Rhytidectomy
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History

German and French surgeons are credited with pioneering facelift surgery. In 1906, Lexer is thought to have performed surgery to treat wrinkles, but it was Hollander in 1912 who was the first to report a case. Other European physicians, including Joseph (1921) and Passot (1919), developed their own techniques for treatment of the aging face. However, these founding fathers were often guarded when it came to sharing their wisdom, and teaching was rare.

Following The Great War, the practice of reconstructive plastic surgery blossomed. Along with the explosion of new ideas and techniques came the inevitable increased interest in cosmetic surgery. Although still shrouded in secrecy, even the prominent physicians of the time recognized its existence and demand. Many of these well-respected leaders were rumored to perform cosmetic surgery in their own private clinics or offices. Gilles in 1935 stated, "The operations for removal of eyelid wrinkles, cheek folds and fat in the neck are justifiable if the patients are chosen with honest discrimination." Following World War II, with the advent of newer medications and improved anesthesia methods, elective surgery became more of a reality. In addition, a progressive affluent society expressed interest in equating appearance with a youthful outlook on life. However, the occult field of cosmetic surgery, surrounded by shameful secrecy, jealousy, and greed, had not allowed for the fostering of ideas and advancement that was common to the other surgical specialties of the time. Therefore, the results achieved by facelift surgery were marginal and not long lasting. Sam Fomon, a pioneer in facial cosmetic surgery and a founding father of what was to become the American Academy of Facial Plastic and Reconstructive Surgery (AAAPRS), was instrumental in teaching cosmetic surgery to all those interested. He recognized the limits of facelift surgery when he stated, "The average duration of the beneficial effects, even with the best technical skill, cannot be expected to exceed three or four years."

At the time, facelift surgery techniques consisted of a limited subcutaneous dissection and skin elevation resulting in a tightening of the preauricular skin and, often, an obvious "operated look." Unfortunately, these methods did not change significantly until the 1970s. The social renaissance of the 1960s and 1970s brought a new openness and acceptance regarding cosmetic surgery. This fueled scientific advances and dialogue, leading to better surgical techniques and outcomes.

The first major contribution in a half-century was provided by Skoog, who touted the benefits of dissecting in a subfascial plane. This allowed for a significant improvement in the lower third of the face. The validity of this new fascial plane was solidified by Mitz and Peyronie’s landmark article in 1976, defining this fascia as the superficial musculoaponeurotic system (SMAS). To achieve a more natural look, numerous modifications have since been made in the sub-SMAS rhytidectomy including plication and imbrication techniques.

Early sub-SMAS dissections mostly provided for an improved jaw line. However, surgeons have attempted to concentrate efforts on improving the midface and nasolabial fold region. Hamra, the pioneer of the deep plane and composite rhytidectomy, continues to present the beneficial effects that can be achieved in the middle third of the face. Others have concurred with the improved results possible with deep plane rhytidectomy. Still, there are those designing different methods to achieve facial balance, including venturing into a subperiosteal plane. And there are even those who are revisiting the subcutaneous dissection, considering it the method of choice in select situations.

The variety of anatomically sound rhytidectomy techniques offers the surgeon options in challenging the effects of aging. However, in addition to recent advances in surgical techniques, there is a new emphasis on recognizing the importance of patient individuality. Each surgical technique has its place. The key for the prudent surgeon is to appropriately evaluate each patient, both physically and emotionally, and then to utilize the correct treatment for the proper diagnosis.

Preoperative Evaluation and Preparation

Patients seeking aging face improvement, or in this case rhytidectomy, are treated in a standardized fashion along with all other cosmetic surgery patients in our respective practices. This includes having pleasant, knowledgeable, and courteous receptionists and office staff and proper scheduling times to prevent undue waiting by the patient. Concise and well-organized literature is made available to the patients. On the day of the initial visit, photographs are taken by the photographer and used for preoperative