Facelift
Panel Discussion, Controversies, and Techniques

E. Gaylon McCollough, MD[a,*], Stephen Perkins, MD[b], J. Regan Thomas, MD[c]

KEYWORDS

• Facelift • Cosmetic surgery • Surgery techniques • Facelift candidate • Facelift results • Minimally invasive surgery • Facial surgery mastery

Facelift Panel Discussion

Gaylon McCollough, Stephen Perkins, and J. Regan Thomas address questions for discussion and debate:

1. Who is not a candidate for facelift?
2. Of the various approaches to facelift, do any truly add advantages to an SMAS technique (ie, deep plane facelift)?
3. What techniques are most effective in managing the neckline in face-lifting and in what sequence should these be performed?
4. Which, if any, face-lifting techniques have been proved to provide the longest lasting result?
5. To start, develop, and maintain a busy face-lifting practice, is it necessary or even beneficial to offer some sort of minimalist facelift procedure or even a noninvasive substitute procedure?
6. *Analysis:* Over the past 5 years, how has your technique or approach changed, or what is the most important thing you have learned in performing facelifts?

Stephen Perkins presents videos of his facelift technique: Sequential Submental Excision and Plication of Subplatysmal Fat and Platysma; Undermining post auricular neck skin flap in rhytidectomy; Submentalplasty in Rhytidectomy; SMAS imbrication; and Submental and Jowl Liposuction in Rhytidectomy. Available at: http://www.facialplastic.theclinics.com

Who is not a candidate for facelift?

McCOLLOUGH

Patients who are not in good physical and/or mental health or those who present to a facial plastic surgeon with unrealistic expectations are not good candidates for any appearance-

[a] McCollough Plastic Surgery Clinic, 350 Cypress Bend Drive, PO Box 4249, Gulf Shores, AL 36547, USA
[b] Meridian Plastic Surgeons, 170 West 106th Street, Indianapolis, IN 46290, USA
[c] Department of Otolaryngology, Eye and Ear Institute, University of Illinois at Chicago, 1855 West Taylor, 3rd Floor, Chicago, IL 60612, USA
* Corresponding author.
E-mail addresses: drmccollough@mccolloughinstitute.com; sperkski@gmail.com; thomasrj@uic.edu

Facial Plast Surg Clin N Am 20 (2012) 279–325
doi:10.1016/j.fsc.2012.02.001
1064-7406/12/$ – see front matter

altering surgery. On a more global scale, a patient whose face requires more—or less—than what a "one-size-fits-all" facelift can provide is not a candidate for such a procedure…except in certain circumstances.

Some lifestyle habits affect eligibility for certain types of facelifts and ancillary procedures. Patients who use nicotine in any form are not good candidates for procedures that require extensive skin undermining. However, nicotine use should not automatically disqualify patients from rejuvenation procedures. Short flaps (ie, minimal skin elevation in the appropriate anatomic regions) with suspension of the underlying superficial muscular aponeurotic system (SMAS) and minimal tension on the skin may be an acceptable alternative, as long as the patient understands that by limiting the procedure the overall result will be compromised.

Nicotine users must also understand that flap necrosis and unsightly scars are known risks and must be willing to accept them, in advance of surgery. In all cases, the surgeon should stress abstinence from nicotine for a minimum of 2 weeks before, and after, surgery. Oral niacin (in doses that produce a flush 4 times daily) and topical nitroglycerine paste applied over the undermined areas may be beneficial, especially should the blood supply to *any* facial flap become questionable.

THOMAS

The ideal candidate for a facelift would be an individual whose facial appearance is characterized best by a strong angular bony skeleton with a normal or high positioned hyoid complex. The patient should be at near ideal weight with minimal facial and submental fat and appropriate facial skin elasticity. The ideal patient would have relatively smooth non-sun-damaged skin and be without deep rhytids. Certainly the ideal patient would be a healthy individual without systemic disease and would be psychologically realistic and well motivated, whose goal for surgery is improvement and not perfection. Thus the patient who is *not* an ideal candidate for facelift would be a patient who

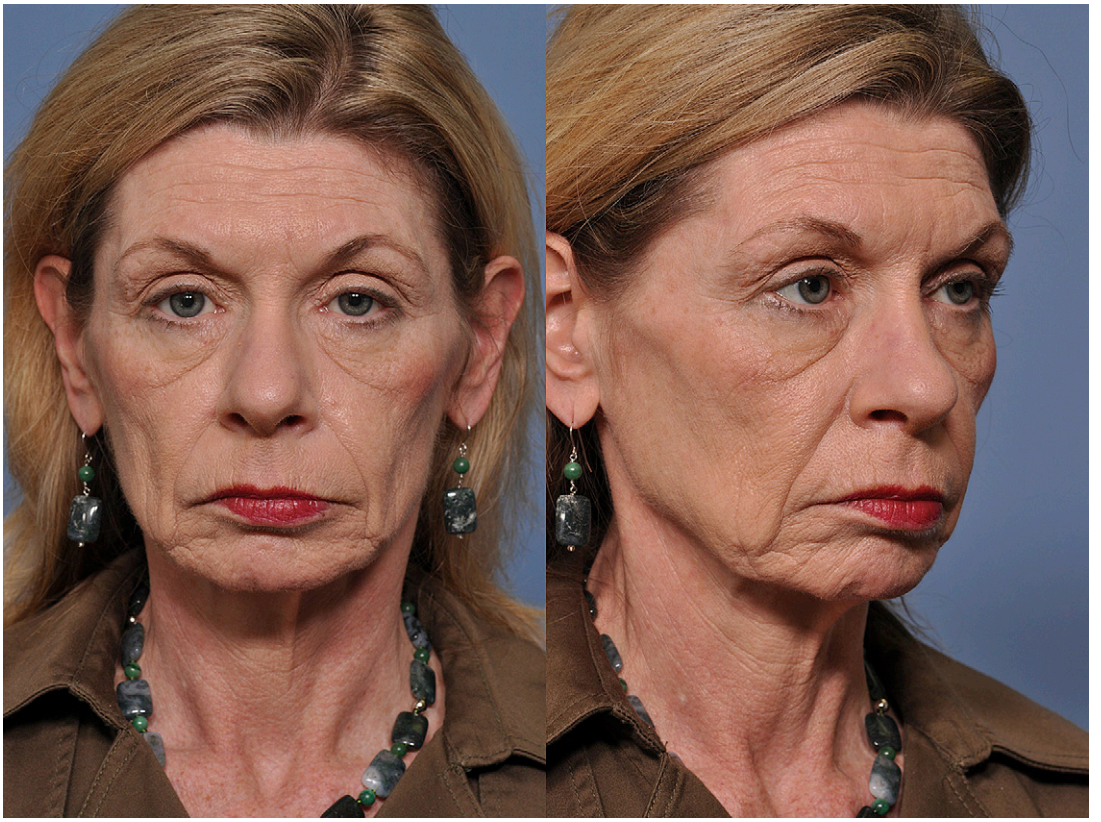

Fig. 1. A 57-year-old woman who desired face and neck rejuvenation but is a recalcitrant 2-pack-per-day cigarette smoker.