Superficial/Skin Level Rhytidectomy Provides Safe, Superior Facial Contouring

The superficial/skin level rhytidectomy is a safe procedure, with a reasonably short recovery time and predictably excellent results. My dissection is above the superficial musculoaponeurotic system (SMAS) plane over the checks, the mandibular border, the chin, and the neck. I dissect through the nasolabial crease on to the upper lip, and all the way across the neck, through a submental incision. This allows direct removal of fat from the labial mandibular fold and the jowls to improve the contour in those areas. Obviously a sub-SMAS dissection technique prohibits the surgeon from individualizing the fat contouring.

Differential vectors are used for tension on the skin and tension on the SMAS. This is very important. Across the cheeks, the SMAS vector is superolateral, whereas the skin closure vector is transverse. I don’t believe that being underneath the SMAS in that area affords the differential resetting of the vectors as well as that obtained by superficial dissection. Most often I prefer to perform a SMAS plication. Sometimes I will elevate a separate SMAS flap, but not an extensive sub-SMAS flap.

This approach minimizes the risk of nerve injuries that may arise when surgeons go between the subcutaneous dissection and the subperiosteal plane, or try to pick up tissues with stitches where the nerves to the muscles of facial expression are located. Postoperative skin problems, epidermolysis, or skin necrosis is rare with my procedure. But I don’t perform a superficial plane dissection in smokers. And if patients do smoke, I require them to stop smoking—not just for a few days, but for at least a month before surgery.

My patients are up and about in 2 days. All of their sutures are removed 7 days after surgery on the face and 10 days after surgery on the scalp. And if they apply a little bit of camouflage makeup, they can resume a normal routine in about 1 or 2 weeks.

If a patient with a round face wants to accentuate his or her features, bony prominence, etc., I will remove excess fat in the face. When surgeons first started performing suction in the face, the tendency was to suction everybody, and obviously this created a lot of problems. Most of the time, I’m removing fat only below the border of the mandible. However, for those people with very full labiomandibular folds, I find it easy to suction this area because I’m in the superficial plane. I try to improve the contour of the cheek and accentuate the border of the mandible, creating a better jawline.

I’m very much opposed to performing any kind of resurfacing to the skin that has already been elevated in a superficial plane. I believe it’s not a good idea to add the devascularization to the damage from burning the skin (whether from a peel, laser, or a dermabrasion). However, I’m very positive about performing a perioral resurfacing, preferably a dermabrasion; it’s quick, and I know exactly how deep I’m going.

Exclusive of the forehead and eyes, it takes me about 2 hours to perform a superficial rhytidectomy on the face from the zygoma down, including the neck and going submental, as I described.

Only approximately 5% of my older patients (age 65 to 70) need a midface area revision after the first year. I usually require patients who had a lot of preoperative laxity and had not undergone any prior procedures to wait a year before I will perform revisionary surgery.

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