

Dermatology Congress: New methods for centro-facial rejuvenation

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Abstract

Background: Centro-facial structures, such as the midface and the orbital with the periorbicular region are the main regions, in that aging with tissue weakness and depletion arise first. Early changes by aging are characterised by tissue depletion and ptosis, which are focused on orbital and the midface. Jawline is not caused by sunken lateral facial portions, but can cause down sliding of tissues from mid face towards the jawline. The result is Jawline and deepening of nasolabial folds. The skeletonisation of the lower lid and arcus marginalis give an effect of hollow eyes with dark circles which are the typical signs of midface ptosis. **Objectives:** The authors show the limitations of old fashioned cosmetic rejuvenations such as a classical lower lid blepharoplasty, conventional facelift or brow lift procedures. According to their experience of more than 20 years in facial plastic surgery they developed sophisticated new methods for all centro-facial portions, for the brows and foreheads, for the upper-and lower lid and for the midface too. The goal is to present the pro- and contra of established and new methods. **Methods:** The new technique of facial surgical reconstructions of the forehead and brows, of the upper eyelids, of the lower eyelids and the midface are presented by demonstration of typical cases. Semi-invasive and non-invasive methods such as thread lift, fillers and fat sculpture of the face are shown in contrast. The different techniques of midface and lower lift such as subciliar, transconjunctival and endoscopic temporal approaches such as the orbicular augmented blepharoplasty are shown also by teaching videos. **Results:** A coronal forehead lift should be done only exceptional; the stigmas after this procedure are no more justifiable in the era of endoscopic procedures. However, the hairline is lifted backwards by an endoscopic forehead lift. Therefore, an endoscopic forehead lift is suitable only for patients with short brow-hairline distance. In any other cases, the authors perform temple lift or temporoparietal endoscopic lift with short scar hidden by the hairline. Conventional upper eyelid rejuvenation with excessive resection of the

orbicular muscles is obsolete. The prevention of iatrogenic hollowing by blepharoplasty is stressed. The authors show their excellent results by their orbicular preserving and augmenting blepharoplasty. According to the experience of the authors, a conventional lower lid blepharoplasty should be made in the 21st century without skin excision. For tightening the lower lid and other methods, such as the transconjunctival blepharoplasty, the midface-lower lift and the dual plane midface lift with skin-excision free blepharoplasty are to be done.

Biography

Thomas Haffner is a Board Certified Reconstructive, Vascular and Cosmetic Surgeon in Germany. He was trained in the Reconstructive-Plastic Surgery and Senology Section at the Semmelweis University, Budapest. He is specialized in Vascular Surgery and has worked as Department Leader in German clinics. He was a Resident Assistant under Professor Rettinger in Ulm. In 2000, he established his private clinic for vascular-reconstructive and aesthetic surgery in Cologne, Germany. His primary focus is the breast and facial surgery using minimal invasive and endoscopic methods. He invented the innovative vertical scar free reconstructive 3D mastopexy.

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