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FACIAL ADIPOSTRUCTURING
TECHNIQUE

The breakthrough in
facial harmonization
by **Dra. Gladys Velazco**

*“An advanced, evidence-based technique
for restoring youthful facial architecture.
Scientifically proven.”*

*“A paradigm shift in facial rejuvenation: precise
fat pad repositioning for structural restoration.”*

*“A leading approach in non-surgical facial
harmonization and contour refinement.”*

Dr. Gladys Velazco

 INNOAESTHETICS

A professional portrait of Dr. Gladys Velazco, a woman with long brown hair, wearing a white lab coat over a black top. She is smiling and has her arms crossed. The background is white with a dark teal header at the top.

Dr. Gladys Velazco
INNOAESTHETICS

FACIAL ADIPOSTRUCTURING TECHNIQUE

By Dr. Gladys Velazco

Facial Adipostructuring is an innovative rejuvenation approach that focuses on the **repositioning of the fat pads to reshape facial contours, lift, and rejuvenate the face.**

As the aesthetic community continues to explore comprehensive solutions for facial aging, it has become evident that the skin aging process extends beyond the formation of wrinkles and fine lines. **In recent years, there has been increasing recognition of the pivotal role that facial fat pads play in aging.**

In this regard, the renowned Dr. Gladys Velazco has dedicated years to researching the anatomy of facial fat compartments and has developed an effective and minimally invasive technique to rejuvenate the face and promote a balanced and harmonious facial contour.

A native of Venezuela, Dr. Velazco is a highly regarded figure in the field of aesthetic medicine. Her outstanding contributions, particularly in the development of the facial adipostructuring technique, earned her one of the most prestigious awards in the field: the

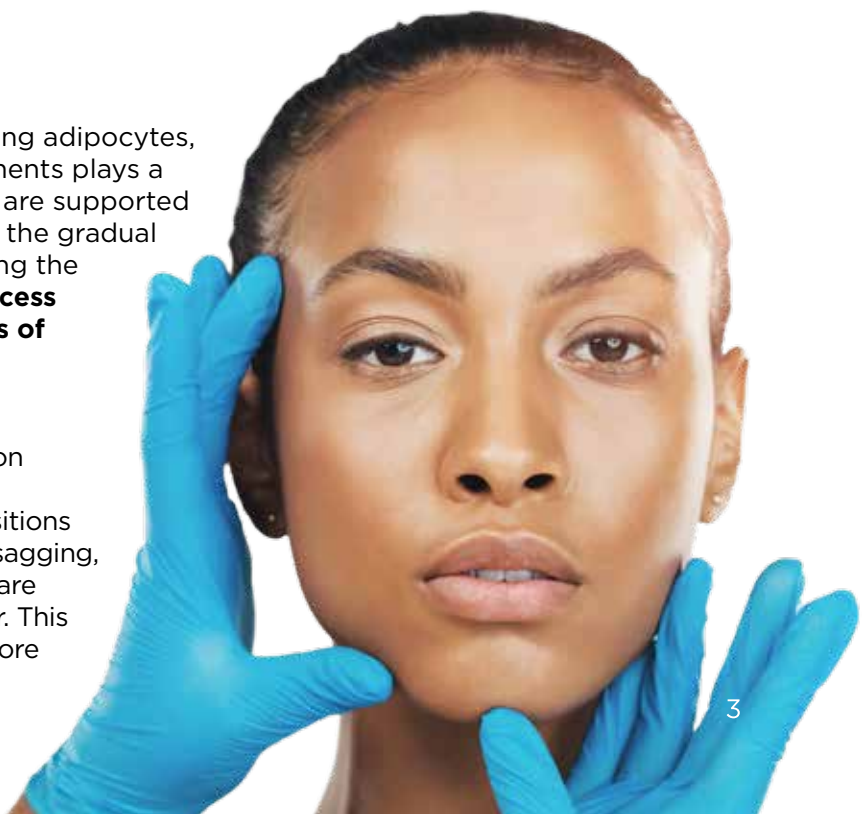


'Best Researcher in Health Sciences for the Benefit of Humanity 2022-2023,' granted by the International Society for Research, Health, Business Development, and Technologies (SIISDET). She is also a distinguished member of the Aesthetic Medicine Society in Venezuela.

THE ROLE OF FACIAL FAT PADS IN SKIN AGING

Facial fat pads are small compartments containing adipocytes, or fat cells. The arrangement of these compartments plays a crucial role in facial structure and contour. They are supported by ligaments that keep them in place. With age, the gradual loss of collagen weakens these ligaments, causing the **fat pads to descend over time. This natural process contributes to one of the most noticeable signs of aging: facial sagging.**

Recognizing this mechanism has been key to developing new rejuvenation strategies. Building on this understanding, Dr. Velazco created the Facial Adipostructuring Technique, which not only repositions fat pads to restore facial support and counteract sagging, but also addresses their size, reducing those that are disproportionately large to harmonize the contour. This dual action—lifting and contouring—results in a more refined and balanced facial appearance.



INDICATIONS

- Facial sagging
- Skin aging
- Disproportionate facial contour
- Double chin

PRODUCTS

The Facial Adipostructuring Technique achieves its full potential with the support of the following products:



**INNO-TDS®
FIRMING**
Strengthens the elastic fibers and firms sagging skin.



**INNO-TDS®
FACE NADE**
Solution for facial contouring.



**INNO-TDS®
TIGF**
Growth factor induced therapy.



**INNO-TDS®
MATRIX**
Intense dermal revitalization.



**INNO-TDS®
RESTRUCTURER**
Powerful antioxidant and restructuring agent.

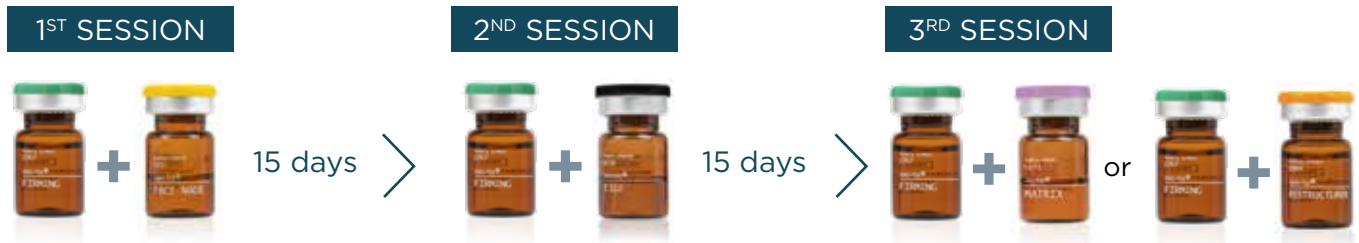
EQUIPMENT

- Cannulas
22Gx40mm, 25Gx40mm and 27Gx40mm.
- Tuberculin needles
- Colored pencils and markers
- 70% absolute alcohol



TREATMENT PROTOCOL & SEQUENCE

This technique targets two specific anatomical structures: **the adipose pannicles** and **the interseptal spaces**.



In all sessions, administer **INNO-TDS® FIRMING** exclusively in the **interseptal spaces**.

Regarding the **adipose pannicles**, the procedure is performed as follows:

FIRST SESSION: Administer **INNO-TDS® FACE NADE**, depending on the diagnosis and the degree of lipomatosis.

SECOND SESSION: Administer **INNO-TDS® TIGF**.

THIRD SESSION: If the pannicles are **hypotrophic**, use **INNO-TDS® MATRIX**.
If the pannicles are **hypertrophic**, use **INNO-TDS® RESTRUCTURER**.

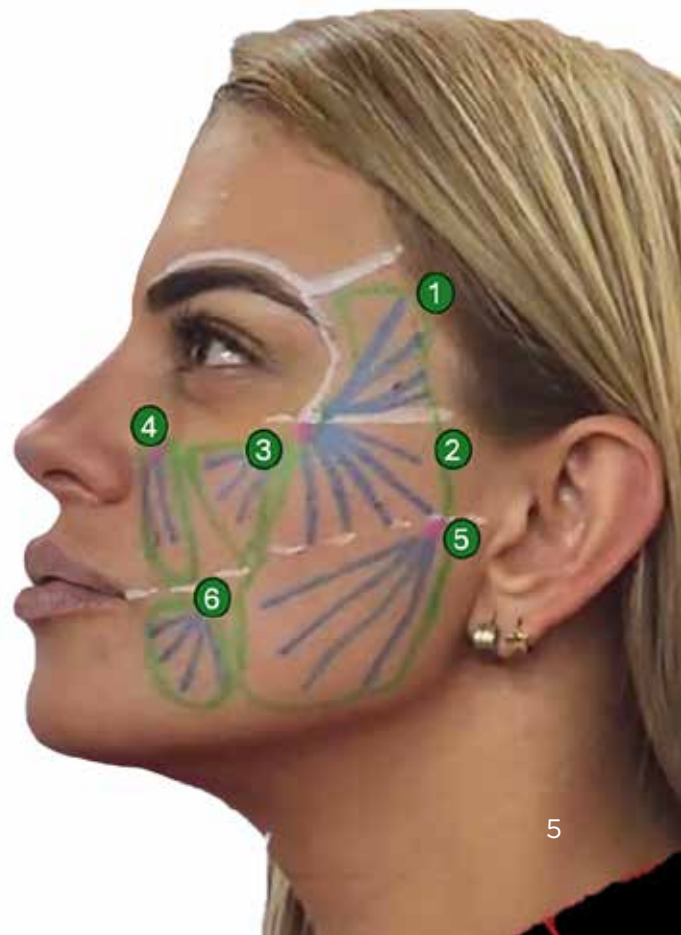
LOCALIZATION OF FAT COMPARTMENTS AND FAT PAINTING

Correct fat painting before application is crucial for the success of the technique.

- Seat the patient with a straight back and Frankfort plane parallel to the floor.
- Observe the location of facial fat pads based on anthropometric and morphometric characteristics.
- Delimit areas with a white pencil.
- Mark the interseptum or interseptal spaces in red.
- Finally, mark vector magnitudes with a blue pencil.

ORDER OF APPROACH TO THE PANNICLES

- 1.- Temporal and supra-parotid panniculus
- 2.- Malar panniculus
- 3.- Nasolabial panniculus
- 4.- Goniac panniculus
- 5.- Anterior mandibular panniculus



APPLICATION TECHNIQUE

Step 1

ANESTHESIA

Apply topical or local anesthesia at the four entry points:

- Zygomatic spine.
- Lateral to the nasal bones.
- 1 cm lateral to the pretragal area.
- Above the anterior mandibular fat pad.

Step 2

PRODUCT ADMINISTRATION

For **interseptal spaces**:

- Use a 27G x 50mm cannula.
- Do not perform deep cannulation.
- Insert the cannula gently along the septum, superficially (approx. 3 mm depth), and administer INNO-TDS® FIRMING to induce the desired biological response.

For **adipose pannicles**:

- Use a 25G x 40 mm cannula at a depth of 3-4 mm, depending on the patient's individual characteristics.
- Perform gentle mechanical stimulation before depositing the selected product.
- Work within the fatty plane, following the three predefined vectors, and perform repeated cannulations within the structure.
- After creating the entry points, inject up to 0.1 ml per vector during each cannula withdrawal.



Entry into the completely parallel facial fat system



Structural change after cannulation in the area



EVALUATION

Evaluation consists of measuring the vertical dimension from the base of the nose to the chin and comparing it with the distance between the pretragal area and the outer edge. They should match with a difference of plus or minus 5 mm to verify the repositioning.

Next, a clinical photograph is taken, preferably with a professional camera or 3D facial recognition equipment.



Vertical dimension — measures to be applied

RESULTS



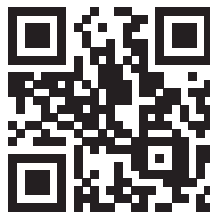


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T E C H N I Q U E

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www.innoaesthetics.com

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