



Neck Lift

Defining Anatomic Problems and Choosing Appropriate Treatment Strategies

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KEYWORDS

- Neck lift • Short scar neck lift • Extended neck lift • Submental liposuction • Double chin
- Witch's chin • Submandibular gland reduction • Partial digastic myectomy

KEY POINTS

- Success or failure in treating the neck lies in the diagnosis of underlying problems and the application of a logical surgical plan.
- Although it is a commonly advocated practice, it is not enough to perform submental liposuction and tighten the skin in most patients as such an approach ignores a number of anatomic problems present in many patients seeking neck improvement.
- Removing subcutaneous fat and tightening skin over deep layer neck problems does not correct them, and the presence or absence of each must be looked for to create and apply an appropriate surgical plan.

INTRODUCTION

Why perform a neck lift? Why not just lift the cheeks and jawline or perform other procedures that rejuvenate the eyes or upper face? The simple answer is that a well-contoured neck is an artistic imperative to an attractive and appealing appearance. A good neckline conveys a sense of youth, health, fitness, confidence, and vitality, and lends an appearance of decisiveness, sensuality, and beauty (**Fig. 1**). Neck improvement is of high priority to almost every patient seeking facial rejuvenation, and the results of “face lift” procedures are judged largely by the outcome obtained in the neck. If the neck is not sufficiently improved, our patients will feel we have failed them.

It is unlikely there will ever be a consensus on how a neck lift should be performed and it is a fact that no one procedure will be best for all

patients. The technique used cannot be arbitrary, will depend on the problems present, and will necessarily vary from patient to patient. Success or failure in treating the neck, like the nose, breast, and body, lies in the diagnosis of underlying problems and the application of a logical surgical plan, and any surgeon capable of identifying the anatomic basis of patient problems and forming a sound plan for their correction can achieve excellent outcomes.

So how should one perform a neck lift? Perhaps it is easiest to start by recognizing what not to do. Although it is a commonly advocated practice, it is not enough to perform submental liposuction and tighten the skin in most patients, as such an approach ignores a number of anatomic problems present in many patients seeking neck improvement, including platysmal laxity, platysma bands,

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Fig. 1. Patient seen before and after neck lift. A good neckline conveys a sense of youth, health, fitness, confidence, vitality, decisiveness, sensuality, and beauty. (The patient is seen before and 1 year and 3 months after facelift, temple lift, lower eyelid surgery, and facial fat injections). Surgical procedure performed by Timothy J. Marten, MD, FACS. (Courtesy of Timothy J. Marten, MD, FACS, Marten Clinic of Plastic Surgery, San Francisco, CA.)

excess subplatysmal fat, large submandibular glands, digastric muscle hypertrophy, and developmental factors, such as the size and shape of the bony jaw and chin. Removing subcutaneous fat and tightening skin over these problems does not correct them, and the presence or absence of each must be looked for to create and apply an appropriate surgical plan (**Fig. 2**).

STRATEGIES FOR NECK LIFT

Patients seeking neck improvement have a range of options available to them depending on the problems present, the degree of improvement they seek, and the time, trouble, and expense they are willing to undergo to obtain the improvement they desire. And although it is essential to discuss these options and the advantages and disadvantages of each, patients are also seeking our guidance as to

what is possible, what is practical, and what is really best. It is not enough to steer patients to procedures we are comfortable with. We are professionally bound and ethically obliged to refer patients for the care they need and desire if we are not able to provide it ourselves.

Submental Liposuction

Submental liposuction (and arguably “noninvasive” treatments including cryolipolysis, deoxycholic acid injections, and radiofrequency and ultrasound “skin shrinking” treatments) is the simplest and likely the most commonly performed surgical procedure to improve neck contour in the range of options available to patients. It does not constitute a true neck lift, however, and only occasionally produces optimal outcomes. Patients and surgeons are predictably



Fig. 2. Patient seen before and after neck lift. It is not enough to perform submental liposuction and tighten the skin in most patients. Such an approach ignores anatomic problems present in many patients seeking neck improvement. A careful evaluation shows patient preoperatively (*before*) to be troubled by platysmal laxity, platysma bands, excess subplatysmal fat, large submandibular glands, and digastric muscle hypertrophy. Removing subcutaneous fat and tightening skin over these problems does not correct them, and cannot produce the type of improvement shown (*after*). Surgical procedure performed by Timothy J. Marten, MD, FACS. (Courtesy of Timothy J. Marten, MD, FACS, Marten Clinic of Plastic Surgery, San Francisco, CA.)

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