

One size doesn't fit all

Surgeons share their opinions about success with short-scar facelifts

Q: What percentage of the facelifts you perform is traditional versus short-scar? Why?

Mike Nayak, M.D.
St. Louis

“As a facial plastic surgeon, facelifting is a central part of my practice. When possible, I — and patients — prefer the short-scar techniques. Short-scar techniques generally utilize an anterior-only incision, or, less commonly, a posterior-only incision. While shorter scars are appealing, the limited incision lines themselves limit the access to the face and neck and also limit skin-excision options. Given these limitations, only about one in five patients is a good candidate for a short-scar lift.



Dr. Nayak

“In my practice, a good short-scar lift candidate is a patient with excellent skin tone and elasticity who needs limited improvement of the jawline only, or a patient with excellent skin tone and elasticity in need of improvement of the neck only. The anterior-only short-scar technique allows for thorough treatment of the jowls with only modest neck improvement, and the posterior-only technique allows for excellent treatment of the neck with modest jowl improvement.

“Due to the shorter incisions, the vectors of skin excision are limited, and I must rely on the skin's elasticity to accommodate the excess in some dimensions. When elasticity is poor or skin quality is crepey, a full anterior and posterior incision approach allows for complete redraping and tailoring of this skin. On occasion, the degree of laxity and inelasticity is surprising intraoperatively, and I obtain permission from all of my short-scar facelift patients to convert to a full-incision technique if necessary during the surgery.

“Interestingly, as my practice develops, I find myself utilizing the short-scar techniques more infrequently. Well-healed incision lines

are generally not cosmetically objectionable, and to achieve excellent redraping and incision approximation, it is often desirable to make longer incisions to allow for appropriate Burrow's triangle tailoring. While these longer incisions take longer to close, the access they afford generally lends efficiency to the deeper portions of the face- and necklift. Due to that efficiency, I generally find that the longer-scar approaches take me no longer to perform than the short-scar techniques.

“On balance, I find the best feature of the short-scar techniques to be their patient appeal, and it is for this reason I continue to offer them. In the appropriate patient, a short-scar facelift can create an amazing change, with less dissection and less recovery.”

Brett Kotlus, M.D., M.S.
Shelby Township, Mich.

“It's a familiar scenario when a prospective patient interested in lower facial rejuvenation asks about a television commercial touting a one-hour facelift. These infomercials feature powerful images with smiling faces, but a mini-facelift can only produce smile-worthy results in a subgroup of patients.



Dr. Kotlus

“The term ‘mini’ evokes feelings of something safer, faster and (perhaps) better. Most people find it hard to digest the idea that they might require a full facelift. They don't see themselves as having aged. Youthful times don't seem that long ago. From the ego's perspective, a mini-procedure offers an acceptable compromise.

“Approximately 10 percent of my facelift patients undergo a mini- or short-scar procedure. In my experience, the patient best-suited for a mini- or short-scar lift exhibits mild-to-moderate aging signs along the mandibular line with mild or absent platysmal laxity, and lacks a ‘heavy neck.’ When I identify substantial

subplatysmal adiposity and central platysmal bands, I recommend submentoplasty with a corset technique. I don't find that a short-scar lift with a lateral platysmaplasty is as powerful or sustainable in regard to cervicomental contouring.

“While a shorter scar has a certain appeal, implying less downtime and fewer reminders of surgery once healing has taken place, in facelift surgery, the incision should provide sufficient access to the tissues that require manipulation. The scar should also be long enough to allow for skin redraping and closure without excessive pleating. A patient with advanced aging signs and profound skin redundancy may require a longer scar than one with isolated early jowls.

“It is fortunate that natural anatomic creases exist on the face, and when they are properly utilized and respected, the remnants of facelift incisions are not obvious, assuming optimal wound-healing conditions are present. For patients with long hair in particular, the retroauricular sulcus and hairline are ideal locations to disguise scars.

“While most of my patients require a full lift, those who are short-scar candidates are generally quite pleased with the procedure, as they do seem to experience less downtime.”

Joe Niamtu III, D.M.D.
Richmond, Va.

“Contemporary facelift surgery has its roots in numerous procedures that have evolved over the past century. Although short-scar facelifts are all the rage now, they are, in fact, exactly the same as facelifts performed in the 1920s. I saw a TV commercial about a ‘revolutionary, new and easy technique. Drive home from the surgery, no anesthesia, no bandages, go back to work in two days.’ I have an article from a 1927 French textbook that shows a short-scar



Dr. Niamtu

facelift with purse-string sutures! Sorry, not new or revolutionary.

"I actually have a bone to pick with these 'franchise facelifts,' as I call them. My criticism is not with the surgeons who perform them, as they are probably competent surgeons, but I think the marketing for many of these types of lifts is misleading and preys on patients who truly need a more comprehensive facelift but are falsely led to believe that this century-old facelift is some new 'miracle' technique. Like many of my colleagues, I have seen many unhappy patients who got this small lift when in fact they needed a much larger lift. Now they are left with bagging and sagging and no recourse from the iron-clad small print of the franchise. They are mad and embarrassed that they were sold a bill of goods, did not do their homework, still need a real facelift and are out of thousands of hard-earned dollars.

"Having said this, I do feel that short-scar lifts are appropriate for a very small percentage of the population, and by that I mean patients from 38 to 42 years of age and only if they have minimal neck-skin redundancy. I think these lifts do have a place for the most conservative of aging. I do believe they improve the jowl, but they are seriously lacking for the average aging neck.

"I also think they are a fine lift for the novice facelift surgeon who is learning facelift technique. The big problem is that many doctors learn this type of lift and try to apply it as a sole technique. If this is performed on the average 45-year-old, the result will suffer.

"I firmly believe that it is impossible to truly and effectively address the ptotic and elastic cervical and submental skin without a significant postauricular incision. I find it almost humorous that many surgeons go so far out of their way to try to find some technique to avoid a 5 cm posterior-auricular scar that is well hidden in the hairline. Most surgeons also avoid platysmaplasty in this type of lift, and again, I feel that this short changes the average patient in terms of result and longevity. I also believe this type of lift is popular because many surgeons do not have the ability (in terms of facility or anesthesia experience or support) to perform sedation, and these small lifts can be done with local anesthesia.

"I perform 60 to 80 facelifts a year, and of these only one or two patients get short-scar lifts. My reason is simple: The average patient who has enough aging for a facelift will have a much better result that lasts longer with traditional pre- and postauricular incisions with platysmaplasty and conventional SMASec-

tomy. Even patients with minimal neck skin are left with unsightly skin bunching behind the ears and mastoid region that takes many months to dissipate.

"I am obviously opinionated on this subject, but my opinions are based on a series of almost 700 facelift procedures. If a patient is going to put the time, effort and money into a facelift, they might as well select one that will do the most and last the longest. To forego a traditional lift to save several inches of incision or shorten recovery by five days is not a deal in my mind when compared to the more comprehensive result they could have.

"In reality, the best type of facelift is the one that produces safe and effective results with happy patients. This also depends on the type of practice one has and the age of their patients. Some docs love these short-scar lifts. They are contraindicated on my average facelift patient and I believe they are a bit gimmicky.

"Having said that, it is up to each surgeon to provide what works best for them and their patients. Just don't promote this technique as revolutionary or overhype what it does, as it can come back and bite you. If you promise a maximum result with a tiny lift and can't deliver it, you will drive patients away.

"Not every patient can have a larger lift for numerous reasons, such as health, cost or recovery. Every patient, however, is due the ethics of full disclosure as to what each type of lift will and won't do." ◀

Doctors' Bios:

L. Mike Nayak, M.D., is a clinical assistant professor of facial plastic and reconstructive surgery at Saint Louis University Medical School and is triple board-certified in otolaryngology-head and neck surgery, facial plastic surgery, and cosmetic surgery. He is an active member of the American Academy of Facial Plastic and Reconstructive Surgery and the American

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