

Joint Event on 3rd European Otolaryngology-ENT Surgery Conference & 2nd International Conference on Craniofacial Surgery

George J. Bitar

Bitar Cosmetic Surgery Institute, USA

Abstract

A very versatile, Reproducible and dependable technique to give both short and long-term improvement and rejuvenation of the neck is "Suture suspension neck lift" Suture Suspension.

The neck is liposuctioned if necessary with a spatulated cannula, midline curvilinear submental incision is made and the excess skin posterior to the ears is excised in an elliptical fashion. The two platysmal bands are imbricated at the midline with prolene sutures. At the level of the hyoid bone, at the midline, a prolene suture is placed in a mattress suture at the medial edge of the platysma, interlocked with another prolene suture at the midline, placed in a similar fashion but as a vertical suture. Both sutures are free floating laterally. The ends of both sutures are tied to the left and right mastoid fascia respectively, creating an artificial ligament that suspends the platysma and creates a well-defined neck line. The skin is re-draped over drains and sutured. Advantages: The suture suspension neck lift technique includes a post-auricular scar only, longevity, and ease of performance. Conclusions: Suture suspension neck lift is safe, effective, and useful technique for improved neck contour results for the short and long term. As our concept of facial rejuvenation has evolved, the midface has become an area of interest to oculoplastic surgeons. The midface is involved in the extended eyelid complex and also is affected by descent of the facial tissues during the aging process of the body. Drooping of facial skin and deepening of the nasolabial sulcus are characteristic features of midface descent. Several surgical methods that achieve vertical elevation are available to address this problem. Today, the surgical techniques are

shaped by an improvement in inert suture materials and interest for less invasive surgeries by the public. Herein, we describe and report the results of a simple and effective treatment for midface descent which is less invasive than the traditional deeper plane facelift surgeries. The purpose of the current paper is to describe two years follow up of 35 patients with mid-face descent of various causes who were operated using suture mid-face cable suspension at the division of orbito-facial surgery, Jules Stein Eye Institute. The surgical procedure is carried out under local anesthesia with intravenous sedation. The midface suture suspension procedure is performed through a temporal incision. A marking is made 1 cm lateral to the nasal flare of the nostril on the nasolabial fold and a further marking 1 cm inferior to the previous, following the contour of the nasolabial fold. Two lines are drawn from the nasolabial fold markings to the temporal hair line. The first line passes 1 cm lateral to the lateral canthus and the second line runs parallel to the first, passing 1 cm lateral to it. These lines are extended to the temporal incision site which is marked 1 cm above the hairline.

Note: This work is partially presented at Joint Event on 3rd European Otolaryngology-ENT Surgery Conference & 2nd International Conference on Craniofacial Surgery