## **Facial Rejuvenation**

Aging is unkind to the face and skin as you lose elasticity and volume resulting in deepening nasolabial folds, jowls, and wrinkles. *Skin care products* can help slow the process down such as Retin A or other similar exfoliants but this is a daily ritual with results delivered over an extended period of time. *Dermal fillers* such as Versa and Juvederm can temporarily fill the wrinkles and diminish depressions. *Jeuveau (aka BOTOX)* can temporarily paralyze muscles to prevent dynamic wrinkles from worsening. Both fillers and Jeuveau have to be constantly repeated to preserve their effect. Eventually, procedures will be needed to turn back the clock. Other non-surgical tools such as Face-Tite or minimally invasive procedures such as myellevate or Renuvaion can be beneficial but *always know what the surgeon's revision policy is* if the technology does not produce the outcome you were 'promised'.

If your concerns are primarily about wrinkles and skin laxity, *laser resurfacing* may beneficial. Laser has a proven track record of incredible clearing of skin blemishes and wrinkles but it comes with the risk for permanent hypopigmentation of your skin and prolonged healing. *Fractional* laser resurfacing was developed to minimize that risk and diminish the healing time but fractional resurfacing also produced a much lesser result requiring several treatments to produce results similar to one treatment of traditional laser resurfacing. With lasers, the longer the healing period, the better the aesthetic result. Depending on how much you wish to do, limited regions can usually be done in the office under local anesthetic. *Microneedling* can also be done but it will require serial sessions and maintenance sessions to preserve the outcome.

If the concerns are centered on the jowls and neck laxity, facelifts will be required to address those issues. If the neck isn't terribly loose, a *mini-facelift* may be adequate and produce the desired results. The mini-facelift is also known as the Lifestyle lift or Lunchtime lift, with variations in the technical details of the procedure differentiating the procedures from each other. The cheek skin is pulled towards the ears and the incisions start at the temporal hairline, extending through the hair to the superior helical root then downwards and around the ear lobe into the posterior scalp. This smooths the cheek and jawline and the upper third of your neck. This procedure takes 3-4.5 hours to do and if accepting of limitations, can be done in the office under local anesthetic and oral sedation saving you the costs of the OR.

If the neck is really loose or the angle obtuse and thick, a *full facelift* will be required to produce the desired results. The incisions are the same as with a mini-facelift. The neck is further addressed through in incision under the chin to allow suturing of the anterior neck muscles and removal of excess fat. There are several techniques on how a facelift is done but I employ the subcutaneous flap with SMAS (the muscle and lining under the skin layer) plication which has been shown to be the safest technique. When compared to other techniques, it also produced the best long-term result (as shown at the Aesthetic Society meeting). The full facelift takes 5-5.5 hours and must be done in an operating room. The most concerning risk with facelifts is injury to a facial nerve resulting in weakness or paralysis of your facial muscles affecting animation.

If your concerns are strictly limited to your neck, **neck lifts** can be done. If accepting of a scar on the anterior neck, a *direct cervicoplasty* can be done in the office under local. It is very predictable and simple to revise if necessary. This works best on wrinkled necks but the scar is covered by your chin at conversation distance. It becomes visible when you look up at the sky. To avoid scars, the *corset plastysmaplasty* (indirect necklift) is employed. It is essentially the bottom half of a facelift and utilizes an incision under the chin as well. Both procedures can be done in the office under local anesthesia.

Other facial issues can involve your brows and a **browlift** would be indicated. If your brows have settled and your have a lot of transverse furrowing on your forehead, you can have your brows 'elevated' with an office procedure where scars are placed at your hairline and the skin elevated off the forehead muscles that smoothen the forehead and elevate the brows and temples at the same time. This procedure often requires a revision to help preserve the benefits of what it does. There are other ways to do this procedure was well but endoscopic browlifts fails at approximately 25% and they required the OR to have this done, increasing costs to the patient. Other surgeons in town can do this for you as I no longer employ this technology myself.

Finally, your eyes my be your primary concern and if you have obscured vision from droopy lids, your insurance may cover this if you can find a contracted provider. When upper lid skin is redundant and makes applying makeup challenging, an **upper blepharoplasty** (lid lift) can be done to restore the crisp crease to your upper lids. If your problem is from your brows being low, you're better off with a browlift.

If you have baggy lower lids or deep naso-jugal troughs, your lower lids will benefit from a **transconjunctival lower lid blepharoplasty**. This procedure uses an incision on the inner lower lid to access the fat pads that are then freed up and pulled down over the bony rim to fill the hollow of the trough. Excess skin on the lower lid is managed with laser resurfacing if not severe or 'pinch' blepharoplasties where the skin that can easily be pinched together is removed, leaving a scar that heals well and is often hard to appreciate. There is an 'open' lower lid blepharoplasty where the incision is placed just below the lashes into the cheek but there is more risk for this to pull the lower lid down and out (ectropion) that would require more surgery to correct and I not longer do this approach any longer.

These procedures all turn the clock of aging back but you will continue to age. The surgical procedures are anticipated to take 5-10 years off of your aging and if you wish to maintain the result, you can expect to have repeat procedures every 5-10 years. Regardless, you will always appear more youthful having the procedure as opposed to not having it. The recovery process will keep you from socializing for up to 2 weeks and you can resume unrestricted activities 3 weeks following your procedure.

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