Multi modality surgical and nonsurgical facial rejuvenation—Putting it all together

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Background: For the individual who possesses only a hammer, every problem is solved with a nail. In the past aesthetic physicians solved most issues of facial aging with mobilization of a surgical flap and/or deep skin resurfacing. Although these tools should remain in the armamentarium of the modern aesthetic physician, four additional powerful tools should be regularly employed by the proficient aesthetic physician. These four “game changer” tools Include neuro modulators, liposculpture, structural volumizers, and fractional CO₂ laser resurfacing. Delegation for both surgical and non-surgical responsibilities can be structured so the physician talent is leveraged and patient safety is maximized.

Procedure Details: Modulator choices have expanded beyond Botox to Dysport and Xeomin and in the future will include even more options. The treatment areas and techniques will likely change very little. While the most common indications include the glabellar area, forehead rhytids, and crow’s feet; important lower face interventions include the DAO, masseter hypertrophy, and platysmal bands. Liposculpture with or without laser of the jowl and/or neck have become a safe and effective intervention. Using injectable fillers, structural reconstitution of the aging face has become one of the most critical strategies to assure a natural result. Choices include short-term, long-term and semi-permanent. Hardware and software advances along with a lower price have put a powerful tool, fractional CO₂ laser into many facial aesthetic offices. Clinicians are using the technology in a number of ways and seem to be able to provide a range of superficial medium or deep peeling.

Points: Balance is a key consideration during treatment planning using this array of facial aesthetic tools. Common imbalances which can easily be improved include imbalance between the upper and lower lip, and differences in brow position. The entire face must be seen as the whole to implement an effective strategy. Neurotoxins are a powerful tools used in conjunction with other modalities. Appropriate muscle relaxation can help stabilize the location of intradermal fillers. In the majority of patients, the results of neck liposuction can be maximized with a submental incision. Platsma plication and lysis of the mandibular ligament can yield dramatic results. During jowl or neck procedures trauma to the marginal branch of the mandibular nerve can result in compromise of the DAO or the DLI. Strategies for avoidance and effective informed consent are critical. Facial volume loss during aging is a three dimensional process, and natural restoration requires a three dimensional solution. New filler choices and disposable cannulas have had substantial impact on this paradigm shift. Either oral or parenteral sedation in combination with facial nerve blocks are the foundation for effective full-face fractional CO₂ laser resurfacing.

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