

SKIN QUALITY · BOOSTERS

Skin Boosters: What to Know

Injectables that act on skin quality rather than shape: the classes, who they suit, how to prepare and what to expect in the first days.

A skin booster is not a filler. It adds no volume and does not change facial shape; it is injected into the skin to act on hydration, elasticity and texture. Several classes exist, including hyaluronic acid boosters, Prohilo, polynucleotides such as Rejuran and PDLLA, and they are not interchangeable, so Dr Sin Yong chooses between them after examining what your skin is short of. This guide explains the classes, who should wait, how to prepare, what the injections involve and how to care for the skin afterwards.

What it is

A hyaluronic acid booster hydrates and supports the dermis, spreading through tissue rather than occupying space. Prohilo is the bio-remodelling variant: high and low molecular weight hyaluronic acid bonded thermally rather than with a chemical cross-linker, designed to stimulate as well as hydrate. Polynucleotides such as Rejuran deliver fragments purified from salmon DNA, directed at fibroblast activity. PDLLA acts as a scaffold that recruits your own collagen over the following weeks.

There is also a needle-free route. The Deep Synergy Booster delivers actives from the surface using focused ultrasound, which means it cannot place product at a chosen depth; some patients prefer that trade, and it is not a replacement for an injectable where placement matters.

- Addresses dullness, dehydration, fine surface lines, crepey texture and early loss of firmness.
- Does not fill hollows, lift descended tissue, treat pigment, release tethered scars or shrink pores.
- Hyaluronic acid can be dissolved with hyaluronidase; collagen-directed classes cannot.

Who it suits and who should wait

Boosters suit people whose concern is the quality of the skin and who accept gradual change. They are the wrong tool for anyone whose main concern is a hollow, which needs a filler; descended tissue, which needs a lifting mechanism; or pigment, which is a laser question. Which class suits, and whether any does, is decided at consultation.

- Wait if there is active infection, inflammation, a cold sore, an acne flare or eczema at the injection sites.
- Deferred in pregnancy and while breastfeeding.
- Not used with an allergy to a component: hyaluronic acid for HA boosters and Prohilo, fish for polynucleotides, lidocaine where the product contains it.

- Caution, rather than refusal, with autoimmune disease, a history of severe allergic reactions, a keloid tendency, and a bleeding tendency or blood-thinning medicines.
- Recent laser, peel, filler or threads in the area change the timing.

Before your appointment

The examination decides the class: the same complaint can have different causes, and the cause, not the brand name, decides the approach. The consultation also decides whether treatment is advised at all.

- Declare allergies, including hyaluronic acid, lidocaine and fish allergy.
- Declare blood-thinning medicines, supplements and any autoimmune condition.
- Tell the clinic if you are pregnant or breastfeeding, or have a cold sore, acne flare or eczema.
- Mention any recent laser, peel, filler or threads in the area.
- Avoid tanning before the visit, and bring photos of past injectable treatments.

On the day

Product is distributed across the treatment area through fine needles or a cannula, with the pattern determined by the product and the area. Numbing cream is usually applied beforehand, some products contain a local anaesthetic, and in some areas a cannula reduces the number of entry points. Most people describe a series of small pricks with some stinging; the skin around the mouth and under the eyes tends to feel more sensitive than the cheeks. Comfort is checked during the session, and it is fine to ask for a pause.

- Arrive with clean skin and allow time for numbing cream.

The first days

Small raised points where the product was placed, some redness and occasionally a bruise are expected and settle on their own. How visible they are depends on the class, the area and your skin; polynucleotides tend to leave more noticeable bumps at first than a hyaluronic acid booster. Some people feel their skin looks more hydrated soon after a hyaluronic acid booster, while collagen-directed classes such as PDLLA and polynucleotides work gradually, so their effect is judged later rather than in the first few days.

Specific instructions are given on the day because they differ between products. Repeat timing is not fixed in advance: the plan is reviewed after the initial phase, and maintenance is timed by how your skin holds the change.

- For the first day or so, leave the area alone: no massage, facials, heavy exercise, saunas or alcohol.
- Make-up only when you are told it is reasonable; gentle cleansing and a plain moisturiser are fine.
- A cool compress limits swelling; sun protection matters as always.
- Keep your review appointment so the class and interval can be adjusted.

Questions to ask

These questions check that the booster is chosen for what your skin is short of.

- What is my skin short of, and which class answers that?
- Is any part of my concern volume loss, descent or pigment that a booster will not touch?
- Which product is it, and what does it contain that I might react to?
- How will you judge whether it is working, and when?

When to contact the clinic

- Swelling that increases rather than settles.
- An area becoming increasingly painful, hot or discoloured.
- Pain, blanching or dusky skin after the injections: this needs prompt attention the same day.
- A lump or nodule that persists or grows, or a bluish tint under the skin.
- Tender swelling appearing weeks after treatment.
- A cold sore flare near the treated area.

WhatsApp +65 8023 7170. For a suspected vascular problem after filler, or any sudden change in vision, seek emergency care immediately and tell them what was injected.

This guide is general information and not a substitute for an assessment. Read the full page: drsinyong.com/skin-booster-singapore/. Medically reviewed by Dr Sin Yong, 7 October 2026.

REFERENCES

1. The Effectiveness of Injectable Hyaluronic Acid in the Improvement of the Facial Skin Quality: A Systematic Review. Clinical, Cosmetic and Investigational Dermatology (PubMed). <https://pubmed.ncbi.nlm.nih.gov/37038447/>
2. The Effectiveness of Polynucleotides in Esthetic Medicine: A Systematic Review. Journal of Cosmetic Dermatology (PubMed Central). <https://pmc.ncbi.nlm.nih.gov/articles/PMC11845969/>