

REGISTRATION OF FACIAL LIPOSCULPTURE PROTOCOLS: TECHNIQUE ARTICLE

Dr. Sandro Marcelo de Moraes Valente¹

¹Affiliation not available

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Sandro Marcelo de Moraes Valente^{1,2,3*}

1. ABOMI – Academia Brasileira de Odontologia Militar / Brazilian Academy of Military Dentistry, Rio de Janeiro, Brazil.
2. ATO- Academia Tiradentes de Odontologia / Tiradentes Academy of Dentistry, Sao Paulo, Brazil.
3. Sandro Valente Institute, Rio de Janeiro, Brazil.

****Corresponding author:** Dr. Sandro Marcelo de Moraes Valente. Sandro Valente Institute, Rio de Janeiro, Brazil. Email: drsandromvalente@hotmail.com*

LETTER TO THE EDITOR

Facial Liposculpture Technique

In the context of facial aesthetic treatments, cervicofacial liposuction or liposculpture (LE) stands out, which gently avulses adipose tissue (AT) cells, accurately sculpting unwanted AT deposits on the face and neck [1-3]. In 2020, about 15.5 million cosmetic procedures were performed in the United States alone, according to The Aesthetic Society's 2018 report [1].

In this scenario, optimizations have been made in the techniques of suspending the superficial musculoaponeurotic system and the adjacent fat pads [2,3]. Minimally invasive procedures in facial LE are expanding, resulting in optimal esthetic effects [3-5]. However, as it is technically challenging to remove subcutaneous AT deposits evenly with open techniques, these attempts often produce uneven skin contours. In this regard, lipo contouring techniques provide a means to shape the AT deposits of the neck and face to better obtain the desired facial profile [6].

Therefore, LE is an alternative to facial rejuvenation that involves the skin, release of the retaining ligaments, and appropriate removal of adipose tissue from the subcutaneous layer, while improving skin tone and facial contour. To corroborate this, an observational clinical study with 312 patients undergoing cervicofacial rejuvenation showed the benefits of liposculpture in cervicofacial rejuvenation in terms of reduction of marionette wrinkles, perioral mound removal, V-shaped facial contour, defined jaw, reduced double chin, visual chin protrusion, and cervicofacial lift [7].

Therefore, the present article aimed to present and register the facial liposculpture optimization techniques as an important aesthetic tool for dental surgeon.

PROTOCOLS - LIPOSCULPTURE TECHNIQUES

State of the Art of Facial Liposculpture Technique

The idea of the technique arose to solve the problems of changes in the fat pads of the face that occur over the years and with age (Volume Theory). Knowing that the face has fat compartments and these change in size with age and weight gain. The objective is to functionally restructure the surface of these fatty pads, without disrupting them.

Anatomically, we work on the surface of the cushions, between the dermis and the SMAS (Superficial Musculo-Aponeurotic System) remodeling it in volume or even redesigning the cushions if anatomically necessary to give a more youthful appearance to the face, or a lighter appearance, or even changing ethnic characteristics.

It is also possible to treat bumpy and malformed faces that have functional alterations of the fat pads. Thus, the main objective is to correct the functionality of the stomatognathic apparatus that has changed over time and that may interfere with its functioning, and as a corollary of this a significant aesthetic achievement.

Faces very rounded or without contours in the middle third of the face and that we often chose to do the bichectomy as a technique that provides the aesthetic redesign of the face, today we do facial liposculpture and maintain the local integrity of the bichat ball that is as valuable as damper and lubricator between facial muscles. And even as it is a huge source of undifferentiated mesenchymal cells, keeping the bichat ball intact is an option for future cell therapy. Therefore, the technique was based with considerable rigor on anatomical and functional study.

Technique - Main Approaches

The technique itself consists of remodeling the surface fat pads of the face in order to restore the lost design over the years and or weight gain. The Volumetric Theory tells us that with fat pads they get out of position and increase in volume and this increase in volume makes the face look aging.

If there is an aspect of lack of definition in the design, then it is necessary to remodel these fat pads before any orofacial harmonization technique. Before, filling techniques and support thread techniques were used. This traction by support threads for the fatty pads that have come out of position, is not very effective for repositioning, because due to the weight, which the volumetric theory tells us, it does not stay in the traction position by the thread for a long time due to the weight .

The Facial Liposculpture technique was created exactly to reshape these heavy faces. As there were no specific instruments, so we created the entire line with the company Supremo instrumentals. The specific instruments on which I sign for him were developed with features designed for the safety and quality of the design provided by the technique.

Technique Step-by-Step

For the excellence of any technique, technical planning is paramount, so today, the patient's face drawing is planned in detail, taking into account the anatomical areas to be redrawn. Taking into account the bone, skin, muscle anatomical structures. Liposculpture work really is as the name says, a fat sculpture being the whole work performed on the surface of the pads without the slightest concern, as the pads are structurally preserved.

After the initial planning, a clinical evaluation is carried out in a thorough, visual and handling way to evaluate the characteristics of the fat, volumes, local anatomical structures. All the peculiarities of each patient. It is the planning phase that takes into account the chronological physiologies that you want to achieve in order to give a more youthful appearance and in order to reposition the tissues. Thus, within the planning of the design to be executed, the following step-by-step is shown in **Table 1**.

Table 1. Technique step-by-step.

- The labial commissure is marked (we ask the patient to smile and draw the limits of the musculature. The intersection of the malar line with the line from the tragus to the commissure will be exactly the region

where excess fat will be removed to draw the blush area;

- After sculpting the blush area, the area of the greasy mouth pad is sculpted, modifying the design that has changed over time. Usually, the technique in this region is a flattening of the surface, leaving the surface of the cushion flatter, giving it a lightness characteristic;
- Then, the professional goes to the posterior malar fat pad region where it is remodeled, removing excess fat on the surface, thus leaving the face thinner and the jaw angle more evident;
- Then, the professional goes to the temporal fat pad region, noting that all these areas are liposuctioned using the incision in the tragus region to introduce the cannula.

In the face region, a 1.25-inch multihole cannula is used to sculpt and in the blush area, we finish the curvature of the design close to the nasal region, with the 1.25-inch curved multihole cannula (developed by the author of the present work, in such a way that it can be if you make the same level of curvature of the face design on both sides).

The incision in the tragus region is performed with a blade 11 and 5 mm in front of the tragus. Through this same narrow path, it is also possible to access the medial and medial malar region, where some patients have excessive or deformed volumes.

The technique for accessing the temporal region is also performed by tragus and the work on this cushioned surface is more delicate but safe, as it is always worked at the level of subcutaneous fat and with pinching and pulling the fat away from the SMAS, where they are located. all noble structures, and in this area one is attentive to the delicate movement, as there is a superficial temporal artery that passes at the level and is protected by the SMAS.

What makes the technique safe is the fact that we currently have specific instruments for the face region, which are quite delicate and do not need to move the cannula inside the fat as is done in regions with greater volumes of fat. In the face region, there is the movement of fat over the cannula, without the slightest sudden movement of the cannula. This makes the technique very safe. Of course, the professional needs excellent technical and scientific training. The other regions of the face can be aspirated, but they require different points of entry for the cannula.

In the revision of the nasolabial fat pad, it is necessary to make a narrow path in its alignment, which is transversal to the narrow path in the tragus region. So, especially for this cushion, a narrow path is made in the direction of the labial commissure with an 18 G needle, and from this, the surface of this cushion is flattened, leaving them lighter and giving a younger face feature.

In the region of the fat pad of the lower eyelid, it also needs to make a differentiated narrow path. In the evocation region, 10.0 mm outwards and 10.0 mm downwards, the narrow path is carried out to access the fat pad of the lower eyelid in a parallel way, thus removing excesses from the surface of this pad.

Liposuction Technique (Liposculpture)

The liposuction technique, also called Liposculpture, consists of using a cannula with the motor attached to suck this fat exactly as it is done in plastic surgery or with a syringe and lock connected. The 20 mL syringe with a lock.

When the lock is pulled with the syringe plunger, it creates a vacuum (negative pressure) inside this syringe, so in the entire face region, we work with the syringe and the lock without a motor. The use of the motor for aspiration is only allowed in the submental and submandibular regions, regions with larger volumes of fat where safety allows this use.

The secret of the Facial Liposculpture technique (SV lipoSuction Face) is that it always works with fat pinching and a syringe for aspiration, thus making the technique safer and less traumatic.

With face techniques, it is possible to access the entire face of the patient, for reviews and sculpting with total safety, and predictability, without the need for hospital admission, with low morbidity, high security, without scars, with predictability and very satisfactory results of a redesign in a single query.

In the mandible base region, the narrow path technique is used in the region below the chin (2.0 mm after bone structure), initially with an 11.0 blade of 22.0 mm in length and with the 2.5 mm multihole cannula, the design of a base of the mandible with complete safety the complex anatomical structures that pass in this region (facial artery and vein, submandibular gland, facial nerve), as the cannula was also designed to break up the fat without the need to move the cannula, but only the fat which is aspirated by a 20 mL syringe.

Today it is possible to design an entire face with total security because in addition to specific cannulas, there are very strict protocols for handling the fat, highlighting the same from the SMAS, and working the redesign away from the deep planes. Of course, any technique wants intensive training and rigorous protocols, which is why a step-by-step approach was developed to achieve patient satisfaction and comfort results. The step-by-step of this technique is listed below (**Table 2**).

Table 2. Technique Step-by-Step.

| |
|--|
| 1. Clinical and health assessment of the patient; |
| 2. Assessment of local anatomical structures; |
| 3. Adequate local surgical planning; |
| 4. Draw the patient's face with the intended drawing plan; |
| 5. Anesthetic button in the incision region; |
| 6. Incision with a 2 mm blade 11; |
| 7. Introduction of the 1.25 mm multi-hole cannula in the superficial region of the fat pad from which fat will be removed, a |
| 8. Anesthesia is performed in the face region and performed with a technique developed by the author of the present work, |
| 9. Klein's solution is placed in the region to be liposuctioned; |
| 10. Anesthesia is performed by placing the solution only to hydrate without even making the volume in the region and in the |
| 11. For each region, a specific technique is used in the middle third of the face where the blush area is to be highlighted, a t |
| 12. In the temporal and in the malar, a flattening drawing is made, decreasing the surface volume. |
| 13. In the region of the posterior malar fat pad, a 2.5 mm cannula is used to remove fat from the surface of the entire pad, |
| 14. The entire angle is redrawn, showing the patient's bone structure with complete safety, making a physiological redesign. |
| 15. Once one side has been executed within the required sculpting standards, the opposite side will be executed by executin |
| 16. All surgery is performed on the opposite side and one side is compared with the patient standing or sitting in the chair |
| 17. Drainage is performed in the entire region, which consists of pressing the skin against the SMAS, so that all liquid, all t |
| 18 Suturing was performed in the narrow paths using 5.0 nylon thread. single point. |
| 19 The photos are taken both pre, trans, and postoperative to protect and visualize the before and after of the patient a sur |
| 20. After this surgical procedure, we move on to the technique of bandaging the face using the tape, a tape created in 1973 |
| 21. This tape is placed, promoting a specific design of the operated region, making the contour of the operated region. It is |
| 22. On-site, it has the function of pressing the tissues to facilitate an adequate repair and also to promote lymphatic draina |
| 23. 07:13 - 07:34: Emphatic to face specific pressure-specific stresses. |
| 24. LipoTaping, as the name of the protocol was given, has specific rules that are very scientifically and clinically consolidat |
| 25. This bandage is made from the face to the patient's cervical region, thus preventing the accumulation of fluids and the p |
| 26. After LipoTaping has been performed, a compressive splint is placed to promote greater local pressure, preventing tissu |
| 27. LipoTaping should be maintained for 72 hours and after starting the process of manual lymphatic drainage and function |
| 27. In 10 days, the suture is removed and the evolution of local tissues is monitored. |
| 28. Compression bandages should be used for 15 to 30 days. |

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Not applicable.

ETHICS APPROVAL

Not applicable.

INFORMED CONSENT

Not applicable.

DATA SHARING STATEMENT

No additional data are available.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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