

9 SHOCKING
TRUTHS ABOUT
EMERGENCIES
IN THE
AESTHETICS
INDUSTRY NO
ONE TOLD YOU.



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Are you a medic or non medic carrying out injectable dermal filler treatments?

Have you ever lost sleep over the fear of an occlusion? Maybe you've experienced one and had no one to turn to or to offer support. Or had a case you were unsure of and hoped and prayed it self resolved. Maybe you have the attitude "it won't happen to me". Keep reading. These are real cases who had the same thought processes too. Please note there is graphic, real content enclosed.

You may have carried out multiple courses to develop and grow, but if you're like most injectors in the industry, you have never carried out an emergency filler dissolve or wouldn't feel confident if an occlusion or compromise came your way.

Give me 10 minutes. Less than even. Let me open your eyes and mind to a lot of truths. Truths I'll be very surprised if you know. There is a method to my madness however, to help clinicians and patients. I can remove your fear and anxiety instantly. Get mental peace and an advantage over your competitor.

Save your career and money.

1 - YOU WEREN'T TRAINED PROPERLY

I'm not slating your skill. We train frequently and hard, spending large sums of money to perfect our needle and cannula skills, to be at the top of our game. You can carry out the perfect lip, you know your anatomy, achieve the outcome you envision and your patients are always happy. Now tell me, how many filler dissolves did you complete in any of your training courses? I'm yet to come across a clinician that said even one?! How scary is that?

If a vessel was compromised or occluded, in theory, you know what to do, but you could talk me through how to build an engine, yes, could I actually safely complete it and it be successful?
Absolutely not.

Keep this book as a just in case. It is no surprise so many of us have anxiety or lose sleep and repeat the next day. We are a product of inadequate training, but that's what insurance is for right?

Case in 2025. Patient arrives 43 hours post liquid rhinoplasty, 4 dissolves by the original clinician and 2 others. Confident you could resolve it?



This patient was having panic attacks, in a vast amount of pain and shaking. A hugely stressful experience for the patient and clinician. It took me a total of 27 hours to to be confident the blood supply was fully restored. Many other clinicians had refused to help due to the severity of the case. How would you feel in this scenario?

2 - IT'S VERY LIKELY YOU'RE GOING TO OCCLUDE, NO MATTER HOW GOOD YOU ARE.

In 2025, 15% of patients who received an aesthetics injectable treatment required some form of medical intervention or support, this includes infections, vascular compromises or occlusions. 7.7 million people had injectable aesthetics treatment in 2025.

That means 1,155,000 needed help due to a complication! This is a huge number. A very high chance one of those will be yours.

The photo you've just seen was carried out by a very experienced, "rhino" specialist. This is not to slate the injector. You can be THE best injector in the world. If you are carrying out treatment regularly, statistics say it is inevitable at some point in your career.

If you saw the photo and would love to have stepped in and help with confidence, stop reading, don't waste your time I'm sure you've got some admin you could be doing. If there was even a tiny bit of doubt, or the thought of when your day comes fills you with fear, keep reading. Your solution is in a couple more pages.

With a 100% money back guarantee, no questions asked.

3 - A&E ARE USELESS - HEAR ME OUT.

For everything else amazing. Vascular occlusion or compromise? Not so much.

The problem is, to them it isn't life or death. And in most cases, it isn't.

However in vascular compromises or occlusions, it is very time critical. Send your patient to A&E and chances are they will sit there for hours losing precious time and the tissue becoming more and more necrotic as time passes, or it is often misdiagnosed as an infection as pustules start to form and anti biotics are issued. No use for you or your patients. Do not send your patient to A&E. They will be at the back of the queue.

Something that is handy however, you should know your closet eye hospital and have all contact details easily accessible. If a patient loses sight due to dermal fillers, the likeliness of a non eye specialist being able to help is very slim. In these cases you have only 1-2 hours to locate the filler and have it dissolved and trying to find out what hospital can help and how to reach them is wasting precious time. Don't panic though, there has been very few cases in the world, so this is unlikely but you can't be too prepared.

4 - YOU'RE WORKING BLIND AND ASPIRATING IS POINTLESS

I've never understood or practiced this concept.

Why? You insert the needle to the desired depth, aspirate for a few seconds, then inject as you withdraw in most cases.

You are injecting in areas you haven't aspirated in. As soon as you move 1mm from the original point of aspiration, you are no longer "safe".

Of all the clinicians I have assisted in compromises, all of them said they aspirated ,even though the patient had then gone on to have a serious occlusion, yet none of them had a positive. I wouldn't force you not to, but it is not fool proof and personally I don't aspirate at any point.

5 - ANATOMY IS ANOTHER LIE

You learn the arteries. Where they are. What depth, nerves, foramens etc. Why?

To reduce the risk of complications. Check.

This isn't a bad habit or bit of knowledge to have. it should be the absolute minimum. It's also essential for a natural and balanced outcome and to minimise risk.

Equally, very few patients follow text book.

You cannot trust point blank that because there "shouldn't" be a vessel there that there isn't. Treat high risk areas with caution but really every site should be treated with caution. Check capillary refill, no blanching, unexpected pain etc.

6 - THE LAW STOPS YOU HELPING EMERGENCIES

This might confuse you. I personally feel it is a flaw in the system, but by law in the UK no clinic, medic or non medic led, can stock prescription drugs unless they are a registered doctors, dentist or pharmacy.

This means technically you cannot have hyaluronidase on site, doctor or not.

So if you had an occlusion or compromise, you could only treat it from the following day, at best, if you managed to get next day delivery and your prescriber to prescribe last minute! Make that make sense.

Remember time is crucial when rectifying restricted blood flow and this wastes a lot of unnecessary time. We always stock 10 vials of hyaluronidase that can be prescribed to the patient in time of need due to being a registered dental practice, which is why we launched point 10 as we were helping so many others that were helpless by law!

A lot of clinician's aren't even aware of this. The industry is a minefield and a lot of protocols and legal obligations are not clear or easily available.

7 - YOUR PRESCRIBER IS NOT YOUR GUARDIAN ANGEL (NON MEDICS)

This is not to slate PRESCRIBERS at all. They have completed extensive training to be qualified in whatever medical field they had prior to aesthetics, & have then completed further EXTENSIVE training to prescribe.

They know their stuff and of course are there to help.

From EXPERIENCE however they are more than competent to prescribe hyaluronidase, but may never have dissolved themselves or completed any more in depth TRAINING specifically for medical emergencies than you have. Ultimately it is not their responsibility to save you. The more assistance you have, the less likely a medical emergency will progress. The more people in your village the better. That is where we come in.

I have helped 9 prescribers in medical emergencies, the majority of which were nurses. Highly qualified and experienced medical professionals. They did nothing wrong, they simply weren't trained hands on in these cases so how can we blame them for not being able to rectify them?

8 - THE WARNING SIGNS YOU'VE BEEN TOLD TO WATCH OUT FOR DON'T USUALLY PRESENT THEMSELVES UNTIL ITS TOO LATE

Some of the most common signs to diagnose a compromise or occlusion include

blanching
pain
dark areas that may appear like a bruise
mottling
tinging
pustule formation
slow capillary refill

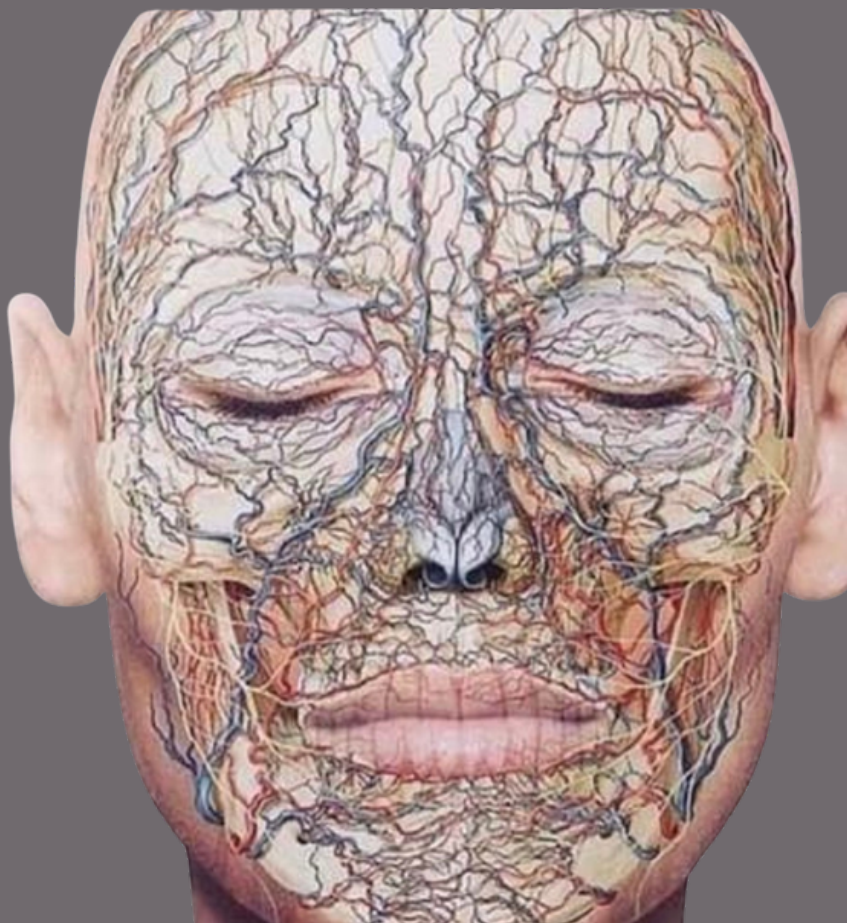
From the 27 occlusions I have reversed, not one experienced any of these symptoms immediately except the minority with slow capillary refill. They then went home and problems were most apparent 24-48 hours post treatment. In most cases if tissue does not have a sufficient blood supply after 72 hours it become irreversibly necrotic. Its too late. You have 24 hours to source the hyaluronidase, locate the occlusion and reverse it. in most cases the patient is now panicking, has severe pain and can be very difficult to treat. With only 24 hours to sort the resolution, you can now understand why A&E could worsen the situation. If you've ever been to A&E a 6-8 hour wait can be quite normal to be seen. Seen by a generic doctor on shift who may never have carried out an aesthetic treatment or seen an occlusion, let alone reverse one.

9 - TO ADD THAT LITTLE BIT MORE PRESSURE, DISSOLVING IS LIKE FINDING A NEEDLE IN A HAYSTACK

Why? Lets say you have confidently diagnosed the patient has either a compromise or an occlusion. If you're unsure of the difference between the two, a compromise the blood supply has been partially restricted so the blood supply isn't sufficient to sustain tissue long term but it will be a slower presenting complication in most cases. An occlusion, the blood supply has been completely stopped and the tissue is not getting a blood supply, therefore is starved of oxygen and will die quickly.

Back to your theoretical emergency that you have confidently diagnoses that the blood supply is restricted in some way. You managed to get a next day delivery for hyaluronidase. You then dissolve where you have injected, tracing back each injection point in the hope you will dissolve the blockage by chance, and the problem will be solved and the patient makes a full recovery without any PERMANENT complications. .

Curve ball. only 4 of the 27 cases I have resolved, the occlusion or compromise was at a site that was injected with dermal filler, the others? They had tracked along the blood vessel to other areas of the face. That now means you have to locate where the complication is from the mind field below!



In simple terms, there are a fee dozen major vessels in the face, hundreds or smaller vessels and millions of capillaries.

This is not to scare you. This is me being completely transparent from my 15 years of being medically registered with the GDC (general dentistry council) and almost 10 years injecting full time, personally hands on dealing with medical emergencies.

I've come across so many clinicians that lose sleep, worried about a patient or treatment they carried out or just the what if. Yet there is NO contingency plan. The majority hope that it doesn't happen, or deal with it when it does, in most cases, completely unprepared. If you're one of these, see it as a positive. You care. You're a good clinician acting ethically with patient safety at the forefront of your practice.

I was helping so many of clinicians in these circumstances. It then dawned on me. We pay for our business insurance to cover us if something goes wrong which is great, but by this point? It's too late. The worst case scenario has already happened. why do we not have something in place to prevent us needing our insurance company and STOPPING the CATASTROPHIC outcome become if happens. Don't most of us preach, prevention is better than cure? That's when I offered the solution to give you mental peace.

Our Emergency support cover £19.99 a month subscription that's less than your business insurance at only 64p a day!

Benefits of your subscription

- To give you instant peace of mind as soon as you join, no more anxiety with instant cover in case of any emergency so you're never on your own.
- Unlimited virtual support if you would like a second opinion on a video or picture
- FREE ULTRASOUND DIAGNOSIS usually from £799 making finding that needle in a haystack a walk in the park.
- Hands on treatment. Let me physically treat the patient and reverse the complication for you. Included in your subscription.
- No delay in treatment. We are a registered dental practice so can stock prescription drugs ready for an EMERGENCY if required.
- We always have hyaluronidase on site in cases it is required for emergency dissolving.

If you want to reduce your stress levels and reduce your chances of needing your insurance. Keep reading to find out more about our subscription. If you could confidently diagnose, treat and resolve an emergency. Leave now. Don't waste your time. If there is the smallest seed of doubt. Already sold? [Click here](#) and you could be covered in less than two minutes. No contract. 100% money back guarantee if we can't help.

Also if you're nosy or just curious, there is also some pretty horrific and scary real life cases we have resolved.

100% MONEY BACK GUARANTEE

If you have a medical emergency that we cannot help resolve, receive every penny you have paid for your subscription back in full. No catches.

We are not guardian angels. I am simply an experienced injector that, fortunately/unfortunately, depending on how you look at it, has personally reversed and resolved 27 occlusions or compromises. There has not been one we have not been able to to date. We have had clinicians and patients drive hours for assistance.

I do help if a clinician needs me who does not have a subscription of course.

My fees are below;

Diagnosis with Ultrasound £799
£150 for every vial of hyaluronidase used
Plus any prescription fees

If you want to be covered so you can have assistance 7 days a week without this cost at only £19.99 a month, 64p a day. No contract leave when you wish. The only additional fee you pay is for the hyaluronidase I use. Not £150, just the cost we pay. In most cases only 1 or 2 vials is required.

Giving you peace of mind the emergency is resolved, and peace of mind it won't break the bank. It get's better.

You pay £19.99 with no commitment that all returns to you if an emergency arises and we can't fix it.
There is no risk to you!

Also take advantage of the below;

You are unsure or nervous following a procedure?
You can send a photo or video to my team who work 7 days a week. This is to ensure, even if I am with a patient, emergency situations get my clinician assistance quickly.

I can then advise whether you have no need to be concerned and the problem is averted, or talk you through how to treat.

If you don't want to, send them my way and I'll do everything for you. Keeping you in the loop at all times, supporting the patient and you and helping to resolve the situation in a professional manor, to also help protect you.

Want to treat together? Come with your patient and we can resolve together to build your knowledge and confidence, the control is in your hands.

Where are we? Southampton Hampshire, in the UK's largest aesthetic and dental clinic.



DANICA PAYNE AESTHETICS & DENTAL
Portland Terrace | Southampton | SO15 1QE

Scroll for another graphic image that all had a
happy ending.

Real case 2024. Patient had the left hand picture the following day after jaw filler, complained of a sore mouth and capillary refill was slightly sluggish. Progressed to the right hand photo the following day. Would you have thought to check intraorally?



Doesn't look that bad?

How about now? The tissue inside his mouth was becoming necrotic, which was also impacting his teeth.



Reviews

“This subscription is genius! Twice you’ve saved me before the subscription was launched. I would have paid absolutely anything to resolve the emergency. I didn’t know what to do. I couldn’t sleep and have young children at home with little childcare so couldn’t come at the drop of a hat on a Sunday like you did. I recommend this to everyone! “

“I had never spoken to you before, you helped me last minute with such a supportive and welcoming manor, you talked me through everything (I was there during the dissolve) so now I feel more confident should it happen again and the support you offered me personally I didn’t expect. You held me with such high regard to the patient which I was very nervous about. Don’t think about it, do it!”

“We have to get our business insurance and pay lots more for no guarantee if they don’t pay out. It’s a no brainer. I’ve got my moneys worth in the first month. I sent a video expecting to dissolve, Danica advised it was fine and to monitor and the patient had no issues. You saved me the stress and carrying out unnecessary treatment! I sleep at night and finish work without anxiety. Absolutely priceless.”

Want to join and have peace of mind too?

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You are covered.

Save our contact details from the pinned post so you have all our details should you ever need us.

You're welcome. We help clinicians from all over the country. Even if you're not local, a drive down is likely to be quicker than A&E or me talking through virtually how to treat, could be all the help you need.

Other perks? I often share tips and tricks and anonymous case studies of emergencies we have resolved to help build your knowledge and skill. You can access this once subscribed by clicking the crown button, see below.

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10:48



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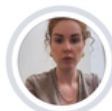
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