
CONSULTATION: 3 ESSENTIAL QUESTIONS

- 1. "Have you ever had lip filler?" — Do not rely on visual assessment alone
- 2. "When was it most recently injected?" — Minimum 4-6 week wait for integration
- 3. "What product was used, and who was your injector?" — Document for records and referral pathway

PALPATION ASSESSMENT

- Run fingertip gently along the body of the lip — feel for distribution
- Well-integrated filler: smooth, uniform, no distinct lumps
- Uneven filler: lumps, nodules, or asymmetric firmness → document and adjust technique
- Border assessment: Is the vermilion border naturally defined or filler-enhanced?
- Filler-enhanced borders are temporary — document this; your work may shift as filler dissolves

SEQUENCING DECISION

- PMU BEFORE filler (preferable): Pigment placed in native tissue with predictable behaviour
- Filler BEFORE PMU: Wait minimum 4-6 weeks for integration, then assess as current anatomy
- Filler and PMU same week: ALWAYS decline — tissue in active inflammatory response
- If filler was recent (<4 weeks): Defer the appointment — do not proceed

WHEN TO REFER BACK TO INJECTOR

- Filler migration: "shelf" effect above vermilion border, or asymmetric displacement
- Vascular compromise signs: persistent blanching, unusual pain, dusky discoloration → URGENT referral
- Granuloma: firm persistent lumps beyond expected integration period
- When in doubt: pause and refer — collaborative care protects the client

PROFESSIONAL COMMUNICATION TEMPLATE

- "Dear [Injector Name], I am planning lip blushing for our mutual client [Name]."
- "During my assessment, I noted [specific observation, e.g. asymmetric filler distribution]."
- "Could you advise on whether this should be addressed before I proceed with pigment application?"
- "I am happy to coordinate timing to ensure the best outcome for our client."