

Lip and periorbal rejuvenation

The one-stitch facelift

Dr Renato Colabria discusses how two-incisions can lead to an effective facelift and quick recovery

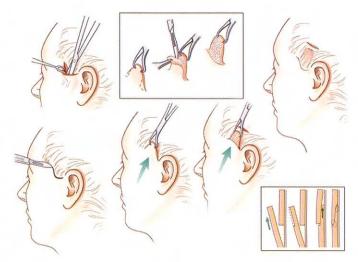
ell before the introduction of the barbed s u t u r e s (threads), "old Hollywood" had used tricks to make its stars look younger—temporarily— in close-ups. A simple but effective technique involved placing transparent tape in strategic positions of the face to pull the skin upward.

In an effort to create a minimally invasive procedure that could mimic the results of transparent tape—but, of course, be

more lasting—the one stitch face lift was developed. The procedure is based on a concept of moving the loose skin of the cheek area in a vertical vector towards the temporal area, using one's own skin as the means to transmit the tension upward.

The procedure requires two incisions: a curvilinear one at the sideburns; the other in the temporal area, each of about 2cm in length. Through the sideburn access, the skin of the cheek area is undermined: the extent depends on the degree of skin laxity.

The skin is then pulled upward, in a vertical vector, to estimate the amount of pull



needed. The excess skin is marked and then depithelialised, not excised. The temporal incision is made and deepened to the deep temporal fascia and a tunnel is created to the skin of the sideburn.

The de-epithelialised portion of the flap is then inserted through the tunnel and secured under adequate tension to the deep temporal fascia with 3-0 absorbable suture. The two incisions are then closed with semibarried 5-0 and 3-0 non-absorbable sutures.

The entire procedure is done under local anaesthetic and the patient is able to drive herself to and from the facility. There is a min-

imal swelling and bruising over the next few days, but there are no restrictions postoperatively. The flap tension is distributed on the de-epithelialised portion of the skin; so, the incision will heal with minimal scarring. Candidates for this procedure are patients with mild to moderate skin laxity, or patients who had a facelift in the past and wish just a touch-up. No permanent sutures are necessary, thereby, avoiding associated risks: infection, granulomas, puckering of the skin-and because the tech-

nique involves excision of the excess skin, the results are more longlasting that any other procedures using any barbed suture.

The recuperation time is extremely short and the results are very impressive, considering this is truly a lunch-time lift.

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Overlapped dermis and fat are stitched together underneath the external tissue to provide a strong anchor for the face. The original stitch is then closed, leaving the patient with only one external stitch

