

The Use of Buccal Fat to Improve the Effect of Facelift Surgery in Asian Patients

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The demand for surgical facial rejuvenation, or facelift, is growing steadily amongst Asian patients. This is because as the average life expectancy increases, there is an increasing interest in these procedures among the youth and in the absolute number and range of the elderly who have the financial means to afford them. However, given the ethnic characteristic of many Asian patients,¹ with a relatively thicker skin, more subcutaneous fat, and squared bony contours,² it is difficult to get satisfactory results.

In addition, the aging process in the face can be roughly divided into volume reduction of soft tissues and loosening or sagging of deep structural components. These 2 come in more complex and diverse forms such as reduced skin elasticity, reduced soft tissue volume, downward movement of fat compartment, and loss of bony volume with age. Of course, combining fat graft surgery on face with facelift surgery is much more effective. But due to a lack of financial margin, not everyone can do both surgeries at the same time.

In particular, buccal fat is a structure that comparatively loosens more and becomes saggy; this tends to be more prominent in patients with severely saggy skin around the jaw line and jowl area. Since many complex structures are closely interconnected in the face, a vertical elevation of buccal fat has led to satisfying results from facelift surgeries on Asian patients, for whom good results are hard to come by.

In this study, we performed buccal fat vertical elevation in addition to typical extended superficial musculoaponeurotic system (SMAS) facelift surgery³ on patients with severe sagging at the jaw line and jowl area, marionette line. After skin elevation and SMAS flap elevation, the fascia that surrounds the buccal fat pad is opened up to take out the buccal fat (Fig. 1). Here, it is important to pay close attention so as not to damage the parotid duct or the buccal branch of the facial nerve that might be present within or nearby the buccal fat pad.⁴ Generally, parotid duct can be thought of as being relatively safer because it passes deeper than buccal branch of facial nerve. Therefore,

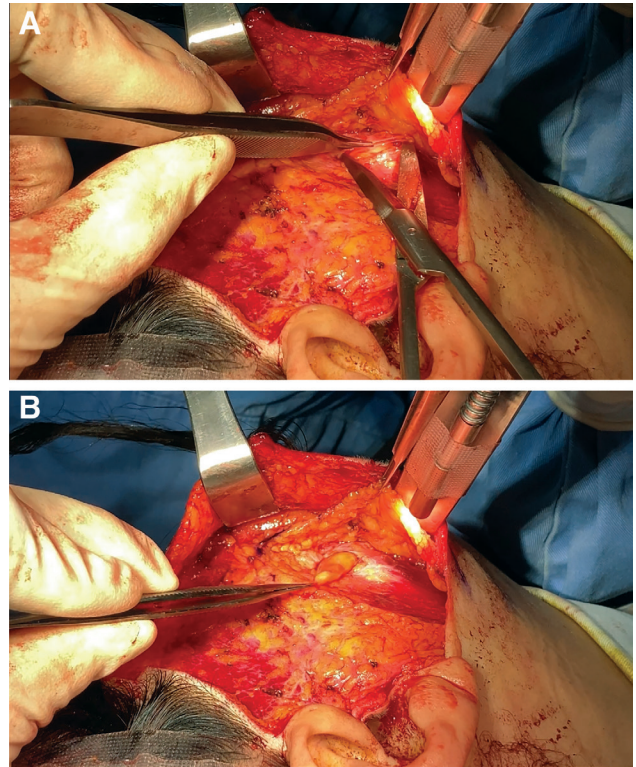


Fig. 1. Photographs demonstrating the first step to elevate buccal fat. The fascia that surrounds the buccal fat pad is opened up (A) and buccal fat is taken out (B).

more careful dissection is needed to prevent damage to the buccal branch of the facial nerve.⁵ The removed buccal fat is then elevated in the vertical direction and fixated (see Video [online], which displays the difference between buccal fat elevation and SMAS elevation). Generally, fixation is done right behind the zygomaticomaxillary suture area and with 2-0 Ethibond Excel Polyester Suture.

This method is not complicated or difficult, as it only adds an additional step to the original surgical method. In addition, as the method helps in pulling the skin, soft tissue, and SMAS layer strongly, we believe that it would be very helpful for Asian patients. Further research is needed on more effective, suitable, safe, and sustainable facelift methods for Asians.

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DISCLOSURES

The author has no financial interest to declare in relation to the content of this article.

PATIENT CONSENT

The patient provided written consent for the use of her image.

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