

# Surgical Options for the Aging Face Explored

BY KERRI WACHTER

**N**onsurgical options may improve the appearance of the face for some, but patients with more skin redundancy and platysmal banding may require surgical neck or face lifts, according to Dr. Roberta D. Sengelmann.

The goal for treating the aging face is to bring back some of the attributes of the young face, Dr. Sengelmann said at

a cosmetic dermatology seminar sponsored by Skin Disease Education Foundation (SDEF). The solution is to restore the skin, contour the soft tissues, and resuspend sagging tissues.

Several nonsurgical treatments for restoring the neck—peels, intense pulsed light/broadband light, and pulsed dye laser—improve skin quality and color, said Dr. Sengelmann, a dermatologic and cosmetic surgeon in private practice.

Nonsurgical options to improve neck contour include botulinum toxin type A injections (Botox) and possibly Thermage (radiofrequency treatment).

The next option is tumescent liposculpture, which can be used to redefine the neck and jowls by removing excess adipose tissue that weighs down the skin. With this treatment, skin retraction is excellent, especially in young patients. Dr. Sengelmann offered her approach

to tumescent liposuction of the neck. She uses 100-250 cc of dilute anesthesia—0.1% lidocaine with 1:1,000,000 epinephrine—and uses a 1.5- to 2.5-mm blunt spatula cannula. She advises against over-resecting fat to avoid a crepey, unnatural appearance and to prevent complications of contour irregularities. She also suggests leaving a subdermal fat layer. In general, for each 150 cc infiltrated, 25-50 cc of fat are removed.

Some patients will also require rhytidectomy and tightening. Surgical treatment options for platysmal bands include resuspension/suture sling, resection, and corset platysmal plication.

A neck lift involves tumescent liposuction, platysmal plication, and possibly skin resection. This procedure may be indicated when there is platysmal banding and/or redundant skin and fat. Significant jowling may necessitate a face-lift.

Dr. Sengelmann also shared her technique for a neck lift. She uses tumescent anesthesia of 0.1% lidocaine with 1:1,000,000 epinephrine. First she performs liposuction of the neck and jowls. Then she creates a 2- to 3-cm submental incision that is 2-5 mm anterior to the crease. She undermines to the medial aspect of the sternocleidomastoid muscle



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**DR. SENGELMANN**

and the base of the neck. She uses a corset suture for midline platysmal plication. Once diligent hemostasis is obtained, she closes the submental incision.

The patient will need to wear a chin strap or head wrap all day for 2 days and then for 6-8 hours a day for the balance of 1 week. Patients are advised to avoid exercise and vigorous activity. Follow-up should occur after 1-2 days and at 1 week.

Direct neck lifts tend to be more common in men. A direct neck lift involves direct anterior neck skin and subcutaneous tissue resection with plication of the platysma. The midline incision can be camouflaged using Z-plasty or jagged closure, said Dr. Sengelmann.

A face-lift is indicated when there is excessive neck skin redundancy and jowling, said Dr. Sengelmann, who offered her technique for a vertical face-lift. She uses

0.25% lidocaine with 1:250,000 epinephrine anesthesia, generally 50-80 cc per side. She makes a pre- and minimal post-auricular skin incision. She then performs subcutaneous dissection and superficial musculaponeurotic system plication, with or without suture suspension. Finally, she redrapes and closes with 5.0 Vicryl and 6.0 epidermal suture of choice.

Dr. Sengelmann reported that she has no relevant financial disclosures.

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