

CONSIDERING FACE LIFT VS. “THREAD LIFT”? READ THIS...

The American Society of Plastic Surgery “indicates an 11% jump in plastic surgery procedures during 2004 to 2005 now representing over 10 million surgical procedures per year.” It appears that more people are seeking intermediate procedures, delaying the decision to undergo facelift surgery and resorting to Botox, fillers, peels, microdermabrasion, sclerotherapy, laser hair removal and the topic today, the “thread lift.”

Some “highly touted, hot new procedures such as pectoral implants, buttock implants, and calf augmentation have not lived up to their hype,” and are being performed less frequently. “Each time the media covers something exciting, a burst of enthusiasm” occurs, but eventually fewer physicians offer the disappointing procedures.

The “thread lift” is a technique that’s presented as less “invasive” than a standard facelift, but apparently at present, so is the duration of the results. The sutures used are much like monofilament nylon fishing line. These are barbed with all the “barbs” pointed in the same direction. The sutures are properly placed through small incisions in the temple area with the barbs angled to bite into the desired sagging facial skin or fat. The barbs all are “pointing” upward for digging into the tissue and allowing one-way travel under the skin. Pulling on these sutures pulls or lifts the skin or tissue in their grasp. Patients may feel some “pain and tenderness” during these maneuvers.

At the present time the only permanent F.D.A. approved sutures are made from clear polypropylene, a monofilament thread much like fishing line.

“Thread lift” or suspension appeals to patients fearful of surgery or anesthesia (the technique is usually carried out via local anesthesia with appropriate sedation). Dr. Winkler reports as an unfortunate side effect that the technique is also appealing to ever-growing numbers of under-qualified practitioners performing cosmetic procedures. “The procedure is contraindicated in patients treated with anticoagulants. It is not recommended for patients with scalp and/or facial eczema or psoriasis, nor for those with a history of hypertrophic or keloidal scarring.” Suture suspension works best for the mid-face, but doesn’t do well for the neck or forehead.

“If sutures are placed too close to the skin surface a depression is created which is easily visible; too deep and there may be too much pulling effect, and the effect on the deeper facial tissue could be minimal.”

Complications were reported in five articles describing thread usage, according to Winkler et al, including facial asymmetry, ecchymosis (bruising), erythema (redness), hematoma, swelling, discomfort, thread exposure and scar formation at both entrance and exit sites. It is known however that the sutures can easily break and/or migrate. The barbs can become “straightened,” losing their effectiveness. The direction of the barbs makes it difficult if not impossible to remove these sutures by retracting upward through the small temple incisions in the scalp where these sutures are usually tied as anchoring points. Additional “small” incisions may be necessary for the sutures’ retrieval, since upward pulls allow the barbs to dig in deeper.

Winkler reports two major complications: laceration or cutting of

the salivary gland’s duct resulting in further complex surgery to repair the damage; and persistent pain and facial swelling necessitating heavy intravenous antibiotic treatment and surgery to remove the threads and perform a standard face lift.

Longevity of results is dependent on how the sutures are manufactured and how many are utilized. Patients must minimize facial expressions, avoid wide mouth openings, and have a soft diet for at least two to three weeks postoperatively. Avoidance of sun bathing and smoking must be adhered to. These are similar cautions as with a standard facelift but there is no concern for broken sutures and/or the difficulty with their retrieval.

Shorter-than-expected duration of results has been a negative attribute to many physicians. It is troublesome to have an unhappy patient return with less than a satisfactory duration of the surgery within several months.

One wonders of the necessity for a “quick fix” with the thread lift’s lack of improved sutures, decreased longevity (it’s not really a “lunchtime” procedure). When some of these issues are successfully dealt with, this may become a useful adjunctive technique as a minimally invasive procedure.

Minimally invasive surgery has been advancing especially with availability of teaching by “virtual surgery” and has materially improved both surgery and patient care.

A standard facelift’s longevity is 5-15 years, with an average of about 8 years. Surgery is usually done on an outpatient basis, using either sedation with local anesthesia or general anesthesia with the patient asleep by a board-certified anesthesiologist. There are no tell-tale oblique lines in the face as can sometimes be seen in the thread-lift. Patients usually can be out and about within a week. Most stitches are still in place but not discernible, and certainly by ten days, sutures are completely removed.

Investigation and studies continue, and acceptability of the “thread lift” may be available in the future. Presently however the “thread lift” seems not quite ready for prime time. ❖

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