

Global Experts Meeting on

# PLASTIC AND AESTHETIC SURGERY

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## Closed Lift - 1.5cm temporal incision to complete extended midface

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Plastic surgery is the preeminent approach for facial treatment, and rhytidoplasty traditionally considered the optimum technique, but patients increasingly favour non-surgical alternatives (using lasers, fillers and sutured threads) over surgery involving excess skin removal. Following this minimally-invasive, risk-reducing trend, the author found a superior alternative: midface technique with extended detachment, treating wrinkles, sagging, and volume replacement, utilising laser and ultrasonic technology.

**METHOD:** A closed, non-endoscopic midface technique through a 1.5cm temporal incision is employed, with detachment extended to the malar region, including the retentive ligaments. Mid-central facial tissue is lifted vertically via several sutured threads fixed in the temporal region. A fractional CO2 laser is applied across the face, especially the orbital region. A subdermal "vaser" ultrasonic probe is also applied. Where desirable, fat grafting is

performed in the peri-orbital regions, naso-genial groove and mandible contour. Elevation is extensive enough to treat the jawline, without cervical skin removal.

**RESULTS:** Advantages are countless - incisions small enough to feel imperceptible, yet addressing multiple signs of aging through the various techniques used: the sagging of soft tissues (midface); wrinkles, spots, blemishes, keratoses and palpebral flaccidity (laser); eyebrow ptosis and excess upper eyelid skin (browlift/laser); jawline (vaser/laser/extended midface); skin aging with loss of volume and sagging (fat graft/midface/skin renewal and collagen stimulation from laser). The final result is a natural contour, glowing skin and fewer wrinkles, with less chance of motor and nerve damage than conventional rhytidoplasty. In the near future, reducing rhytidoplasty scars through combining new technologies will be a worldwide trend.

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