and MG were obtained. Statistics included Pearson correlations, independent t-tests, chi-squared tests, and a multivariate regression.

RESULTS: Forty-six patients were included. There was a positive correlation between sCML and sMG (coefficient of 0.77, p<0.0001). There was no correlation between actual age and sCML (p=0.769) or sMG (p=0.658). Interestingly, there was a significant positive correlation between perceived age and both sCML (coefficient of 0.552, p<0.0001) and sMG (coefficient of 0.378, p=0.010). There was no correlation between total facial aging points and sCML (p=0.986), sMG (p=0.706), perceived age (p=0.322), or difference between actual and perceived age (p=0.205). However, sCML was the only significant variable in a regression predicting perceived age that accounted for race, sCML, and sMG: each unit increase of sCML was associated with 0.62 increased perceived years of age (p=0.003).

CONCLUSION: Multiple pathophysiologic changes influence the perception of the aging face, which may not be fully appreciated by current facial grading scales. Serum AGEs are positively correlated with increasing perceived facial age. Additionally, lower levels of sCML are associated with a perceived age younger than the actual age. AGEs are heavily influenced by environmental factors (ultraviolet light, diet, tobacco use); therefore, reducing these environmental exposures and lowering serum AGEs may provide significant facial rejuvenation.

Does Brow Lift Add Risk to Blepharoplasty? Answers from a Prospective, Multicenter Analysis of 6,126 Patients Undergoing Aesthetic Eye Surgery

Presenter: Blair A. Wormer, MD
Co-Authors: Timothy M. Rankin, MD; Christodoulos Kaoutzanis, MD; Salam Al Kassis, MD; Kent Higdon, MD
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INTRODUCTION: The aim of this study was to evaluate the incidence of major complications following blepharoplasty and brow lift surgery and to determine if complication rates increase when blepharoplasty and brow lift surgery were performed simultaneously.

METHODS: A prospective cohort of patients who underwent cosmetic blepharoplasty, brow lift, or a combination of the two procedures between 2008 and 2013 was identified from the CosmetAssure Insurance database. The primary outcome was a perioperative major complication requiring emergency room evaluation, hospital admission, or reoperation within 30 days. Groups were compared with univariate analysis (significance p<0.05).

RESULTS: A total of 6,126 patients underwent aesthetic eye surgery, of which 4,879 (79.6%) underwent blepharoplasty, 441 (7.2%) brow lift, and 806 (13.2%) a combination of both. Patients who underwent a combined procedure were older than patients who underwent isolated blepharoplasty or brow lift (55.5 ± 9.4 vs. 54.6 ± 11.1 vs. 53.3 ± 12.0 years; p<0.01). Combined procedures were performed less often in males compared to blepharoplasty and more often in males when compared to brow lift (12.9% vs. 17.6% vs. 10.7%; p<0.01); but there were similar rates of smokers (5.7% vs. 8.0% vs. 6.6%; p=0.06) and diabetes (3.0% vs. 3.6% vs. 2.3%; p=0.24) among the three groups. Between combined procedures, blepharoplasty, and brow lift there were similar rates of major complications (0.4% vs. 0.4% vs. 0.7%; p=0.65) and hematoma (0.2% vs. 0.2% vs. 0.5%; p=0.49), which was the most common complication.

CONCLUSION: Aesthetic eye surgery has a very low overall major complication rate (0.4%). When brow lift is combined with blepharoplasty it poses no additional risk of major complications compared to blepharoplasty or brow lift alone.

Glinding Brow Lifting (GBL)

Presenter: Fausto Viterbo, PhD
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INTRODUCTION: Looking for a new technique that provides minimal incisions, effective lifting
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 areas. 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.

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

**Presenter: Min-Hee Ryu, MD**

**Affiliation: Nanjing Medical University Friendship Plastic Surgery Hospital, Beijing**

**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.1, 2 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 masticator retaining ligaments in the sub-SMAS plane, was used for all cases.3 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.