In the case of new-age facelift procedures, less is definitely not more, one surgeon says

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There is an ever-growing popularity among physicians and their patients in the use of minimally invasive facelift surgery techniques. However, these supposedly new and innovative techniques will often prove to be insufficient in achieving comprehensive and lasting results in patients. In fact, one surgeon says the majority of patients would benefit most from traditional facelift procedures.

"In my opinion, the vast majority of the purported new and innovative facelift techniques, which are frequently used today and touted as ‘miracle facelifts,’ are mostly just hype, and I have yet to see any of these ‘new’ facelift techniques to be truly an innovation in facelift surgery. More often than not, they are, in fact, a step backwards," says Joe Niamtu III, D.M.D., F.A.A.C.S., a board-certified oral and maxillofacial surgeon with a practice limited to cosmetic facial surgery in Richmond, Va.

Facelift surgery has been around for a century, and most of the variations in the techniques have come and gone without making a significant impact in the art or the outcomes of the procedure, Dr. Niamtu says. Though it is not impossible for a surgeon or corporate entity to develop an advancement in the procedure, more often than not, the newer techniques are simply a rehashing of older techniques, and they hardly ever achieve the results that they claim, he adds.

So-called minimally invasive “filler-facelifts” are a glaring example of this trend, Dr. Niamtu says. “Filler-facelifts” and facelift techniques that center on technologies like endoscopy, laser and ultrasound are great examples of marketing hype that can lure patients into a procedure that may ultimately result in disappointment, he explains.

“In my personal experience, over the years, I find that I have always gravitated away from ‘shortcut’ techniques and gotten back to the basics; back to performing more traditional facelift procedures,” he says.

LESS IS NOT MORE “Less is more” is a common mantra from advocates of shortcut facelifts, Dr. Niamtu says, and one with which he strongly disagrees.

“When the hype of shortcut facelifts gets twisted around that a small lift can suffice for advanced aging or is somehow preferable, patients can be subjected to uninformed choice and expect traditional results with a nontraditional lift,” Dr. Niamtu says.

The vast majority of patients who need a facelift will require both anterior and posterior auricular incisions, Dr. Niamtu says. In a typical case, he will perform a traditional postauricular incision that traverses the entire posterior auricular sulcus, which then tapers off approximately 6 cm to 10 cm into the posterior scalp.

“I have started out with a short scar lift on young patients with minor skin excess and converted to conventional facelift because of the impressive skin excess that was evident intraoperatively but not clinically,” Dr. Niamtu says. “On the rare occasion that I perform a short scar lift, I always have the patient’s consent to convert to a larger lift at my discretion.”

OMISSION OF PLATYSMAPLASTY A platysmaplasty is a crucial component of a true facelift, Dr. Niamtu says, but many surgeons choose not to do it. According to Dr. Niamtu, it takes approximately 15 to 20 minutes to undermine the submental and anterior cervical skin and plicate the platysma in the midline. This step is critical in achieving better facelift outcomes, he says, particularly in those patients who exhibit platysmal banding.

Though the procedure may extend recovery when compared to procedures that do not include platysmaplasty, it is an important trade-off, as it contributes to the youthful neck and longevity of procedure results, he says.
“Many of these new facelifts simply omit midline platysmaplasty. Though these procedures are quicker and easier to perform with faster recoveries, sacrificing several days of recovery for several years of result is not good math,” he says.

In those patients where a platysmaplasty is not performed, Dr. Niamtu says it is not uncommon that they will soon present with a recurrence of neck and band laxity. This underscores the importance of performing the procedure at baseline.

“In my hands, my results are better and last longer when performing significant undermining of the submental and anterior cervical skin and plicating the platysma midline. Although many surgeons advocate platysma cutbacks in the hyoid region in order to avoid bowstringing, I have never done this, as I feel it is unnecessary and can lessen the effect of the platysma sling,” Dr. Niamtu says.

Addressing the posterior platysma is also important when performing a comprehensive facelift, and here, Dr. Niamtu says that suspending the lateral-posterior platysma is essential in achieving a natural, longer-lasting facelift outcome. In his technique, Dr. Niamtu will place about seven or eight 2-0 braided nylon sutures in the midline and several mattress sutures in the posterior platysma that attach in the mastoid region, effectively creating a sling around the entire submental region.

“Using this technique, I am not worried about pulling the center repair apart, as it is well bolstered,” he says. “Also, I believe that the fear of nerve damage resulting from the pressure of sutures traversing over the greater auricular nerve is generally not a significant factor that would contribute to permanent nerve damage.”

ADDRESSING SMAS Performing facelifts that only pull back the skin are considered outdated procedures due to the poor longevity of results. As a result, Dr. Niamtu says, virtually all modern facelift techniques will address the SMAS.

According to Dr. Niamtu, techniques geared at

Figure A shows the SMAS being undermined for the SMASectomy procedure; figure B shows the SMAS strip removed; figure C shows the angled SMASectomy where the cheek and neck can be tightened in multiple favorable vectors.

A 66-year-old female patient before (left) and 90 days after a traditional facelift with SMASectomy, platysmaplasty, four quadrant blepharoplasty, cheek implants and simultaneous full-face CO2 laser resurfacing, in one single session.

CREATING A SYNERGY In addition to performing more traditional facelifts, Dr. Niamtu says that cosmetic outcomes can be enhanced with the combination of other techniques. These can include the use of cheek or chin implants and fat or filler injections to help restore youthful volume.

“Synergy occurs when the total is greater than the sum of the parts, and this relates to facial rejuvenation. If a patient is old enough to have a facelift, they more than likely have aging changes in their upper face, midface and skin. Therefore, I will often perform a facelift as well as other simultaneous procedures in order to address all aspects of the aging face,” Dr. Niamtu says.

Of the 71 facelifts Dr. Niamtu performed last year, just under half of those patients received simultaneous CO2 laser resurfacing. Approximately 85 percent of his facelift patients also receive upper and/or lower blepharoplasty. Though combination procedures will typically result in a longer recovery period, he says that the final aesthetic outcome will be enhanced, so many patients will opt for such combination approaches.

Some surgeons can achieve extremely good results using a given technique, Dr. Niamtu says, results that may be challenging to reproduce for a different surgeon. But in the end, all surgeons should embrace advances with skepticism until they’re proven or dispelled, he adds. ●

Disclosures: Dr. Niamtu reports no relevant financial interests.

IN ACTION See Dr. Niamtu’s SMASectomy procedure in action by visiting cosmeticsurgerytimes.com/scissorsSMAS today!