## COMPREHENSIVE GUIDE TO PDO THREADS

**COMPLICATIONS, MANAGEMENT & PREVENTION** 



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#### INTRODUCTION

Welcome to this guide presented by NovaThreads, your trusted leader in PDO threads. This guide is designed to equip you with the knowledge necessary to deliver treatments that are safe and effective. At NovaThreads, we are committed to empowering practitioners with high-quality products and advanced

educational resources to ensure excellence in every procedure. With this guide, you will be equipped to master PDO threads, enhance patient outcomes, and elevate your practice with the latest innovations in minimally invasive rejuvenation.



**Dr. Kian Karimi,** NovaThreads' Medical Director and double-board-certified facial plastic surgeon in Los Angeles, California, brings nearly a decade of experience with PDO threads to this guide. His expertise provides clear & actionable insights into managing common complications, preventing issues, and refining techniques for optimal results.

#### **PDO THREADS OVERVIEW**

#### WHAT ARE PDO THREADS?

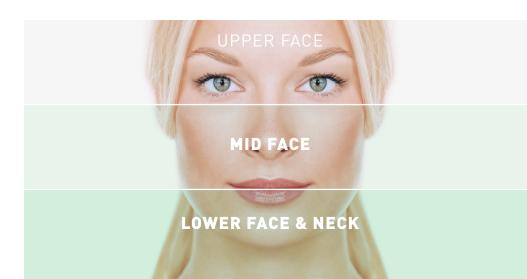
PDO (Polydioxanone) threads are biodegradable sutures used to reposition and tighten sagging skin. They stimulate collagen production and improve skin elasticity, making them a popular choice for non-surgical facial rejuvenation.

#### SAFETY PROFILE

- PDO threads are a safe alternative to injectables and permanent threads, as they avoid risks like vascular occlusion, necrosis, blindness, or stroke.
- They dissolve naturally over time, leaving behind collagen scaffolding for long-term results.

#### COMMON APPLICATIONS

PDO threads are typically used in the midface, lower third of the face, neck, and other areas needing repositioning and rejuvenation.



#### UNDERSTANDING COMPLICATIONS

#### CATEGORIES OF COMPLICATIONS:

#### 1. Nuisance complications

- Bruising
- Skin puckering or dimpling
- Minor irregularities

#### 2. Serious complications

- Infection
- Thread extrusion
- Damage to underlying blood vessels or nerves
- Migration of threads to unintended areas

#### WHY THEY OCCUR?

Complications can arise from improper technique, inadequate training, or patient-specific anatomical factors. Recognizing potential issues early & taking preventive measures is crucial.

#### **ANATOMY AND PLACEMENT TECHNIQUES**

#### IDEAL PLACEMENT

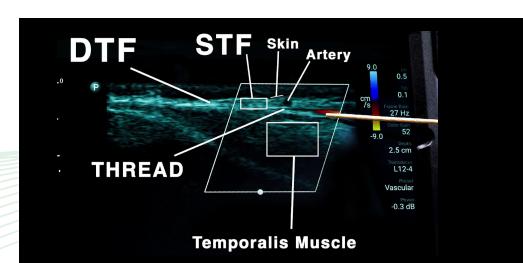
- Most PDO threads should be placed in the subcutaneous plane for repositioning effects.
- Advanced practitioners may use techniques to anchor threads in the temporal fascia or penetrate the SMAS layer for better support.

#### BENEFITS OF SMAS ENGAGEMENT

- Provides stronger support compared to superficial layers.
- Improves repositioning of the skin and contouring in areas like the mid and lower face.

### TOOLS FOR ACCURACY: ULTRASOUND GUIDANCE

Ultrasound can help identify the correct anatomical planes, assess thread placement, and troubleshoot complications. It's increasingly used in training and advanced practices.



#### RED FLAGS FOR MISPLACEMENT

- Skin puckering or dimpling indicates superficial placement.
- Patient discomfort or visible irregularities are signs that immediate correction is needed.

#### MANAGING SPECIFIC COMPLICATIONS

#### **COMMON ISSUES**

#### 1. Puckering or Dimples

Puckering or dimpling of the skin is a common nuisance complication that occurs when threads are placed too superficially. [See diagram for Superficial & Deep Irregularity in PDO Thread Complications Protocol - Diagram Booklet]

#### **Correction methods:**

- If the puckering is minor and the patient is willing to wait, it may resolve naturally within a few days as the tissue settles.
- For immediate correction, employ the unzipping technique:
  - Use countertraction to release the skin from the thread.
  - Carefully separate the thread from the dermis without trimming it prematurely to prevent further irregularities.
- In cases of persistent puckering, subcision or fillers such as ezGEL can be used to release the thread and smooth the area.
- 2. Infection [See diagram for Infection in PDO Thread Complications Protocol Diagram Booklet]
  - Start oral antibiotics (e.g., doxycycline) for two weeks.
  - Remove infected threads if visible or palpable.

- 3. Thread migration [See diagram for Migration in PDO Thread Complications Protocol Diagram Booklet]
  - Prevent by avoiding placement near mimetic muscles.
  - Visible threads can be carefully removed or repositioned.
- 4. Neuropraxia [See diagram for Neuropraxia in PDO Thread Complications Protocol Diagram Booklet]
  - Use steroids (e.g., Medrol pack) to reduce nerve inflammation.
  - Botox can help restore symmetry if facial nerves are temporarily affected.
- 5. Persistent pain [See diagram for Pain in PDO Thread Complications Protocol Diagram Booklet]
  - Consider anesthetics for pain relief or removal of misplaced threads causing irritation.

#### THREAD REMOVAL PROTOCOL

#### WHEN TO REMOVE THREADS?

- Threads placed within 6 weeks are easier to remove as fibrosis hasn't set in.
- Avoid removal attempts if threads are not visible or palpable unless causing significant problems.

#### TOOLS FOR REMOVAL

- The Threadmate device offers precision for thread removal.
   Purchase at novathreads.us/shop
- Fine forceps and ultrasound can help locate threads for removal.

#### **TECHNIQUES**

- Use countertraction to 'unzip' threads from tissue
- Inject local anesthetics for patient comfort during removal.





#### PREVENTION TECHNIQUES

#### PROPER TRAINING

- Attend specialized courses like AIAM, YK Advanced or cadaver workshops to improve your understanding of anatomy and placement techniques.
- Invest time in mastering ultrasound-guided procedures to reduce complications.

Tilt Test: During the test, the practitioner gently maneuvers the cannula or thread, tilting it slightly. If the dermis puckers or appears to be pulling onto the cannula, it indicates the thread is too superficial. In such cases, the thread should be adjusted by pulling it back to the correct depth or repositioning it entirely. This test minimizes the risk of complications like puckering, dimpling, or irregularities, allowing for immediate corrections to optimize the procedure's outcome.



The American Institute of Aesthetic Medicine

aiamtrainings.com

Advanced Acathetics
TRAINING

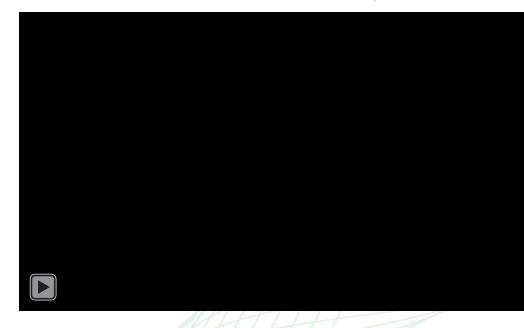
YK Advanced
Aesthetics Training

ykadvancedaestheticstraining.com

#### PLACEMENT TIPS

- Perform the **Tilt Test** to verify thread depth during placement. If the dermis puckers or adheres to the thread, it indicates that the thread is too superficial and requires correction. This technique helps ensure the threads are positioned in the appropriate plane, specifically the deep subcutaneous layer, which is crucial for achieving optimal repositioning of the skin and long-lasting results.
- Adjust or reposition threads immediately rather than trimming them, which can make later corrections more challenging.

#### 'TILT TEST' PERFORMED BY KIAN KARIMI MD, FACS



#### RECAP | BEST PRACTICES FOR SUCCESS

#### TRAINING & EDUCATION

- Keep up with the latest training programs and techniques.
- Use tools like ultrasound for accurate placement and troubleshooting.

#### PRODUCT SELECTION

- Always choose high-quality PDO threads from reputable manufacturers.
- NovaThreads offers US-made, pre-loaded PDO threads, ensuring the most rigorous safety and quality standards.

#### PATIENT CARE

Ensure thorough pre-procedure consultation and post-procedure follow-ups.

#### FINAL WARNINGS AND **RECOMMENDATIONS**

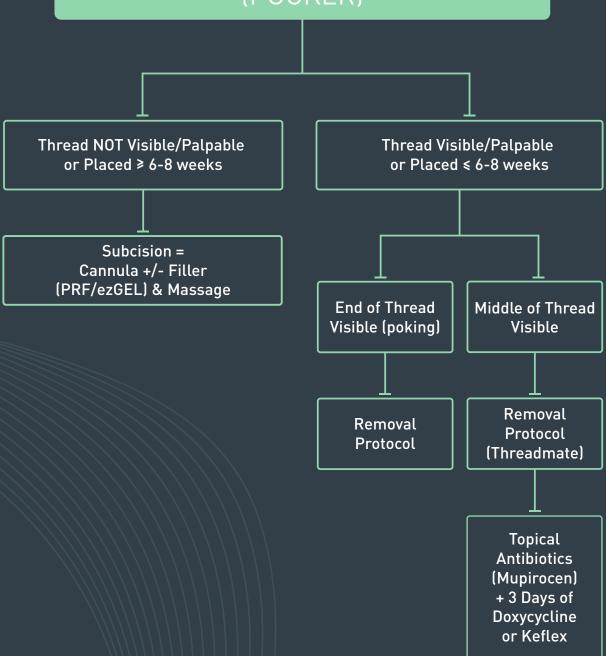
- Counsel patients on the importance of choosing skilled practitioners.
- Follow strict aseptic techniques to prevent infections and other complications.

# PDO THREAD COMPLICATIONS PROTOCOL

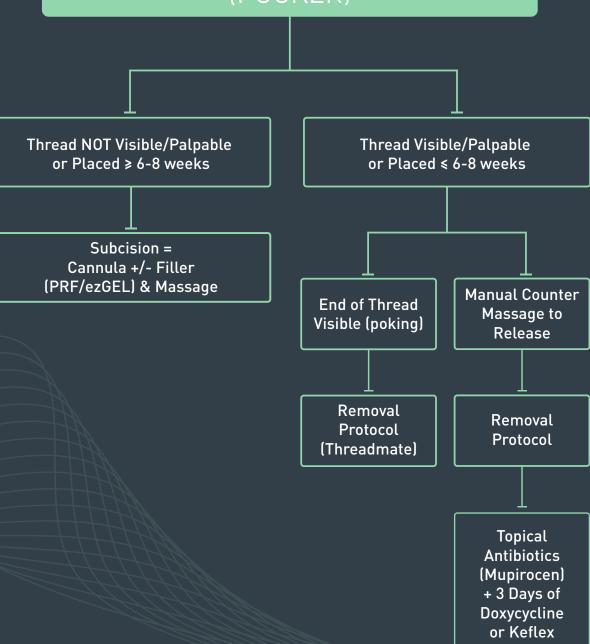
**DIAGRAM BOOKLET** 



## SUPERFICIAL IRREGULARITY (PUCKER)



## **DEEP IRREGULARITY** (PUCKER)



## **INFECTION** Thread NOT Visible/Palpable Thread Visible/Palpable Oral Antibiotics (TWO WEEKS) End of Thread Middle of Thread Doxycycline Express End Removal with + Remove **Threadmate** Clindamycin Clavulanate Topical+ Oral **Antibiotics** Amoxicillin

## **MIGRATION** Thread NOT Visible/Palpable Thread Visible/Palpable Consider Ultrasound Removal with Threadmate Localization Topical + Oral Antibiotics Observe

## **NEUROPRAXIA** FRONTAL Branch MARGINAL Branch Steroids (Medrol Pack) **Consider Small Dose** of Neurotoxin (2-4 units) Contralateral Side

#### PAIN > 1 WEEK

