

# Surgical and Nonsurgical Perioral/Lip Rejuvenation Beyond Volume Restoration



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## KEYWORDS

• Lip rejuvenation • SMAS • Perioral rejuvenation • Enhancement

## KEY POINTS

- Rejuvenation of the perioral region is often overlooked, but contributes to successful holistic facial enhancement.
- Younger patients especially are seeking longer lasting options for volume enhancement in addition to rejuvenation.
- Comprehensive perioral rejuvenation requires proper assessment and skill at restoring youthful skin and lip proportions in addition to volumizing.

Addressing the neck and midface in lower facial rejuvenation is typically the highest priority for both patient and surgeon. Evaluation and treatment of the aging perioral complex on the other hand is seen as a secondary consideration, or often ignored completely. Especially relevant in the age of social media and the growing popularity of fillers, patients are with increasing frequency expecting rejuvenation of this area to be a part of global lower facial rejuvenation. It is thus crucial that facial plastic surgeons understand the anatomy, aging process, and treatment options for improving the aging perioral region, which is unaltered with rhytidectomy alone.

The perioral complex consists of the white upper and lower lip and mucosal surfaces of the lips, and is defined laterally by the melolabial folds coursing to the prejowl sulcus. Aging of the lower face and perioral region occurs globally, typically starting in the third to fourth decades. Loss of volume in the skeletal structure, midfacial fat pads, and subcutaneous fat lead to soft tissue descent.<sup>1</sup> The midface has both deeper and subcutaneous fat that serves to allow more tissue glide and

descent with age. The perioral region possesses skin with minimal subcutaneous fat and more aggressive muscular insertion into the skin. This accounts for not only the depth of the lateral fold owing to the midfacial descent, but also the obvious visibility of perioral rhytids.<sup>2</sup>

Aging of the nose–lip junction leads to tip ptosis and loss of rotation, contributing to the sagging appearance of the upper lip complex. Loss of maxillary bone and sometimes dentition contribute to less prominence of the lip. Diminishing collagen and elastin in the skin occur with age and are accentuated by ultraviolet exposure and nicotine use. Aging skin causes lengthening of the white lip, occurring in concert with shortening of the visible mucosal surface and flattening of the lip.<sup>3</sup> This feature is evident in a less conspicuous vermilion, cupid's bow, and philtral ridge definition and the introduction of "lipstick lines" or vertical rhytids emanating from the vermilion and extending in to the white upper lip. Overall, the lip changes from a 3-dimensional youthful protuberance to a 2-dimensional elongated and flattened structure.

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Surgical options to restore youth to the perioral complex involve 3 separate but complementary categories. First, volume restoration is critical to restoring 3-dimensional youth. Widely used injectable fillers are excellent for temporary improvements, but surgical permanent options exist that may be more attractive to patients. Second, changes in the length of the length of the white lip and relationship of white/pink show should be evaluated and addressed if necessary and appropriate. Finally, the intrinsic condition of the skin can be addressed to improve pigment and texture, elastin and collagen content, fine and coarse rhytids, and overall glow of youth.

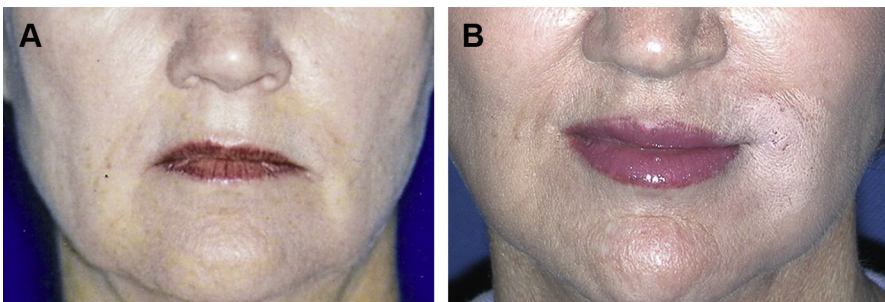
### VOLUME ENHANCEMENT

Injectable fillers are commonly used to improve lip volume and to sculpt and define the vermillion and philtral border as they flatten with age. They are also popular in youth, with younger patients desiring more volume than that they were naturally given. A recent study showed the ideal lip represented a 53.5% increase in volume over the natural lip of a youthful woman. Although culturally variable, an ideal upper:lower lip ration was noted as 1:2.<sup>4</sup> As a short-term alternative, fillers are an excellent option. However, they are painful to inject and currently no permanent injectable filler that is approved by the US Food and Drug Administration exists. Surgical options for long-term or permanent volume enhancement involve fat grafting or placement of an implant via a small incision in the mucosa. Most implants are fed through a small tunnel with curved tendon forceps. Because the mucosa is too thin to hide irregularities or asymmetries, the ideal implant is soft, symmetric, and integrates well with tissue. A few viable options exist, both in alloplastic and autologous form.

Alloplastic options include tissue and plastic implants. Tissue alloplasts such as cadaveric dermis have not shown permanence or consistent longevity and have been cost prohibitive for

short-term volumizing in the era of injectable fillers. Permanent plastic materials have been tried with variable success. Migration, infection, asymmetry, and palpability/visibility limit the use of such implants and complications typically require removal. Extended poly tetrafluoroethylene (Gore-Tex) is an option popularized decades ago for its ease of placement and permanence (**Fig. 1**). One commercially available implant (Advanta) was packaged preloaded on a long thick needle for ease of insertion. Extended poly tetrafluoroethylene has not been shown to be an ideal implant for the lips, however. Although tissue integration is excellent, the implant has a tendency toward shrinking and contracture that leads to an irregular and often asymmetric contour. The aggressive tissue integration makes the implant very difficult to remove without tearing and trauma to the mucosa. The material has largely been abandoned for the lips with the advent of injectable fillers and other more natural alternatives.

Another alloplastic option is a silicone implant. Currently, Surgisil Permalip implants are commercially available in different widths and lengths as a permanent alternative to injectables. A small incision is made in the mucosa and the implant is fed through a small tunnel with curved forceps. After ensuring midline placement, the incisions are closed with dissolvable sutures. The implant has the advantage of being able to be placed under local anesthesia and is easy to remove. Potential complications such as infection and significant asymmetry usually require implant removal. The cost is relatively low for patient and surgeon (cost to surgeon is approximately \$300 per lip) and the implant is approved by the US Food and Drug Administration for lip enhancement. Perhaps the biggest detractor for this option is the palpability of the implant under the thin covering of the mucosal surface. Although the implant is soft, it still possesses the resilience of plastic. When the lip is rolled between the fingers, the implant is



**Fig. 1.** Extended poly tetrafluoroethylene implant before (A) and after (B) placement with immediate volume improvements. This patient eventually requested removal owing to visibility with muscular contraction of lips.

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