

INTRODUCTION

- Despite best efforts, popular contemporary approaches to surgical lip lifting can cause visible scarring and limited long term durability of lift.
- To mitigate the risks to subnasal aesthetics and to optimize long term outcomes, we present a modified deep-plane lip lift technique to include a modified incision design, enhanced deep plane tissue management, modified SMAS fixation, and tension-free skin closure.

METHODS

- Retrospective review of a single surgeon's cases of modified deep-plane lip lift.
1. Local anesthetic injection is followed by a gullwing incision from the lateral aspect of the alar-cheek junction, following the alar contour deep into the nasal sill, and then medially along the columellar-philtral junction (Figure 1A), with a V-U sub-columellar incision design.
 2. The skin and subcutaneous tissue is excised to the muscle plane.
 3. A subnasal ellipse of the exposed orbicularis oris is resected with cutting cautery to expose the sub-SMAS midline potential space (Figure 1B).
 4. 4-0 polyglactin suture on a taper needle is used to engage the periosteum along the piriform aperture and anchor the cut end of the orbicularis oris to displace the lip SMAS cephalad and deep (Figure 1C)

5. Deep dermal closure with 5-0 polydioxanone and superficial closure with 6-0 polypropylene in a running-locking fashion. (Figure D).
6. If indicated, lateral commissure ptosis is addressed with a skin-only elliptical excision at the lateral vermilion border (Figure 2), closed with deep 5-0 polydioxanone and superficial interrupted 5-0 silks. With asymmetric treatment customized as needed.

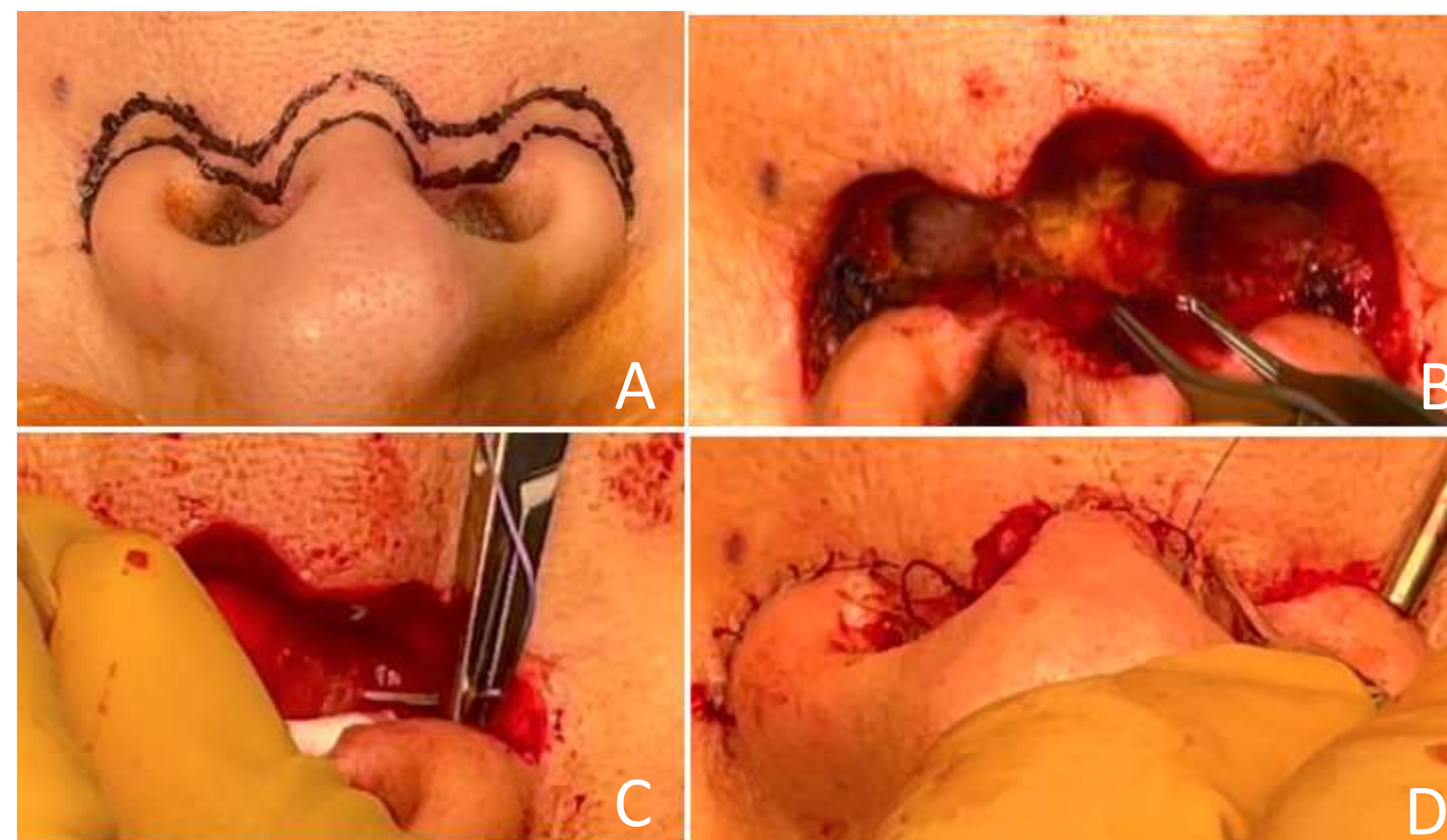


Figure 1. Intraoperative photographs demonstrating the steps of the modified deep-plane lip lift technique.



Figure 2. Intraoperative photographs demonstrating lateral commissure skin excision design.

RESULTS

- 39 patients underwent this modified deep-plane lip lift. At 3 months post-op, all patients judged their overall aesthetic outcome to be “moderately” or “substantially improved”
- There were no cases of clinical scarring or infection.



Figure 3. A patient before and 6 months after modified deep-plane lip lift.

CONCLUSION

- The modified deep-plane lip lift offers a comprehensive and effective lasting solution to treating aging changes of the upper lip. The incision design offers a camouflaged scar, and the
- Multi-point deep plane SMAS fixation after resection allows for powerful lasting lift, enhanced rotation and ideal tension-free skin closure and healing.

DISCLOSURES

Tanuj Nakra, MD is a shareholder of AVYA Skincare, LLC. The authors have no other financial disclosures.

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