TITLE: Up-to-date Face Lift

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GOALS/PURPOSE:

The modern face lift should be an association of usual technique worldly known, witch involves an adequate and precise treatment of the deep structures and also doing a verticalized traction of the skin graft.

This study has the objective to show some technical details in the face lift surgery that we make in our daily service witch correspond a 40 years of technical evolution.

METHODS/TECHNIQUE

In 40 years of professional activity we did 3.650 face lifts, witch 92,2% was female patients and 7,8% was male patients.

Different type of technique for the deeper structures was done, like classic SMAS/platysma, plication, MACS lift ant the Baker SMASectomy.

RESULTS/COMPLICATIONS/CONCLUSIONS

In the last 40 years using many type of techniques in a different types of patients, we tried a padronization of a technique for a type of patient.

Today we padronize an incision with a temporal prolongament, a tragal incision and a compensating triangle to leave the sideburn in the normal place. The retro-auricular incision is with an acute angle and entering the hair line. For the treatment of the deeper structures we do the following surgical planning: 1) patients with thin face: plication with separated stitches, with the fixation of the Bichat fat pad on the deeper temporal fascia, on an anchor point on the zygomatic arcade near the helical rim, as described by Patrick Tonnard. We complete the volume replacement with a few more stitches. 2) Patients with a fat/round face: classic SMAS/platysma with a tread pulling the Bichat fat pad to the Tonnard’s anchor point, in a sub-SMAS level. The SMAS is pulled in a vertical traction, and also fixed in the Tonnard’s anchor point. 3) Secondary lifts: we do a separated stitches plication or a MACS-lift as described by Patrick Tonnard. In all cases we do a platysma graft on the sternocleidomastoide muscle witch is fixed behind the ear, this maneuver gives a better definition for the jaw line and the cervical region. Also in all cases we make a purse-string suture above the earlobe to avoid the pixie ear deformation.

So we conclude this study knowing that are differents types of techniques for differents types of patients, although we need to padronize a technique to most of the cases.