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ADVANCED MULTI-LEVEL TECHNIQUES FOR NECK-LIFT

Vasiliev Maxim Nikolaevich

Platinental, Kazan, Russia

Introduction: Correction of age-related changes remains an actual problem of modern plastic surgery, despite the many developed invasive and non-invasive techniques and procedures of operations. At present, patients are no longer satisfied with moderate results. Everyone wants the ideal neck parameters, including dynamics, with neck bending and head tilt down. Neck plastic surgery is a complex problem and the desired result can only be obtained with an advanced multi-level technique.

Materials & Methods: On the basis of the clinic Platinental from 2016-2017, with the use of advanced multi-level technology necklift, 52 patients underwent surgery. Of these, there were two men. All operations were performed under general anesthesia. With an unexposed chin, intraoral access was performed by chin prosthetics with polytetrafluoroethylene implant. The implant was fixed with two titanium mini screws and went to the plastic neck. Liposuction was always performed, then, through the submental incision along the middle line, the platysma was uncovered, subplatysma fat was removed. Further, the digastricus muscles were evaluated with their hypertrophy, resection and suturing were performed, or, in the absence of hypertrophy, only suturing. Then a double-sided corset suture was applied to the platysma along the middle line. To eliminate the sagging of the salivary glands, a bandage suture Giampapa was performed. Depending on the age changes, they performed either only submental access, or combined the submental and lateral. When performing side-by-side access, they were limited to either neck tightening with a cut around the lobe, or supplemented by a facelift with a classical pre-cut. Through lateral access, lateral platysmoplasty was performed. All operations were completed by suturing wounds and leaving passive drains. Drainage was removed after 24 hours. The results of the correction were estimated from the photo in standard projections and the video showing the correction in the dynamics with the head tilted.

Results: All patients underwent surgery well. There were no general complications. In 2 patients in the early postoperative period, hematomas were formed, which were evacuated. In 2 cases, a compromise of the marginal branch of the facial nerve was recorded. The dynamics of the situation were resolved favorably. All the resulting subcutaneous densifications were eliminated by a series of injections of diluted trimacinalone. Satisfactory clinical results were obtained in all patients.

Discussion: With age, changes occur at all tissue levels of the neck: skin, subcutaneous fat, platysma, subplatysma fat, digastricus muscles, salivary glands, bones of the lower jaw and chin. Successful neck lifting should necessarily include correction at all these levels. The necessary fixation of tissue structures allows to achieve not only a clear cervical-chin angle in a static position, but also to eliminate tissue sagging when the head is tilted in dynamics.

Conclusions: The use of advanced multi-level techniques for the neck-lift allows you to get the desired dynamic aesthetic result

plastic1904@mail.ru