Rejuvenation of the Aging Neck
40 Years Experience

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KEYWORDS

• Neck lift • Neck lift technique • Neck lift sequelae • Neck lift complications • Neck rejuvenation

KEY POINTS

- The neck is divided into 2 defined segments: (1) the submental, submandibular region, and (2) the region of the neck proper, which includes the structures caudally to this imaginary line.
- The understanding of neck rejuvenation depends entirely on 2 different factors. Alone, neither will produce a good neck. Combine both, and an excellent result is consistently achieved.
- The correction of laxity of tissues in the submental area needs direct surgery in this region and the hammock effect, produced by the bilateral elevation of the midface lift. Only with both can the rejuvenation of this region be achieved.

Editor Commentary: *My friendship with Bruno Ristow exceeds 35 years, and I was delighted when he accepted my invitation to contribute to this publication. He followed the questions posed to him and presents a logical template for rejuvenating the neck. He makes the important point of proper rotation of the SMAS/platysma flap following partial transection of the platysma at the level of the cricoid cartilage. His admonition to wait up to 1 year before considering revising the neck is important to consider, because many small issues resolve themselves; larger issues require maturation of the soft tissue (similar to waiting 1 year before performing a secondary rhinoplasty.)*

INTRODUCTION

When the editor of this issue asked me to share my experience and the concluding thoughts resulting from my nearly 40 years of performing neck rejuvenation, I promptly and happily accepted the invitation. The reasons are simply based on experience; to me the issues have logical and direct answers based on facts. I was prompted with a series of questions to address. However, before I address the questions, I want to emphasize that the understanding of neck rejuvenation depends entirely on 2 different factors. Neither will produce a good neck alone. Combine both, and an excellent result is consistently achieved.

If a fine line is drawn from the jaw neck angle to the earlobe (**Fig. 1**), the neck is divided into 2 defined segments:

1. The submental, submandibular region
2. The region of the neck proper, which includes the structures caudally to this imaginary line

The correction of laxity of tissues in the submental area, need, aside from the direct surgery in this region, needs the hammock effect, produced by the bilateral elevation of the midface lift. Only then, can the rejuvenation of this region be achieved. The effect of the superficial musculo-aponeurotic system (SMAS) elevation on the right and left midface, gives a strong

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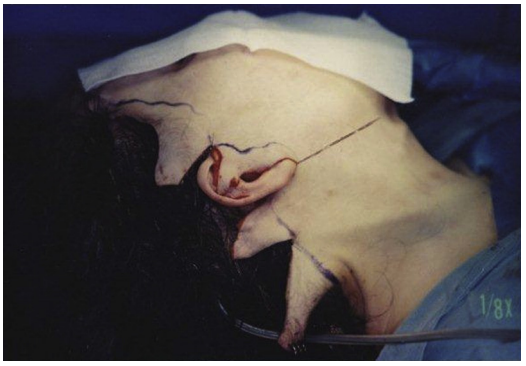

Fig. 1. Dividing the neck into aesthetic units and skin redraping.

sling effect to the tissues in the submental region, appropriately described as the hammock effect.

Now, to address specific questions.

WHAT INCISION(S) DO YOU TYPICALLY USE IN THE THIN NECK AND THE HEAVY NECK IN BOTH YOUNG AND OLDER PATIENTS?

Younger and older patients will receive very similar incisions. In the older ones, necessarily the occipital incision has to be longer. Only young patients, with localized submental fat and no plastymal bands, are treated with–occipital incision (**Figs. 2** and **3**).

WHAT ARE YOUR INDICATIONS FOR LIMITING YOUR ACCESS INCISIONS TO THE SUBMENTAL AREA OR THE LATERAL APPROACH? IN WHICH CASES DO YOU USE BOTH INCISIONS?

In a still youthful neck with good skin texture and only localized submental fat, a simple submental incision, 3.5 cm long, located 1 cm below the submental crease, is sufficient for effective treatment. The submental crease is released, as are the attachments to the depressors of the lip bilaterally. Silverglyde Bipolar forceps (Stryker Corporation/ Kalamazoo, MI) is the only safe approach to hemeostasis over the depressor anguli oris. The localized fat is taken out in progressive layers until the platysma muscle is exposed. If necessary, 1, 2, or 3 sutures between the thyroid cartilage and the symphisis of mentum are placed to assure an attractive jaw/neck angle. A Porex (Porex Medical Products/Ontario, CA) (1-800-521-7321, ECO-043-02) drain is placed and the incision closed, everting its edges, with a 6-0 suture.

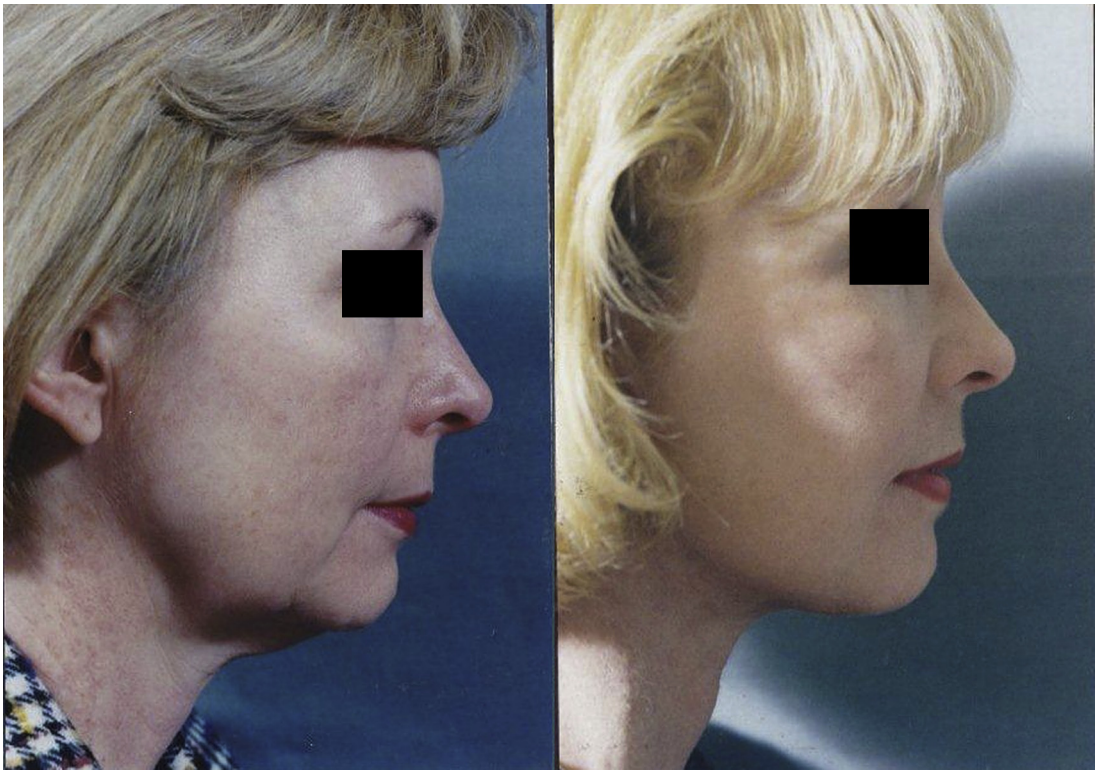

Fig. 2. Pre and Post-operative Face and Necklift.