



Sydney plastic surgeon **Dr Warwick Nettle** says modern facelifting surgery is about creating harmony and beauty for the individual – not simply applying the one operation to everyone.

Lise Petersen reports.

When performing a facelift, Sydney plastic surgeon Dr Warwick Nettle believes the important principle is essentially about volume distribution and not about tightening the skin. ‘The most important aspect of a youthful face is the way the volume is distributed,’ he says. ‘Loose skin will contribute to wrinkling but this is generally not the primary focus. The primary focus is volume distribution. With volume distribution we are generally trying to take volume away from the jowl area and move it up vertically onto the cheek area.’

There are issues to take into account about the way that volume is distributed. ‘I personally don’t like the traditional style of doing SMAS facelifts because there is a tendency

for them to be pulled laterally or sideways,’ he says. ‘This creates mid-cheek hollowing and thereby accentuates the existing mid-cheek hollowing of older age. I prefer to use a lateral SMASectomy procedure because it more efficiently redirects the volume in both a superior and superior oblique direction, which is in the direction of the main muscle pull of the face rather than in a horizontal direction.’

A SMASectomy is performed through normal facelifting incisions so there is no obvious scarring. The incisions are hidden in creases around the ear and in the hairline behind and in front of the ear.

Dr Nettle adds that he frequently uses people’s own fat

Photo APL

from elsewhere in the body to augment the mid-cheek area and to increase the volume of the lips. In addition, he says skin resurfacing of the upper lip and of the lower eyelid area is a very effective way to rejuvenate the skin: ‘My favourite methods are to use dermabrasion for the upper lip and coblation

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for the lower lid. Both of these techniques have very few problems and achieve pleasing results. We’re not after total eradication of all wrinkles but just want to decrease them appropriately.’

Patients may also require upper eyelid and temple lift surgery, which is designed to refresh the upper lid and brow area. Dr Nettle says as time goes by most people find the lateral brow lowers and the skin of the upper lid slackens, like a sail that’s lost its wind. With the upper lid he either tries to fill it a bit and often also take out some of the skin.

Today modern facelifting surgery is not about simply applying the one operation to every patient, which Dr Nettle believes is what surgeons tended to do a few years ago. ‘The priority is to create harmony and beauty through judicious tightening and volume redistribution, not just to apply an operation,’ he concludes.

‘A surgeon needs to be able to perform all sorts of advanced facelifting techniques to have the ability to select the appropriate method and to modify it for the individual patient. This is essential because everyone has an individual face and individual needs.’ **acsm**



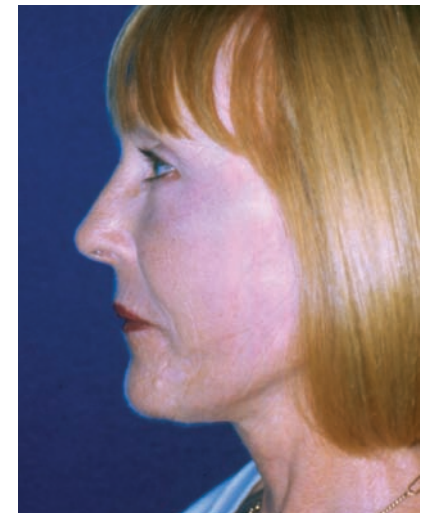
BEFORE



AFTER facelift, browlift and perioral and periocular resurfacing by Dr Nettle. Fascia strip to upper and lower lips



BEFORE



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