THE CONTEMPORARY FACELIFT:

COMBINING THE STRENGTH OF DEEP PLANE FACELIFT WITH THE SOFTNESS OF AUTOLOGOUS FAT GRAFTING

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With a practice located in the heart of the world's most diverse city, Dr. Asaria has earned a reputation for being a leader in aesthetic facial surgery. His clinic, simply known as FACE, caters to an international list of patients seeking cutting-edge techniques in face lift procedures. His approach is defined by an artisitic vision coupled with an uncompromising attention to detail.

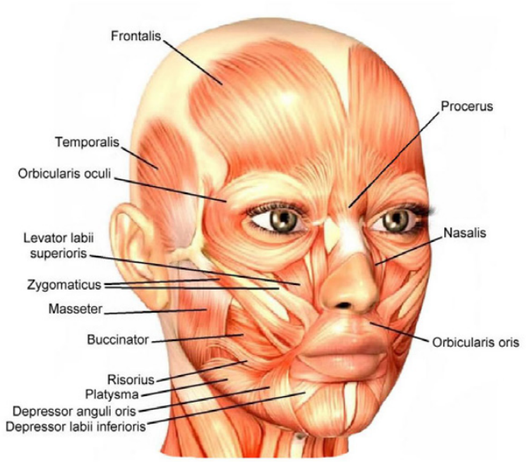
Dr Asaria is a strong believer in sharing knowledge to enhance results and he serves as Co-director of one of only two accredited fellowships in Facial Plastic and Reconstructive Surgery in Canada.

APPROACH

When seeing me for a face lift consultation, almost universally, my patients share the same fears and apprehensions.

Certainly, they want to see significant improvements in their neck and jawline, to reduce hollowness and loss of volume of their cheek region, to soften deep folds around the eye and mouth—all in order to present a more youthful and healthy appearance.

But what they dread is the risk of looking overly pulled and stretched. Everyone has an image of a poorly done face lift producing distortion of the mouth, a windswept appearance to the cheeks, and an unnatural transition and balance of the lower face. Combine that with broad and visible scars, facial nerve disruptions, pulled earlobes, and hairline irregularities--improperly performed face lift surgery can cause serious deformity.



While these are the common factors that come to mind when thinking of poorly performed face lift surgery, I see another series of disappointments when patients come to see me for revision face lift surgery. Often times, a previous inadequate surgery has produced substandard correction and minimal improvement. Furthermore, these patients often describe a very short-lived result, returning to their baseline in a few short years.

It is with the goals of producing the most effective and natural appearing result while avoiding any distortion, that I am a strong believer in deep-plane

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face lift surgery. The procedure should be envisioned as a repositioning and volumizing procedure rather than a pulling or stretching. Sometimes our patients may envision the term "deep-plane" as being a more invasive procedure, however, this is certainly not true. Rather, in experienced hands, elevating the delicate facial tissues in a slightly deeper layer allows us to produce a more effective, long-lasting result without any difference in downtime or recovery.

THE AGING PROCESS

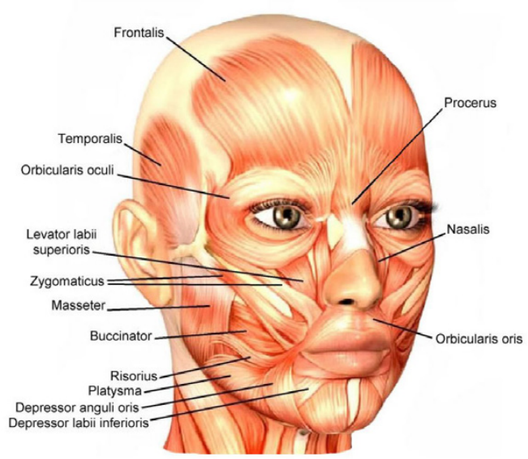
Recently, we have developed a much more sophisticated understanding of the facial aging process. Over time, three primary elements undergo significant change: the quality of the skin envelope, the composition of subcutaneous fat and muscle, and the support of the facial bones.

We can all appreciate that over time and with exposure to our environment, facial skin loses elasticity and develops both coarse and fine wrinkles. Deep to the surface, the facial fat compartments not only descend in position, but they undergo atrophy and loss of volume. These positional and volumetric changes result in the transition from elevated and defined upper cheeks to a more aged, heavy redistribution of soft-tissue along the jowls and upper neck. Furthermore, the facial skeleton itself undergoes significant involution over the years. The bony support of the eyes, cheeks, and jaw actually starts to recede. This loss of framework compounds the hollowing and lack of projection seen in the older face.

In our approach to patients undergoing face lift surgery, we must also expand our focus beyond simply the jowls and submental regions. The interplay between the lower face the lower eyelids, temples, and forehead should be assessed carefully. While additional procedures such as eyelid surgery and forehead lifting may contribute significantly to a comprehensive result, an effectively performed face lift should have the power to enhance the midfacial and lower orbital regions by itself.

PROCEDURAL DETAILS

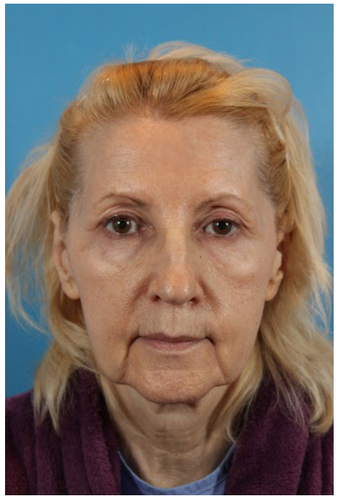
In my practice, face lift surgery is an out-patient, day-surgery procedure. I generally favour deep intravenous sedation for anesthesia as it reduces the post-operative recovery period after surgery.

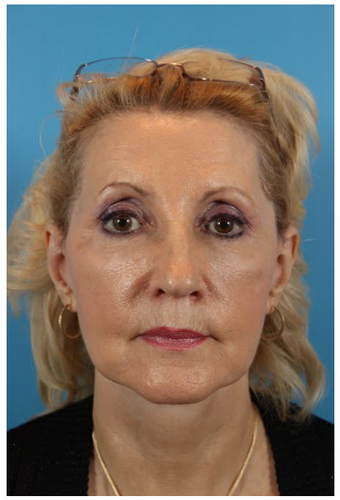


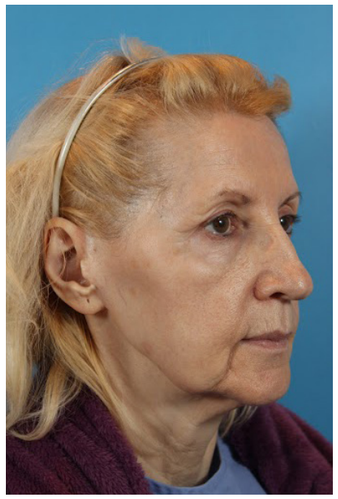
The incision is precisely marked out prior to surgery so that it may hide in the most favourable locations, thereby minimizing visibility. Placed within the first few rows of hairs along the temporal tuft, it is almost completely camouflaged in this region. As it courses along the junction of the ear and cheek, it is concealed within the natural crease. A millimeter cuff is left along the ear lobe to avoid distortion in this region, and then the incision is brought into the post-auricular sulcus and along the margin of the posterior hairline. I prefer this placement as opposed to extension into the posterior hair as it avoids any step-deformity in the hairline. Once healed, the incision is almost invisible when it is closed without any tensiom. I tell my patients that they will not have to hide their incision lines at all, and they will be able to wear their hair back or in a pony-tail without hesitation. Producing a perfectly natural hairline, with near-invisible scars should be an achievable goal for all our patients undergoing face lifts.

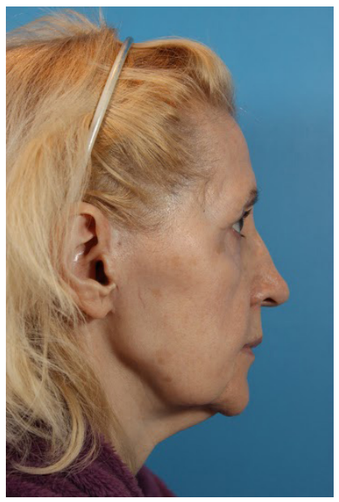
The skin is elevated in a subcutaneous plane, just above the SMAS and platysmal layer of the face. This layer is a fine, but sturdy layer upon which all the lifting is performed. Elevation and mobility of the SMAS is where all of the power of face lift surgery lies. The SMAS is incised along a line that extends from the angle of mandible to the malar eminence (or lateral-most projection of the cheek). The platsyma is then freed along its posterior border, inferiorly for five to six centimeters. The SMAS and platysma are elevated anteriorly in the deep-plane over the zygomaticus and masseter muscles as a continuous layer. Importantly, the zygomatic and masseteric-cutaneous ligaments are deliberately divided which allows for maximally mobility of the overlying soft-tissues. Following this maneuver, the SMAS and platysma are repositioned posteriorly and superiorly to allow for an incredible tightening of not only the neck and jowls, but also the malar cheek mound of the midface. This method is what produces a superior lift, but also an incredibly natural facial contour which is free from the appearance of any stretching or tension.

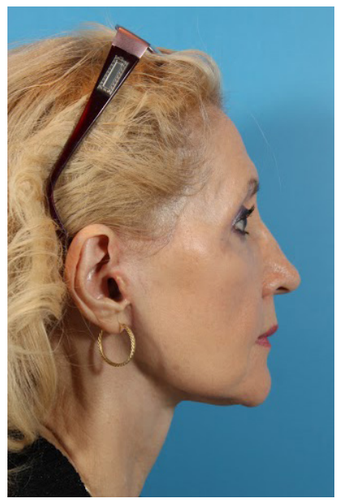
When there is significant laxity of the platysma or fat deposition in the central neck, platysmaplasty (central tightening) and liposuction will be used in conjunction with the face lift.











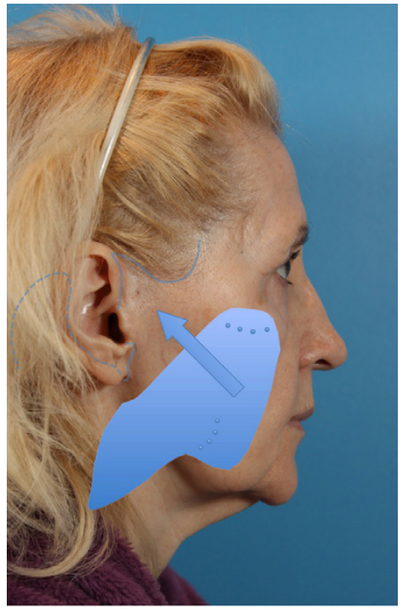


Figure 1:
Blue line corresponds to the face lift incision line. Blue shaded area shows region of sub-SMAS elevation. Blue dots indicate location of zygomatic and masseteric-cutaneous ligaments.

With this face lift technique, all of the tension is placed on the deeper layers and there is no pulling on the skin itself. After the repositioning, the skin is simply redraped, excess skin is tailored and then closed meticulously. No staples are used. Rather the incisions are closed with a combination of extremely fine 5-0 and 6-0 sutures which are removed on post-operative days 5 and 8 (Figure 1).

COMPLEMENTARY FAT GRAFTING

Perhaps the greatest advance in my ability to produce exceptional results for my patients with face lift surgery is the addition of fat grafting during the procedure. While my technique for deep-plane face lift certainly elevates the fat pads of the cheeks to a higher position, the addition of volume along the hollows under the eyes, nasolabial folds and marionette lines, lips, and chin creates a much more youthful and natural appearance. When combined with the extremely powerful elevation of deep-plane face lift, fat grafting gives me the ability to replenish volume and enhance my patients' results to the next level.

I consider fat transplantation to be the one of the most delicate components of the surgery and thus I do it first. Fat is harvested extremely gently with a very fine cannula and under gentle pressure. It is hand-centrifuged to purify the fat while minimizing trauma to the cells and then meticulously injected micro-droplet by micro-droplet. With experience I have learned that the time and patience this requires is worth every ounce of effort.

SUMMARY

In the end, no other procedure can "set back the clock" like face lift surgery. When we allow an individual's inner vibrancy and youthfulness to be reflected in their face, it provides incomparable rewards for both the patient and the surgeon.

As face lift surgeons we must remind ourselves that producing the most natural and long-lasting results are the paramount goals that our patients deserve. Every bit of effort must be spent to ensure that any visible signs of surgery are minimized. Gentle tissue handling during surgery and careful follow-up afterwards will reduce their downtime.

The modern face lift must incorporate a marriage of art and science, and combination of the most advanced innovations with time-tested, proven techniques. ■