



The Avoidance and Management of Complications, and Revision Surgery of the Lower Face and Neck

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KEYWORDS

• Facelift • Rhytidectomy • Complications • Avoidance • Rejuvenation

KEY POINTS

- The preoperative assessment of the patient's medical history is important to assess the risk of complications.
- The preoperative discussion of risks and limitations is an important avenue to create favorable patient engagement.
- When complications occur, consultation with the medical literature and colleagues are valuable to formulate corrective action.
- Although many of the complications of rhytidectomy are not life-threatening, they will have a negative impact to the patients well-being and should be dealt with in the most responsible and humanistic manner.

INTRODUCTION

Patients are seeking various forms of facial rejuvenation at an increasing rate. It is anticipated that this trend will continue. It is this author's opinion that much of these individuals' desire to seek facial rejuvenation is an extension of the increase in life expectancy we have witnessed over the last 20 years.¹ The current adult population is not only living longer, but its members also want to be active longer. They want to work and play and enjoy life in a manner that they were able to decades earlier. To help accomplish that goal, they also want to look younger, rejuvenated, energetic, and vital.

The tools of facial rejuvenation have also expanded in the number and in the fundamental nature of interventions. It was just a few decades

ago that practitioners were bound to a limited variety of surgical procedure options and a limited spectrum of skin peeling options and dermabrasion. Since the early 1990s, that toolbox has expanded to include a widening variety of energy devices, off-the-shelf fillers and neuromodulators, devices, cosmeceuticals, and biologically derived products. This increase has enabled a multidimensional approach to facial rejuvenation so that one is not limited to addressing only the vertical position of soft tissue, but also the volume of a given facial area, as well as the fundamental nature and the movement of the skin and other soft tissues. There has also been an expanding understanding of the underlying anatomy, the involution of suspensory elements, the changing volume elements, and other events that occur in facial structure with aging.

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THE IMPORTANCE OF PREOPERATIVE ASSESSMENT IN THE AVOIDANCE OF COMPLICATIONS

Most adult patients are candidates for some form of facial rejuvenation. To be meaningful, the preoperative assessment should include a detailed interview to discern the patient's goals, their motivations, and realistic expectations of outcome of facial rejuvenation. This discussion should include the disclosure of potential shortcomings and complications.² Noting the patient's underlying features should reveal what aspects of their anatomy lend themselves to be rejuvenated, and what aspects of their anatomy will pose limitations in the final results.³ For instance, the patient who presents with significant microgenia and/or an anterior and inferiorly positioned hyoid bone will present a challenge in the attempt to achieve a classical, ideal cervicomental angle and jawline⁴⁻⁶ (Fig. 1). The management of informed and realistic outcomes is an important determinate of the realization of favorable patient satisfaction. This foundation of communication provides the basis for the practitioner and patient to partner positively should any less favorable issues develop.

The exploration of the patient's underlying past medical history is important to gauge the risks of undergoing various procedures and methods of anesthesia. A basic evaluation should include questions about blood pressure, blood clotting, the use of anticoagulants, medications, vitamins and supplements, cigarette smoking, drug use, allergies, healing issues, and scarring. Medical issues that are important to explore in the preoperative evaluation include a history of past surgical issues, history of cardiac disease, lung disease, liver disease, diabetes, human immunodeficiency



Fig. 1. A patient with suboptimal lower facial and neck anatomy for a facelift: microgenia and a relatively low and anteriorly positioned hyoid bone.

virus infection, hepatitis C virus infection, and other health issues that will impact the risks and results of any anesthesia and surgery. The deleterious impact of cigarette smoking and diabetes are well-known risks to favorable wound healing and the response to surgical trauma.⁷⁻¹²

The patient's overall health should also be assessed to gauge their candidacy for not only the particular surgical intervention, but also their underlying risk and candidacy for the anesthesia, anesthetic, and sedation methods to be used. These risk factors are largely in the pulmonary and cardiac spectrum of health issues. The disclosure of these health issues will guide the directing physician to advise the patient to have their procedure under local anesthesia and/or local anesthesia with some form of sedation or general anesthesia. Anesthetic complications are among the most concerning and most significant complications that can occur with facial rejuvenation procedures and include cardiac arrest, arrhythmia, pulmonary embolism, and death.¹³

The overall the risk of complications in facial rejuvenation procedures is derived from the cumulative impact of health issues, the type and biological aggressiveness of the procedure, the type of anesthesia and sedation, and the patient's anticipated outcome.^{7,14} Also note that, if the patient has had previous interventions, including the placement of fillers or the use of energy devices, their biological response to these interventions will change and impact further rejuvenation interventions.

INTERVENTIONS USED FOR THE REJUVENATION OF THE LOWER FACE AND NECK

Aging of the Lower Face

The characteristics of aging of the lower face that compel patients to seek rejuvenation include laxity of the lower face and neck skin, the presence of platysma bands, the loss of an attractive jawline and cervicomental angle, changes in skin texture, wrinkling, and the aging of the perioral structures marked by a loss of volume, rhytids, and folds. The reasons for these observed aging changes in the lower face are multitudinous. Certainly, ultraviolet photodamage from sun exposure is a key factor in the loss of skin elasticity and other deleterious processes in the skin that contribute to laxity, rhytids, and texture changes.

Anatomically, the support of the lower facial soft tissues is borne principally by the mandible. In youth, there is a fullness and continuity of the inferior mandibular border that serves as the platform for the insertion of the lower facial musculature.

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