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DEEP LIFTING

Less invasive SMAS lifts combined with complementary surgical and nonsurgical procedures can offer safer and more natural-looking facelift results.

By Inga Hansen

THE ABILITY TO PROVIDE deep lifting in the superficial musculo-aponeurotic system (SMAS) of the face has increased the longevity of facelifts and helped to reduce concerns such as streaking and facial distortion. But as SMAS patients come in for revision surgeries and a growing variety of patient types seek out rhytidectomy procedures, surgeons are finding themselves turning away from the most invasive SMAS flap procedures and embracing the less invasive SMASectomies and SMAS plication.



This patient—shown one year post-op—underwent a full facelift with platysmaplasty and fat transfer to the face.

"I'm not a big proponent of lifting the SMAS," says Kirk Brandow, MD, FAACS, director of the Brandow Clinic in Bala Cynwyd, Pennsylvania. "On patients who are quite thin, if you try and lift the SMAS flap, oftentimes it will be too thin and sometimes you get little button holes in it and it falls apart. It's one of the big problems—once the SMAS flap is lifted and [the patient] comes back in say five years or six years, oftentimes you can't lift the flap again, or you have to be very careful about lifting the flap, because the patient doesn't have a lot of tissue there to create a lot of shape." In the worst-case scenario, a facelift may quickly fall. "Some people will say, 'My facelift looked really good at two months and at six months it seemed to fall apart,'" says Dr. Brandow. "What happened was that devascularized, thinned-out SMAS didn't hold up." To preserve the strength and health of the tissue, he performs either a SMASectomy or SMAS plication.

"The SMAS flap operation used to be thought of as the gold standard. I don't think that's right anymore," says Val Lambros, MD, FACS, Newport

Beach, California. "I think most people are doing some kind of SMAS plication or SMASectomy flap. It's an intrinsically safer procedure. You're not as close to the nerves and you're not lifting up flaps of fat that cannot survive and may leave indentations in the face."

In the past, Dr. Lambros performed a full range of SMAS procedures. "I would reserve the SMAS flaps for one kind of patient and SMASectomies for other kinds of patients," he says, "but I found by looking at them that I couldn't tell the difference after a week or so. And that's really the main deal, because if it's equally effective why would you do the more invasive procedure?"

The trend toward the less invasive procedures that maintain the health and strength of the underlying tissue ties into the public's desire for both more natural-looking and longer-lasting results. Not only do surgeons have more options for revision surgeries as patients age, they can also combine SMAS lifts with adjunct therapies to address skin laxity, drooping jowls and mottled skin tone.

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"The facelift is a very limited procedure by itself," says Dr. Lambros. "It pulls back on the cheeks and, for some people, that's all they need. But a lot of people whose faces have gotten thinner as they've gotten older need some kind of volume put back in their face, so I do fat injection in almost all the people I do. I'll also do other things, like lid surgery and dermabrasion around the mouth for lines and wrinkles. And, of course there's a whole host of things you can do in the neck."

Maximizing Results

Dr. Nguyen performs liposculpture in the neck and jowl area on many of his SMAS patients.

"Faces tend to produce more heavy fat over time,

especially in the neck and jowl area," he says. "With liposculpture, I can obtain more definition and lifting."

Skin resurfacing, either through chemical peels or lasers, helps to improve skin tone and texture and many believe it can prolong the life of the facelift by promoting collagen and elastin production. Dr. Nguyen performs full-face resurfacing with an Er:YAG laser during his SMAS lifts. "If the texture of the skin is not optimized, the work will not be shown as well," he says.

For patients with darker skin types or tanned skin, Dr. Brandow prefers to use a chemical peel to address tone and texture. "If the skin is really spotty, I'll do a full-face light blue peel and sometimes a CO₂ or erbium peel laser around the eyes," he says. "It depends on their skin condition and the color of their skin. If the patient has darker skin or tanned skin, the CO₂ laser can lighten the skin and it will look funny."

Dr. Brandow and Dr. Lambros also perform fat transfers on virtually all facelift patients during surgery to restore volume and plump out remaining lines and wrinkles. "People often lose a lot of volume at the corners of their mouths and when they talk it sort of moves," says Dr. Brandow. "[Patients] will often say, 'I want it nice and tight and I want it to look good' and you say, 'OK, show me how you want it?' And they'll pull their faces tight and say, 'I want it like this but I don't want my mouth to move.'" He uses the fat transplant as a cushion in the area around the mouth, jaw line and marionette lines to help preserve the natural appearance of the mouth.

"You need to know how to do the procedure. It's a craft, not an art form."

"Not only are there these small areas that are not improved when you do a facelift, but we're also realizing the next generation in facelifting is the utilization of our body's own stem cells," says Dr. Brandow. He uses the central third or between



Kirk Brandow, MD, performed a mini facelift, platysmaplasty, fat transfer to the face and lateral hairline lift to obtain these results, shown one-year post-op.

3cc and 6ccs of a 10cc syringe of harvested fat, which has the highest concentration of stem cells, for transplant back into face. "We don't know exactly what [the fat] is doing," he says. "We just know the clinical effects are better with fat. If you put a fat-transplanted patient side-by-side with a patient who was not fat-transplanted, their skin looks better, their soft tissue looks better, the face just looks better."

While fat is a valuable adjunct to replace lost volume, it may not be the ideal choice for deep lines that require targeted filling. "I use a lot of Juvederm and some Restylane, because there are some areas where you don't want the patient to look too puffy," says Dr. Brandow. "Like the little vertical lip lines. They do better with Juvederm than fat because the fat can puff them up too much."

Dr. Nguyen uses dermal fillers in the eye area, temple area and corners of the mouth. "HA fillers, like Juvederm and Restylane are easily predictable and moldable, and I like to sculpt," he says. He performs the filler treatments one month following surgery. "Some people pull the skin very tight because they want to get rid of every line and

wrinkle. It doesn't look natural," he says.

Perfecting the Technique

In an effort to obtain the most natural results for his patients, Dr. Brandow asks them to bring in pictures of themselves taken at different ages. "I have them walk me through the ages, when they were 20, 30, 40, 50, and I put those up on my board and look at them very closely," he says. "Patients don't want to look perfect, they don't want anyone to have any idea."

Though SMASectomy and plication are less invasive than the SMAS flap, Dr. Brandow cautions doctors who are moving toward smaller incisions and endoscopic procedures to maintain vigilance for patient safety. "To do more through smaller incisions is much more difficult. It's not something you can do in the office because if you go through small holes and get bleeding, you can get yourself into trouble," he says. "People who do Awake facelifts or Lifestyle lifts, it's better to have a big flap open to work with so you can see what's going on. If you try to do more exotic things through



reminds doctors that first and foremost, "you need to know how to do the procedure. It's a craft, not an art form, and it has to be done in a craftsman-like way," he says. "With repetition you learn what works, how to pull the skin and the difference between working with young versus old skin." He cautions that surgeons can't rely on one procedure. "The facelift is a limited operation and you have to do other things," he says. "Go and watch other surgeons operate and see their results."

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smaller openings, you should be in a controlled environment in the operating room with good suction and anesthesia."

Dr. Nguyen notes that good anesthesia is an important tool in achieving the best results. "The dissection planes are cleaner and more defined," he says.

The elective nature of these surgeries has led to a focus on achieving optimal aesthetic outcomes through less invasive means, but Dr. Lambros

"The concept of balance is really important," says Dr. Nguyen. "Listen to patients and be on the same page with them. They want to look good. Many will say they want to look natural and not be pulled too tight. At the same time, if you don't pull tight enough, you will have loose skin, especially in the neck and jowl, so you need to be definitive with your technique." ❖

Inga Hansen is the executive editor of *Surgical Aesthetics*.