Optimal Frontal-Facial Full Face-Lift in Orientals

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Background:

Oriental faces are anatomically distinct from Caucasians and characterized by:
A skin with thick dermis, a greater collagen density; less fine rhytids but more pronounced folds; this kind of skin needs more tension on lifting and tolerates more suspension forces in undermined flaps. The ideal position of brow is higher in comparison with Caucasian one and also a high apex. The fat accumulations is specially at the jowl, cheek (nasolabial mound) and buccal areas making a round face. The belief in the fate, physiognomy and the desire of the perfection consequently lead to the need of an exaggerated suspension and, in majority of cases, acceptance of an surgical look. The ageing process of the face is global, for this reason, the rejuvenation of the whole asian face needs a multifacet approache that can deal totally with the ageing stigmata and more, the individual desire.

Method:

A careful assessment of the signs of the ageing face is necessary to determine the most concern zone to focus on during surgery.

Our preferred combined surgical method for a full face lift:
1. Fronto-temporal lift: Bicoronal incision technique or limited incisional technique.
3. Lower face and neck lift: SMAS lift

Multipoint fixation technique is applied using Resorbable Endotine Coapt system combined with multiple PDS sutures fixations.
In majority of instances, the fixation-suspension should be done under maximal tension.

Results:

From 2007 to 2013, we have a series of 98 patients with frontal-facial full face lift. Technically, there is an overlapping effect in performing of three procedures (1), (2), (3) and this synergistic combination will make the surgery an unique entity that ensures the best final global outcome. We can rejuvenate effectively the asian ageing faces with relocation of important elements of the face into youthful position, improve skin tension and reshaping the facial silhouette. The assessment of the results is done by comparison the appearance of the patients on pre and post operative photos. All patients have attended a follow-up appointment at least 6 month after surgery. Most of them are satisfied with their appearance, have an improvement in self-esteem and improved quality of life. Complication rate is very low with bruising and mild haematomas; scar dissatisfaction was rare.

Conclusions:

Fronto-facial full face rejuvenation effectively meets patient expectations. These findings support the recommendation of surgical facial rejuvenation to patients who wish to look younger. Good interventional indication is important. The goal is using the simplest, safest and most effective procedures to get best results. A skillful combination of treatments will give a synergistic optimal outcome.