



Facelift face-off

Surgeons compare traditional with less invasive lifting techniques

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Today, there are varying facelifting procedures and techniques used, all of which have evolved since their dawn in aesthetic surgery more than a century ago. These can range from more invasive traditional facelifting techniques to less invasive short-scar techniques, and though there is no consensus as to which technique is the best approach, the keys to a successful procedure remain careful patient selection, as well as techniques

◆ Face-off *continued*

that work for a particular surgeon.

“There are many different lifting techniques used to improve lower face and neck aging. I believe that the best facelift technique is the one that works well in the hands of the specific surgeon, provides good results with low complications, and, most importantly, happy patients,” says Joe Niamtu III, D.M.D., a board-certified oral and maxillofacial surgeon with a private practice limited to cosmetic facial surgery in Richmond, Va.

Aesthetic surgeons remain at odds as to which facelifting technique is best and which can achieve superior aesthetic outcomes. Though specific techniques may vary, a more invasive traditional facelift procedure will typically involve pre- and postauricular incisions, platysmaplasty and SMAS treatment.

THE SHORT-SCAR FACELIFT

Minimally invasive, so-called “short-scar,” techniques may consist of only a preauricular incision that terminates at the mastoid region with no posterior auricular and scalp incision. These lifts are also usually performed without midline platysmaplasty and frequently utilize variations of purse-string sutures.

Here, an accurate assessment of the degree of lifting needed in an individual patient may ultimately direct the surgeon in choosing the appropriate technique.

“I personally do not favor minimally invasive facelifts,” Dr. Niamtu says. “It is not that I never do a short-scar facelift, but my parameters are only for young individuals with minimal aging,

meaning those patients with early jowling and almost minimal neck laxity. However, even younger patients may require a larger, more comprehensive lift.”

During short-scar facelift surgery, Dr. Niamtu says he may even switch to a traditional lift and perform a conventional pre- and postauricular procedure.



Dr. Niamtu

“I have changed to the larger lift in mid-surgery numerous times and have been glad I did, as even patients that did not exhibit significant neck

laxity actually had impressive skin excess as evidenced when the posterior auricular incision was completed,” Dr. Niamtu says.

The face of each individual patient may age in a different way. The spectrum of an aging face can range from a mere sagging of the tissues to more deflation where the fat and sub-tissues melt away.

CUSTOMIZING COUNTS While a short-scar facelift is in essence less invasive, proponents of this technique often choose this approach because they believe it can better address the individual aspects of the aging face.

“If you only use the traditional, more invasive facelift technique, you end up treating all of your patients the same way, regardless



Dr. Verpaele

of their differing degrees of facial aging,” says Alexis Verpaele, M.D., F.C.C.P., a plastic surgeon at the Coupure Center for Plastic Surgery, Gent, Belgium. “In contrast, a short-scar technique is better catered to the individual aging characteristics of the face and

can more optimally correct the sagging or laxity in the neck, lower jowl area, mid-face and temple areas.”

Dr. Verpaele is co-designer of the MACS (minimal access cranial suspension) short-scar technique, which remains the basis of all of his facelifting procedures. This approach is not a limited technique with limited possibilities, however, and depending on the type of individual facial aging and degree of lifting needed, Dr. Verpaele may add smaller procedures to his MACS lift.

“If you have a patient with a lot of loose skin at the neck, I may have to add a small incision under the chin in order to release

and more optimally redrape that skin and the platysma when necessary. By combining smaller techniques, you can better tailor your treatment to the needs of your patient,” Dr. Verpaele says.

One of the major advantages of a short-scar technique such as the MACS lift is that this approach will more often result in more natural-looking surgical outcomes due to the vector used when lifting the tissues. The vector used in traditional lifts is usually oblique towards the back, which may help in flattening out wrinkles but may also tend to flatten the face and can often result in what people call a “frozen-looking” face.

According to Dr. Verpaele, the faces of patients receiving a MACS lift will typically age better and more naturally due to the vertical pulling of the skin, as opposed to the oblique pulling of the skin performed in traditional lifts. Facial aging continues, and the forces of gravity will further pull the skin down vertically.

In patients who received a traditional lift, this vertical dropping of their skin over time may sometimes result in a curtain-like appearance of the skin over their cheeks. Short-scar techniques will work against these gravitational forces as they pull the skin in the opposite direction of the gravitational pull and more often result in more natural-looking aesthetic outcomes.



Dr. Cuzalina

“It is true that the vector used in short-scar techniques is more optimal, as the curtain-like effect can be better avoided over time. That’s why we usually try to lift the tissues a bit more vertically when performing traditional facelifts. However, the surgeon still has

to drape the skin where it will look best,” says Angelo Cuzalina, M.D., D.D.S., president, American Academy of Cosmetic Surgery, who has a private practice in Tulsa, Okla.

“It is important to match the technique to the patient’s needs and in practice, the ideal redraping of the skin will lie between the vertical and oblique line,” he says.

According to Dr. Cuzalina, it is difficult to say which procedure is optimal for all patients, and the choice of technique will depend on what the surgeon is trying to lift and what the patient wants. Though the short-scar technique may be ideal for patients requiring more of a lifting effect of the mid-face and

some jowls, Dr. Cuzalina says many of his patients ask for a lifting of their neck and jowl regions, and here, a more traditional approach may be the technique of choice.

“In my experience, you need a longer incision including both pre- and postauricular incisions in order to achieve a maximum lift in patients



A 43-year-old patient who had complained of laxity in the neck, jowling and a “sad” appearance, before (left) and 10 months after surgery. Surgery involved a MACS-lift through a short incision at the anterior border of the ear, with no scar behind the ear. Lipofilling was used to restore the volume in the midface and upper eyelids, to enhance the chin and to fill some wrinkles in the upper lip. (Photos credit: Alexis Verpaele, M.D.)

who have significant sagging in their neck and jowl regions. I will also perform short-scar lifts, but reserve them for those patients who are specifically looking for a little more of a mid-facelift,” Dr. Cuzalina says.

Dr. Niamtu says, “My biggest problem with short-scar facelifts is the lack of a postauricular incision that extends into the scalp. To me, this is the most important vector to truly manage significant cervical and submental skin laxity. Any sacrifice in



A patient before (left) and after undergoing comprehensive cosmetic facial rejuvenation with simultaneous facelift, browlift, four quadrant blepharoplasty, cheek implants, chin implant and full-face CO₂ laser resurfacing. (Photos credit: Joe Niamtu III, D.M.D., F.A.A.C.S.)

this vector will affect the surgeon’s ability to tighten the neck.”

Older patients who have more significant sagging skin may require more lifting, and according to Dr. Verpaele, smaller additional

procedures in addition to the short scar may be required. This approach, however, is still more optimal than performing larger traditional facelift procedures, which require more downtime as well as general anesthesia. In contrast, short-scar techniques can be performed with local anesthesia, which can not only increase the potential patient



A female patient before (left) and after undergoing comprehensive cosmetic facial rejuvenation with simultaneous facelift, four quadrant blepharoplasty, cheek implants and full-face CO₂ laser resurfacing. (Photos credit: Joe Niamtu III, D.M.D., F.A.A.C.S.)

population for the procedure, but also circumvent any potential contraindications regarding general anesthesia.



A 47-year-old patient before (left) and six weeks after a long-flap lower facelift, submentoplasty and blepharoplasties. The patient had a musculofascial deep-flap elevation off the parotid along with open submentoplasty involving direct excision of deep, subplatysmal fat along with platysmal back cutting, undermining and anterior plication. (Photos credit: Angelo Cuzalina, M.D., D.D.S.)

SHORT-SCAR SURGE Short-scar facelifts have become very popular in cosmetic surgery and are fashionable for a variety of reasons. Many different specialties now perform cosmetic facial surgery, including

facelift surgery, and according to Dr. Niamtu, some practitioners may not be trained in larger lifting procedures and therefore may feel more comfortable with the smaller variety of lift. Additionally, some surgeons may not have the ability or the facilities to utilize IV anesthesia or general anesthesia, not required for the short-scar technique.

“One of the reasons for the increased popularity of these lifts is the significant media hype that is so pervasive in our society today,” Dr. Niamtu says. “Many consumers equate new with better, which is simply not the case. I believe that these smaller lifts are overrated and too often performed on patients that should have had a larger lift.”

According to Dr. Niamtu, short-scar lifts are appropriate on some patients, but at the same time, they do not comprehensively address the average facelift patient (ages 40 and older). Some patients receiving a short-scar facelift may feel betrayed because they were promised a maximum result with minimum surgery and they still have laxity following the procedure. While many surgeons have become much more conservative in their approach to facelift surgery, Dr. Niamtu has become more aggressive.

“In the end, surgeons should choose facelift technique that works well in their hands and makes their patients happy. If their smaller procedure works better in their hands and they can achieve lasting results with happy patients, then we are all winners,” Dr. Niamtu says. ◀

Disclosures: Drs. Cuzalina and Niamtu report no relevant financial interests. Dr. Verpaele receives royalties for books he co-authored, titled *The MACS-lift Short Scar Rhytidectomy* and *Short Scar Facelift: Operative Strategies and Techniques*.

