4th World Dermatology Congress. Berlin, Germany. June 19-20, 2019

Keynote lecture

Current trends in the orbicular and periorbicular plastic surgery

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Background
The periorbital rejuvenation called as the first wished procedure for rejuvenation in the aesthetic surgery. Among that the blepharoplasty are in the TOP 5 of most often performed plastic-aesthetic corrections worldwide. However the face is an aesthetic unit, the eyelids can´t be viewed isolated from the peri-orbiculars region, which consist of: the forehead-temple and the brow, the canthus-lower lid and midface unit. The entire face has an aging process losing tissue and tissue covering followed by hollowing of typical facial and periorbicular regions such as the orbita (skeletonisation) , dark rings under eyes, tear drops, flattening of the midface, sinking of the brows.

Objective: According to 19 years cosmetic-plastic surgery experience a review presented about new trends in the peri-orbicular rejuvenation included all facial regions, those aging are to considered and therefore adjuvant rejuvenated during oculoplastic sureries. midface rejuvenation.

Methods
The periorbicular plastic surgery is new based in the 21 th century by the introduction of muscle and fat augmentation bleharoplasty, by endoscopic minimal invasive procedures avoiding facial scars, by indroduction of tissue sparing lower lid procedures and the importance of canthopexy pereventing disfiguring complications. New trends are outlined, such as the skin and muscle saving, muscle and fat augmentation blepharoplasty, periorbital fat sculpture, canthopexy and canthoplasty, minimal skin pinch excision blepharoplasty and maximal reconstructions with midface corrections and temporal endoscopic brow-cheek. Also contorversal procedures such as a brow-lift directly or indirectly, subcutan or sub-periosteal are discussed. Using adjuvant conservative methods such as volume augmentation, the brow lift by botolinum-toxin are showed and stressed that these conservative procedures are necessary both before and after plastic rejuvenations as an all the “maintenance” procedures.

Results
Operated look, skletonisation and disfiguring dimples after common blepharoplasty can be clear prevented by using the author´s muscle and fat augmentation blepharoplasty. The results are a younger looking upper eyelid, by filled look of the bony contours of the orbita is to achieve by a natural way. The scars are regularly thin and inconspicuous since the skin has no tension. Retreating prolapse of the upper lid doesn´t happen, when an adjuvant direct browlift or a temple-forehead lift made, when the patients gets botolinum-toxin browlift regularly. Scleral show and ectropion was prevented using tissue sparing, canthus reinforcing lower lid blepharoplasty.

Conclusions
In the recent years large forestry steps have been achieved in the upper lid and periorbicular surgery, new methods are introduced that meanwhile set new standards in oculoplastic surgery.
Old ways of upper and lower lid blepharoplasty shouldn´t be made anymore, the hier presented current methods are methods are strongly recommended. For the optimization of periorbicular aesthetic-plastic reconstructions sophisticated endoscopic and minimally invasive methods are available to be used by the specialized plastic aesthetic surgeon.

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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.

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