of the eyebrow with durability, and still reshaping, we developed the technique called “Glinding Brow Lift” (GBL). The new technique combines two innovative concepts: subcutaneous frontal detachment with minimal incisions and temporary external cutaneous fixation.

METHODS: 124 patients were operated, 114 women and 10 men, since November 2015.

The mean age was 55.6 years old, +/- 7.9, ranging from 35 to 76.

Cylindrical and blunt dissectors are used, initially the straight and then the semi-curved and “L” shape. In very curved forehead the curved dissector is used. These instruments were developed for this technique by Viterbo.

Through two 3 mm intracapillary incisions the dissectors are introduced into the subcutaneous plane with back and forth movements, and then with lateralization movements, until the skin is completely released.

The extent of detachment should include the entire frontal region, going up to 5 mm below the eyebrows, continuing through the temporal region and para-orbital region and allows mobilizing superiorly the skin, in sliding movement, taking with it the eyebrow and the temporal and para-orbital portion.

The tissues are fixed in their new position using a skin a hook and the hemostatic net (HN) described by Auersvald. Running vertical sutures in columns with nylon 6-0 are applied in all detached area. Nylon 5-0 or up to 4-0 are used in thicker skins.

The upper skin redundancy is accommodated with single sutures.

Hemostasis is not performed because the hemostatic net is enough. Drains or dressings are not used.

After 48 hours the HN sutures are removed.

RESULTS: Six patients had bilateral or unilateral recurrence. Four patients were resubmitted to the same procedure. Small asymmetries occurred in six cases and did not require treatment because the patients were satisfied.

No necrosis of the skin flap, alopecia or infection were observed.

All the patients were satisfied.

CONCLUSION: The technique called Glinding brow lift (GBL) allows effective and long lasting results, with very low rates of complications and a high index of patient satisfaction.

Facelift Technique for the Management of Soft Tissue Drooping after Facial Bone Contouring Surgery in Asian Patients

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INTRODUCTION: Asian faces generally are wider and flatter than Caucasian’s. So, facial bone contouring procedures, which are malar and mandibular angle reduction surgeries, are particularly popular in Asia. After that, one of the potential consequences is soft tissue drooping in cheek or jowl. Patient with soft tissue drooping looks old and gloomy. Even though it has been increasing in popularity, there are no studies regarding this conceivable sequella and treatment. The author would like to discuss about facelift technique for the management of soft tissue drooping after facial bone contouring surgery.

METHODS: Thirty patients, who had suffered from facial soft tissue drooping after facial bone contouring procedures, underwent facelift procedures to improve it. ‘High Superficial Musculoaponeurotic System(SMAS) Facelift with Finger-Assisted Facial Spaces Dissection’, which include release of zygomatic and upper masseteric retaining ligaments in the sub-SMAS plane, was used for all cases. The indication for surgery was typical sagging of the middle and lower face associated with facial bone contouring surgeries.

RESULTS: Among the 30 Asian patients (27 women, 3 men), mean age was 38.8 years (range, 25–59 years). Mean postoperative follow-up was 24 months (range, 12–38 months). In all cases, clinical improvement was seen in the middle and lower face. One patient (3.4%) had a hematoma, which was surgically evacuated. There were no other complications during the follow-up period.
CONCLUSION: Facial bone contouring procedures such as malar and mandibular angle reduction surgeries are getting popular to improve the wide facial features with economic development in Asia. However, it can result in soft tissue drooping in cheek or jowl. Asian distinct facial characteristics make achievement of satisfactory results relatively difficult in facelift. The author utilizes ‘high SMAS facelift with finger-assisted facial spaces dissection’, which incorporating high-SMAS, extended SMAS, and FAME procedures is effective to improve this unsatisfactory postoperative outcome.

Hemostatic Net: Security and Effectiveness on Hematoma Prevention in Rhytidoplasty

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INTRODUCTION: Acute hematoma remains one of the most common postoperative complications of rhytidoplasty. There are several methods described in literature in attempt to decrease the rate of this outcome. We report our experience using the hemostatic net technique at a plastic surgery training program.

METHODS: From March to December 2016, 49 patients underwent primary aesthetic face lifting. Seven patients were submitted to rhytidoplasty and hemostatic net (Group A) and 42 only to rhytidoplasty (Group B). Surgeries were executed by two plastic surgery residents. The indication of the hemostatic net use was defined by an experienced surgeon for patients who required more aggressive approaches. At the end of the surgery, the hemostatic net was performed with 5-0 Nylon continuous suture, transfixing the skin and closing the virtual space generated during dissection. Data collected included age, gender, association with submental platysmaplasty, comorbidities and operative time. The hemostatic net was removed with 48h of postoperative time and all the patients were observed for the occurrence of hematoma, ischemia and necrosis during the first 72h after surgery. Hyperpigmentation, hypopigmentation and facial palsy were also evaluated in late postoperative.

RESULTS: The average of age was 56 years-old (Group A) and 54 years-old (Group B). All patients were women. Four submental platysmaplasty were performed in Group A (57,1%) and none in Group B. Most of them were nonsmokers, normotensive and undergoing surgery for the first time. Group A presented no hematoma, ischemia or necrosis. One case of hematoma was reported on Group B (2,3%) during the first 72h. The mean operative time was 309 minutes (Group A) and 281 minutes (Group B). In a three month follow-up no hyperpigmentation, hypopigmentation or facial palsy was seen in any patient.

CONCLUSION: Facial hematomas cause great stress to the patient and surgeon and can evolve to ischemia and necrosis, compromising the outcome of the surgery. The hemostatic net technique showed in our study to be safe and reproducible, with no register of facial palsy, and good results preventing hematomas, even when performed in more aggressive surgeries and at a plastic surgery training program.

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Patternizing Classification and Algorithm of the Cartilage Graft Based Silicone Implant in Asian Nasal Tip Plasty

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INTRODUCTION: The typical Asian nose is characterized by low dorsum and broad tip. Dorsum