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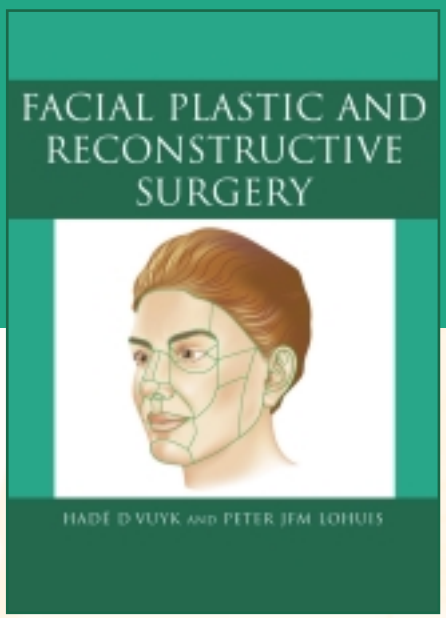
FACIAL PLASTIC & RECONSTRUCTIVE SURGERY



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- **The first book of its kind with strong European orientation – linked to the expanding European Academy of Facial Plastic and Reconstructive Surgery**
- **Practical 'how to do it' approach with excellent line illustrations and colour photos**
- **Appropriate mix of reconstructive and aesthetic procedures**

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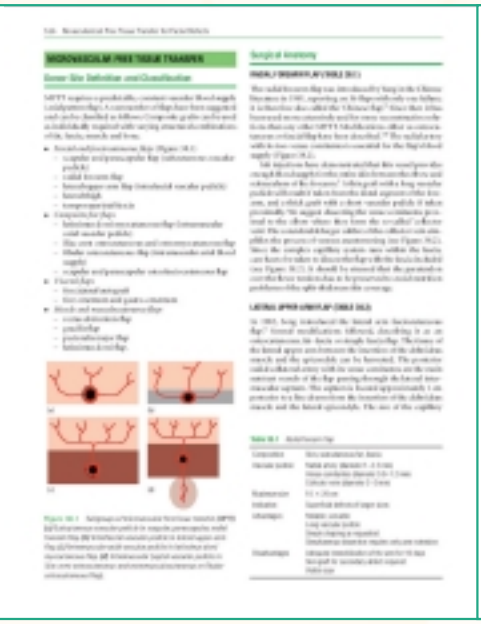

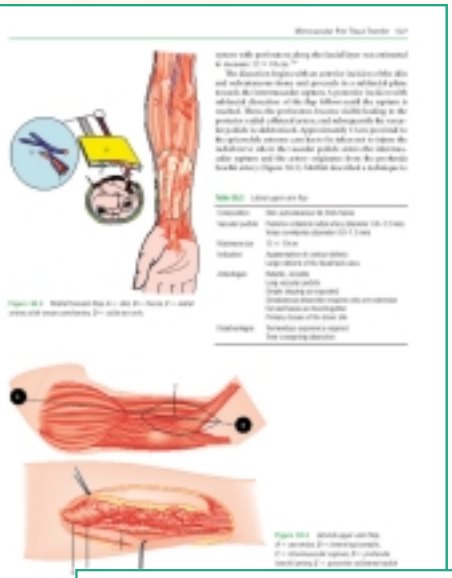

Facial Plastic and Reconstructive Surgery is a comprehensive and practical guide to performing facial surgical procedures, and contains a balance of aesthetic and reconstructive procedures that mirrors typical European practice.

It has arisen as an initiative of the European Academy of Facial Plastic Surgery (EAFPS), and in accordance with this status is a comprehensive book that gives a complete update on the speciality as it is practised in Europe. The contributors have many years of clinical practice as well as research experience in facial plastic and reconstructive surgery.

The book's practical 'how-to' style is amply supported with over 800 line illustrations and colour photographs, and serves as a comprehensive reference for surgeons in clinical practice as well as in training. Each chapter is structured within a uniform framework to increase the accessibility of the text, and in this way improves the book's utility as a textbook for trainees.

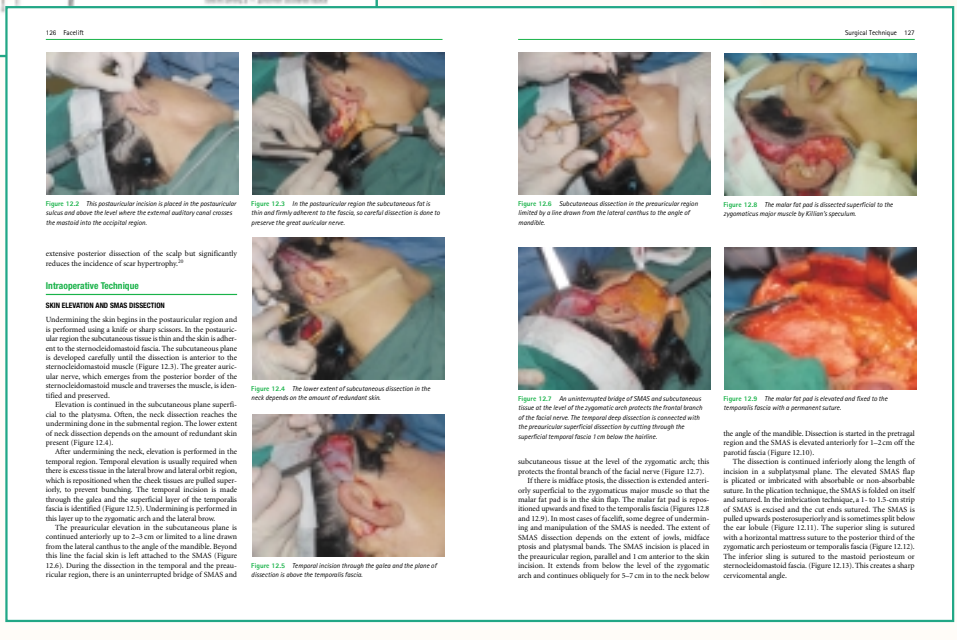
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Figure 12.2 *This postauricular incision is placed in the postauricular sulcus and above the level where the external auditory canal crosses the mastoid into the occipital region.*

Figure 12.3 *In the postauricular region the subcutaneous fat is thin and firmly adherent to the fascia, so careful dissection is done to preserve the great auricular nerve.*

extensive posterior dissection of the scalp but significantly reduces the incidence of scar hypertrophy.[28]

Intraoperative Technique

SKIN ELEVATION AND SMAS DISSECTION

Undermining the skin begins in the postauricular region and is performed using a knife or sharp scissors. In the postauricular region the subcutaneous tissue is thin and the skin is adherent to the sternocleidomastoid fascia. The subcutaneous plane is developed carefully until the dissection is anterior to the sternocleidomastoid muscle (Figure 12.3). The greater auricular nerve, which emerges from the posterior border of the sternocleidomastoid muscle and traverses the muscle, is identified and preserved.

Elevation is continued in the subcutaneous plane superficial to the platysma. Often, the neck dissection reaches the undermining done in the submental region. The lower extent of neck dissection depends on the amount of redundant skin present (Figure 12.4).

After undermining the neck, elevation is performed in the temporal region. Temporal elevation is usually required when there is excess tissue in the lateral brow and lateral orbit region, which is repositioned when the cheek tissues are pulled superiorly, to prevent bunching. The temporal incision is made through the galea and the superficial layer of the temporalis fascia is identified (Figure 12.5). Undermining is performed in this layer up to the zygomatic arch and the lateral brow.

The preauricular elevation in the subcutaneous plane is continued anteriorly up to 2–3 cm or limited to a line drawn from the lateral canthus to the angle of the mandible. Beyond this line the facial skin is left attached to the SMAS (Figure 12.6). During the dissection in the temporal and the preauricular region, there is an uninterrupted bridge of SMAS and

Figure 12.4 *The lower extent of subcutaneous dissection in the neck depends on the amount of redundant skin.*

Figure 12.5 *Temporal incision through the galea and the plane of dissection is above the temporalis fascia.*

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Figure 12.6 *Subcutaneous dissection in the preauricular region limited by a line drawn from the lateral canthus to the angle of mandible.*

Figure 12.8 *The malar fat pad is dissected superficial to the zygomaticus major muscle by Kilian's speculum.*

Figure 12.7 *An uninterrupted bridge of SMAS and subcutaneous tissue at the level of the zygomatic arch protects the frontal branch of the facial nerve. The temporal deep dissection is connected with the preauricular superficial dissection by cutting through the superficial temporal fascia 1 cm below the hairline.*

Figure 12.9 *The malar fat pad is elevated and fixed to the temporalis fascia with a permanent suture.*

subcutaneous tissue at the level of the zygomatic arch; this protects the frontal branch of the facial nerve (Figure 12.7).

If there is midface ptosis, the dissection is extended anteriorly superficial to the zygomaticus major muscle so that the malar fat pad is in the skin flap. The malar fat pad is repositioned upwards and fixed to the temporalis fascia (Figures 12.8 and 12.9). In most cases of facelift, some degree of undermining and manipulation of the SMAS is needed. The extent of SMAS dissection depends on the extent of jowls, midface ptosis and platysmal bands. The SMAS incision is placed in the preauricular region, parallel and 1 cm anterior to the skin incision. It extends from below the level of the zygomatic arch and continues obliquely for 5–7 cm in to the neck below the angle of the mandible. Dissection is started in the pretragal region and the SMAS is elevated anteriorly for 1–2 cm off the parotid fascia (Figure 12.10).

The dissection is continued inferiorly along the length of incision in a subplatysmal plane. The elevated SMAS flap is plicated or imbricated with absorbable or non-absorbable suture. In the plication technique, the SMAS is folded on itself and sutured. In the imbrication technique, a 1- to 1.5-cm strip of SMAS is excised and the cut ends sutured. The SMAS is pulled upwards posterosuperiorly and is sometimes split below the ear lobule (Figure 12.11). The superior sling is sutured with a horizontal mattress suture to the posterior third of the zygomatic arch periosteum or temporalis fascia (Figure 12.12). The inferior sling is sutured to the mastoid periosteum or sternocleidomastoid fascia. (Figure 12.13). This creates a sharp cervicomental angle.

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FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

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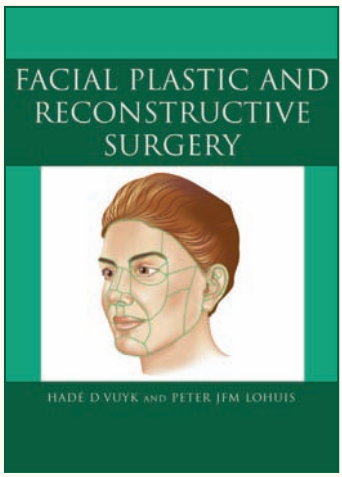

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