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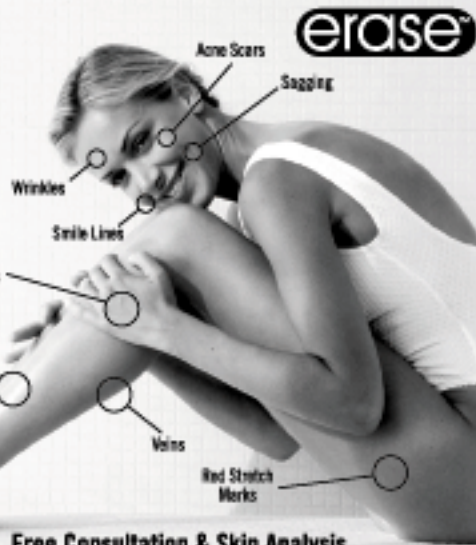
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Wellness

Mini-lifts

A 'Small' Solution



by *Mary Jo Blackwood, R.N., MPH*

Although what constitutes a mini-lift is subject to interpretation even by surgeons, they agree that it is less extensive than a full face-lift. "All minis involve some form of incision hidden in the hair or around the ear," notes Dr. Mike Nayak of Nayak Plastic Surgery. "They always stop short of the incision length needed for a full face-lift." He says the interpretive problems come in with the size of the incision, location and the amount of lift needed.

The technique that's used impacts the longevity of the lift, Nayak says. Some mini-lifts for the jawline and neck may last one or two years, he notes, while others can last as long as a full face-lift. He says the difference is in how the lift is supported and how the surgeon deals with the underlying tissue.

The revolution in mini-lifts started in Belgium and has been called a variety of names. "Whether it's called the MAC lift, the S-lift, or the Quick Lift, it involves a technique in which a small area of skin is lifted and the loose muscle underneath, with its fat attached, is pulled up into place and anchored to the back of the cheekbone with a heavy, permanent suture," Nayak describes. "That suture is cinched up, pulling all the loose sagging tissue back into place. It causes dramatic results with minimal surgery. We redrape and remove any extra skin. Sometimes, the results are better than a traditional face-lift. We get much more improvement in the jaw and neck, and it lasts."

Nayak says the margin of safe-

ty is higher because by not cutting muscle, there is no chance of damaging the nerves underneath. Another technique he uses to increase patient safety and comfort is tumescent anesthesia, using a very dilute anesthesia that relieves pain, while avoiding blood loss or lidocaine toxicity.

Dr. William Friedman of Suburban Surgical Associates says, "Mini-lifts in general target just one area of the face, either the lower third—jaw and neck, the upper third—eyes to hairline, or the midface—cheekbones to chin." Overall, he says, mini-lifts are not for people who need extensive changes but are well-suited for younger people who need minor changes to a specific area, such as fixing a turkey wattle under the neck, or a touch-up down the road after a face-lift.

Friedman quips that some mini-lifts performed these days, have 'mini results' and a 'mini lifespan.' "An awful lot of people are coming in asking for a mini-lift, but when we do the imaging, it becomes clear they need an overall face-lift," he says. That's the only procedure that can harmonize all the features. "In some people, changing only one area of the face will not make that person look natural," Friedman says. "If they really have issues with the whole area, from the corner of the eye down to the jowls, they need a face-lift."

Dr. Tamara Ehlert spends a lot of time trying to set realistic expectations with her patients about what is achievable through a minimalistic approach. "If a patient comes in who has just a little jowling and not a lot of droop, we can effectively target that area where people see the earliest changes," she says.

"If we can address those small things at a younger age, it's a nice way to age gracefully," she says. "It's not always less effec-



photo courtesy of Merck & Co. Inc.

tive than a face-lift, just targeted to a specific change, with fewer scars and costing less money. You can buy just what you need, and a mini-lift can be repeated at a later age."

Ehlert combines therapies to give patients the best result. "We can do liposuction under the chin and Thermage to firm up the tissue, or do Thermage for collagen firming and then a mini-lift," she says. "For some patients, if they hadn't had Thermage first, they might have needed a bigger surgery."

A brow lift, a common site for a mini-lift, is problematic, says Ehlert. "Brow drooping is more of a hereditary thing than an aging change. If the person truly needs a brow lift, then a full brow lift will give them what they want permanently," she says. "We can fix the brow in its correct location, dealing with the muscles that are pulling it down, and do it only once because the brow is not as affected by gravity as the lower face."

She says plastic surgeons today have more to offer in their arsenal to fight aging changes. Everything now is about 'layering.' Patients want smaller treatments earlier as they realize that maintenance will be easier if they keep on top of small changes, not only through surgery, but through skin care, peels, fillers and even Botox. "You can't do something every 10 years and ignore your skin completely in-between," Ehlert asserts. **LN**