The quest for facial rejuvenation has given rise to many changes in the last decades and has gone though a significant conceptual change.

From the simple skin undermining and reposition to a wide range of procedures, based on clinical and the surgeons aim.

Nowadays a Submental liposuction, Facial fillings, Botulinum toxin, Laser, Endoscopy, Peelings, Short scar Rhytidectomies, Threads, Macslift, Rhytidectomies with mobilization of SMAS and Platysma, Fat Grafts, Etc … Are current procedures to be used, alone or simultaneously.

Nevertheless, treating the deeply aged face requires many of the listed procedures, to achieve the ideal expected results.

For many years, we have been using the treatment of the deep structures of the face to rearrange the ptotic tissues and the lost volume in facial rejuvenation surgeries, performing an undermined and pulled up Smas flap, a conventional liposuction in the submental and submandibular areas, plication of the platisma central bands and a traditional transcutaneous blepharoplasty, achieving good outcomes.

However, through a retrospective survey and analyzing the results, the difficulties and facilities of some procedures, we decided to change some concepts and add other ones in order to seek safer and better outcomes.

We have expanded and updated our approach through the following procedures:

- Lateral smasectomy as a better alternative to the SMAS flap.
- Fat Grafting as an usual volumetric replacement of the face.
- Lateral cantopexia in almost all cases, when inferior blepharoplasty was performed.
LATERAL SMASECTOMY

For the past 8 years, we have adopted the LATERAL SMASECTOMY technique, as described by Daniel Baker (USA).

This approach offers the same good results that we were used to get with the traditional SMAS flap, however, with a safer and less invasive procedure (Figure 1).

LATERAL SMASECTOMY consists in the removal of a slice of the SMAS, superficial to the parotid gland. This resection begins in the lateral border of the orbital rim, going behind the mandibular angle extending the anterior border of the sternocleidomastoid muscle.

Figure 1

Figure 2
The anterior part of the facial middle third is then extensively mobilized and anchored to the still pre-auricular area (Figure 3). This removed slice can be used in the nasolabial fold (Figure 2).

Figure 3

LIPOSUCTION

We are in favor of conventional wet liposuction in the submental and submandibular regions, taking the aspirated fat as grafts to enhance the facial volume.

PLATISMA BANDS TREATMENT

Through a submental incision we keep our usual open treatment of the platysma central bands, and sometimes with the removal of some subplatismal fat as proposed by Feldman (USA) – (Figure 4).

Figure 4
FAT GRAFTS

Enhance facial volume and possibly produces an enhance skin quality and texture accord to some authors. (Figure 5)

Figure 5

LATERAL CANTHOPEXY

Another simple and efficient procedure is the lateral canthopexy preventing the uninvited scar retraction of the lower lid (Figure 6).

Figure 6
CONCLUSION

In our experience, the described approach on full face rejuvenation lead us to better, safer, and long lasting results.

The lateral smasectomy does not require undermining of the SMAS structure therefore avoiding any damage to the tissues. Lesions in the facial branches are rare as the resection is performed superficially to the parotid gland. The integrity of the remaining border tissues is noticeable and allows stronger and stable traction. The procedure is safe, simple, fast. It offers the same flexibility of the traditional undermined flap, but with the safety of a simple plication.

The moderate use of fat grafting in specific points of the face improves the final results.

The lateral cantopexia avoids the scar retraction of the lower lid.

In our opinion, the treatment of deep structures of the face is essential to rejuvenate the middle and lower third of the face.

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