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# The Boomer Lift

A breakthrough, scarless procedure to tighten the neck and jowl

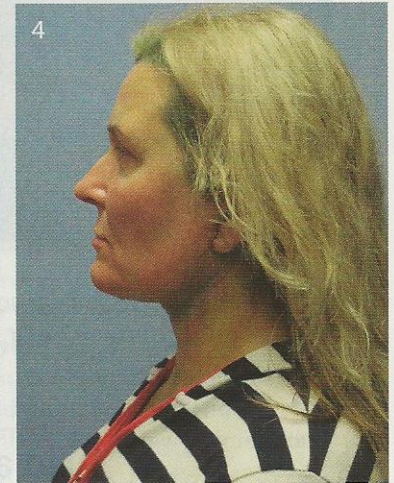
More than any generation before them, Baby Boomers have taken a proactive approach to remaining youthful in appearance as they age. That's why I developed and trademarked the Boomer Lift—an ideal choice for patients who don't want or need a traditional facelift but do want to tighten lax skin in the jowl, neck and jawline. This procedure is less invasive, less expensive and requires less downtime than a full facelift with little or no scarring.

Choosing the proper candidate is very important in terms of meeting patient expectations. When I first started offering the Boomer Lift, I limited the procedure to my 50-year-old dermal filler patients.

Following treatment with fillers, these patients' necks often looked disproportionately older than their enhanced faces, and they would frequently say: "All I want is to fix my neck and just tighten a little bit along my jawline." If the patient wanted the sides of their mouths or nasolabial folds improved, I would recommend a facelift. But, much to my surprise, most of my filler patients in this age range wanted less surgery and did not want to look "different" or "operated on."

When my older filler patients—in their 60s and 70s—saw the results of these younger patients, they too voiced a desire for neck tightening and also had less concern for their mid and upper faces, contrary to what a facelift surgeon might expect from these patients. The limited pre-auricular scar also makes this an excellent option for men who do not want any tell-tale scars in front of their ears.

Thus, the Boomer Lift has become another option in my practice for men and women in their late 40s to mid 70s who are concerned about their necks but scared of facelift scars or "looking different."



(fig. 1 & 2) 57 y.o. before and post op day #1 after Boomer Lift, fat transplant and blue peel. (Fig. 3 & 4) Post op day #7, patients return to work and apply makeup. (fig. 5 & 6) Post op day 14, patients resume normal activity.

## The Procedure

The Boomer Lift surgical procedure takes two to three hours and is performed under deep sedation or LMA-assisted general anesthesia. I frequently begin with fat transplant, followed by platysmaplasty, neck liposuction and posterior neck lifting. The case is often finished with a blue peel to help resurface the skin while masking the bruising during the first week of recovery.

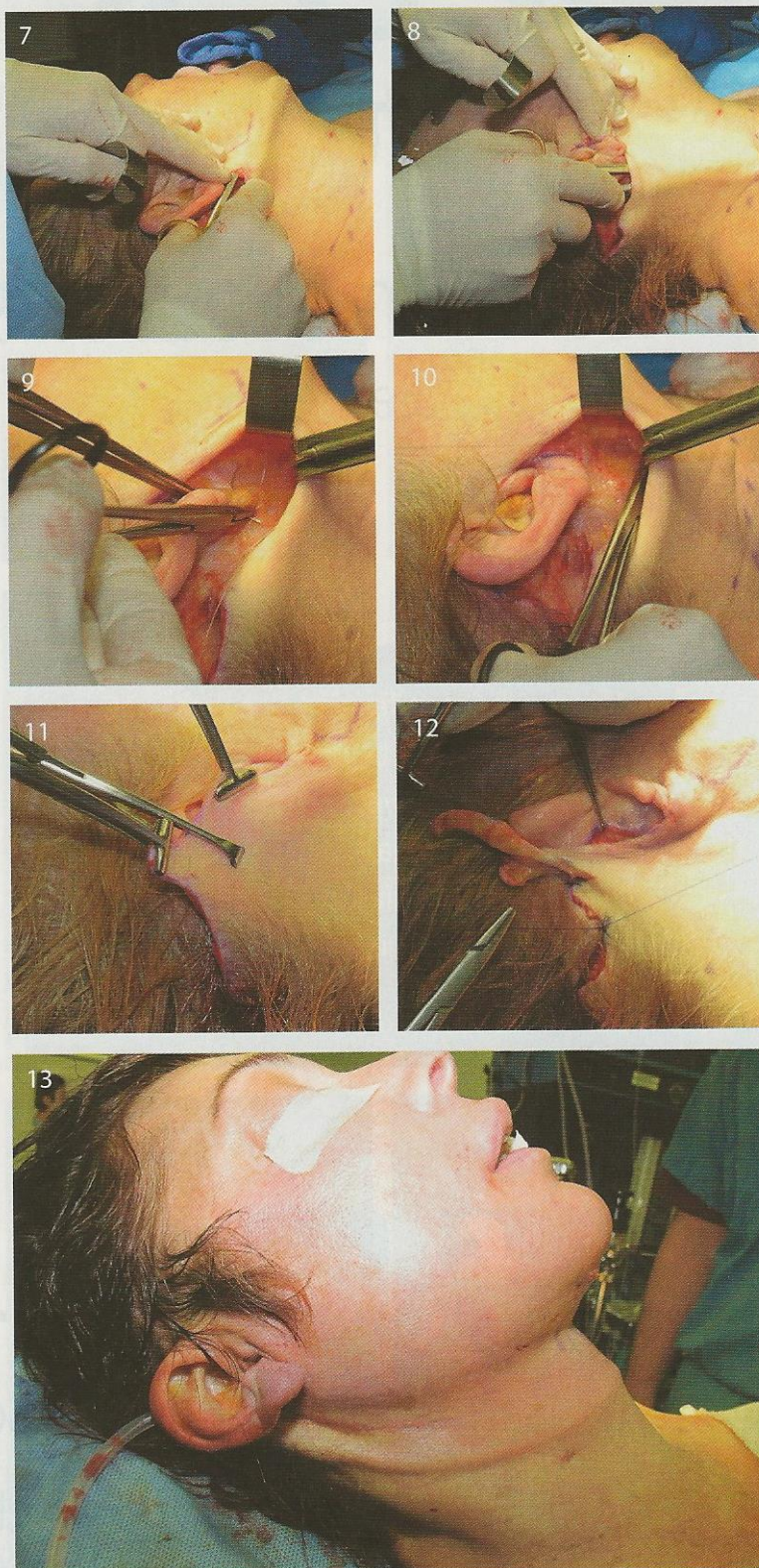
I feel the best results are obtained by wide undermining of the entire neck skin (fig. 7 & 8), platysmal tightening laterally, SMAS tightening along the jaw line (fig. 9 & 10), and skin tightening posteriorly (fig. 11 & 12)

To minimize bruising, a drain is placed overnight (fig. 13) and a head dressing is applied. Patients spend the night in a hotel, under supervision of a nurse, and are sent home the following day after the drain is removed.

During the first week of recovery, there is some bruising and swelling but this is minimal and can be hidden with a turtleneck by the fifth to seventh day when patients return to work. A manual lymphatic drainage (MLD) is performed at five and seven days post-surgery along with a hydrating, steam facial to remove the residual skin flakiness if a blue peel was performed.

My patients have been extremely happy with this procedure, because it gives them a less invasive alternative to a conventional facelift. It allows them to maintain control of their facial aging while resolving what bothers them the most, their necks. Since most of these patients are accustomed to using dermal fillers, areas that were not fully corrected with the Boomer Lift can be touched up with fillers within three to six months. If this is discussed with patients pre-operatively, they will accept it, at their own expense. ❖

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(fig. 7 & 8) Wide undermining of the neck skin and release of the mandibular ligaments along the jaw line. (fig. 9 & 10) Tightening of the platysma muscle posteriorly and of the SMAS in front of the ear. (fig. 11 & 12) Skin tightening behind the ear. (fig. 13) Intra-operative view of a patient with the drain in place before the head dressing is applied.