Why I No Longer Use Short Incisions in Facial Rejuvenation

According to the author, excision is the only effective method of eliminating chalasis, and a good-quality scar is the well-camouflaged key to superior results. He describes a method of using long hairline incisions that avoids temporal hair loss and forehead widening and improves the appearance of the scar.

The only way to eliminate loose frontal, facial, or cervical skin is by excision. The greater the excision, the longer the incision must be for achievement of the desired results. Rather than try to reduce the length of the incision, I prefer to make a longer incision and focus on achieving the best-quality scar possible.

Most of my brow lift patients have a high forehead: the brow descends and the hairline recedes with time. To restore the hairline and the brow, shortening the forehead, I excise an average of 1.5 to 2 cm of skin. To further improve the result, it is sometimes necessary to remove even more skin a year or so later.

Figure 1. A, Postoperative frontal view of a 44-year-old woman 2½ years after a brow lift. B, Right side hairline incision is parallel to the hair follicles. C, Left side hairline incision is perpendicular to the hair follicles. Reprinted with permission from Plastic and Reconstructive Surgery.1

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When performing face lifts, I initially used short incisions so that there would be less scarring. With experience, I noted 2 irrevocable facts. First, with a shorter incision there was more tension and pleating, as well as an unattractive scar. Second, almost all of my patients would pull the neck skin toward the postauricular and postcervical hairline to demonstrate the problem and then ask me if I could remove more skin from the neck. Patients also made similar requests regarding the temporal area. I have had similar experiences when performing breast reductions and abdominal lipoplasties.

To provide the desired results, I had to perform a secondary procedure and extend my incisions. Once I realized that short incisions were having a negative effect on the quality of both surgical results and scars, I set out to develop a method of improving scar quality.

I conducted a double-blind study in which the hairline incision was done parallel to the hair follicles on one side of the face and perpendicular to the hair follicles on the other side of the face (Figure 1). The perpendicular incision yielded a much better result in my hands.

The incision is made 2 to 3 mm inside the hairline and bevelled with the same angle used to excise excessive skin.
from the distal flap. The distal flap, which contains the stratum corneum, will then behave exactly like a “biological dressing.” The hair will keep growing in the same way that hair continues to grow on a man’s cheek after dermabrasion (Figure 2). Similarly, the hair follicles of the proximal flap of a facelift will grow through and in front of the scar. Furthermore, the upper layers of the epidermis and dermis of the distal flap will migrate toward the surface at a rate comparable to the rate of hair growth in the proximal flap. This process will take place only if there is no ischemia, tension, or excessive scarification from cauterization, infection, or necrosis.

A meticulous closure will further improve the resulting scar. I facilitate closure by “W-plastying” my incision, but a linear excision is used from the distal flap; this is because the distal curved flap is always longer than the relatively straight proximal flap (Figure 3). Using a multiple Z-pattern will increase the real length of the incision by 40% without increasing its apparent length. As a result, the proximal and distal linear incised margins are almost identical in real length, thereby facilitating closure without pleating and dog-ears. Unlike the coronal approach, this method avoids temporal hair loss and forehead lengthening.

I have learned that nothing replaces painstaking and meticulous work. Having found a way to improve my brow lift and face lift hairline scars, I no longer use short incisions, and I get much better results.

Reference