

# Dermatologic Surgery Into the Next Millenium, Part III

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*Face-lift procedures and blepharoplasties are performed as in-office surgeries. Either local sedation or conscious sedation is used, and the patient's vital signs are carefully monitored. To avoid complications, the patient is followed closely postoperatively. It is highly suggested that the patient receives a medical clearance prior to undergoing either of these procedures.*

In the last issue (*Cutis*. 2001;68:99-101), we discussed filling agents and botulinus toxin A injection. In this issue, we review 2 additional invasive cosmetic surgery procedures—face-lifts and blepharoplasties. Because both surgeries help to reduce the ravages of aging, patients frequently desire them. In the past, these procedures were associated with considerable morbidity and prolonged “downtime.” Now, however, it is possible to perform face-lifts and blepharoplasties as out-patient procedures while continuously maintaining a high safety profile.

## Face-lift

The standard rhytidectomy procedure is relatively invasive. Several large studies revealed the most severe complications to be hematomas (incidence rate ranging from 0.9% to 6.6%), skin loss as a result of undue tension (incidence rate approximately 5%), and facial nerve injury (incidence rate ranging from 0.4% to 2.5%).<sup>1</sup> We prefer the mini-face-lift to the traditional one because not only is it less invasive but it also is indicated in patients with neck and mandibular drooping. We perform both surgeries in our office operating room following conscious sedation according to our standard protocol. The infiltration of tumescent

anesthesia helps to establish the appropriate plane for the surgical dissection of the superficial musculoaponeurotic system and to enhance skin turgor. We often combine this procedure with CO<sub>2</sub> laser resurfacing to address surface textural and pigment alterations (Figures 1 and 2).

In our recent outcome studies of 40 patients on whom we performed a mini-face-lift in addition to CO<sub>2</sub> laser resurfacing, there was only one case of skin sloughing in a patient who smoked and continued to smoke despite our advice against it. The wound healed with only mild scarring. Aside from slight bruising, there was no hematoma formation or other complications that are seen more frequently in the standard face-lift procedure. Conditions that can occur are bruising with or without pigment changes; skin contour irregularities due to improper defatting, plication, and skin redraping or laser resurfacing technique; and transient sensory deficits around the ear. One patient experienced postoperative skin contour irregularities due to secondary infection. She responded to oral antibiotics.<sup>2</sup> Our study revealed that the mini-face-lift in combination with the superficial CO<sub>2</sub> resurfacing resulted in a high-satisfaction rating among patients—34 out of 40 (85%) would recommend the procedure to a friend.<sup>3,4</sup>

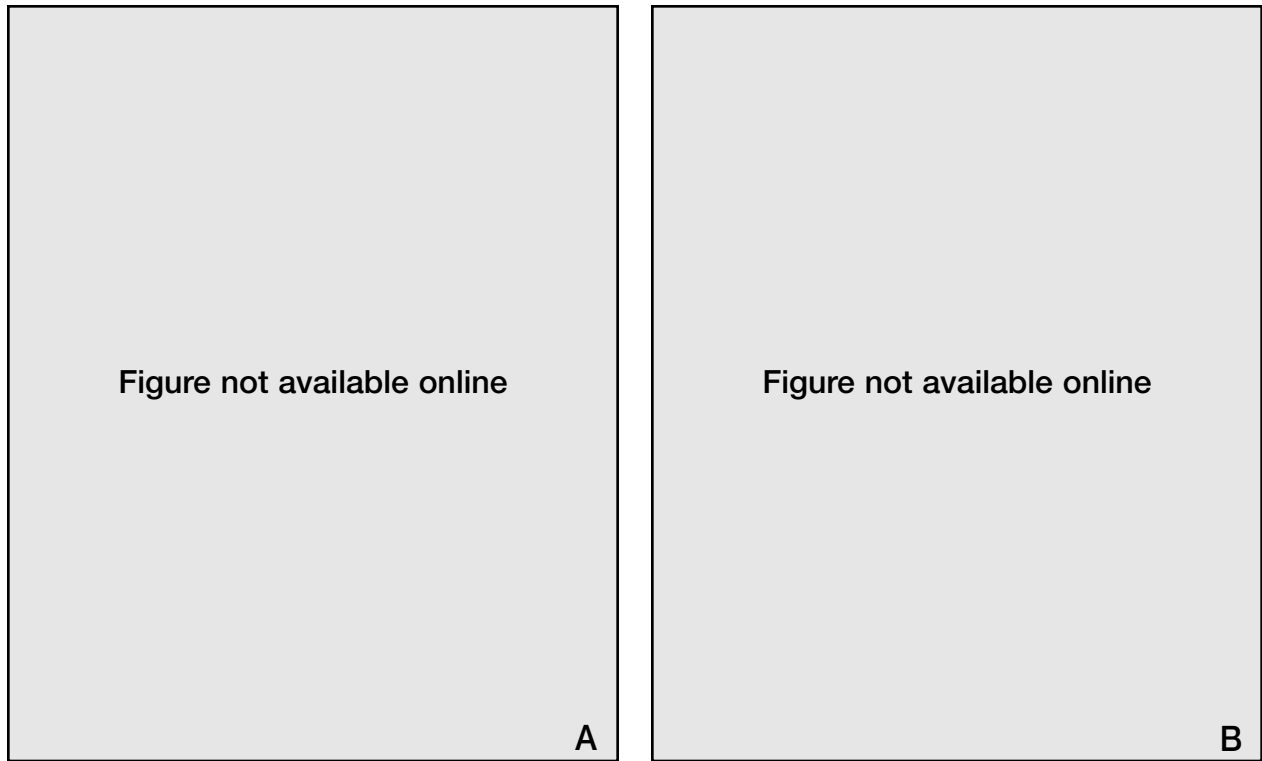
We are seeing a definite trend toward patients favoring less invasive in-office procedures versus traditional techniques that are often associated with prolonged downtime and a higher risk profile. As more dermatologic cosmetic surgeons become involved in aesthetic practice, newer techniques will be developed that minimize the downtime and morbidity of cosmetic surgery.

## Blepharoplasty

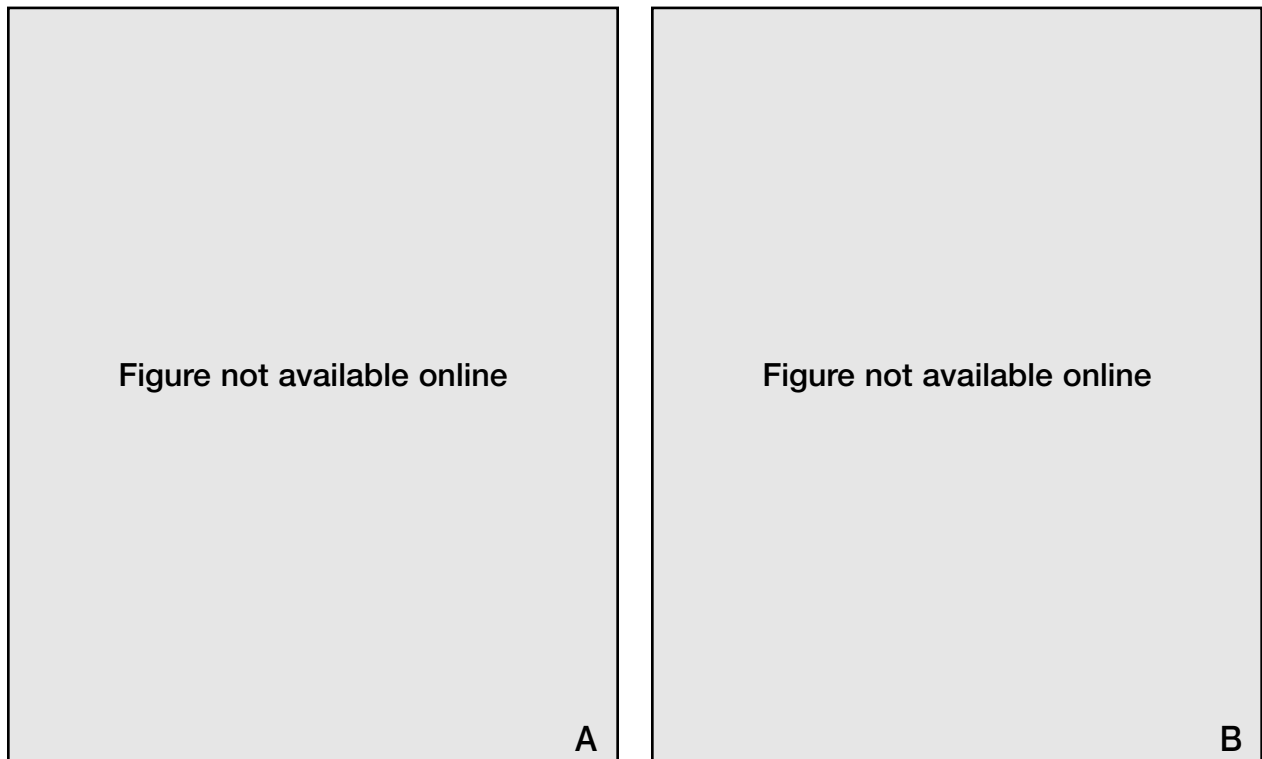
Colleagues often comment on the “tired” look of mature patients, even though these patients feel fresh and energized. There is a tendency for fat to bulge beneath the septum into the eyelids, producing

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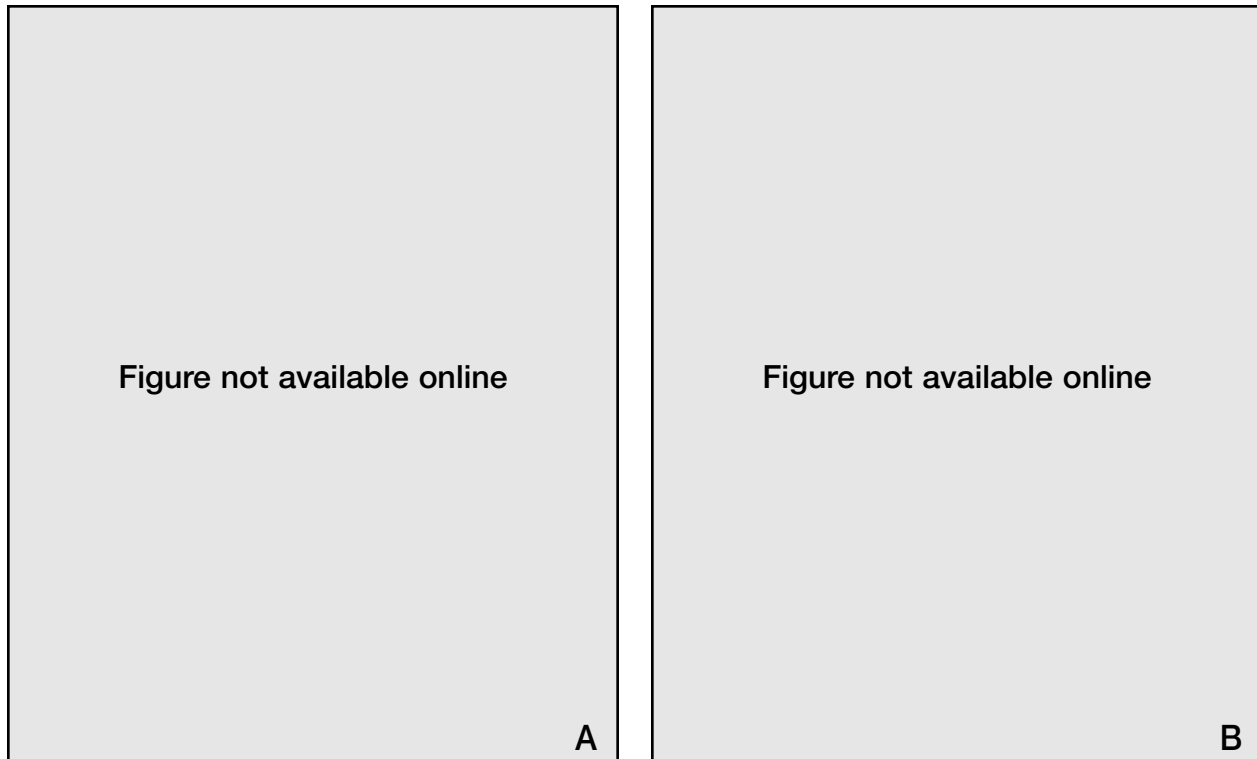
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**Figure 1.** Preoperative (A) and postoperative (B) combination face-lift and CO<sub>2</sub> laser skin resurfacing procedure using UltraPulse® on a woman with a fair complexion.



**Figure 2.** Preoperative (A) and postoperative (B) combination facelift and CO<sub>2</sub> laser skin resurfacing procedure using UltraPulse® on a woman with an olive complexion.



**Figure 3.** Preoperative (A) and postoperative (B) upper lid and lower lid blepharoplasty.

the appearance of “bags” that add a tired look to the face. Blepharoplasty usually involves either surgical instrumentation or reduction of the adipose tissue by means of a cauterization probe or laser beam.<sup>5</sup> The transconjunctival lower lid blepharoplasty and upper lid blepharoplasty are performed in our ambulatory surgery setting (Figure 3). Before using the CO<sub>2</sub> laser, we employed unipolar electrodesiccation to remove the adipose tissue; however, both techniques reduce the risk of postoperative bleeding, which can result in hematoma and blindness.<sup>6,7</sup> Our results from this technique reflect a low side-effect profile and a high degree of patient satisfaction.

In some patients, laser resurfacing can reverse the need for blepharoplasty. With the evolution of lasers for the collagen chromophore, it is possible to actually shrink and thus strengthen the orbital septum. In this case, removal of the adipose tissue might be redundant.<sup>8</sup>

In summary, we perform face-lift procedures and blepharoplasties as in-office surgeries. The associated lower morbidity and decreased downtime are in tune with the demands of our patients. It is imperative that high standards of surgical technique and patient care be maintained to minimize the risk of complications and ensure patient safety. In an

upcoming issue, we will discuss the final 2 topics in our 4-part series—the use of lasers in dermatologic surgery and hair transplantation techniques.

## REFERENCES

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