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 facelift. 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 record 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
augmentation with silicone implant and tip plasty with autogenous cartilage are the most commonly performed in Asian rhinoplasty.\(^1\) Nasal skeleton, soft tissue thickness, tip shape and patient’s desire are the considering factor for the nasal tip plasty. However, there is no report about classification and algorithm of tip plasty based on silicone implant, resulting in difficulty of a planned operation. The purpose of this study is to make the patternizing classification and algorithm of the cartilage graft on silicone implant in Asian nasal tip plasty.

**METHODS:** The present study was carried out on 25 patients with follow up over a period of 3 years. Approach is open rhinoplasty or endonasal rhinoplasty technique with general endotracheal or local anesthesia. Conchal cartilage was harvested with postauricular incision, preserving the radix helicis as cartilage bar. Each cartilage graft measured 0.5 to 1.0 cm in diameter and designed to lie onto silicone tip. In nasal tip surgery, interdomal or intradomal suture was done, if needed. We classified four types of cartilage graft fixed on the silicone implant tip: ‘Type I’ is the shield graft only, ‘Type II a’ is the shield graft and onlay graft without cap graft, ‘Type II b’ is the shield graft and onlay graft with cap graft. ‘Type III’ is the shield graft and multiple onlay graft with cap graft. Thick soft tissue requires shield graft tip over the cartilage graft and silicone implant complex. The complex is placed on the dorsum and rest of the rhinoplasty is performed as planned. The donor site is closed primarily without tie over dressing.

**RESULTS:** This technique has used in 25 patients with encouraging results. Follow-up ranged from 1 months to 36 months. There was no incidence of major complications and donor site morbidity in these patients.

**CONCLUSION:** The cartilage graft and silicone implant complex guarantee nasal tip and dorsum continuity. The patternizing classification and algorithm of Asian nasal tip plasty is a reliable method with minimal morbidity associated with cartilage harvesting. It is easy to make tip projection and aesthetic nasal shape with this algorithm. It produces an aesthetically pleasing result in Asian patients undergoing dorsum augmentation and nasal tip plasty.

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**The Public Face of Rhinoplasty: Impact on Perceived Attractiveness and Personality**

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**INTRODUCTION:** The impact of aesthetic rhinoplasty has been studied from the perspective of the surgeon and the patient, but not from that of the general public. The authors assess the impact of rhinoplasty on public perception of a patient’s appearance and personality.

**METHODS:** A survey was created using standardized before and after photographs of ten Caucasian women who had undergone primary rhinoplasty. Photos of two additional women who had not undergone facial surgery were randomly included as controls, for a total of twelve items. Pre- and post-operative frontal and lateral photographs were placed side by side. To eliminate left/right bias, half of the items had pre-operative photos on the left, and half had post-operative photos on the left. The survey was administered via crowd-sourcing, which has been validated as a way to evaluate aesthetic outcomes. Respondents were naïve to the study purpose and were asked to evaluate which photo better represented 11 traits of appearance or personality, according to