Dimitrije E. Panfilov (Ed.)
Aesthetic Surgery of the Facial Mosaic

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I dedicate this book to
SANJA,
ALEKSEJ, DENIS
NASTASSIA, BORIS, LARA.
They know why.

Preface

Where there is an enthusiast, this is the top of the World. I hope, that our readers will feel the inspired raptures with which all my co-authors have contributed to this book. They have given their best advices in the fields where they are especially successful, with all their tips and tricks. I have made the same as editor: I have not only counted but also have listed a kaleidoscope of 363 ideas, tips and tricks at the end.

The understanding of the face as a dynamic emotional structure has changed more during the last 20 years than during the last 20 thousand years. Our task is not only to rejuvenate the face, but to harmonize, enhance and symmetrize it.

This book should help young plastic surgeons to focus their attention on safe techniques, to recognize the risks, to avoid complications, to enrich their repertoire by many mosaic stones of the face, to benefit of the enormous experience of 36 co-authors. If we presume that each of this World known luminaries has made about 3000 face lifts or more (some of them over 8000!), so this book contents experiences of over 100.000 single facelift surgeries! When I was young, I went into the operating room with open books placed nearby my operating table. I could look at the illustrations and those "sacred books" have helped me enormously. Perhaps, in a similar way, this book could help our young colleagues.

Bonn, May 2006 **Dimitrije E. Panfilov**

Acknowledgements

I have learned from many excellent surgeons, older and younger than me. First place among them takes Gottfried Lemperle not only as my teacher, one of co-authors in this book, but also as a sincere friend. As I cannot pay him back all what he has given to me, I am giving my knowledge further to the coming generation of plastic surgeons with this book.

I am also thankful to all my patients who gave to me their trust. Special thanks has to be paid to those of them, who agreed to publish their faces although they could be recognized. They did it for the scientific reasons, to allow our young reader to understand and learn about faces more and better. I had always open ears for questions and suggestions of my patients. Thank to their ideas, I have created some new methods to harmonize facial mosaic.

I am deeply thankful to all of my co-authors who are all leading experts in the World of plastic surgery – "All Stars" so to say. This "Dream Team" of luminaries in this field of medicine have brought their original ideas of different ways how to solve similar problems. As we are dealing with the face, the reader will have the opportunity to see how our contributors look like. We have added some sort of photo gallery of their portraits.

I am also deeply thankful to the foreword writers, in alphabetic order: Tom Biggs, Bob Goldwyn and José Guerrerosantos who reviewed this book and wrote down their impressions. I adore them as glittering stars on the sky of plastic surgery, but I also feel emotions of friendship toward them. Beside being superb experts, they are nice, polite and moderate contemporaries.

Looking back I have to think of and to thank to all my co-workers past and present. My nurses as operative assistants, first of all Mrs. Ingrid Strasser, my left handed "right hand", also Koby, Sandra, Renate, Britta, Maggy, etc. Short time – less than one year – but deep trace has left my Greek assistant Jorgos Andreanidis (we called him: Adrenalinis), plastic surgeon with great future, now in Athens. For the last 10 years I had the pleasure not to notice any problems with anaesthesia. The merit of this is my superb anaesthesiologist doctor Alfred Heinen. His profound knowledge of the whole medicine, not only of anaesthesia, his calm and pleasant nature and his readiness to serve as superb cameraman for many slides and film sequences in this book are praiseworthy. Also to be mentioned his colleagues Mrs. Susanne Herzogenrath and Mrs. Meike Bergé.

Special thought are accompanying the "good spirit" of my clinic, my wife Sanja Panfilov. Although being educated as professor for literature she became familiar with our patients who were embedded in her arms. Her good soul, understanding of patient's wishes, clever ideas, holding the staff together like a second family and even her twittering voice on the phone made our patients satisfied and our clinic prospering. Without her patience in typewriting many, many pages of this book and countless evenings and weekends spent lonely at home have made this book possible. Perhaps I can make it up to her some day.

Sanja was, together with my younger son Denis the so called "mini-organizing-committee" of our international biannual symposiums. Denis Panfilov has gained degree as architect and he had worked out logos and illustrations for all my

presentations and for this book. As being talented painter he made the majority of graphic images also in this book with quotations from the history of arts, also some contemporary "icons" to make the schematic drawings more familiar to the reader. He was a couple of years a member of our "clinic family".

Doctor Schütze from Bonn called me about two years ago – his son Hans-Jörg Schütze has made diploma for medical graphics in the USA, would I be publishing some new books? Yes, I would. What an important phone call for me! I new Hans-Jörg's graphics from some other medical books. For me, he is at the moment the best medical graphic artist in Germany, perhaps in Europe. And he is a very pleasant, non-complicated person and chap. He did not lost his patience even if some outlines went to and fro several times between us. I find his graphic images superb and very didactic.

I am happy that we can offer wonderful works of Prof. emeritus Walter Thiel of Graz, Austria, from his "Photographical Atlas of Practical Anatomy." Our reader will enjoy nine of his excellent preparations. I thank him for his generosity.

Further more I am thankful to the ethologist from Vienna, Prof. Karl Grammer, for his computer mixed images and for the "pattern of beauty" with "golden cut" developed by maxillo-facial surgeon Stephan Marquardt from California who allowed us to use some of his images.

Some of our patients become our friends, much less of our friends become our patients. One of friends of our clinic, Mrs. Karin Pagmar, singer and actress from Sweden, has showed us the six basic emotional expressions of the face. I am also thankful to the painters La Calas, Jeva Grantina, Rembrandt van Rijn, Ingrid Bickenbach, Andy Warhol, Mirey Orlan, Salvador Dalí, Heiner Meyer (Dalí's student) and Tošo Jukić, and sculptors Tuthmosis (Egypt), and Bustamante (Mexico), and photo collector Peter Engelmeier whose works I was able to reproduce.

Stephan Malarme wrote: "The whole World exists to write one single book". Since I have written "Cosmetic Surgery Today" by Thieme in 1998, I have tried to convince Mrs. Gabriele Schröder from Springer-Verlag in Heidelberg to publish a book of he volumetric rhytidoplasty with new artistic understanding of the face, its psychological and social importance from one side, and to offer to our young plastic surgeons the old and new techniques in a way as simple and practical useful as cook-book on the other side.

I am thankful to Mrs. Schröder that she has resisted till February 20, 2004 when she said "Yes." Meanwhile, I have learned more and more methods and colleagues bringing new ideas, so my knowledge and access to this matter have matured. Selfcritically, I have remembered the sentence one could find in the library of the famous British plastic surgeon Rainsford Mowlam: "O Lord, help me keep my big mouth shut until I know what I am talking about."

Mrs. Ellen Blasig from Springer Heidelberg was the operative person, responsible for the organization of our book. The editor feels great when he gets mails from her like: "Hurra! We have got your materials…" and there is a wonderful personal touch to those two ladies whom I am very thankful for their efforts. The other people like Mrs. Petra Möws and Mrs. Anne Strohbach from Leipzig or Günter Bauer from Wiesloch and Doctor Stuart Evans from UK I know only from mail or phone contact. Them and many more nameless people from Springer I have to thank anonymously.

I thank to my previous publisher Thieme, Stuttgart, Germany, having allowed me to quotate my former book "Cosmetic Surgery Today" (issued also in German, Russian, Serbian languages). I have to mention names and thank for cooperation and generosity: Dr. Dirk Suhr, Angelika Findgott, Susanne Seeger and Heike Schwabethan.

I want to mention some other persons who have helped me to be able to edit this book, Mrs. Kristine Schroeder from Medicon Instruments, Tuttlingen, Germany, who helped me to develop some surgical instruments, Jon Garito from Ellman Radiofrequency, N.Y., NY USA, whose cooperation has been appreciated for years,

my golf-friend Uwe Treskates and his cutter Chris Fitzgibonn from "Spectrafilm", Bonn, who have produced DVD with twelve different operative procedures added to this book.

I have learned a lot during my numerous hospitancies in Paris, Brussels, London, Cambridge, Glasgow, New York, Palo Alto, Mexico City, Rio, Sao Paulo, Curitiba, Singapore… When you start to learn medicine, you can never stop! How to pay back to all those generous colleagues from whose tricks I have learned? This book is one of possible answers.

International and American Societies for Aesthetic Plastic Surgery (ISAPS & ASAPS) organize meetings where every plastic surgeon can learn mostly. I have visited them as often as I could and learned every time a lot. I am therefore thankful for all presenters from whom I could learn. How to pay back? Again – into the future: I have founded Global Expert Service Aesthetic Plastic Surgery (GESAPS) issuing "Aesthetic News" for education of journalists. Furthermore, I am visiting professor of the International Academy for Aesthetic Plastic Surgery (IAAPS). I am doing, learning and teaching aesthetic plastic surgery with passion.

FOREWORD by T.M. Biggs

This is a book written for young plastic surgeons, or so says the editor. He says it in good faith, however, as he has 35 of the world's most luminous surgeons, who have involved themselves in over 100,000 facial rejuvenation procedures, contributing chapters to add to his own 39 segments.

This is a book written for young plastic surgeons in that it gives them a solid foundation for approaching any and all of the challenges awaiting them in their early years of facial aesthetic surgery.

In the training of a plastic surgeon some residents receive an abundance of experience in aesthetic surgery, whereas others receive less. Even those fortunate ones usually encounter only the experience of their program director, who may or may not have availed himself or herself of the most contemporary techniques. This book provides the approach taken by 36 of the world's experts.

This book is written for young plastic surgeons in that it deals with more than the surgery of "face lifting." There are excellent chapters on preoperative and postoperative care, concepts and tricks, what not to do, preoperative and postoperative skin care, and polarized light. There are chapters on Botox, hair, laser with and without surgery, and a special chapter on 363 "tips and tricks." There is a beautiful chapter on "the 4R principle" – relax, restore (volume), resurface, redrape. The nose, lips, eyes, and neck are discussed and that significant twenty-first century phenomenon, lipofilling, is discussed.

This is a book written for young plastic surgeons because, in this writer's view, travel has been the best teacher. This writer's opportunity to travel the world and engage the greatest minds in our field has contributed immeasurably to his growth and understanding of aesthetic surgery. This book, written for young plastic surgeons, gives them virtual travel to most of the major centers and contributors to aesthetic facial surgery, and at a fraction of the cost in money and time, two severely restricting factors in a young plastic surgeon's educational opportunities.

This is a book written for young plastic surgeons and probably should be examined before any facial consultation or operative procedures. It is a book written for young plastic surgeons that probably should be by the side of his or her bed so the last thoughts of the day can be those that will make the morrow more understandable.

All that has been said above is, to this writer, true, but it gives an erroneous impression. This writer, with thousands of facial surgical procedures in his experience chest, found it enlightening and stimulating.

Those familiar with the editor know him to be an unusual man. They know him to be a man with great interest in the history of our specialty and how currently employed concepts evolved. They know him to be a man of intuition and wit. They know him to be a man not afraid to change. They know him to be an unusual man. The editor's personal contributions of 39 chapters appropriately confirm the impressions of those who know him and know his characteristics.

It is not in the purview of this writing to discuss all of the insights presented in the editor's 39 chapters, but a few require mentioning. His early chapter on the evolution of the face was new information for this writer. His comments on the

various expressions seen in the face have a prescient implication in society and have recently been explored in circumstances of "profiling" in airport security. The editor's comments on symmetry, analysis, and psychology, while not new, were significant.

The two chapters that touched this writer the most came early and then later in the book. The chapter of the fourth dimension had lines that tugged at me: "Words are first cascades of feelings, whereas our faces are able to show subtle emotions in smooth flow without rough transitions" and "the mirror of our soul – our character."

From a chapter toward the end of the book the editor described a meeting with Nobel Prize winner Joseph Murray and quoted him when he said, "As humans we are constantly changing." This touched this writer as he has often said, "Youth is the capacity to adapt to change." In keeping with that theme this writer has often told his residents to never come back and tell him, "I did a such and such operation just like you taught me 10 years ago" because for certain he would not be doing it that way at the present time because, being human, he is changing, and hopefully being young he is adapting to that change.

Another line from the conversation with Joseph Murray quotes him as saying that a good plastic surgeon must have "curiosity, fantasy, and endurance." This writer wholeheartedly is in concert with that, but with modesty in even considering amplifying on Joseph Murray's words would say, in addition, that the plastic surgeon must *need* to pursue excellence.

We are living in a time where one golfer has shown himself to be above the pack, and the pack consists of over 100 golfers whose skills are nearly beyond conception. Still, Tiger Woods significantly outdistances them on a regular basis. "Why?" you might ask. Of course no one knows why. He has exceptional physical talent, he practices and prepares intensely, and has excellent coaches and advisers. But so does the pack.

The writer feels that the difference is *need*. Tiger Woods *needs* to win more than the others. And this *need* is exactly what has put the 36 authors of these chapters where they are. They *need* to achieve excellence. Anything less is a severe disappointment. For the young plastic surgeon the opportunity to engage in the collected experiences of these masters whose *need* for excellence has propelled them to the summit of their profession is a delicious opportunity.

So this book, written for the young plastic surgeon to give him or her a foundation in the basics of facial aesthetic surgery as presented by 36 masters is a treat. But for those of us, with significant numbers of cases past, it offers something else as well. It not only acquaints us with the current thoughts of our friends and colleagues of plastic surgery fame, but it gives us a peek into the mind of the editor, a man with great curiosity, a talent for fantasy, and striking endurance – who has a *need* to see, feel, experience, and associate with excellence, and to create it.

He has done so in this book, written for the young plastic surgeon, and for the rest of us as well.

Thomas M. Biggs, MD, F.A.C.S.
Clinical Professor Plastic Surgery Baylor College of Medicine,
Past President of ISAPS,
Editor-in-Chief of "Aesthetic Plastic Surgery", Houston, USA

FOREWORD by R.M. Goldwyn

Throughout recorded history and earlier, the human being has modified the appearance of his face through, for example, tribal markings, growing, trimming, or shaving a beard, distorting parts, inserting foreign bodies, or applying cosmetics.

The face is the most conspicuous part of our body; it is our identity, so much so that if a person wishes to be incognito, he or she will wear a mask or adopt a disguise.

The plastic surgeon today in changing the appearance of the face is continuing a primal preoccupation and an ancient practice, albeit with different skills, methods, and technology.

The hallmark of aesthetic surgery is facialplasty by surgical or nonsurgical means. Almost all who call themselves aesthetic surgeons allot considerable time and energy to changing patients' faces. A bewildering number of objectives and options exist for the patient and the surgeon. This important book has appeared at a critical time to advise, help, and instruct plastic surgeons of any age, not just those beginning their career, how to formulate with the patient a proper plan and hopefully how to achieve the desired result.

Dimitrije Panfilov and his well-known, highly experienced contributors along with the publisher have produced a remarkable book on every aspect of improving facial appearance by the most current procedures. This volume is comprehensive, and though factual, it is highly readable and pedagogically oriented. Each author tells how he or she evaluates a patient, chooses and performs the procedure among the many available in a way that the reader feels as if he or she is in that surgeon's office and operating room.

Through the tapestry of this book run abundant threads of philosophy and psychology as well as the expected details of anatomy. Despite the title, the face is considered in terms of not just its mosaic components but also its relationship to how we conceive and determine its beauty or lack of it.

Just as the face changes its expression, so also has the field of facial rejuvenation changed particularly in the past few years both in its procedures and in its principles.

Our specialty has evolved with regard to the facelift from the very early days of minimal undermining and timid excisions of skin to venturing more deeply into the fascia and the muscles themselves, the periosteum, and the bone. The rationale for decades was that doing more surgically would produce a better, longer-lasting result. More surgery, however, involves more risk for the patient as well as the surgeon. Each in different ways must contend with a more lengthy recovery, greater swelling, and an increased possibility of bleeding and damage to nerves. The other reality for the patient is that the more extensive the operation, the greater the cost to the patient.

Many patients now prefer something less invasive, less hazardous on an ambulatory basis and are willing, even enthusiastic, to repeat the process at short intervals, thereby lessening interruption in their life at work or at home. The surgeon also has

realized that performing a smaller procedure for a lesser fee on more patients can generate greater income. These considerations become apparent in these pages.

Dimitrije Panfilov and other contributors have emphasized that the patient deserves a plastic surgeon properly trained, ethically committed, psychologically attuned, and receptive to new ideas and techniques but not performing them until they have been rigorously evaluated with sufficient follow-up and until the surgeon is competent to do them.

Patients today have more information through friends, the media, and the Internet than they did in the recent past, although that does not necessarily mean that they are better informed. Every plastic surgeon must be aware of what is happening in our specialty, whether it be reconstructive or aesthetic. He or she must continue to learn, to be amenable to assess with objectivity an operation or treatment that can improve his or her care of the patient. To aid the plastic surgeon and thereby the patient desiring to improve his or her facial appearance, this excellent, authoritative book is most timely and much needed.

Robert M. Goldwyn, MD
Clinical Professor of Surgery, Harvard Medical School
Editor emeritus, Plastic and Reconstructive Surgery, Boston, USA

FOREWORD by J. Guerrerosantos

It is an important event when a master plastic surgeon directs his energies to the writing of a book, on a subject that has involved the major portion of his professional life. The material in this book is presented in a clear, practical manner by a plastic surgeon who has successfully practiced facelift; the result is an especially useful and rewarding book. I had the good fortune to see his presentations in German, Mexican and international meetings, and I was so impressed.

I want to congratulate Dimitrije Panfilov for the publication of this interesting book on rhytidoplasty. In the past there have been excellent publications on the same topic but I had never seen a publication that covered all the aspects of this chapter of aesthetic plastic surgery.

It reviews many aspects of this field of plastic surgery, such as considering the face as an anatomical mosaic, historical revision, physical and biological anthropological evolution of the face, factors of aging, anatomy of the face and neck, photographic study, clinical examination, and techniques of modern technology as an ancillary procedures for facelift.

In early twentieth century in Europe the performance of facelift was often shrouded in secrecy. Individual techniques were jealously guarded by many of their originators, causing Passot to complain in the literature about such tactics, especially among the "German surgeons." This book is the opposite and is written by a German plastic surgeon.

This is most complete book of surgical rejuvenation, written by an outstanding plastic surgeon and collaborators from many countries.

I believe that this book will be an excellent guide for the plastic surgeon, especially the young specialist.

Dr. José Guerrerosantos, MD
Founder Dierctor of the Jalisco Plastic Surgery Institute
Professor of Plastic and Reconstructive Surgery, University of Guadalajara
Past President of ISAPS., México

Contents

Part I: General Considerations

Chapter 1
The Face as a Dynamic Mosaic Work – Prosopoplasty 3
Dimitrije E. Panfilov

Chapter 2
Historical Overview 5
Dimitrije E. Panfilov

Chapter 3
Evolution of the Face 7
Dimitrije E. Panfilov

Chapter 4
Facial Expression 10
Dimitrije E. Panfilov

Chapter 5
Surgical Psychotherapy 15
Dimitrije E. Panfilov

Chapter 6
Ageing/Antiageing 19
Dimitrije E. Panfilov

Chapter 7
Facial Analysis 24
Dimitrije E. Panfilov

Chapter 8
Symmetry of the Face 29
Dimitrije E. Panfilov

Chapter 9
Facial Architecture and Fine Arts 33
Dimitrije E. Panfilov

Chapter 10
Fourth Dimension of the Face 38
Dimitrije E. Panfilov

Chapter 11
The Definition of Facial Beauty 43
Steven M. Hoefflin

Chapter 12
Facelift-Related Anatomy 52
Dimitrije E. Panfilov

Chapter 13
Five Topographic Levels of the Face and Four Layers of Surgical Acting 66
Dimitrije E. Panfilov

Chapter 14
The Ideal Candidate 68
Dimitrije E. Panfilov

Chapter 15
Prerequisites of the Surgeon 70
Dimitrije E. Panfilov

Part II: Preoperative Preparations

Chapter 16
Initial Consultation 73
Dimitrije E. Panfilov

Chapter 17
The Interface Between Aesthetic Surgery, Psychiatry and the Law: Some Practical Advice 78
Mark Gorney

Chapter 18
Identifying the Body Dysmorphic Patient in Aesthetic Surgery 83
Darryl James Hodgkinson

Chapter 19
Examination 89
Dimitrije E. Panfilov

Chapter 20
Digital Photography and Computer Imaging 90
Luiz S. Toledo, Richard W. Dabb

Chapter 21
Dermography 99
Dimitrije E. Panfilov

Chapter 22
Operating Room 103
Dimitrije E. Panfilov

Chapter 23
Local Anesthesia for Facial Surgery 105
A. Aldo Mottura

Chapter 24
Operative Instruments 108
Dimitrije E. Panfilov

Chapter 25
High-Tech Equipment 118
Dimitrije E. Panfilov

Chapter 26
Radiofrequency Surgery as a Refinement in Aesthetic Surgery 120
Dimitrije E. Panfilov

Chapter 27
Successful Office–Clinic Management: Organization of a Beauty Clinic 1122
Ana Zulmira Diniz Badin

Part III: Harmonizing Facial Mosaic Stones

Chapter 28
Forehead 131
Dimitrije E. Panfilov

Chapter 29
A More Conservative Open Frontal Lift 139
A. Aldo Mottura

Chapter 30
Forehead and Midface Videoendoscopic Surgery 145
Ruth Graf, Daniele Pace, Luiz Roberto de Araujo

Chapter 31
The Subperiosteal Browlift 154
Carl A. Troilius

Chapter 32
Eyebrow Manoeuvres 160
Dimitrije E. Panfilov

Chapter 33
Eyelids 164
Dimitrije E. Panfilov

Chapter 34
Periorbital Rejuvenation 177
André Camirand

Chapter 35
Crow's-Feet 186
Dimitrije E. Panfilov

Chapter 36
Rhytidoplasty – Step by Step 188
Dimitrije E. Panfilov

Chapter 37
Biplanar Face Lift 223
Vladimir Mitz

Chapter 38
SMAS for Face and Neck Lifts 231
Bruce F. Connell

Chapter 39
Nontraumatic Undermining in Rhytidectomies 243
Juarez M. Avaler, Yves G. Illouz

Chapter 40
Aesthetic Facial Surgery: The Round-Lifting Technique 255
Ivo Pitanguy, Henrique N. Radwanski

Chapter 41
The Vertical Sub-SMAS Periorbital and Midface Rhytidectomy 266
Ulrich T. Hinderer

Chapter 42
Composite Facelift 282
Sam T. Hamra, Ramsey J. Choucair

Chapter 43
Double Ogee Facial Rejuvenation 296
Oscar M. Ramirez, Charles R. Volpe

Chapter 44
The SACS, ESP and Prehairline-Terrace Lifting 308
Christoph Wolfensberger

Chapter 45
The Vertical Facelift 322
Bernard Cornette de Saint-Cyr, Claude Aharoni, Nicolas Mutaftschiev

Chapter 46
How to Minimize Inherent Contradiction in Facelift Operation Focusing on a Combined Method with Facial Bone Reduction 332
Kiyotaka Watanabe

Chapter 47
Face Lifts with Vertical Hidden Incisions 342
Daniel Marchac

Chapter 48
Mini Facelift as Prophylactic Preservation of Youth 355
Dimitrije E. Panfilov

Chapter 49
The MACS Lift – Minimal Access Cranial Suspension Lift 359
Patrick Tonnard, Alex Verpaele

Chapter 50
MIDI Facelift 366
Dimitrije E. Panfilov

Chapter 51
Skin Resection Rhytidoplasty 374
Ulrich K. Kesselring

Chapter 52
Facelift in Males 381
Bruce F. Connell

Chapter 53
Secondary Facelift 394
Dimitrije E. Panfilov

Chapter 54
Submental Manoeuvres 402
Dimitrije E. Panfilov

Chapter 55
Partial Resection of the Submandibular Gland 410
Farzad R. Nahai, Foad Nahai

Chapter 56
Chin Corrections 413
Dimitrije E. Panfilov

Chapter 57
Lip Corrections 420
Dimitrije E. Panfilov

Chapter 58
Search for Balance Between the Nose Tip and the Upper Lip 435
Ewaldo Bolívar de Souza Pinto, Priscila C.S.P. Abdalla, Rodrigo P.M. de Souza, Eduardo Hentschel, Sergio Pita

Chapter 59
Autologous Fat Transfer 442
Dimitrije E. Panfilov

Chapter 60
Liposuction in Face and Neck 474
Dimitrije E. Panfilov

Chapter 61
Aftercare 481
Dimitrije E. Panfilov

Chapter 62
Pre- and Postoperative Skin Care 492
Desmond Fernandes

Chapter 63
The Use of Polarized Light in Aesthetic Surgery 503
Miodrag M. Colic

Chapter 64
Concepts, Tricks and Tips in Facelift Surgery 508
Michael Scheflan, Tal Friedman

Chapter 65
Face-Lifting, What Not to Do 516
Adrien E. Aiache

Chapter 66
Nose Corrections 521
Dimitrije E. Panfilov

Chapter 67
Ear Corrections 559
Dimitrije E. Panfilov

Chapter 68
Surgical Hair Replacement 570
Rolf E.A. Nordström

Chapter 69
Ancillary Procedures 588
Dimitrije E. Panfilov

Chapter 70
Aesthetic Laser Resurfacing 611
Ashok Gupta, Vinay Jacob

Chapter 71
Facial Contouring Surgery Combined with Skin Resurfacing 622
Carlos Oscar Uebel

Chapter 72
Non Surgical Facial Rejuvenation with the 4R Principle: Innovative uses of BOTOX and facelifting with the Woffles Lift, a barbed suture Sling 636
Woffles T.L. Wu

Chapter 73
Injectable Dermal Fillers – Resorbable or Permanent? 650
Gottfried Lemperle

Chapter 74
Botox Treatment 665
Darryl James Hodgkinson

Part I:V
Conclusions

Chapter 75
Final Philosophy 669
Dimitrije E. Panfilov

Bibliography 677

Kaleidoscop of 363 Ideas, Tips and Tricks 682

Authors Gallery 689

Subject Index 700

Credits 714

Biography 715

Part I
General Considerations

The Face as a Dynamic Mosaic Work – Prosopoplasty 1

Dimitrije E. Panfilov

The expectations of an increasingly aging population have changed considerably over the years: 60-year-olds are still very active, not only privately but also in their professional and public lives. And plastic surgeons have developed a new idea of the face. The face is now considered as a three-dimensional dynamic mosaic with five different levels and four layers of depth. Numerous techniques are available to improve the arrangement of the pieces in the mosaic. The combination of various techniques can reduce the aggressiveness of every single method. We can achieve more sustainable harmonic results while also reducing the potential for risks and complications.

There are trends that more and more young patients are coming to us asking for plastic surgery of their faces. We cannot rejuvenate substantially somebody who is in their early 30 s, but we can harmonize and beautify such a person. The media would call these procedures face-styling. We would rather use the term "prosopoplasty" (*prosopon* in Old Greek means face). If we talk in eyelid surgery of blepharoplasty, if we talk of phalloplasty or mastoplasty, then beautifying rearrangements of featural structures should consequently be called prosopoplasty.

For a long time the only aim of facial aesthetic surgical was tightening of the skin, to reduce wrinkles and folds. Today, facelift is not only facelift, but is surgical makeover of the face: harmonizing, symmetrizing, beautifying. Overstretched skin with "surgery looks" and "facelift stigma" with visible scars, dislocated hairline, flattened or scary tragus, elongated, almost amputated earlobes, and retroauricular steps of hairline are *out*. *In* is:

- Facial harmony
- Intravenous sedation
- Shorter scars
- Shorter recovery
- Outpatients procedures

Each face is unique. Every person's face consists of many important details and therefore each face requires an individual "recipe". An analysis of the face

Fig. 1.1. Prosopoplasty: facelift and necklift, microlipofilling, forehead direct excision, rhinoplasty and otoplasty. Instead of adding years to our life, we can add life to the years that have passed

must precede the planning of an operation, at the centre of which should be the patient's wishes. It is of utmost importance that the surgeon listens carefully to his/her patient's wishes and ideas. The result should be a younger-looking patient with more harmonic, more beautiful features and with more dynamic facial plays. Plastic surgery patients will regain their social and erotic appeal by reestablishing their self-esteem.

We are able now to analyse the face, to understand the mimic dynamics, to add beauty and harmony to different mimetic units in different layers of depth, to improve the facial outlook as a three-dimensional dynamic mosaic. Our patients do not want to become or look like somebody else. They just want to look better.

Another trend is noticeable: more and more men are asking for harmonizing, refreshing procedures for their faces to look more dynamic, because a "tired look" hides their inner energy and ability.

Only 20 years ago, facelift patients remained in hospital for a full week. Today, most patients can opt for outpatient surgery by intravenous sedation combined with local or tumescence anaesthesia. Over 60% of patients can return to their social lives after 8 days. Things have improved tremendously. We can also combine nonsurgical procedures, adding the advantages and reducing at the same time the risk of extended procedures.

Yet something remains: the biggest risk in any type of surgery is the surgeon himself/herself. If a surgeon has not received excellent education, if he/she lacks sufficient experience – especially if he/she is not aware of his/her own inadequacies – the patient is exposed to an enormous risk.

There is also a global phenomenon that surgically untrained physicians and even nonphysicians, dentists, and cosmeticians are offering aesthetic surgeries, resurfacing, and skin-filling procedures. Aesthetic or cosmetic surgery is enjoying ever-increasing popularity and social acceptance. Through public education we can focus the proof of the quality of plastic surgery education and improve ourselves. Those plastic surgeons who can offer more options for every patient will have the best success.

Bibliography

Please see the general bibliography at the end of this book.

Historical Overview

2

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The idea of lifting facial skin did not originally come from a surgeon, but from an elderly female Polish aristocrat who, in 1901, asked the Berlin surgeon Eugen Holländer to lift her cheeks and the corners of the mouth. She asked him to cut out the skin elliptically around the ear. It took quite a while before the patient could convince the surgeon. Erich Lexer published in 1931 a remarkable textbook *Die Gesamte Wiederherstellungschirurgie* (The Complete Reconstructive Surgery). He stated to have operated on an aging actress, who constructed reins of rubber bands and stitching plasters to keep her facial skin tight. After years this produced overlapping excess skin, which Lexer excised with S-shaped excisions in 1906. He stated not having known that such a surgery had been performed before. Jacques Joseph, also from Germany, published his first facelift surgery from 1912 in 1921 and 1928. Charles Miller from the USA wrote in 1906 an article entitled "The excision of bag-like folds of skin from the region about the eyes". He published in 1907 the first textbook of facial cosmetic surgery under the title *The Correction of Featural Imperfections*. Another American, Kolle, wrote in 1911 the book *Plastic and Cosmetic Surgery*. He published illustrations of lower-eyelid incisions to remove the loose skin.

In France, Passot was first surgeon to describe the submental excision to correct a double chin and multiple facial direct excisions in 1919 in his article "La chirurgie esthétique des rides du visage". Suzanne Noel was the first female cosmetic surgeon and she tried to emphasize the sociologic aspects of aesthetic surgery in her book *La Chirurgie Esthétic: Son Role Sociale* published in 1926. Other French pioneers in this field were Bourgouet and Pires.

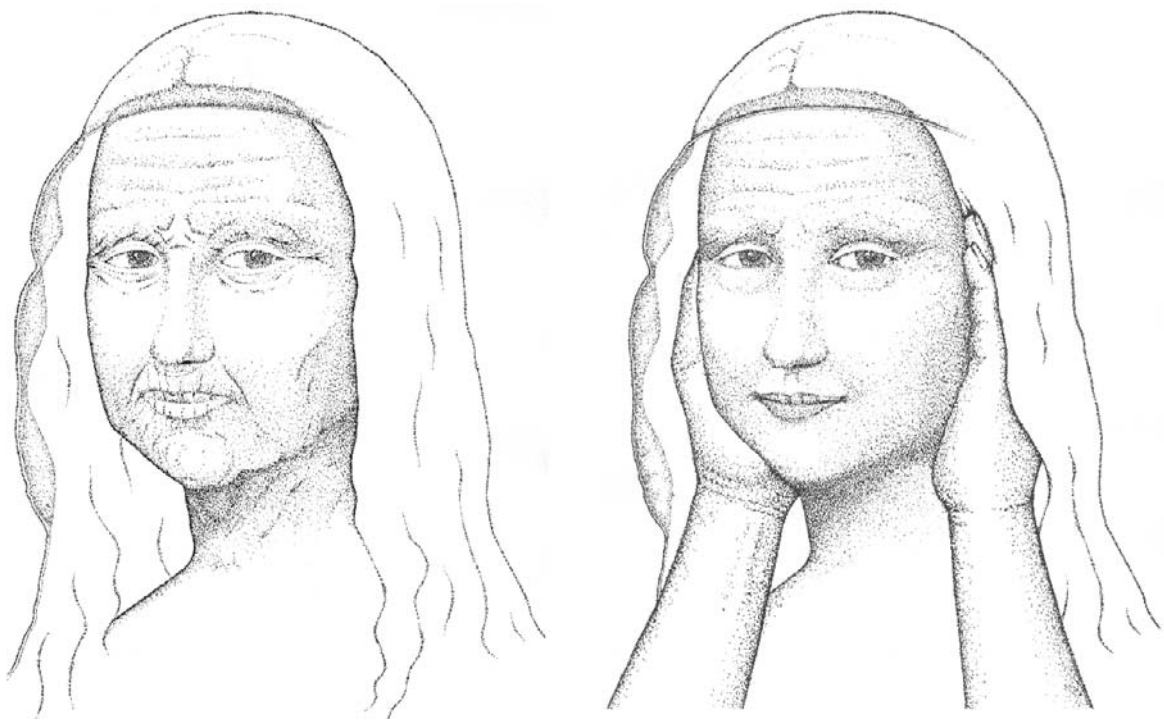

Fig. 2.1. Female manoeuvre in front of a mirror: it was not a surgeon who first had the idea of facelift, but an elderly woman

The Czech plastic surgeon Burian suggested incision lines reaching deep into temporal and retroauricular hair-covered areas which have been used for decades. He also advocated wide undermining to achieve long-lasting results. The periods of World War I and World War II were times when the demand on plastic surgeons was predominantly in reconstructive and not in aesthetic surgery.

Mayer and Swanker were the first to use the term "rhytidoplasty" in the journal *Plastic and Reconstructive Surgery* in 1950. This term would be later exchanged for rhytidectomy, which means excisions of wrinkles and folds, but this definition is not applicable to our contemporary facial styling.

In the following period, innovative contributions to facial rejuvenation were made by González-Ulloa from Mexico, Gillies from the UK, Millard from the USA, and Pitanguy from Brazil.

In the 1970s one went into the deeper planes of the face. Skoog of Sweden wrote in his book *Plastic Surgery: New Methods and Refinements* in 1974 about the subcutaneous layer with its fascia and muscles attached at skin to be repositioned to obtain more sustainable results. Tessier of France was also a pioneer who noticed the importance of the deep structures of the face. Mitz and Peyronie from France made important anatomic studies (1976) and defined the new age in facelift surgery: superficial musculo-aponeurotic system (SMAS) of the face. Connell, Owsley, Lemmon, and Hamra – all from the USA – developed further the usage of SMAS in their clinical practice.

Many other surgeons have merit for the development of different variations of rejuvenative procedures going deeper into the face, like Krastinova-Lolov from France, Psillakis from Brazil, and Hinderer from Spain.

After the 1980s and into the 1990s, the subperiostal plane was reached and was rearranged in order to produce rejuvenation. Ramirez and Little, both from the USA, stepped over into the third dimension of the face by different manoeuvres like skeletal augmentation, soft-tissue transplantation and reassembling and imbrication of facial structures, not only tightening and stretching of tissue, but also adding volume to the facial framework in order to beautify the face.

Parallel lipofilling, suggested first by Miller from the USA and reinvented by Illouz of France, further developed by clinical and histological studies in large series by Guerrerosantos from Mexico and Coleman from the USA, produced a remarkable improvement in facial surgery alone or in combination with other procedures. The separated transplanted cylinders of autologous fat tissue could augment some dimpled, atrophic parts of the face and give more youth to the facial appearance.

The most superficial layer of skin – the epidermis – could be treated by mechanical, chemical, radiosurgical, or laser peel. The first known article is that of Bames (1972) "Truth and fallacies of face peeling and face lifting" and indicated this development of additional possibilities to be added to the surgical procedure to improve the final appearance. But they are overlapping dermatologic activities as the wrinkle fillers are. Baker's peel and Fintsi's Exoderm peel as well as Obagi Blue peel are just a few that can be mentioned. Similar results could be achieved, however, with classic dermabrasion, and the much more expensive tool – resurfacing ultrapulsed lasers – and more recently by high-frequency low-temperature radiowaves.

Since the early 1990s the subperiostal plane with endoscopic microcameras and special endocopic instrument has been reached. This microinvasive surgery is less traumatic. The minimal skin incisions enable us to perform something like keyhole surgery. Forehead surgery and elevation of the eyebrows have experienced special advancements. Vasconez, Ramirez, and Nahai are only a few of the pioneers to be mentioned.

Recently, many other authors made their contributions to the evolution of rhytidectomy, such as Mendelson from Australia, Baker, Stuzin, Gordon, Biggs, Aston, and Massiha from the USA and all co-authors of this book. Every one of these distinguished authors and excellent surgeons has contributed remarkably to the development of achieving better results with lower risks.

There has also been a trend in the last few years for less invasive surgery. To mention only a few names: Hoefflin, Roberts, and Massiha from the USA, Marchac from France, Tonnard and Verpaele from Belgium, Ansari, Saylan, and Panfilov from Germany, and Wu from Singapore.

From the tree of medical sciences many branches give us different fruits. Combining them in a reasonable manner, we can offer our patients a cocktail which is pleasant and will not bowl them over.

Bibliography

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