Rhytidectomy

- History
- Clinical Evaluation
  - Preoperative workup
  - Analysis of face
- Anatomy
- SMAS Facelift
  - Deep Plane/Composite Facelift
  - S–Lift
  - Complications
Few early historical details

- Early 20th century: Germans/French
- Techniques guarded
- Pre-antibiotic era– low profile
- Published reconstructions not cosmetics

- Elliptical excisions of skin
- SQ undermining
History

- 1950’s “classic facelift” (Swanker)
- 1974: Skoog describes subfascial dissection
- 1976: SMAS named by Mitz/Peyronie
- 1970’s–80’s: short flap vs. long flap
- 1990’s–today: deep plane, composite rhytidectomies, laser resurfacing, S-lifting
Clinical Evaluation

- History
  - Find patient desires/motivations
  - SAFE
    - Self-image
    - Anxiety
    - Fear
    - Expectations
  - Don’t operate if you don’t feel positive
  - Compliance
Clinical Evaluation

- History
  - Relevant medical history
    - DM, smoking, CVD, psychiatric problems, steroid use, HTN, prior surgeries/scarring
    - Medicine use: ASA/NSAIDs, steroids, vitamin E, OTC herbal supplements
Physical Examination

- Anatomic Evaluation
  - Checklists may help
- Skin Characteristics
- Photos

The Upper Third

The Forehead
- Hair: coarse, fine, thin, thick, balding
  - Hairline: low, normal, high, absent, surgically absent
  - Sideburns: low, normal, high, surgically absent, surgically altered
  - Eyebrow pattern: full, partially plucked, absent, surgically absent

Rhytids
  - Forehead-transverse: absent, shallow, deep, surgically altered—pattern
  - Glabellar frown: absent, shallow, deep, surgically altered—pattern

Headaches: never, rare, frequent, location

Skin
  - Orbital rim: bare, hairbearing
  - Picosis/brows + supratarsal (right and left): none, relaxed, ptotic

The Upper Eyelids

Prior blepharoplasty scar: years postoperative, mm from lid margin, mm from browline

Supraorbital fat: medial 0.1.2.3.4.+/mid 0.1.2.3.4.+/central 0.1.2.3.4.+ right and left

Palpebral aperture at midpoint: R mm L

Symmetric
  - Asymmetric: description of asymmetry
  - Levator function: ptosis, pseudoptosis, attenuation
  - Supratarsal skin redundancy:
    - Wrinkled, but palpebral fold visible right and left
    - Palpebral fold obscured right and left
  - Hooded skin rests on lashes right and left

The Lower Eyelids

Malar bags: absent, small, large

Visual acuity: right and left corrective lenses, contacts, cataracts, implanted lenses, impaired/blindness

Schirmer’s test: R mm L

Symptoms/history of keratitis

The Mid Third

The Face
  - Facial configuration: round, oval, triangular, rectangular, skeletal, thin, normal, obese
  - Facial cheek skin: thick, thin, atrophic, oily, dry, scarred

Facial asymmetry

Rhytids
  - Nasolabial: shallow/deep
  - Cheeks: parallel/comminuted
  - Perioral
    - Marionette/downlines
    - Vertical/horizontal

Jowls: 0.1.2.3.4.+  

Upper lip: elongated, margins thin, commissures downturned

Scars: nevi, papillomata, keratoses, malignancies, other

Previous face lift scars: coronal/frONTAL, temporal, presacral (pre/nasotratal), lobular (pulled), postauricular, mastoidal, occipital

Ears: protrusion, antihelical contour, lobules (small/normal/enlarged), lobular fold (absent/normal/scarred/pulled)

Parotid: absent, small, normal, large, masses

The Lower Third

The Chin and Jaw
  - Chin and jaw: retracted, small, normal, large, senile deformity

Adipose deposits: submandibular, submental (0.1.2.3.4. +)

Submandibular gland: small, normal, large, ptotic, masses

The Neck
  - Skin: smooth, relaxed, ptotic, scarred
  - Rhytids: multiple, crepey, 0.1.2.3.4.+  

Platysma: anterior cords (earry, parallel [diverging, ptotic, 0.1.2.3.4. +]), secondary cords

Lesions: keratoses, nevi, papillomata, other
Clinical Evaluation
Clinical Evaluation

- “Face-lift”
  - Chin/neck lift
  - Nasolabial fold
  - Fine or deep rhytids

- Ideal patient
  - Elastic skin
  - Distinct bony landmarks
  - Little SQ fat
  - Good bone structure (hyoid)

- Adjunctive techniques
Clinical Evaluation

- Adjunctive Techniques
  - Laser peel
  - Dermabrasion
  - Chemical peel
  - Neck treatment
  - Implants
  - Blepharoplasty
  - Forehead
  - Rhinoplasty
Clinical Evaluation

- Other adjunctive techniques
Clinical Evaluation

- Important to assess hyoid position
  - High hyoid is ideal for cervicomental angle
Clinical Evaluation

- Less than ideal candidates
  - Discuss expectations in detail
  - Need for other procedures
Clinical Evaluation

- Develop operative plan
- Plan adjunctive procedures
- Prescriptions (pain meds, antibiotics)
- Instruction sheet
Anatomy

- Superficial Musculo–Aponeurotic System (SMAS)
  - 1974 Skoog, 1976 Mitz/Peyronie
  - Distinct fascial layer from platysma to frontalis and into the galea
    - Discontinuous at zygoma
    - Envelopes zygomaticus major—NL fold
  - Septal connections to skin
  - Transmits forces of facial expression
SMAS Facelift

- Preoperative Marking
  - In holding with patient upright
    - NL folds, jowl lines, platysmal bands, 2 cm from oral commissure, angle of mandible, frontal branch course
    - Incisions including submental incision
    - Rubber band hair

- Anesthesia
SMAS Facelift

- Perioperative antibiotics
- Head holder beneficial
- No paralysis
SMAS Facelift
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Figure 5. Z-plasty in submental area.
SMAS Facelift
SMAS Facelift

- Postop Care
  - Drain
  - Pain meds
  - HTN meds
  - Wound care
  - Instruction sheet
Complications
- Hematoma (8.5%)
- Skin Slough (1–6%)
- Ear lobe deformities
- Infections
- Widening of scars
- Hairline changes (1%)
- Nerve Injury (0.4–2.6%)
  - Greater auricular
  - Frontal/Marginal
SMAS Facelift
SMAS Facelift
SMAS Facelift
SMAS Facelift
SMAS Facelift
SMAS Facelift

Subcutaneous Rhytidectomy

Subcutaneous Rhytidectomy with SMAS

Temple | Face | Neck
--- | --- | ---
Subcutaneous | Subcutaneous | Subcutaneous
Subcutaneous | Subcutaneous | Subcutaneous
Subcutaneous | Subcutaneous | Subcutaneous
Deep Plane Facelift
Composite Face Lift
Composite Face Lift
S–Lift
Minimal Access Cranial Suspension

- Devised for less dramatic facial rejuvenation
  - Less healing time/prolonged disfigurement
  - Lower complication rates
  - Less “operated on” look
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