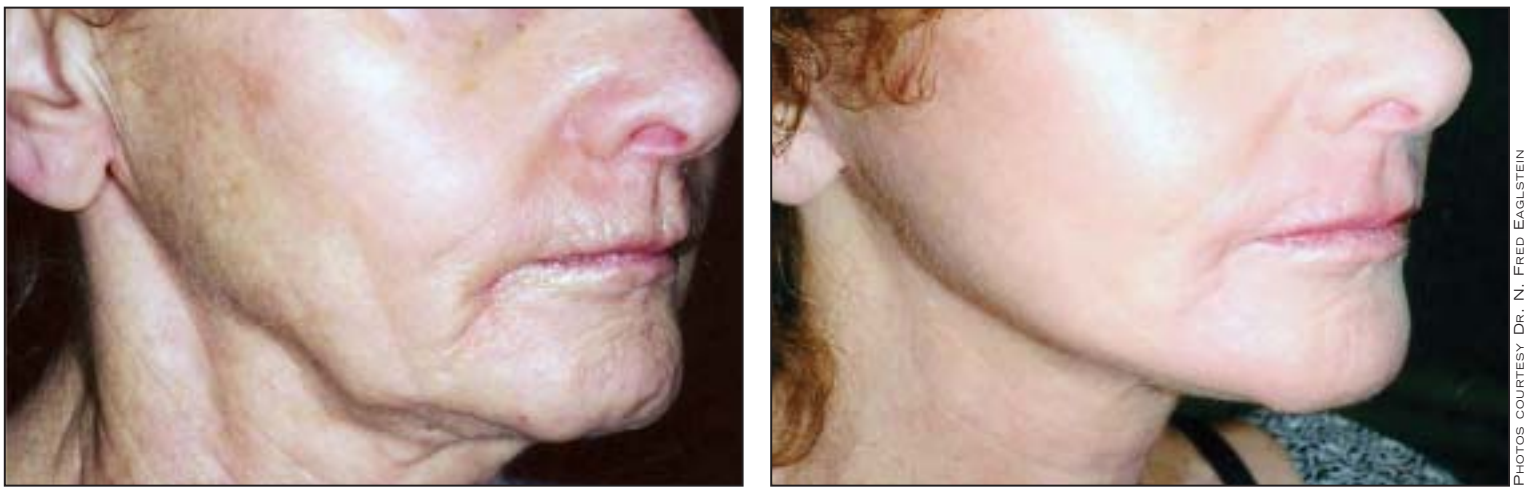
'Mini–Face-Lift' Is in Realm of Cosmetic Surgery

BY SHARON WORCESTER
Southeast Bureau



Photos courtesy Dr. N. Fred Eaglstein

A patient is shown before and after undergoing cosmetic surgery with the "long-lasting, effective" QuickLift technique.

ORLANDO — Face-lifting using "mini–face-lift" techniques is well within the purview of the dermatologic surgeon, Dr. N. Fred Eaglstein said at the annual meeting of the Florida Society of Dermatologic Surgeons.

"It's a natural progression for dermatologic surgeons to move into this area," said Dr. Eaglstein, medical director of a dermatology and laser group practice in Orange Park, Fla.

The skills required for mini–face-lifts are used often by dermatologic surgeons for procedures such as advancement flaps, and with the increasing number of cosmetic procedures being done, it makes sense for mini–face-lifts to be the next step, he said.

After trying various face-lifting approaches—including thread contouring and infrared and radiofrequency treatments—without much success, he found that the QuickLift technique, which was first described by Dr. Dominic A. Brandy (Cosmet. Dermatol. 2004;17:251-60), provided superior long-term results. He has used this approach in more than 30 patients over the past year.

"With this technique, we are getting really long-lasting, effective results that patients really would like to have," said Dr. Eaglstein, who reported no financial interest in the QuickLift or related procedures.

The approach stays above the level of the superficial musculoaponeurotic system (SMAS) and usually involves plication.

Because this is a type of procedure that dermatologic surgeons do all the time—and a type of procedure with less risk of morbidity than traditional face-lifts have—it helps in circumventing issues with insurance companies that say they cover face-lifts only by plastic surgeons, he noted.

The mini–face-lift actually is a lot like a large advancement flap, and it would be a very simple procedure if it weren't for the ears, he said.

Because of the ears, the procedure is more tedious, involving extension of the excision from the temporal hairline to the preauricular area, back behind the earlobe into the mastoid fascia and into the mastoid area of the scalp. Unlike traditional face-lifts, however, it doesn't involve cutting the SMAS and undermining and removing a portion of it.

The technique ultimately allows for tightening of the SMAS with the use of two anchored purse-string sutures that cause the SMAS to bunch up and create crevices that will form fibrosis and provide the enduring tightening result, Dr. Eaglstein explained.

The procedure is performed using tumescent local anesthesia and mild oral sedation. Incisions at the hairline should be beveled to allow the hair to regrow from follicles underneath, thus concealing the scar. Face-lift scissors are a particularly useful tool for the extensive undermining used in creating the flap, he said.

Following the procedure, a pressure dressing is applied with a garment for 1 day. Patients can expect swelling, bruising, and ecchymosis for the first day, and a fair amount of discomfort for about a week, but most patients heal adequately within a few weeks.

Complications encountered with QuickLift are similar to those seen with any large flap. If an expanding hematoma occurs, it will be necessary to go back in and open up the flap to drain the hematoma, he said.

Infection is rare but can occur, as can necrosis of the flap. The avoidance of excessive tension on the flap can reduce the risk of necrosis; most of the tension should be on the underlying connective tissue. Seroma and nerve injury can also occur, but they are rare, Dr. Eaglstein said.

Because the QuickLift technique is a procedure for tightening the neck and jowls rather than the midface region, it is typically used in conjunction with other cosmetic procedures—such as liposuction of the chin, cheek, and jowls—for a synergistic effect.

Submental tuck and platysmal plication, an extended neck lift (with undermining all the way down to the central portion of the neck to pull that area back), and lateral brow lift are among other procedures that can also be performed with the QuickLift, he noted.

Adjuvant procedures can also include Botox or filler injection, fat transfer for the midface, blepharoplasty, and forehead lift. Chemical peeling or laser resurfacing performed 4-6 weeks after the QuickLift can help reduce the appearance of the scars and provide an added cosmetic benefit.

A number of courses—including weekend courses and university-based cadaveric courses—as well as articles and books are available for those interested in learning QuickLift and other mini–face-lift techniques, said Dr. Eaglstein, who reported having no conflicts of interest. ■

Majority of Dermatologists Are Providing Cosmetic Services

BY TIMOTHY F. KIRN
Sacramento Bureau

LAS VEGAS — More than half of the dermatologists in the United States now spend at least part of their patient-care time providing cosmetic services, according to a survey conducted by the American Academy of Dermatology in 2007.

Of the survey respondents, 3.5% spend 50% or more of their patient-care time doing cosmetic procedures, which is up from 2.7% who reported the same in 2005.

"You can see that it is becoming a more important part of the general dermatologist's practice," Dr. Diane R. Baker, president of the academy, said in presenting some of the survey results at the annual meeting of the American Society of Cosmetic Dermatology and Aesthetic Surgery.

The survey was sent to 3,600 AAD members who are in private practice, of whom 1,146 (32%) responded, said Dr. Baker of Oregon Health and Science University, Portland, where she is also in private practice.

Fifty-five percent of respondents said that they spend at least some time practicing cosmetic dermatology.

Perhaps the most significant finding from the survery regarding cosmetic dermatology was that 3.5% of the respondents spend 50% or more of their patient-care time doing cosmetic care, which is up from 2.7% who reported the same in 2005, Dr. Baker said.

The mean amount of time that the dermatologists reported spending in direct patient care was 38 hr/wk, and 10% of that time overall was spent providing cosmetic care.

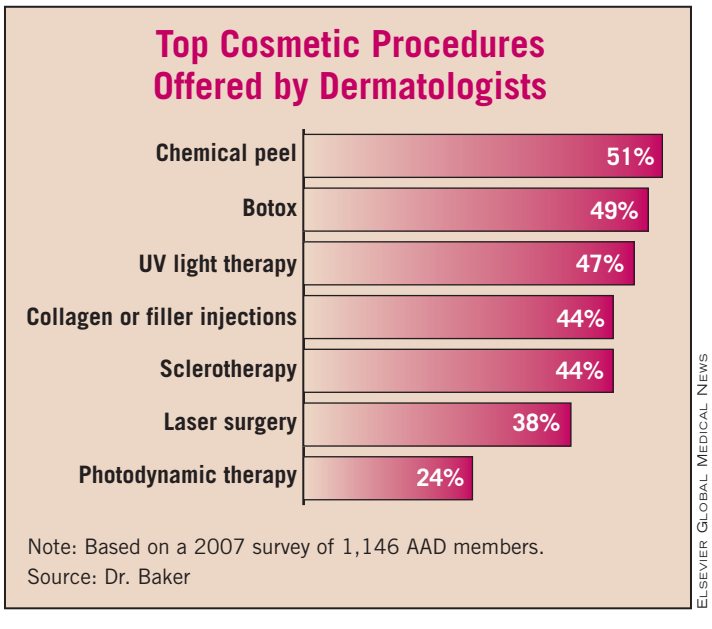
In addition, 3.7% of the dermatologists said that they spend no time doing medical dermatology, and the majority of those are Mohs surgeons, Dr. Baker said.

The cosmetic procedure performed by the most dermatologists was a chemical peel, reported by 51% of the responding dermatologists. The next most common procedure was botulinum toxin (botox) injection, which was performed by 49% of the respondents.

Other procedures that are commonly offered included UV light therapy (47%), collagen or filler injections (44%), sclerotherapy (44%), laser surgery (38%), and photodynamic therapy (24%).

Liposuction was performed by 6%, and hair transplants were performed by 2%, she said.

As a way of saying that the AAD tries to support dermatologists who provide cosmetic services as part of their practices, Dr. Baker noted that 18% of all the presentations given at the academy's last annual meeting were on cosmetic dermatology topics. ■



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