Long-term Analysis of Surgical Correction of the Senile Upper Lip

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Objective: A quantitative comparison of immediate and long-term results of surgical correction of the senile upper lip using lip advancement and lip lift.

Methods: Retrospective review of 30 patients who underwent senile upper lip repair, including lip advancement or lip lift. Digital image analysis was used to standardize each patient's preoperative and postoperative photographs for accurate, objective comparison.

Results: Lip lift and lip advancement achieve significant improvement in the appearance of the senile upper lip (P < .001). This improvement is sustained during many years (mean, 5 y; P < .001). Using repeated measures analysis of variance, no significant difference was found in the operative group compared with the control group when examining age-related change.

Conclusion: Lip advancement and lip lift can restore the senile upper lip to a more youthful and natural appearance with sustained long-term benefits.


The lips are a major contributor to facial aesthetic appearance and expression. As facial aging occurs, aesthetic changes in the senile upper lip cause concern for many women. During the aging process, alterations appear in the upper lip, namely, vertical wrinkles, reduction in the height of the vermillion border accompanied by lengthening of the dermal area of the upper lip, and the disappearance of the Cupid's bow. The anatomic extent of the lip includes only the vermillion, the portion of the lip mucosa that contacts the opposite lip. Anteriorly, the lip ends at the vermilion border, the junction of the vermillion and the skin. Changes in senile anatomy lead to increased white show by the lengthening of the skin in the upper portion of the lip and lead to decreased red show by the shortening of the height of the vermillion.

Histologic alterations responsible for the characteristic physical changes observed in the senile upper lip include a decrease in the thickness of the cutis, an increase in the subcutaneous tissues with the accumulation of adipose cells, and the loss of elastin and collagen fibers. These physical manifestations in the upper lip are common features of an aging look that affects the lower third of the face. The aesthetic face classically has been divided into horizontal thirds. The upper third includes the region from the trichion to the glabella, the middle third includes the glabella to the subnasale, and the lower third is further divided into upper one-third and lower two-thirds regions. The top one-third extends from the subnasale to the stomion and the lower two-thirds from the stomion to the menton. These ratios have been studied extensively by Farkas and Munno and others, all showing small variations but overall similar findings.

As the face ages, its proportions change; in patients with less favorable skin types (ie, patients with Fitzpatrick skin types I or II, whose skin is more susceptible to sun damage) or excessive sun damage, the upper lip begins to lengthen, which results in a prematurely aged appearance. Elongations of the senile upper lip accompanied by diminishing vermillion red show are classic facial features of aging. The use of injectables and fillers in an attempt to improve the lost vermillion volume and height does not yield lasting results. Surgical correction of the senile upper lip can give patients a more youthful appearance and restore a more aesthetic frame.

In this study we review 2 surgical techniques performed by the senior author (S.W.P.) to correct the senile upper lip, namely, upper lip advancement (LA), used to enhance vermillion red show, and subnasal lip lift (SNLL), used to decrease elongated white show. In the LA procedure, an