



The Moderate Makeover

FOR THE PATIENT SEEKING FACIAL IMPROVEMENT

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As the aging process develops, there are patients who sincerely desire facial rejuvenation but are not ready for extensive surgery and want more than what topical creams and healthy living can do for them. And while they may be fascinated by the "extreme makeover" shows, they themselves do not want to undergo dramatic change. Combining limited surgery with small procedures can have a cumulative effect and is the best strategy for this population.

Linda presented for her consultation wanting to look younger and fresher, but was not sure exactly what procedure would be best for her. She knows that her face was beginning to droop, which is not unusual for a 41-year-old. She was conscientious about sunscreen, used topical anti-aging creams fervently, did not smoke, exercised three times weekly and tried to live a healthy life. However, all her efforts were having limited effect. She began consulting plastic surgeons about her options; and after three consultations with three very reputable surgeons, she had heard every option from A to Z. Most surgeons stated emphatically that she needed a facelift and forehead lift, and one said her skin needed CO₂ laser resurfacing. One added cheek implants to the mix, and

another encouraged her to incorporate anti-aging supplements into her diet.

Linda wasn't quite ready for a 'full facelift,' and certainly was not going to do anything extreme. We asked her to describe the area of her face which bothered her most. Linda said, "Each time I look in the mirror I can see my face is getting lax along the jaw line. I have some dents in the skin below my lips that were not there five years ago, I am getting lines between my brows, and my skin has brown spots. Other than that I look great."

"Doctor, I have no desire to undergo a complete transformation like the women in the extreme makeover programs. Is there anything a little simpler?" Wasn't there a way to preserve her good features but help soften some of the changes she didn't like? How about a "modest makeover?"

PATIENT EXPECTATIONS AND OPTIONS

Now that we understood Linda's concerns and her tolerance for surgery, we then tried to understand her expectations, both physical and emotional. The best procedure can be defeated by unrealistic goals. She states that she did not expect a miracle, accepts that she will never

look 29 again, but wanted an unoperated, fresher look. She knows that in the future she might consent to a "full facelift," but not now.

We also shared with her the long list of options available to patients such as herself requesting facial rejuvenation. What other options were there instead of a facelift to help her jawline? As an experienced internet user, she knew about the radiofrequency procedure and was not interested after researching it. She had read about the barbed threads suture lifts, but they were very new.

We then discussed the idea of a "little lift:" what it is, and its pros and cons. The cornerstone of her subtle makeover would be the smaller lift, augmented by additional "no downtime" procedures. Smaller versions of facelifts have been around for a long time. Today they are sometimes known as a mini-lift, partial facelift, and even trade names like Limited Incision Facelift, the "S-Lift", Quick Lift or Fast Recovery Lift. No matter how they are marketed, they involve a surgery procedure with smaller incisions, less dissection, and less recovery time. It also, obviously, produces less result. But in carefully selected cases, less can be more.

THE SURGEON'S EXPECTATIONS AND DESIRES

Sometimes we as surgeons are tempted to convince some patients that the full version of a surgery will be best for them. Sometimes we are right - but not always. Just because we favor the "real deal" surgery does not mean that it is most appropriate for all patients. It is here that surgeons must combine experience, knowledge, empathy, and creativity in order to construct the combination of options which may best suit that individual patient. In our experience, we find that patients greatly appreciate learning about "scaled down" options.

Why would a surgeon and patient consider a procedure which is a reduced version of a time-tested, more powerful one, which even when performed by skilled surgeons, eventually returns to the pre-operative state? Our indications would include these reasons:

1. A younger patient who just wants a very subtle improvement.
2. A younger "plus" patient who is just not psychologically ready to admit she might need a "real facelift."
3. A patient who does not have the time required to heal from a facelift (about two weeks off) but is willing to accept a smaller result in exchange for smaller downtime.
4. A patient who, due to a combination of factors, perhaps financial, perhaps fear of a larger surgery requiring anesthesia, is comfortable in having a "little office procedure" under local anesthesia.

WHAT IS A 'LITTLE LIFT'?

Somewhere in our 30s and early

40s, as aging and gravity combine their forces, most of us notice gradual loosening of the skin tightness along the jawline and under the chin. Patients who present with this complaint recognize it and want improvement but may not want any surgery they perceive as very invasive. A helpful diagnostic maneuver may be to take a finger or two, place it just in front of the earlobe, and gently pull superiorly and laterally. Usually this slight pull will produce a demonstrable movement and snugging of the jawline, without much skin bunching. Can this tension be reproduced with a limited procedure?

Respecting all previous techniques which have been described by numerous experienced surgeons, and knowing the obvious that the more we dissect, support, and pull, the more results will follow, nevertheless, here is the argument for a limited creative lift.

It is vital for the patient to be in excellent health and possess a healthy psychological outlook. If one is squeamish or easily nervous about routine visits to the doctor, then surgery while awake is probably not a good match. In a young healthy patient, this procedure may be performed under local anesthesia. Some patients take a small oral dose of Valium prior to arriving in the office, with a driver, of course. The procedure may take 45 minutes from start to the application of a small light pressure dressing. Discomfort is usually minimal, and swelling may peak just anterior to the ear lobe on

day 2 or 3.

The area of dissection may only be a cross section of about 4x4 cm, but it could be slightly larger. The goal is to help suspend the Superficial Musculo-Aponeurotic System (SMAS) fascia just anterior to the ear and move it back a couple of centimeters posteriorly and superiorly, using strong sutures (absorbable or permanent 2-0 or 3-0

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work equally well). The more pull, however, the more bunching of skin is produced; and this extends the incision in order to deal with the excess skin. A dog-ear can often be reduced by displacing skin posterior to the earlobe, and the scar is less noticeable.

Sutures are carefully placed in the superficial SMAS, avoiding deep bites, which might injure the facial nerve, and the SMAS is sutured to itself. Sometimes a small layer of fat overlying the SMAS must be trimmed in order to get a good purchase with the suture.

Some patients benefit from a little liposuction under the chin performed through a tiny incision. This fat is sometimes carefully re-injected in an area of the lower face, which might benefit from more fullness. Some of it may survive.

The first few days should be quiet, with limited physical activity and talking. Wound care is instituted. If the patient has enough hair to help cover the incision, she may feel comfortable being in public within 4-5 days post-surgery. Sutures either

