Less scarring, fewer complications

Minimally invasive facelifts grow in popularity

By Karen Nash
Staff Correspondent

New Orleans — Less scarring, fewer complications and shorter recovery times are among the main reasons minimally invasive facelifts are growing in popularity. Surgeons are using various techniques to get the job done. At the American Society for Aesthetic Plastic Surgery's (ASAPS) Aesthetic Meeting 2005 here, a panel of doctors from various parts of the world met to talk about a number of different approaches to the surgery and to compare the benefits of each.

Midface rejuvenation

Renato Saltz, M.D., of Salt Lake City, generally uses endoscopy to rejuvenate the midfacial area. He uses a scalp incision and a fixation device to elevate the tissues of the cheek and support it from a temporal position behind the hairline.

Dr. Saltz

"We've been able to avoid making an incision in the mouth. Anytime you can avoid an incision in the oral cavity, there is less chance of contamination and fewer problems," Dr. Saltz says.

Endoscopic approach

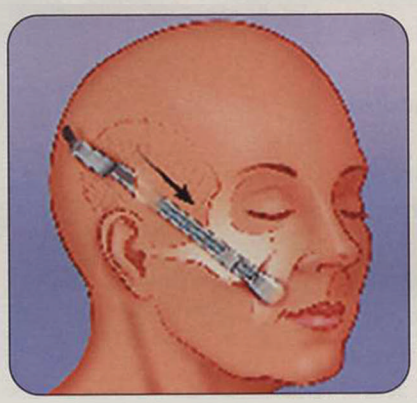
Antonio Fuente del Campo, M.D., professor of plastic surgery at the Universidad Nacional Autonoma de Mexico, Mexico City, also uses an endoscopic approach with a novel incision inside the very front part of the ear.

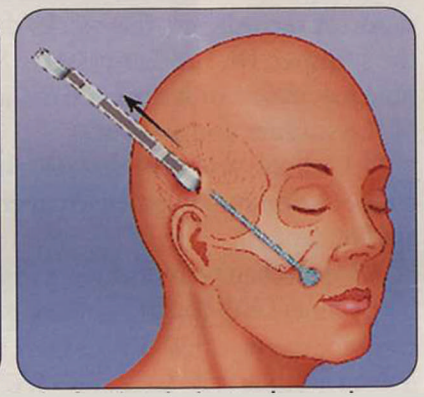
Dr. Fuente del Campo

"To make a full rejuvenation of the face, it's important to redrape and reposition the deep soft tissues — not just the skin. You have to detach the deep layer of the soft tissues from the zygomatic arch from the forehead to the neck. Then, move the entire long layer upward and redrape it."

He says this used to be done by making an incision in the bottom of the hair from one ear to the other. Later, it would be done endoscopically through a small incision in the hairline. Then, Dr. Fuente del Campo found a better way.

"I realized I could get closest to the zygomatic arch from the lateral end through the ear in just a 1.5 cm incision. It's an easy, fast, and safe approach that allows us to detach the structures and liberate them to be elevated to the new position," he says.





Renato Saltz, M.D. uses a scalp incision and a fixation device to elevate the tissues of the cheek and support it from a temporal position behind the hairline.

Photos: Renato Saltz, M.D.

Minimal access cranial suspension

Alexis Verpaele, M.D., of Gent, Belgium, does the minimal access cranial suspension (MACS), with a shorter scar than a standard facelift incision. It is placed in front of the ear and doesn't go behind the ear at all but continues in front of the sideburn to the level of the eyebrow — about 8 cm to 9 cm.

Dr. Verpaele says the pull is directly upward to offset the pull of gravity downward.

"That gives a much more natural correction and allows us to repeat the procedure as the patient ages without ending up with a frozen, flattened look that often comes from a standard facelift."

Unlike the standard cable suture some surgeons use, Dr. Verpaele uses purse string sutures to grab the malar fat pad, which brings up the cheek.

"The technique has proven to be very powerful and provides long-term results," she says.

Because the skin is undermined in a very limited area, Dr. Verpaele says the procedure can be done comfortably under local anesthesia, the recovery period is short and works better for smokers than many standard procedures.

Dr. Verpaele, assistant clinical professor of plastic surgery, Gent University (Belgium) has written a book on the procedure, *The MACS Lift: Short Scar Rhytidectomy* along with Patrick Tonnard, M.D. It is published in the U.S. by Quality Medical Publishers.

Age affects technique

One of the panel moderators, Malcolm D. Paul, M.D., in Newport Beach, California, says all of the procedures discussed work best on younger patients who do not have full-face involvement in the aging process.

"You can accomplish a lot of what you want to do with smaller incisions in younger patients because they don't need the work in the neck — or at least not the same degree of work in the neck," he says.

Dr. Paul

Dr. Saltz agrees. He doesn't view his procedure as appropriate for a full facelift.

"Anytime you have jowling, then you have to incorporate an incision around the ear, like a traditional facelift. My procedure can elevate the brow very well through this temporal approach. It is also good because it deals with the midface, and those are the areas that age first. You start aging from the top to the bottom, then, the jowls and finally the neck start sagging."

Dr. Saltz says he introduced the use of fibrin glue inside the pocket.

"The glue acts as a filler and a sealant by eliminating dead space; it diminishes the swelling quite significantly."

Caveats, tips

Dr. Saltz sees some drawbacks of the procedure, including the skill level required of surgeons in performing the technique.

"One needs to be very capable of performing the endoscopic procedure. If you aren't capable of developing a good optical cavity then you're going to get frustrated and the results will reflect that," he says.

He adds that choosing the proper patient for the procedure is of utmost importance.

"If someone needs a facelift added to this technique, do it. Treat the lower face and the SMAS. With this, you have to let the patient know exactly what you are treating — the brow and the midface — so they don't expect results in the jowl or the neck."

Importance of surgeon expertise

Dr. Fuente del Campo says he, too, adjusts his procedure as the patient ages.

"For the 50- to 55-year-old patient, this is a good procedure, but sometimes we need to also do a small skin resection around the ear, even more so for the older patient."

Dr. Fuente Del Campo says the one thing that could be called a drawback to his procedure is the need for experience.

"You need to have experience to determine what to do on each patient. We used to do the same procedure for everybody in different proportions, but this shouldn't be one-size-fits-all. With this procedure we have to know exactly what the patient needs and give the right answer to each patient." **CST**