

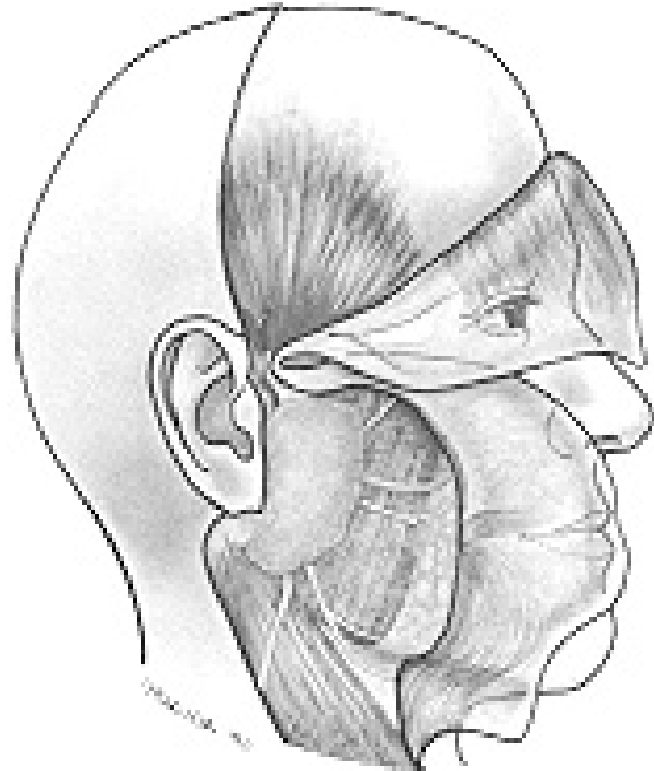
Rhytidectomy

Rhytidectomy

- ▶ History
- ▶ Clinical Evaluation
 - Preoperative workup
 - Analysis of face
- ▶ Anatomy
- ▶ SMAS Facelift
 - Deep Plane/Composite Facelift
 - S-Lift
 - Complications

History

- ▶ Few early historical details
 - Early 20th century: Germans/French
 - Techniques guarded
 - Pre-antibiotic era- low profile
 - Published reconstructions not cosmetics
- ▶ Elliptical excisions of skin
- ▶ SQ undermining



History

- ▶ 1950's "classic facelift" (Swanker)
- ▶ 1974: Skoog describes subfascial dissection
- ▶ 1976: SMAS named by Mitz/Peyronie
- ▶ 1970's-80's: short flap vs. long flap
- ▶ 1990's-today: deep plane, composite rhytidectomies, laser resurfacing, S-lifting

Clinical Evaluation

- ▶ History
 - Find patient desires/motivations
 - SAFE
 - Self-image
 - Anxiety
 - Fear
 - Expectations
 - Don't operate if you don't feel positive
 - Compliance

Clinical Evaluation

▶ History

- Relevant medical history
 - DM, smoking, CVD, psychiatric problems, steroid use, HTN, prior surgeries/scarring
 - Medicine use: ASA/NSAIDs, steroids, vitamin E, OTC herbal supplements

▶ Physical Examination

- Anatomic Evaluation
 - Checklists may help
- Skin Characteristics
- Photos

The Upper Third

The Forehead

Hair: coarse, fine, thin, thick, balding

Hairline: low, normal, high, absent, surgically absent

Sideburns: low, normal, high, surgically absent, surgically altered

Eyebrow pattern: full, partially plucked, absent, surgically absent

Rhytids

Forehead-transverse: absent, shallow, deep, surgically altered—pattern

Glabellar frown: absent, shallow, deep, surgically altered—pattern

Headaches: never, rare, frequent, location

Skin

Orbital rim: bare, hairbearing

Ptosis/brows + supratarsal (right and left): none, relaxed, ptotic

The Upper Eyelids

Prior blepharoplasty scar: years postoperative, mm from lid margin, mm from browline

Supraorbital fat: medial 0.1.2.3.4.+/mid 0.1.2.3.4.+/central 0.1.2.3.4.+ right and left

Palpebral aperture at midpoint: R _____ mm _____ L

Symmetric

Asymmetric: description of asymmetry

Levator function: ptosis, pseudoptosis, attenuation

Supratarsal skin redundancy:

Wrinkled, but palpebral fold visible right and left

Palpebral fold obscured right and left

Hooded skin rests on lashes right and left

Hoods extend laterally right and left

The Lower Eyelids

Scleral show: R _____ mm _____ L

Tone of margin: good, fair, poor, surgical

Eyelid margins: entropion, ectropion, senile, norm

Retraction: R _____ mm _____ L

Ectropion: R _____ mm _____ L

Intraorbital fat: medial 0.1.2.3.4.+/mid 0.1.2.3.4.+/central 0.1.2.3.4.+ right and left

Skin: smooth, relaxed, wrinkled, festoons

Orbicularis oculi muscle: paralyzed, hypoactive, hyperactive, hypertrophic, normal

Malar bags: absent, small, large

Visual acuity: right and left corrective lenses, contacts, cataracts, implanted lenses, impaired/blindness

Schirmer's test: R _____ mm _____ L

minutes

Symptoms/history of keratitis

The Mid Third

The Face

Facial configuration: round, oval, triangular, rectangular, skeletal, thin, normal, obese

Facial cheek skin: thick, thin, atrophic, oily, dry, scarred

Facial asymmetry

Rhytids

Nasolabial: shallow/deep

Cheeks: parallel/comminuted

Perioral

Marionette/downlines

Vertical/horizontal

Jowls: 0.1.2.3.4.+

Upper lip: elongated, margins thin, commissures downturned

Scars: nevi, papillomata, keratoses, malignancies, other

Previous face lift scars: coronal/frontal, temporal, preauricular (pre/retrotragal), lobular (pulled), postauricular, mastoidal, occipital

Ears: protrusion, antehelical contour, lobules (small/normal/enlarged), lobular fold (absent/normal/scarred/pulled)

Parotid: absent, small, normal, large, masses

The Lower Third

The Chin and Jaw

Chin and jaw: retruding, small, normal, large, senile deformity

Adipose deposits: submandibular, submental (0.1.2.3.4.+)

Submaxillary gland: small, normal, large, ptotic, masses

The Neck

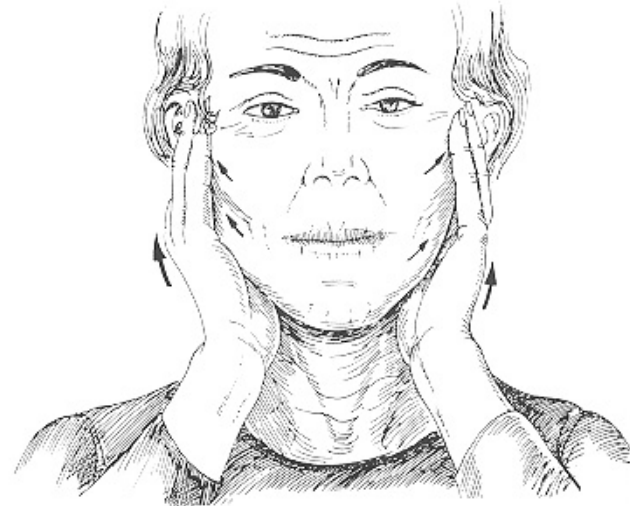
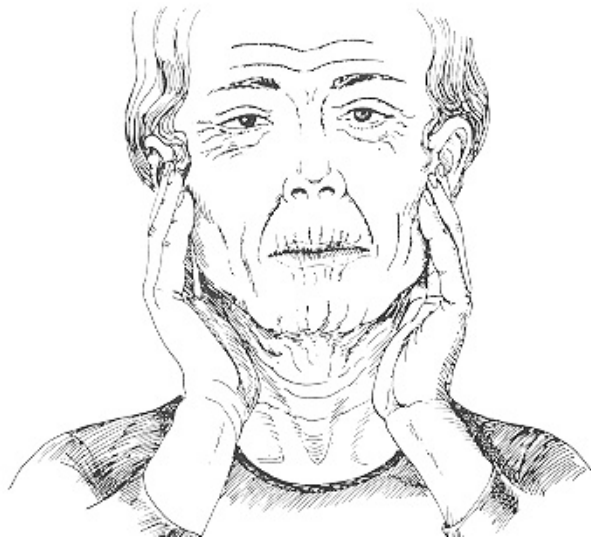
Skin: smooth, relaxed, ptotic, scarred

Rhytids: multiple, crepey, 0.1.2.3.4.+

Platyiasma: anterior cords (early, parallel [diverging, ptotic, 0.1.2.3.4.+]), secondary cords

Lesions: keratoses, nevit, papillomata, other

Clinical Evaluation



Clinical Evaluation

- ▶ “Face–lift”
 - Chin/neck lift
 - Nasolabial fold
 - Fine or deep rhytids
- ▶ Ideal patient
 - Elastic skin
 - Distinct bony landmarks
 - Little SQ fat
 - Good bone structure (hyoid)
- ▶ Adjunctive techniques

Clinical Evaluation

- ▶ Adjunctive Techniques
 - Laser peel
 - Dermabrasion
 - Chemical peel
 - Neck treatment
 - Implants
 - Blepharoplasty
 - Forehead
 - Rhinoplasty

Clinical Evaluation

- ▶ Other adjunctive techniques


Clinical Evaluation

- ▶ Important to assess hyoid position
 - High hyoid is ideal for cervicomenal angle

Clinical Evaluation

- ▶ Less than ideal candidates
 - Discuss expectations in detail
 - Need for other procedures

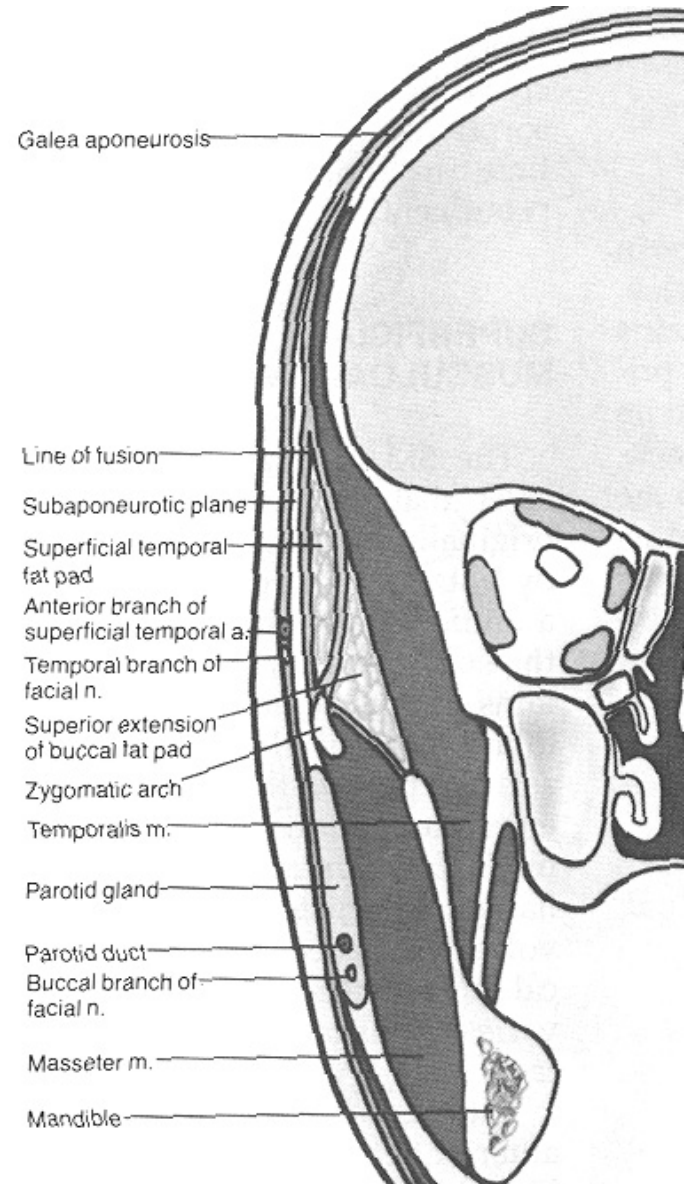
Clinical Evaluation

- ▶ Develop operative plan
 - ▶ Plan adjunctive procedures
 - ▶ Prescriptions (pain meds, antibiotics)
 - ▶ Instruction sheet
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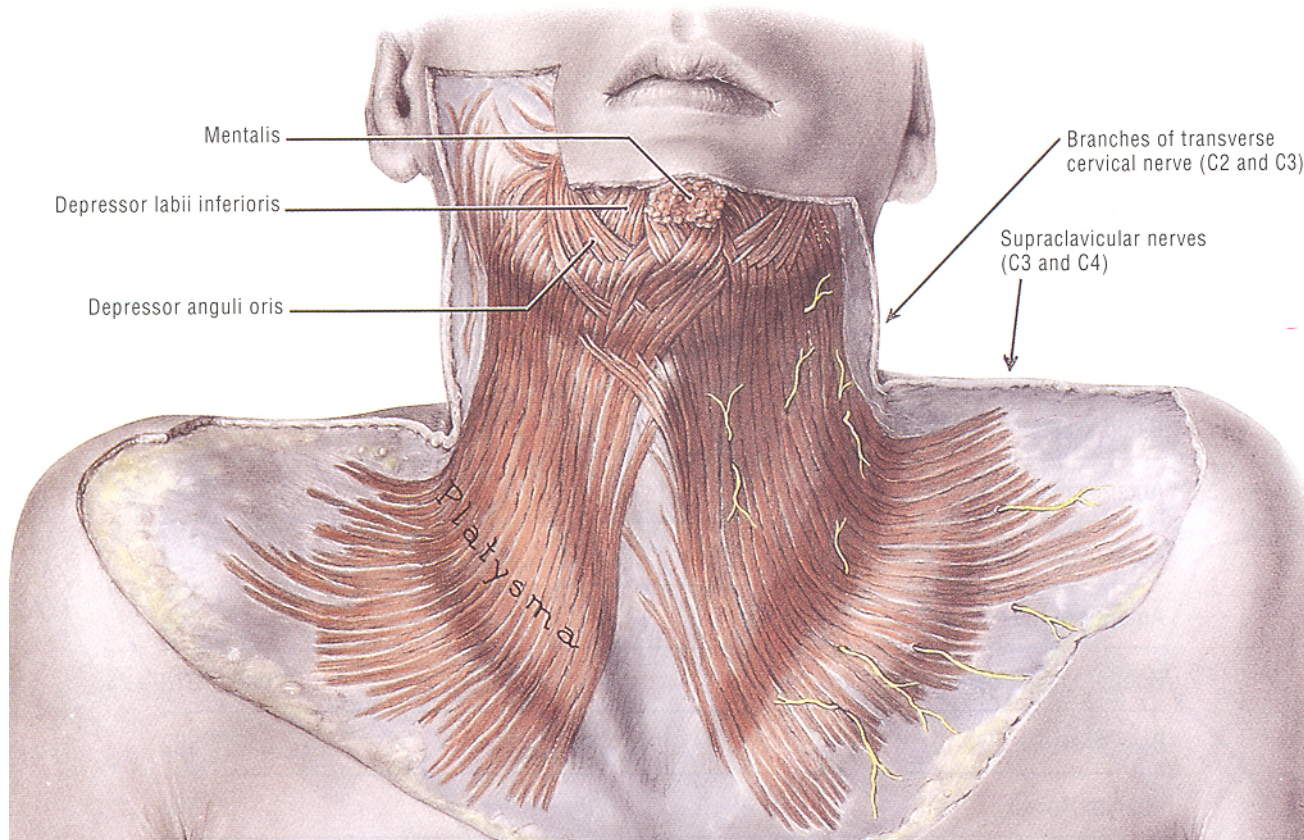
Anatomy

- ▶ Superficial Musculo–Aponeurotic System (SMAS)
 - 1974 Skoog, 1976 Mitz/Peyronie
 - Distinct fascial layer from platysma to frontalis and into the galea
 - Discontinuous at zygoma
 - Envelopes zygomaticus major—NL fold
 - Septal connections to skin
 - Transmits forces of facial expression

SMAS



Platysma



SMAS Facelift

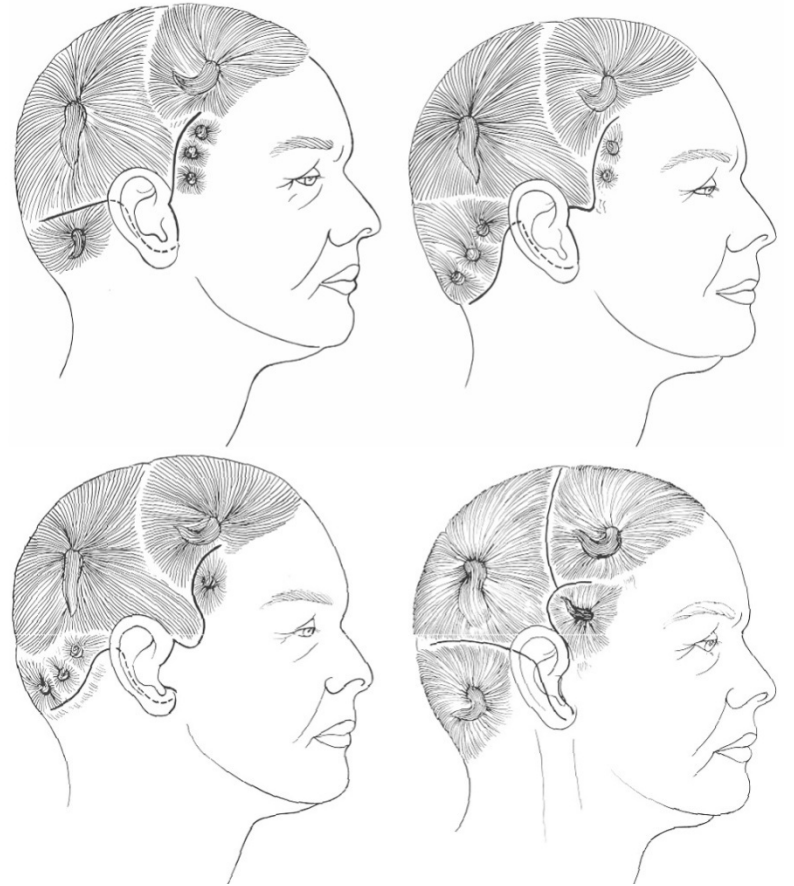
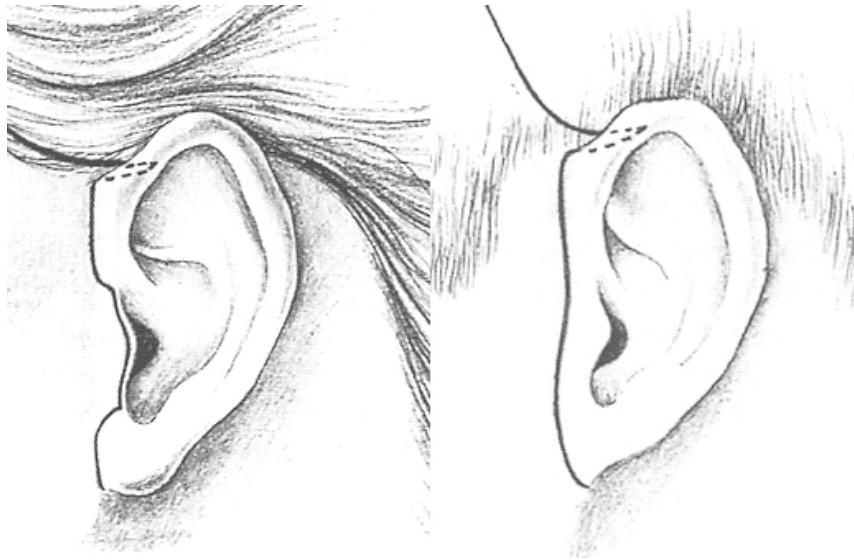
- ▶ Preoperative Marking
 - In holding with patient upright
 - NL folds, jowl lines, platysmal bands, 2 cm from oral commissure, angle of mandible, frontal branch course
 - Incisions including submental incision
 - Rubber band hair
- ▶ Anesthesia

SMAS Facelift

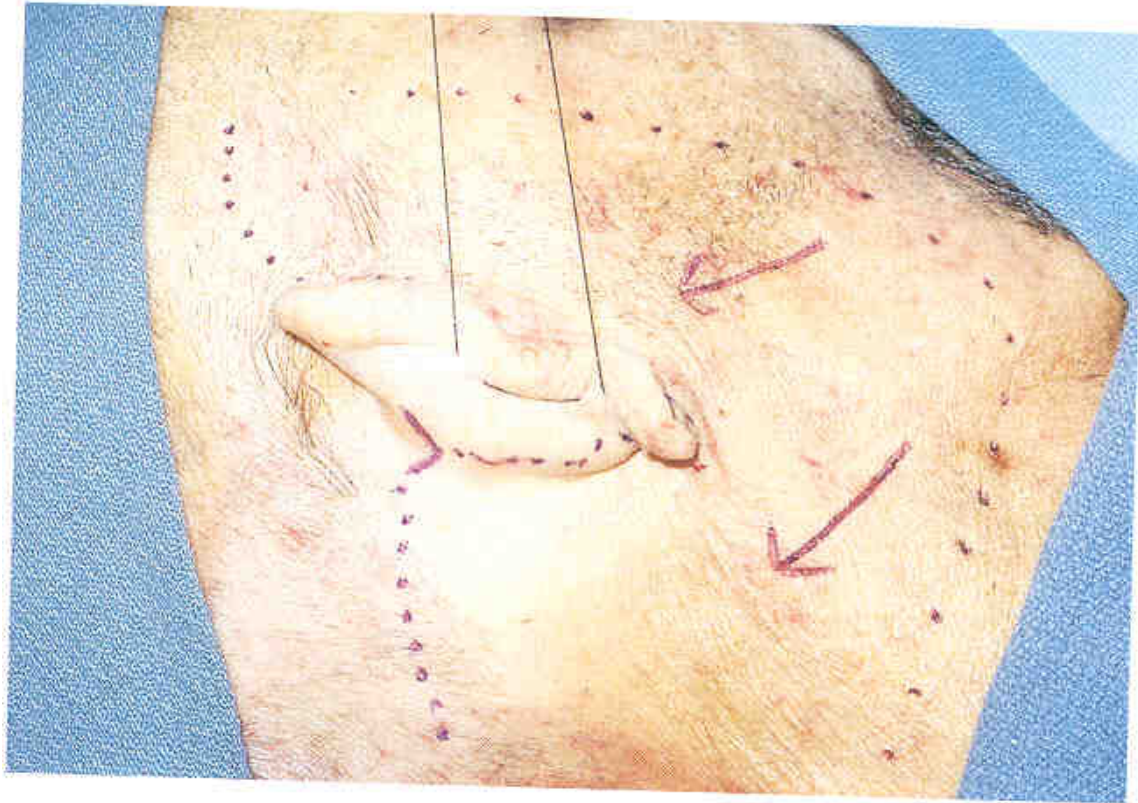
- ▶ Perioperative antibiotics
- ▶ Head holder beneficial
- ▶ No paralysis



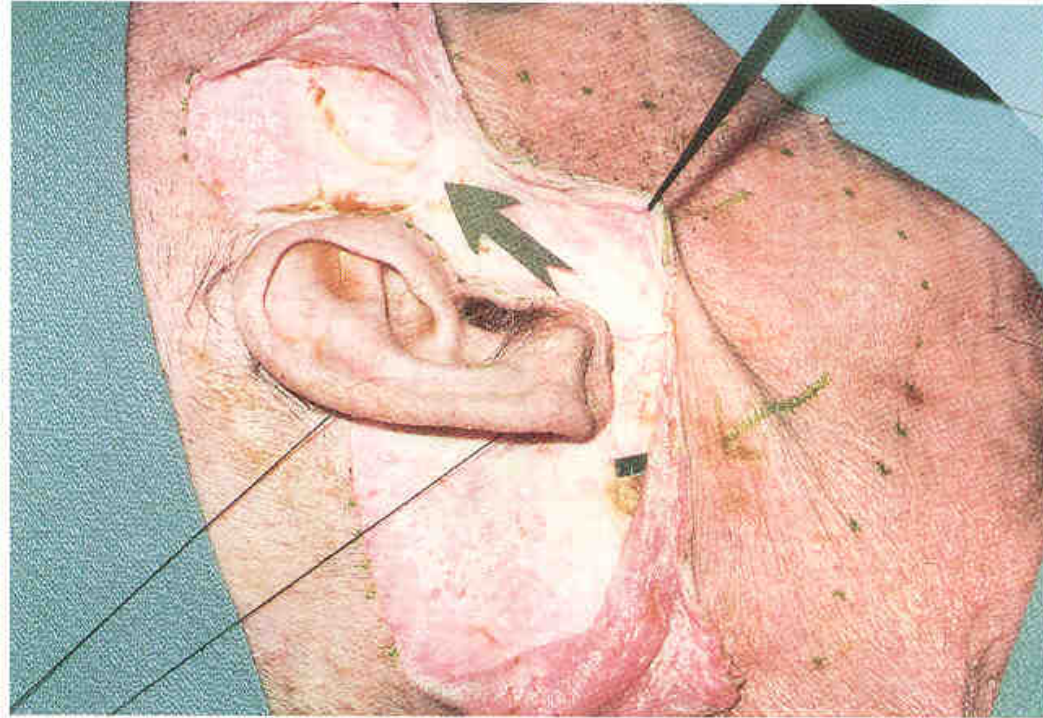
SMAS Facelift



SMAS Facelift

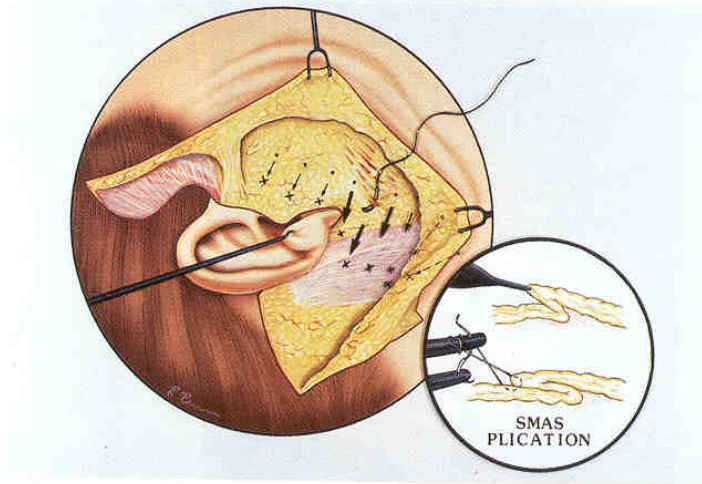


SMAS Facelift

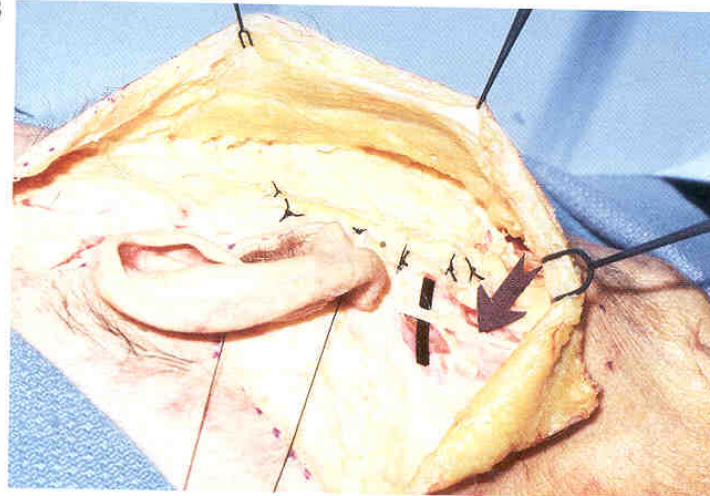


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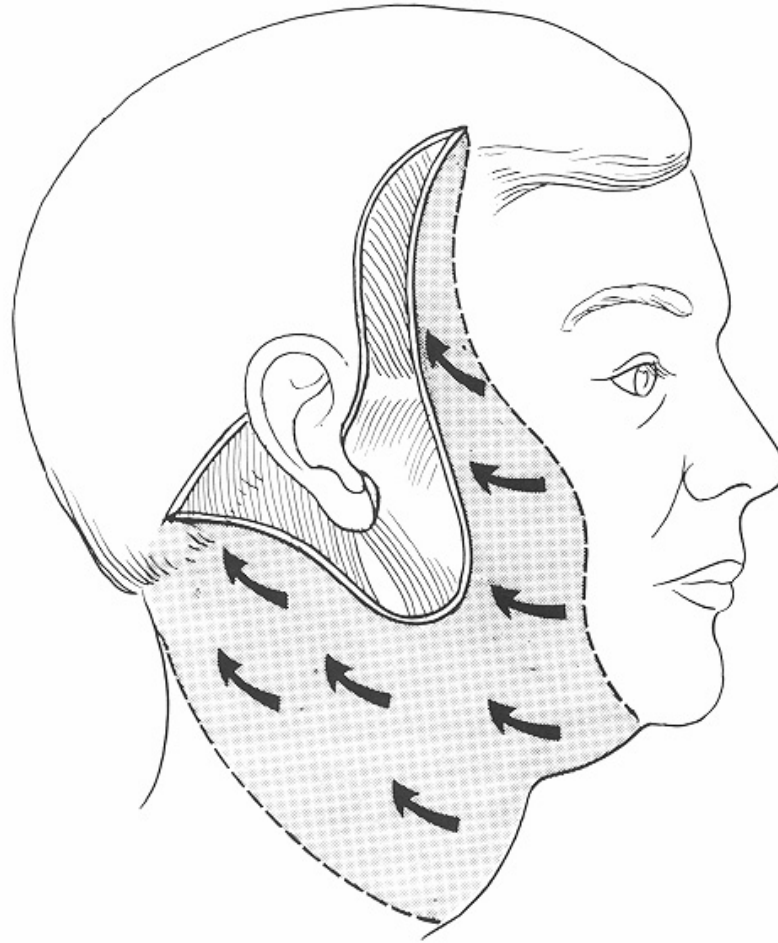
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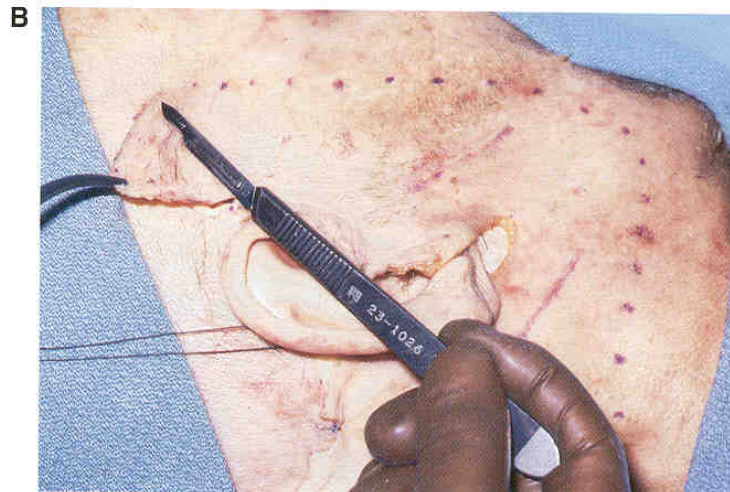
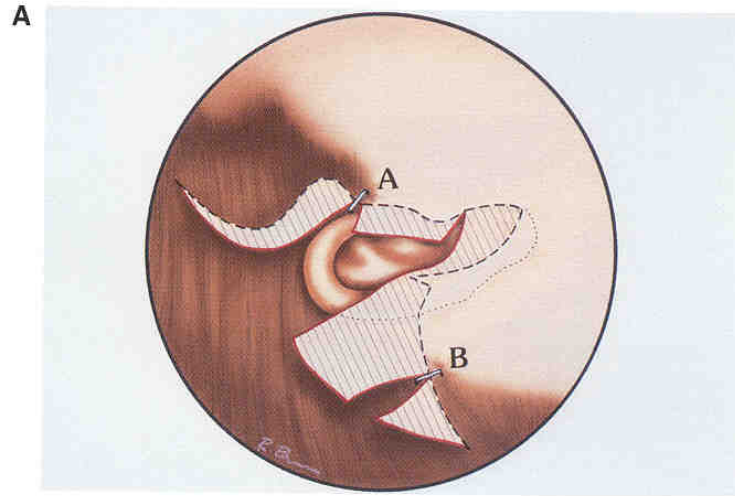
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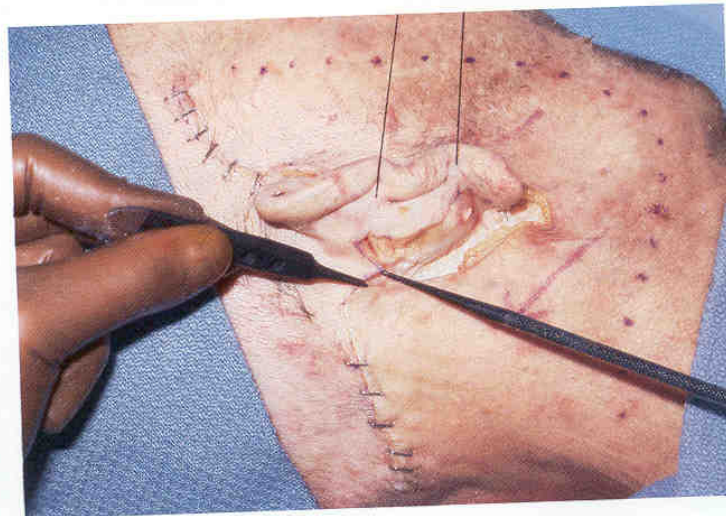
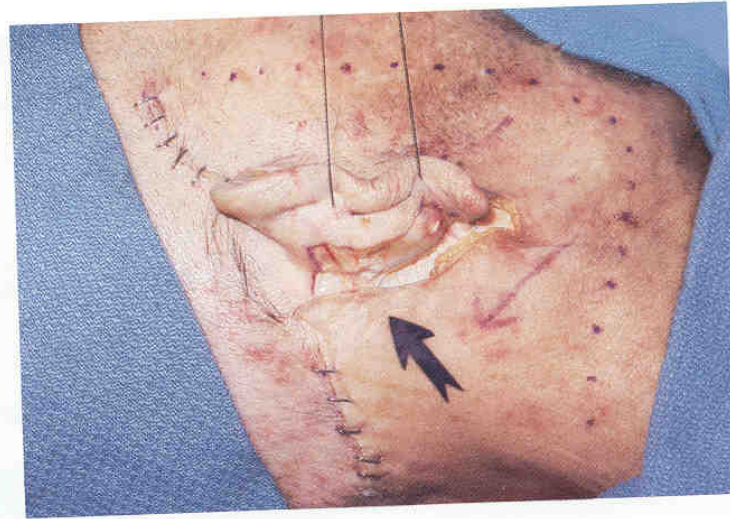
SMAS Facelift



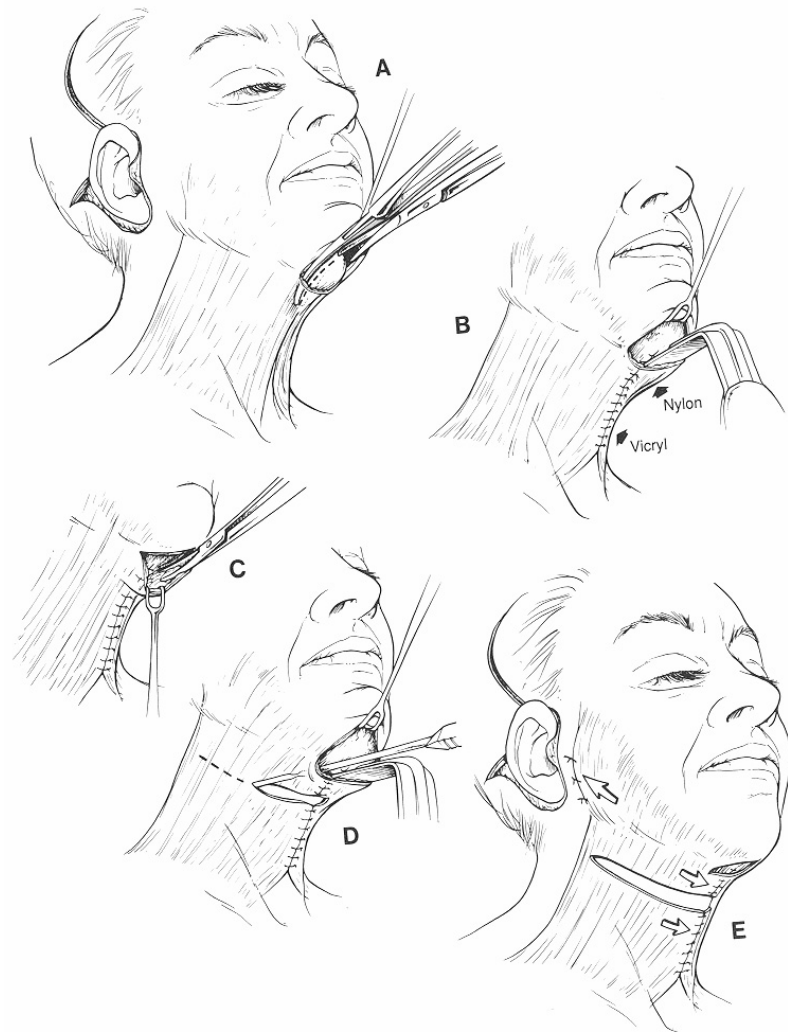
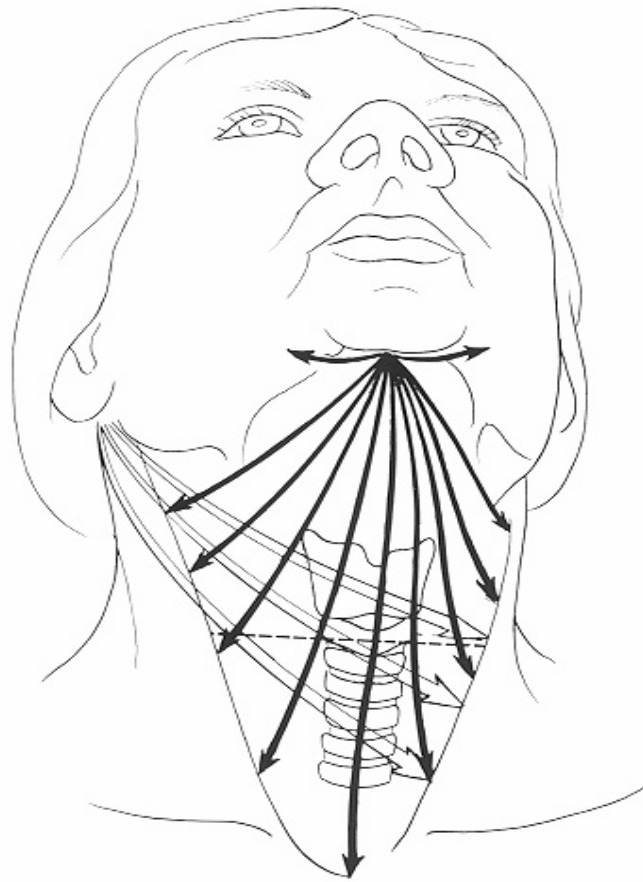
SMAS Facelift



SMAS Facelift



SMAS Facelift



SMAS Facelift

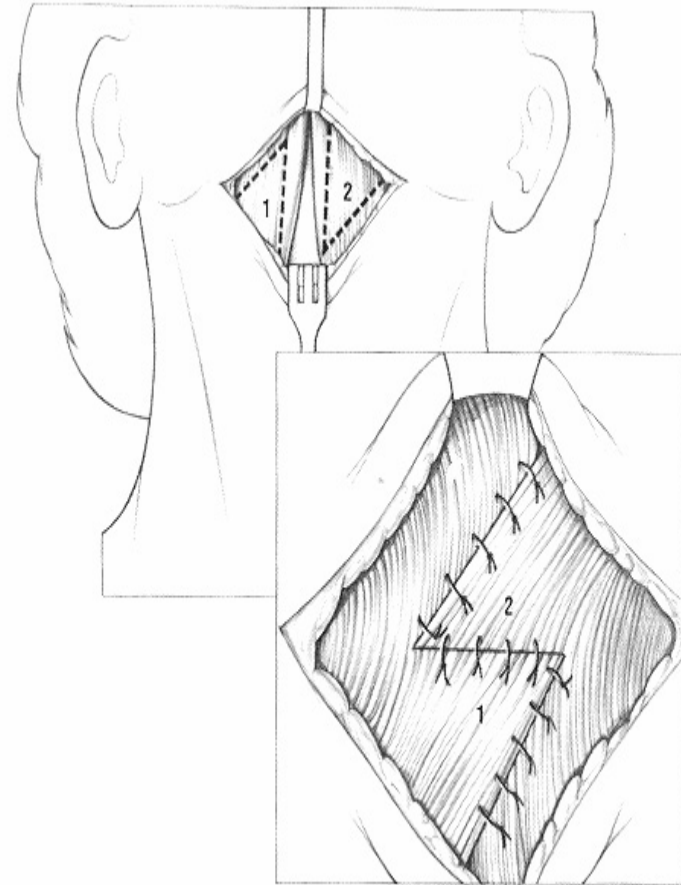
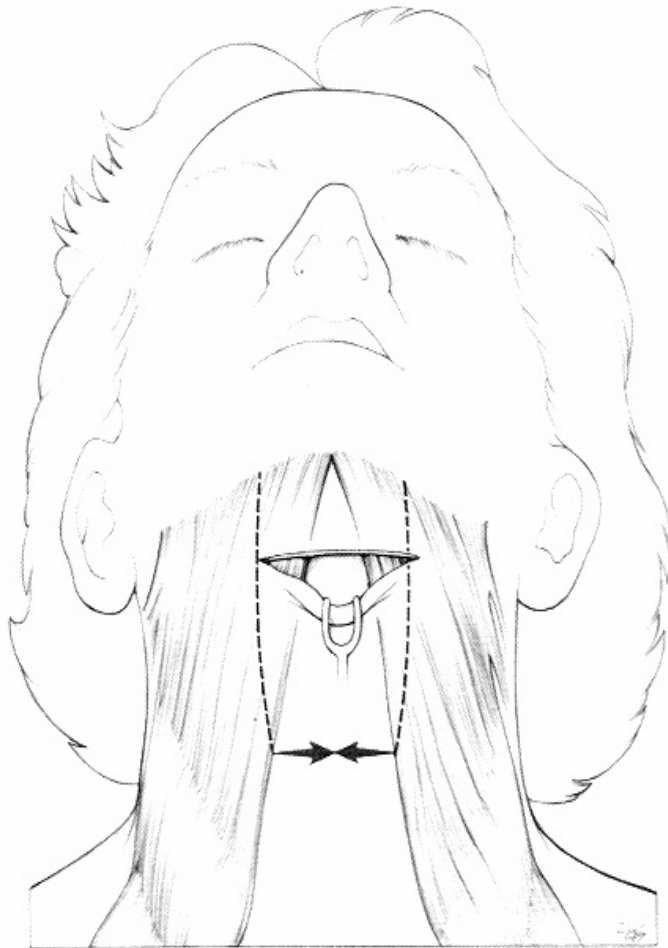


Figure 5. Z-plasty in submental area.

SMAS Facelift



SMAS Facelift

- ▶ Postop Care
 - Drain
 - Pain meds
 - HTN meds
 - Wound care
 - Instruction sheet

SMAS Facelift

▶ Complications

- Hematoma (8.5%)
- Skin Slough (1–6%)
- Ear lobe deformities
- Infections
- Widening of scars
- Hairline changes (1%)
- Nerve Injury(0.4–2.6%)
 - Greater auricular
 - Frontal/Marginal

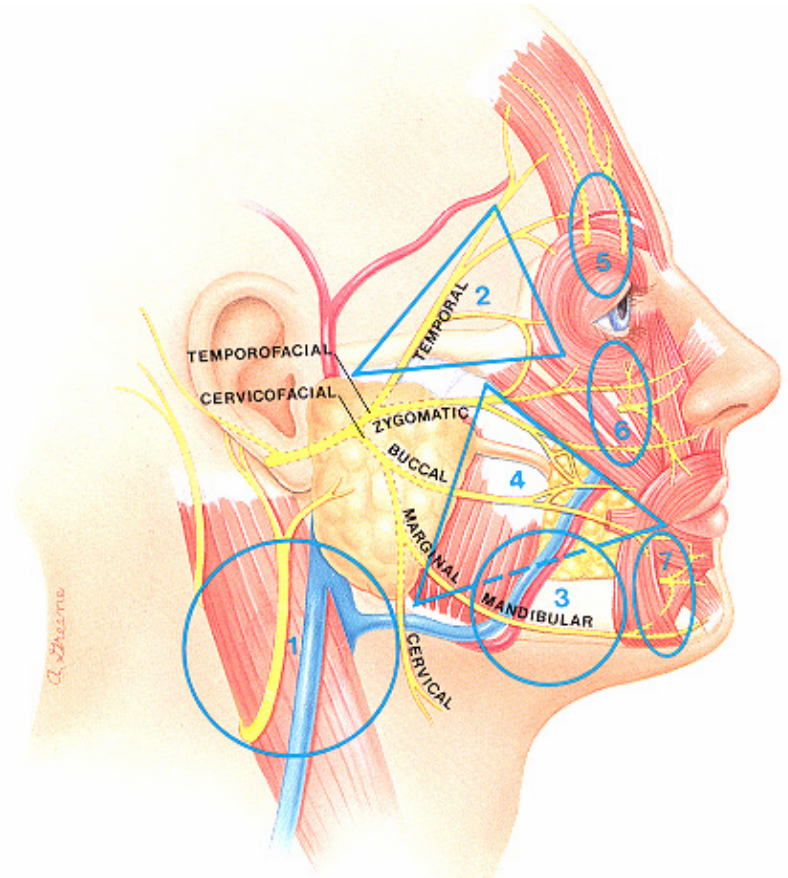
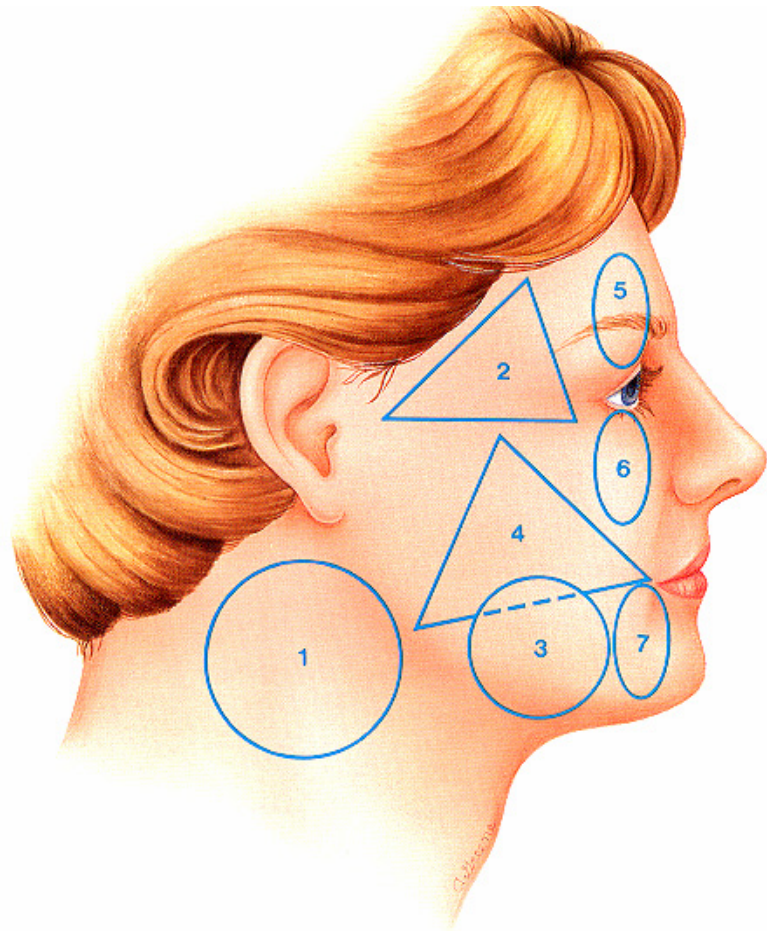
SMAS Facelift



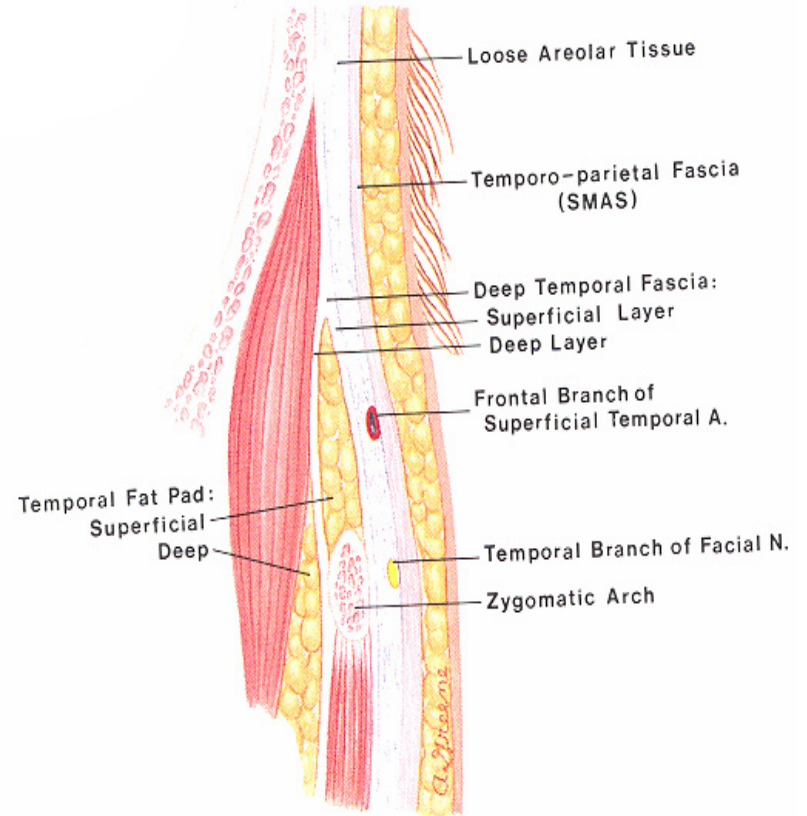
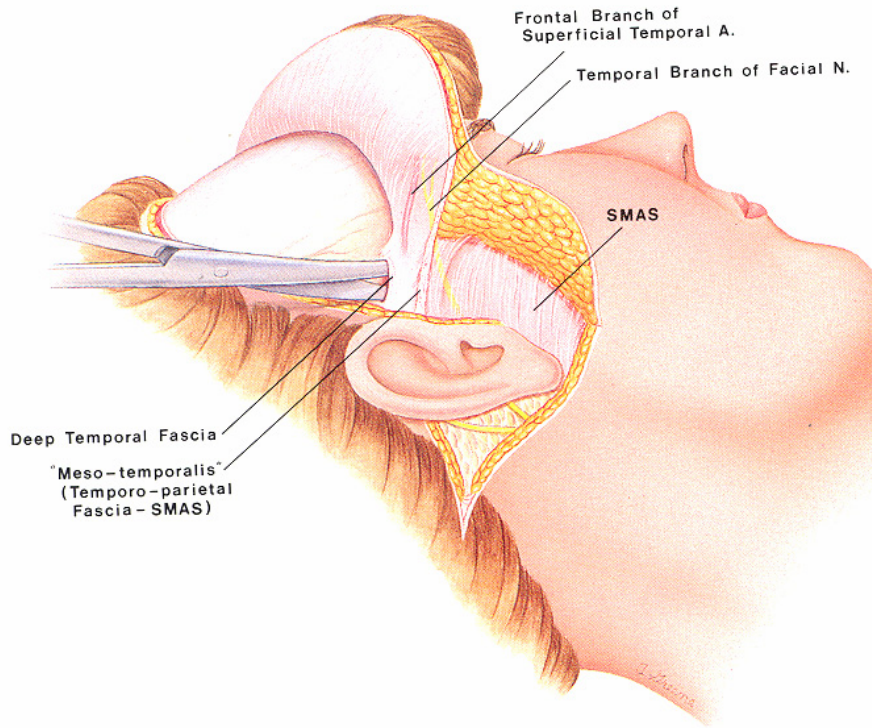
SMAS Facelift



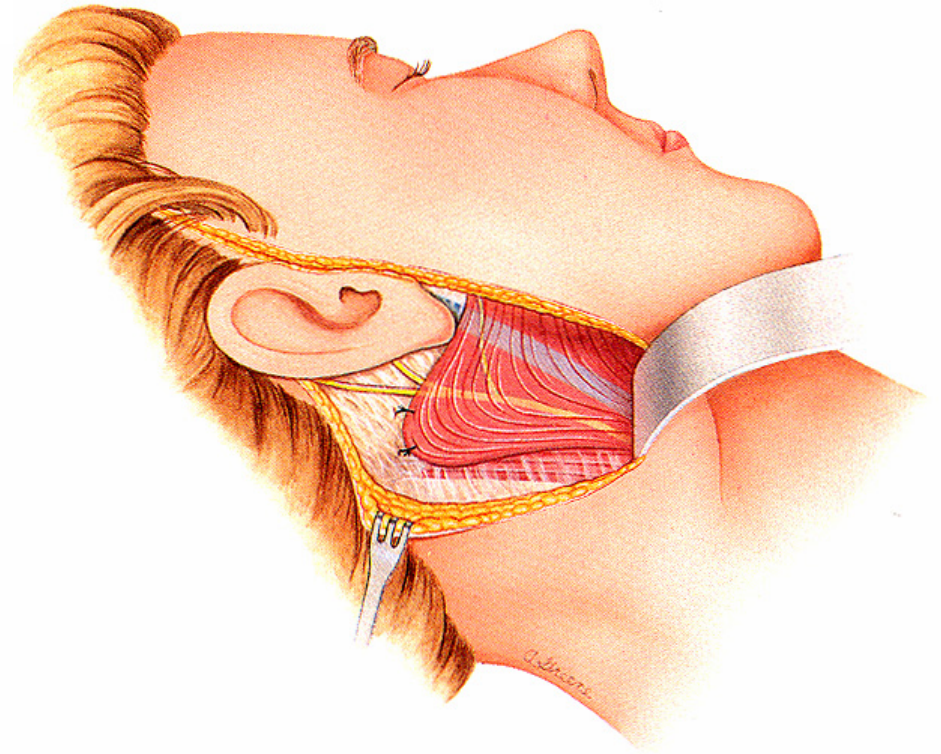
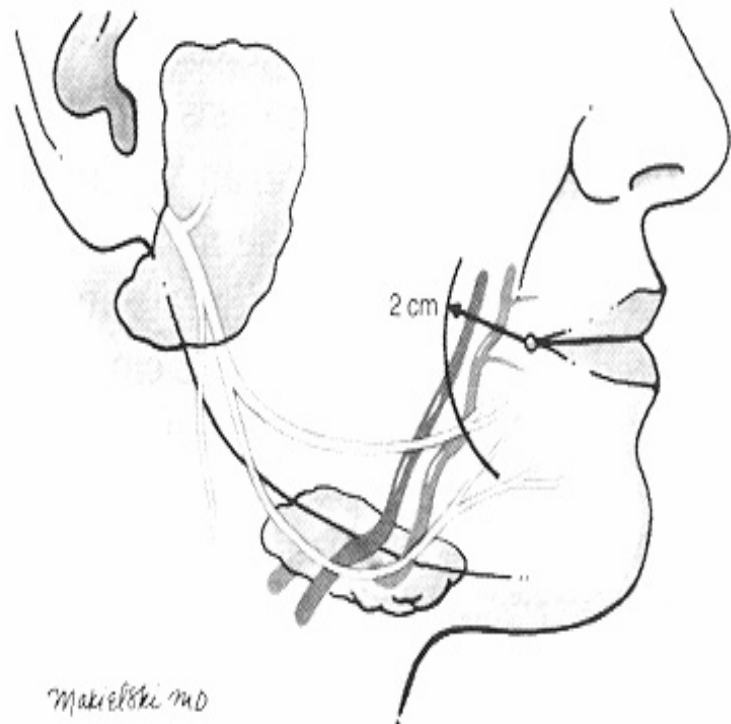
SMAS Facelift



SMAS Facelift

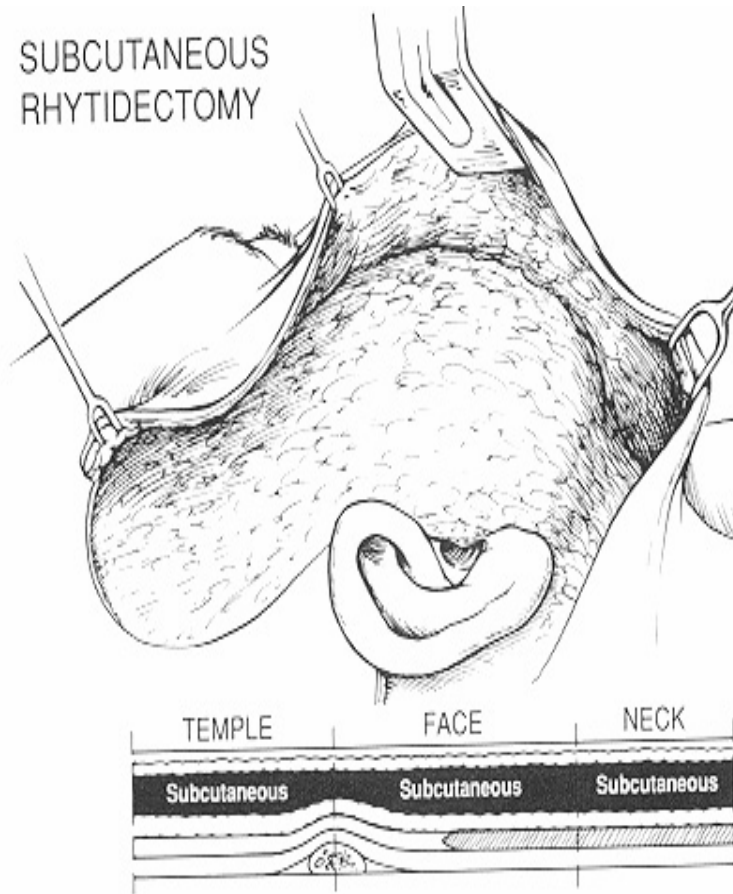


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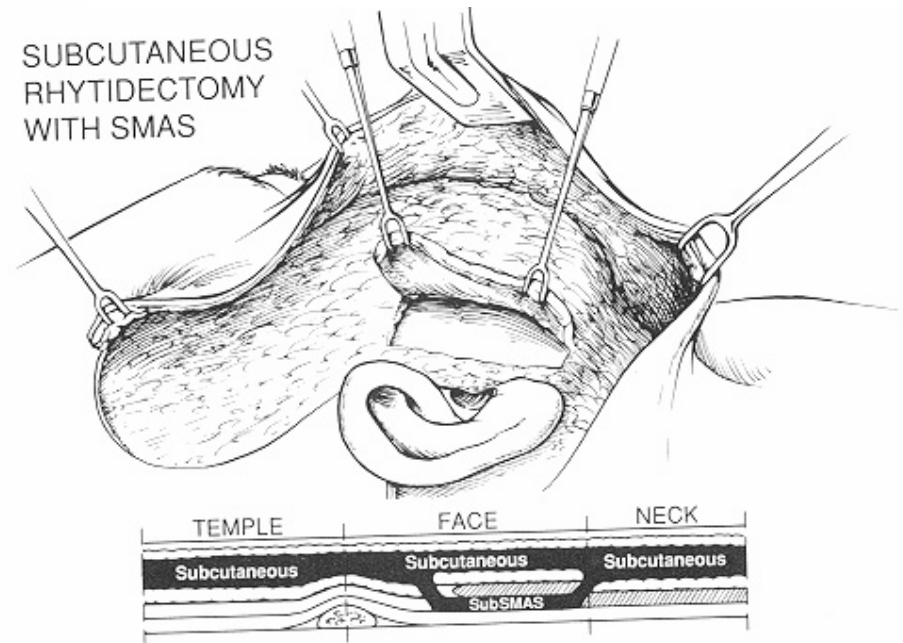


SMAS Facelift

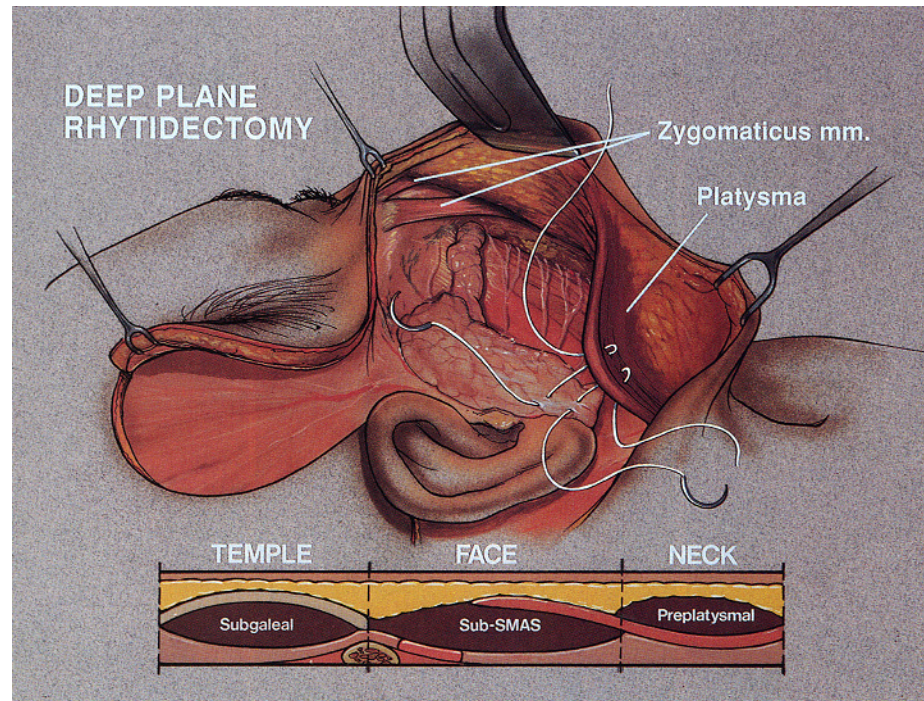
SUBCUTANEOUS RHYTIDECTOMY



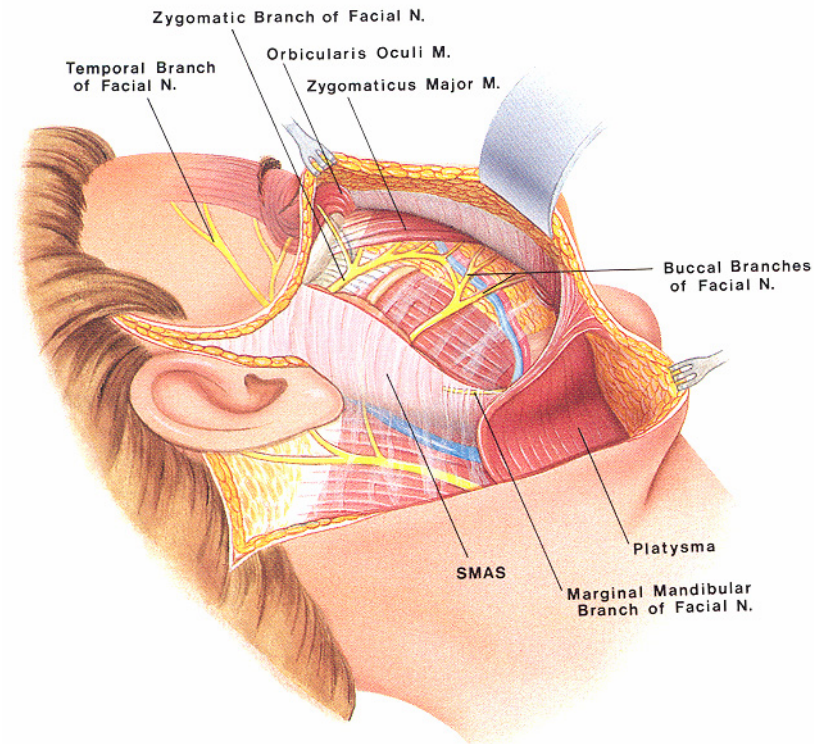
SUBCUTANEOUS RHYTIDECTOMY WITH SMAS



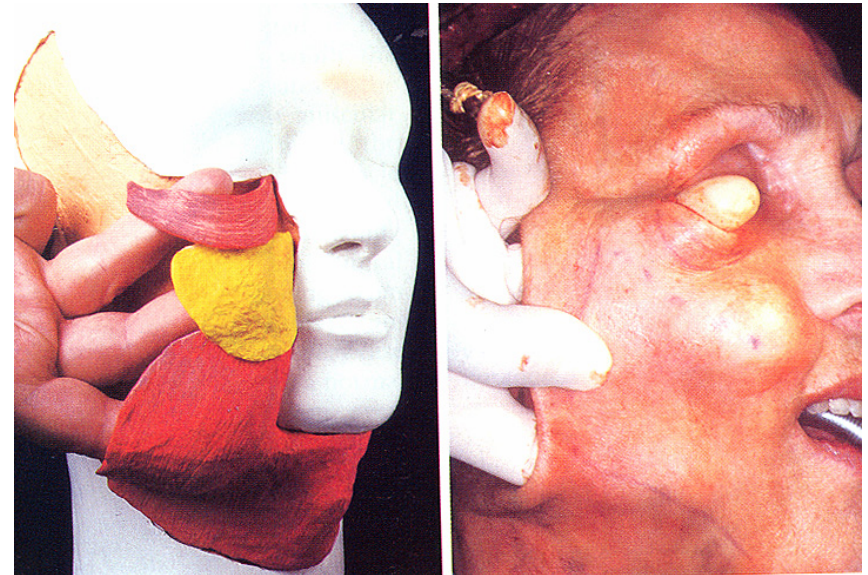
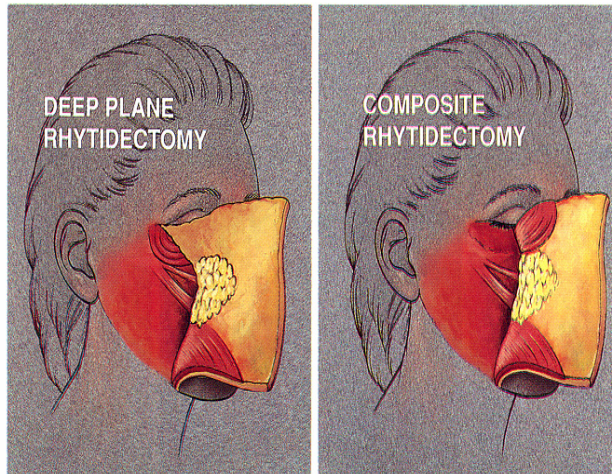
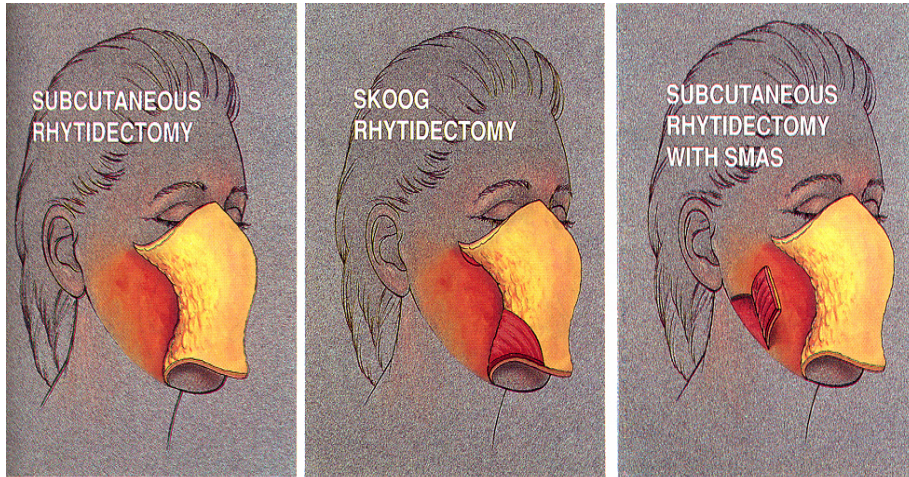
Deep Plane Facelift



Composite Face Lift



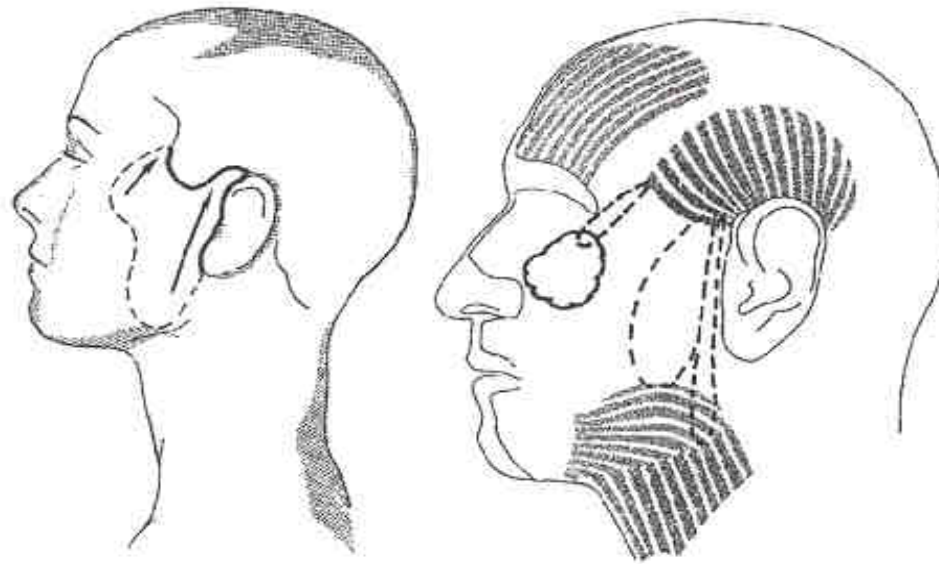
Composite Face Lift



S-Lift

Minimal Access Cranial Suspension

- ▶ Devised for less dramatic facial rejuvenation
 - Less healing time/prolonged disfigurement
 - Lower complication rates
 - Less “operated on” look



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