



facelift

incision explained

Sydney plastic surgeon **Dr Warwick Nettle** explains the various types of incisions used in facelift surgery and how they are chosen in order to suit the individual needs of each patient. Louise Conville reports.

According to Sydney plastic surgeon Dr Warwick Nettle, there are a number of different factors for a surgeon to consider when deciding what incisions will work best for a patient in facelift surgery. The two most important aspects are muscle plication and SMAS movement – in other words, what is happening underneath the skin.

The SMAS (Superficial Musculo-Aponeurotic System) is a ligamentous layer of muscular tissue found between the skin and facial skeleton, and it provides the contours that shape each unique face. As a person ages, the ligaments holding the SMAS to the bone structures weaken and stretch, and this is what leads to sagging skin and loss of a firm and smooth epidermis (outer skin layer).

'It is important to make the correct decision on how to reach the SMAS layer before performing each facelift,' says Dr Nettle. 'This can help to avoid any tell-tale signs of facelift surgery and enhances a natural look. Many tip-offs are the result of incorrect vectors of pull and wrong muscle movement, but many of these can be easily avoided by choosing the most suitable incisions.'

Some of the most common visual tip-offs occurring as a result of poor facial surgery procedures include visible scarring, temporal hairline and sideburn elevation, distorted tragus (the cartilage and skin protecting the ear hole), distorted earlobe or 'pixie ear', and inferior migration of incisions around the earlobe that can cause gravity to pull them down.

According to Dr Nettle, one of the main things to be careful of is a loss of the natural alignment of the hair. He believes that in order to achieve a natural, smooth-flowing hairline there are two main techniques that a surgeon can choose from, depending on the age of the patient and the condition of their skin, particularly around the cheeks, ears

and temples.

The first technique is known as a pre-tragal incision. It begins in the natural crease of the ear, interior to the tragus and in front of the ear, towards the cheek. The second technique, known as retro-tragal or tragal edge incision, bends around the top of the ear to the edge of the tragus and finishes towards the earlobe.

There are many reasons a surgeon may choose one technique over another. For example, the skin of the tragus is commonly pale, thin and hairless with no pores, compared to the skin of the cheek, which is typically porous and relatively hairy, particularly on men. With the pre-tragal technique, the tragus skin remains on the tragus and the cheek skin remains on the cheek so, in cases where the two types of skin vary greatly, this technique can be very successful. In addition, there is no distortion of the anatomically unique structure of the tragus.

'Pre-tragal incision wounds heal well and scars become inconspicuous quite quickly,' says Dr Nettle. 'This is particularly true for older patients because they usually have a fairly obvious crease. For younger patients, there is sometimes a disadvantage with this type of incision because they may not have an obvious tragal crease. It is also not as suitable for patients who have a very distinct colour difference when comparing the ear skin and the cheek skin.'

People with a protruding tragus are more receptive to the pre-tragal incision. Other people who benefit from this technique are male patients because it doesn't tamper with the area of the face where sideburns tend to grow. However, it is possible to treat this area with hair removal procedures, making it possible for this type of patient to undergo surgery that involves this technique.

Dr Nettle says, 'The tragal edge incision eliminates the

most visible portion of the pre-tragal scar. The typical candidates for this are young female patients with no obvious pre-operative tragal crease, patients with very pale, olive or red cheeks, and patients with a fairly small, flat and non-pretruding tragus.'

Dr Nettle explains the next major choice is deciding on the most appropriate incision for the hairline around the temple. The first type, called the anterior hairline incision, is popular among plastic surgeons in the US. This incision does not move the sideburn up or the temporal hair backwards. However, it is not recommended for people with olive skin, dark roots or those who like wearing their hair in a ponytail because the skin can lighten following the operation.

The majority of Australian plastic surgeons prefer the interior hairline incision. This means that the line is hidden within the hair but, if it's performed poorly and the hairline is not replaced in the right position, it can result in an elevated sideburn or temporal hair that is pulled backwards. 'It's important that the temporal hairline isn't moved,' says Dr Nettle. 'Too much skin shown gives an unnatural, windswept look. It's crucial to avoid poor incision placement and pulling the hair back too much.'

Dr Nettle stresses that the main issues to consider in order to achieve correct incision placement are the correct vector of pull underneath the skin; a renewed and more superior re-draping of the skin; and a respect of the natural architecture of the tragus. During surgery, he believes it is also important to avoid elevation of the sideburn or removal of the natural temporal hairline and stresses that the wounds should be closed under no tension so that scars are neither wide nor broadened.

'Before the surgery, the incisions are always of concern to patients and understandably so because we don't want any visual tip-offs to surgery,' says Dr Nettle. 'After surgery, however, it's rare for people to comment because any signs of a facelift are commonly inconspicuous.' **acsm**



BEFORE (pretragal incision for facelift, marked on skin)



Seven months AFTER pretragal incision by Dr Nettle



BEFORE (tragal edge incision for facelift, marked on skin)



Three months AFTER tragal edge incision by Dr Nettle



Immediately AFTER anterior temporal hairline incision by Dr Nettle



Six months AFTER anterior temporal hairline incision by Dr Nettle



BEFORE (posterior incisions for full facelift, marked on skin)



Four weeks AFTER posterior incisions by Dr Nettle