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The anti aging muscle-augmentation blepharoplasty

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Abstract

Background:
An oculoplastic surgeon needs to be aware of basic processes of aging around the orbita, such as tissue loss and depletions, when he or she performs tissue removing operations around the orbita.

Objectives: The authors present their concept and 10 years experience with the orbicularis muscle augmenting blepharoplasty without any resection of the orbicularis muscle.

Method: The first step of the acces into the upper eyelid are made very meticulously avoiding any block resection of skin and orbicular muscle – preveting by this way also damaging the levator aponeurosis and preventing iatrogenic postoperative eyelid ptosis. Fibers of the orbicular muscle are not to be resected when accessing of the prolapsed fat pockets. Gentle spreading of the muscle fibers is the right way, to save the muscles and their smallest motoric nerves at the muscle belly. Shrinking of the orbicularis by heating, coagulation whith laser or electric current is obsolete. Almost no touch handle of the orbicularis necessary, than a proper imbrication, plication are our the last steps of blepharoplasty, whith which a muscular filling of existing or in the future arising depletions and a youthfully looking orbita reached. More than 330 blepharoplasty cases in between 2006-2016 were analyzed in this retrospectiv study of the orbicular muscle augmentation blepharoplasty. .

Results: The evaluation of our patient´s collective reveals, that the goal of this special procedure such as youthfully look, refreshing effect without hollowing of the orbita was achieved. The natural aging process wasn´t reinforced but prevented by the muscle augmentation. In contrast the postoperative photographs showed a little bit hollowing of the orbita and disadvantageous deepening of the eyelid fissure in those few cases, when preserving of the muscle fibers was not meticulously performed. The improvement of the freshness of the orbita was long-lasting and resulted in much younger looking and freshness of the entire face. No major complications and no wound infections occurred. Minor complications such as irritation of the conjunctiva, slight conjunctivitis whith tear drops were noticed in 6 % of the cases and healed by eye drops within 5-7 days completely. We ca state a very diminished bruising and swelling. We think, that it is of the meticulous bipolar coagulation avoiding mass coagulation and bleeding also.

Conclusions: Saving of the orbicularis muscle is an important new perspective in the upper eyelid surgery. Preventing iatrogenic depletions after a procedure and should be the most important goal of any oculoplastic surgeon, since aging will cause hollowing and depletions during life in any case. A compensation of depletions by fat and micro fat grafting is a very good strategy and should be an additional step in optimizing of results after blepharoplasty. However prevention of iatrogenic depletions and hollowing must be the main goal. The usual practice of simple blepharoplasty, whith block resection of skin- and eyelid muscles and fat and uncontrolled deep incisions reaching to the levator aponeurosis should be reconsidered. Skeletonisation of the orbita is an natural the aging process. This disadvantegous natural aging process musn´t be worsened by the old type of tissue damaging-resecting blepharoplasty. Postoperative iatrogenic ptosis, skeletonisation of the orbita and unnatural deepening of the supratarsal fissure, and an “operated look” are the consequences of an old type muscle-resection blepharoplasty. An optmised oculoplastic procedure should prevent iatrogenic tissue loss, iatrogenic injury of the muscles and levator sheet and should save the natural muscles of the eyelid.



Demo: The goal of any ocoloplastic surgery is a youthfully looking orbita without iatrogenic skletonisation and supratarsal hollowing without iatrogenic deepening of the eyelid crease – reaching fullness and natural looking freshness.

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Biography :Thomas Haffner M. D. is a board certified reconstructive, vascular and cosmetic surgeon in Germany. He was trained in the reconstructive-plastic surgery and senology section of the Semmelweis University (Szabolcs Str.) in Budapest . He is specialised also in vascular surgery and worked there many years as department leader in german clinics. Attending educational courses by Prof. E. Biemer had certified in the endoscopic plastic surgery and micro-surgery. He completed cadaver and live Op. courses in the universities of Erlangen, Ulm, Regensburg and resident assistance by Prof. Rettinger in Ulm. In 2000 he established his private clinic for vascular-reconstructive & aesthetic surgery in Cologne, Germany. His primary focus is the breast and facial surgery using minimal invasive and endoscopic methods. He invented the innovative vertical scar free reconstructive 3D mastopexy. He presented a new facelift method the " Temporal Endoscopic Face and Midface Lifting" without facial scars.