from appearance alone.
- Do not self-treat with leftover antibiotics, steroids, hyaluronidase or vigorous massage. Assessment may require examination, ultrasound, aspiration/culture or other investigation.

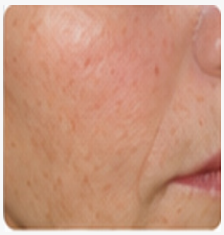
CONTACT US EVEN IF THE ORIGINAL TREATMENT WAS MONTHS AGO
A delayed reaction can still be related to a previous injectable. Tell us about recent illness, infection, vaccination, dental treatment or trauma because these may be relevant triggers in some delayed inflammatory reactions.

VISUAL SAFETY GUIDE

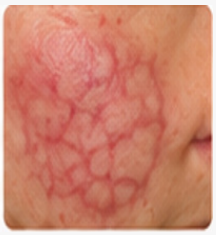
Recognising Vascular Compromise

WHAT VASCULAR COMPROMISE CAN LOOK LIKE
The appearance can evolve. Early blanching may become reticulated/mottled and then dusky. Untreated ischaemia darken, blister and break down. Pain may be severe, mild or absent early.

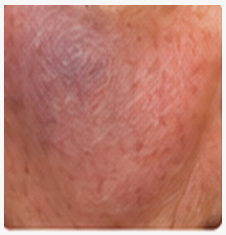
VISUAL PROGRESSION



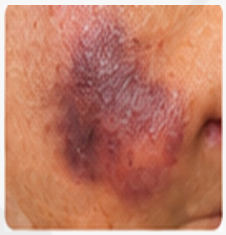
1 BLANCHING
Pale / white



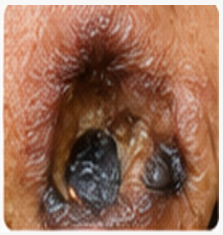
2 LIVEDO
Net-like mottling



3 DUSKY
Grey-purple

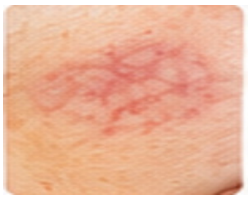


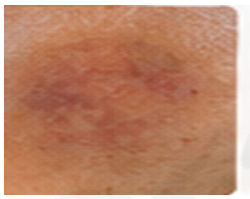
4 ISCHAEMIA
Darkening / cool

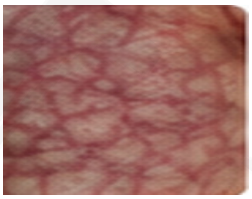


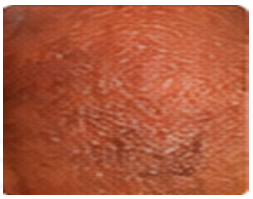
5 BREAKDOWN
Blister / eschar

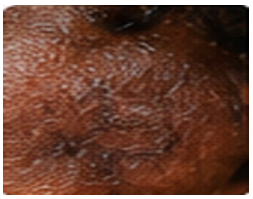
LIVEDO / MOTTLING ACROSS SKIN TONES







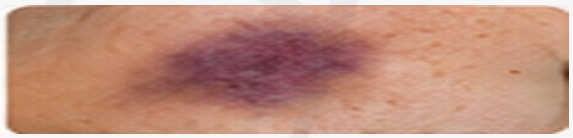




Compare with the surrounding skin: reticulation may be subtler on darker skin.

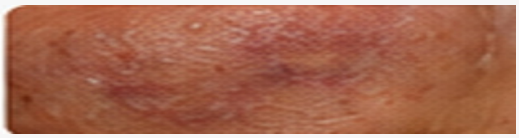
NORMAL BRUISE VS CONCERNING CHANGE

NORMAL BRUISING



Localised purple/blue/yellow bruising that gradually improves.

CONCERNING



Pallor, mottling, dusky colour, cool skin or progressive darkening.

RECOVERY + SAFETY

When To Contact The Clinic

EXPECTED EARLY

NORMAL EARLY EFFECTS

- Small injection bumps/papules.
- Redness, tenderness or mild itching.
- Bruising and local swelling.
- Temporary asymmetry while swelling settles.
- More visible peri-orbital puffiness.

MORE PERSISTENT HA

- Temporary firmness may be more noticeable.
- Swelling may last longer in oedema-prone areas.
- Do not repeatedly press or manipulate the treated area.

CONTACT THE CLINIC

NOT SETTLING AS EXPECTED

- Redness, warmth, pain or swelling is increasing rather than improving.
- A lump or nodule is persistent, enlarging, painful, hot or inflamed.
- Discharge, fever or other signs of infection develop.
- Delayed swelling or inflammation appears after initial recovery.
- Any reaction is persistent or concerning.

URGENT ASSESSMENT

DO NOT WAIT

- Severe or rapidly escalating pain; blanching, dusky/mottled colour, cool skin, blistering or progressive darkening.
- Any visual change, double vision, loss of vision or severe eye pain.
- Rapidly increasing swelling, severe allergic symptoms or difficulty breathing.
- Neurological / stroke-like symptoms.