



## Talent & techniques: The surgical lip lift



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About 99% of communication about lip enhancement focuses making lips bigger, and usually involves injectable fillers. However, a surgical lip lift



Figure 1A. Excessive upper lip length is generally over 20 mm.  
The preferred incision of the surgical lip lift procedure

procedure can improve lip and smile aesthetics in several ways.

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The goal of the lip lift procedure is to not only shorten the upper lip, but to also evert the vermilion, which results in a more volumized “rolled out” lip.

Younger patients usually have shorter lips that are plump and curvaceous, while older patients frequently have an elongated philtrum and less volume. Elongation and volume loss of the upper lip-philtrum are a result of maxillary and mandibular bony changes, atrophy of the skin, mucosa, perioral musculature, parenchymal glandular tissue and attrition of the teeth. When measuring between the bottom of the philtrum and the top of the vermilion portion of the lip, excessive length is generally over 20 mm. See Figure 1A.

The actual lip lift procedure takes about 30 minutes and can be performed with local anesthesia, although I usually operate with IV or general anesthesia. The crux of this procedure is to remove excessive upper lip skin just beneath the nose. The preferred incision corresponds to the lower nasal anatomy and gently tapers out to the lateral nostril. This pattern resembles a “bullhorn, Angel Wing, or Mustache” and the procedure is sometimes named after one of these. I have seen some surgeons use a simple elliptical incision for this procedure which does not heal as well as the precise geometric incision.

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It is very important to draw this outline with a marking pen that will not fade with surgical prep, etc., as it will serve as the precise template for excision. It is also important to mark the pattern before any anesthesia and with the patient in the upright position.

It is also important to make the incision just at the nasal sill as

*corresponds to the lower nasal anatomy and gently tapers out to the lateral nostril, in a pattern that resembles a bullhorn. Figure 1B. The maximum amount of skin resection is commensurate with the length of the lip. In most cases this equals 5-8 mm of skin, which can represent up to one-third of the total lip length.*



Figure 2. The left image shows the full thickness excision and the right image shows the wound approximated with subcutaneous gut suture.



Figure 6. A patient before and after lip lift. Note the shorter and everted lip and minimal aesthetic scar.



not to extend into or too far above or below the nostrils. Again, marking is everything in this procedure. The maximum amount of skin resection is commensurate with the length of the lip. In general, I usually remove 5 – 8 mm of skin which can represent up to one-third of the total lip length as

measured from the philtrum to vermillion (Figure 1B). Novice surgeons should remain conservative.

A small amount of local anesthesia is injected to provide hemostasis, but not to excessively distort the tissues. A full thickness skin excision of the intricate pattern is performed using the fine tip of the #11 blade and then removed. Although some surgeons remove skin and the orbicularis muscle, I generally do not remove muscle as I have seen abnormal animation in excessively operated patients from other surgeons.



At this point, the procedure is adjustable, and the surgeon can estimate the amount of incision show and remove more skin if desired.

After the skin is excised, hemostasis is performed with micro bipolar cautery as this is a vascular area. Next, subcutaneous sutures are placed using 5-0 gut suture (Figure 2). This is important to bolster the strength of the repair as this area is subject to a lot of animation. These subcutaneous sutures also help align the precise pattern between the proximal and distal skin margins.

Final closure is performed with alternating 5-0 and 6-0 gut sutures or the surgeon's choice. Sutures are left

in place about one week. Patients are asked to refrain from significant animation for the first week and to avoid foods that would aggravate the area or require excessive lip movement.

Although the average patient heals with a very acceptable scar, I tell all patients that I can laser the scar at six-weeks post-surgery for superior blending, and I include this in the cost of the procedure.

## About the author



**Joseph Niamtu, III, D.M.D.**

*Dr. Niamtu is well known in international cosmetic facial surgery circles as a surgeon, teacher and author and is regarded as a key opinion leader by academics and clinicians worldwide. He is a fellow of the American Academy of Cosmetic Surgery and the American Society for Laser Medicine and Surgery, is board certified by the American Board of Oral and Maxillofacial Surgery and his practice is limited to cosmetic facial surgery. Dr. Niamtu lectures internationally on cosmetic facial surgery and has written four textbooks, 22 chapters in other textbooks, hundreds of publications on various cosmetic facial topics and a cosmetic facial surgery DVD series. Dr. Niamtu appears regularly*

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