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(�itorial Coordinator: Cristino Suárez López de Vergara)

Marketa Duskova · Salvatore Giordano · Asko Salmi · Delmar Henry · Dirk F. Richter · Csaba Viczian · Huba Bajusz · Mario Pelle Ceravolo · Georges J. Ghanimé · Marisa Marques · D. Jianu · M. Filipescu · S. Adetu · Teresa Bernabéu · Selahattin Özmen · Cristino Suárez López de Vergara

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Metamorphosis

Marketa Duskova (Department of Plastic Surgery, Charles University, Srobarova 50, 10034 Prague, Czech Republic, email: duskova@fnkv.cz)

The main aim of the aesthetic surgery is to improve quality of life. It is known that less attractive people find it harder to obtain a good personal and professional position in the society. The main point of interest and the most important aspect is the face because human attractiveness is specifically connected with facial appearance. In considering correction of the facial visage with a great change, the surgeon must pay attention, prepare meticulously with analysis of the situation, and choose a suitable approach according to the circumstances as a whole. Then surgery must be performed with perfect surgical technique, and the postoperative care must be carried out in close cooperation with patient, perhaps also with other specialities or even nonmedical experts.

The concrete process is shown in the case of a woman who underwent complete proplastoplasty (rhinoplasty, chin reduction), teeth reconstruction, upper and lower blepharoplasty, augmentation of both lips by synthetic implant, and application of injectable fillers into facial wrinkles and rhytides. In addition, the beautician, hairdresser, image consultant, and stylist put the last touches on the outcome.

Only such complex treatment may increase the patient’s mental stability, self-confidence, and quality of life. The more perfect the elimination of functional problems and stigmatizing disharmony, the better are the preconditions for patients’ success and their assertion in society.

Capsular Contracture After Cosmetic Breast Augmentation: Do Topical Antibiotics Matter?

Salvatore Giordano (Department of Plastic Surgery, Turku University Hospital, Turku, Finland), Asko Salmi (Department of Plastic Surgery, KL Hospital, Helsinki, Finland)

Introduction: Antihistolic lavage with topical antibiotics may reduce the occurrence of capsular contracture in breast implant surgery. A retrospective analysis was performed to investigate this effect.

Materials and Methods: The study participants included 308 women who underwent cosmetic breast augmentation during two different periods: 2004–2008 (n = 168, group A) and 2009–2010 (n = 140, group B). The same surgeon performed the surgery for all the women using the inframammary approach and the dual-plane pocket. All the patients had McGhan/Allergan 410 form stable textured implants. The group A patients received antibiotics as a single perioperative intravenous dose of cephalothin 1.5 g and cefpodoxime 750 mg as an oral course twice a day for 1 week after discharge. In the group B, peroperatively, 750 mg of cefuroxime was administrated intravenously. Implants and pockets were irrigated with 10 ml of 10% povidone-iodine solution mixed with 750 mg of cefuroxime and 40 mg of gentamicin. After discharge, 500 mg of levofloxacin was administrated as an oral course once a day for 10 days. The postoperative complications included occurrence of infection, seroma, and capsular contracture. We considered capsular contracture significant when it was graded Baker 3 or 4.

Results: The average postoperative follow-up period was 11 ± 3 months for group A and 3 ± 8 months for group B. No postoperative infections or seroma were detected. Group B had no capsular contraction cases. The capsular contraction rate was significantly higher in group A (5.9 vs. 0%; p = 0.003).

Conclusions: The use of topical antibiotics in cosmetic breast surgery is recommended because a significant increase in capsular contracture was observed in patients not treated with topical antibiotics.

The Middle Third of the Face: Analysis, Techniques, and Indications

Henry Delmar (90 Boulevard Du Cap, 06160 Cap D’Antibes, France, email: info@henry-delmar.com)

The Aging Process: The aging process of the face acts in many modes including squeletization, ptosis, and desequilibrium of muscular
balance, with loosened tissues and lack of firmness and structure. This gives modelization of the aging process in three modes: squelletization, ptosis, and fattening. This modelization gives the surgeon the opportunity to propose an adequate association of techniques.

Malar Elevation: The indication of the ptosis mode is elevation of the malar region. In 1994, we described, with F. Trepasat, a technique of low malar suspension with the buccal approach, which allows correction of the ptosis and transfer of volume from low to high. The aging process of the cheekbone is more superficial than deep. To address this, many authors improve the technique with a suspension of the orbicularis oculi by the palpebral approach. The goal for traction of the orbicularis is a superficial lifting of the skin of the cheekbone. But the weak point is a high traction in the palpebral region, which results in a deformation of the glance, with palpebral deformity. To enable correction for the superficial modification of the cheekbone without palpebral deformity, we propose a new technique with medical devices as follows:

- Subperiosteal dissection of the cheekbone using the buccal approach
- Installation of medical devices both superficially and deep
- Palpebral surgery and temporal lifting adapted to the indication.

This technique is called malar isolated positioning (MIP).

Indications: The indications for suspension of the cheekbone depend on the aging lower eyelid and its treatment. Without treatment of the lower eyelid, a buccal technique is recommended. In the situation of a blepharoplasty, an eyelid approach and bone fixation are proposed. The indications relate to the highness of the cheekbone. Indications and results are shown.

What Can Be Achieved Through an Upper-Lid Incision?

Dirk F. Richter (Bonner Straße 84, Dreifaltigkeits-Krankenhaus, 50389 Wesseling, Germany, email: d.richter@krankenhaus-wesseling.de)

Upper-lid blepharoplasty, one of the most demanded aesthetic procedures, is not just treatment for dermatochalasis. The upper blepharoplasty incision can be used to adjust retro-orbicularis oculi fat and for glabellar myotomy, lateral canthopexy, and browpexy (i.e., brow-lift). The transblepharoplasty brow-lift is suitable for the lateral two thirds of the brow. This technique is less invasive and allows an anchoring of the underlying brow soft tissue to the bone. This permits stabilization or elevation of the eyebrow without an endoscope because the nerves are under direct vision.

Another approach is corrugator supercilii muscle resection through a blepharoplasty incision, which is suitable for patients who have significant corrugator hyperactivity and deep frown lines without eyebrow or forehead ptosis. This procedure can be performed with or without a concomitant blepharoplasty.

Through an upper-lid incision, the blepharoplasty as well as the canthopexy, brow-lift, and resection of the corrugator muscle can be performed with a less invasive technique and fewer scars, which leads to a high patient acceptance rate and satisfaction.

The Challenging Lower Eyelid Correction: The Aesthetic Effect of Lateral Orbicular Muscle Tightening

Csaba Viczian and Huba Bajusz (St. Gellert Private Clinic, 6722 Szeged, Kalvaria sgt 14, Hungary, email: bajuszhuba@gmail.com)

Introduction: Aesthetic correction of the lower eyelids often is more difficult and challenging than correction of the upper eyelids. The characteristics of facial aging result not only from elastosis and sagging but also from atrophy of soft tissues, particularly the orbital septum and orbital fat. The evolution of orbital fat preservation and the midfacial volumetric concept taught clinicians to treat the lower eyelid with the midface as one aesthetic unit.

Methods: Besides the popular methods (arcus marginalis release, fat medialization, septorrhaphy, fat transfer), the authors present their results with additional lateral tightening of the orbicularis oculi muscle.

Discussion and Conclusion: To recreate a youthful appearance of the lower lid, a clear indication for the choice of the correct operating method is needed. Before the procedure, the anatomy around the orbit, the eyelid laxity, the fat pads, the lid-cheek junction, and the position of the midface must be analyzed. The lower lid vectors will show the relationship between the anterior projection of the globe, the lower lid, and the malar bony eminence. The authors give special interest to the moderate elevation effect on the midface created by additional lateral tightening of the orbicularis oculi muscle. The authors present their algorithm, which may help in selecting the correct procedures for the lower eyelid and midface operations.

Animation Deformities by Pectoralis Muscle: The Cinderella of Submuscular Mammaplasty

Mario Pelle Ceravolo (Via Giovanni Severano 35, 00161 Rome, Italy, email: mario.pelleceravolo@libero.it)

Animation deformities are present in almost every patient submitted to subpectoral augmentation mammaplasty. These deformities represent the most common complication related to the reported operation and yet are the least known.

Animation deformities have been studied by the author in more than 1,000 patients and classified according to clinical criteria in six different categories. Many patients treated with the dual-plane technique present with animation deformity despite the ability of this technique to avoid its occurrence.

The physiopathology of the deformity is related to the pulling action of the muscle on the breast mass and not to implant dislocation during the muscle contraction. The author presents his algorithm of different techniques used for submuscular augmentation mammaplasty based on different anatomic preoperative situations.

Preservation of pectoralis muscle costal insertions, medial pectoral nerve section for muscle denervation, and horizontal muscle splitting are the main maneuvers used to avoid breast dynamic distortion. Horizontal muscle splitting consists of a horizontal incision performed in the pectoralis muscle that splits it in two flaps. The upper flap provides good coverage for the implant, whereas the lower flap may be left attached to the chest to improve the projection of the breast lower pole, or it may be rotated laterally or medially depending on the clinical demand.

Horizontal muscle splitting is a personal technique that the author has used during the last 10 years in more than 350 cases with aesthetically good results and a substantial decrease in the occurrence of animation problems.

Conservative Rhinoplasty

Georges J. Ghanimé (Division of Plastic and Reconstructive Surgery, Lebanese University, Faculty of Medicine, Lebanese Hospital, Getawi, Beirut, Lebanon)

Currently, rhinoplasty is one of the most popular aesthetic surgical procedures. This has led to refinement of the techniques, making them simpler and more reliable and minimizing soft tissue trauma by using the least invasive technique to accomplish the predetermined goals.