THE AGING FACE AND NECK

Consultations with Richard Webster, M.D. and Associates

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Field, Rich and Associates, Inc.
New York, New York

Distributed by Year Book Medical Publishers, Inc., Chicago

ISBN 0-931729-03-3
Library of Congress Catalog Card Number: 85-80061

Printed in the United States of America

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Preface

In this book, instead of asking authors for articles on the medical and surgical treatment of the aging face and neck, the editors sent each contributor a packet of drawings, a series of questions, and our own answers to these questions. We then studied each contributor's answers and combined them with those of the other contributors to provide the reader with an up-to-date summary of the thinking of many cosmetic surgeons in this country. As the reader will see, doctors from many disciplines have generously taken part in this work. We are grateful to each and all.

No subjects in aesthetic surgery and medicine lend themselves to more overlapping by various disciplines than do the diagnosis and treatment of problems of the aging face and neck. No area of concentration calls for as much effort by its practitioners to stay abreast of the developments in the other disciplines as does this particular specialty within the specialty. Therefore, it is hoped that this text will be of value to many practitioners in the several disciplines involved. It is up to date and it does represent in summarized form the best thinking of many figures in the field. This is not to say that there is a "last word" here. It is possible some things will be done differently in the near future. Moreover, it is impossible with static drawings and words to depict fully all of the nuances involved in handling the many variations confronting the individual practitioner. The reader should recognize these truths and should accept the fact that the editors and the several authors could only do their fallible best to make this a worthwhile summary of diagnostic factors and discussions of treatment involved in consultation as of 1984.

EXPLANATION OF PROTOCOL

The drawings that follow and their descriptions were sent to each author. Most of the problems of the aging face and neck as they are treated today have been illustrated. To provide a structured report of current consultations, the editors asked each contributor a series of questions. To "start the ball rolling," we gave our own answers first. The reader will see the instructions too, so that he or she may better interpret the answers.

The answers returned to the editors are presented to the readers as follows:

1. The senior editor's answer appears first. The contributors whose responses are in agreement with the editor's answer to that question are listed by name. The training discipline of the contributor is given at the point where his or here name first appears.
2. When there is only partial agreement with the editor's answer, the contributor's points of disagreement are listed next to his or her name.
3. When contributors' answers show methods of consulting that are quite different from the editor's or in total disagreement, these are written under the name of the contributor whose differing response first arrived at the editors' office. Those in agreement with that contributor are then listed by name. As expected, there were healthy differences in opinion at times. The reader will be privy to these differences and from them should select those points of view that make the most sense in his or her practice. Under the heading *Editorial Comment*, the editors state the differences or unknowns that they believe require solution or resolution over time and through further work, summarize the state of the art as it applies to that question and the answers received, and/or criticize, rebut, or applaud certain answers.

Letter sent to each author eliciting answers to Questions #1 through #41

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To all authors:

Dear Doctor

Enclosed is a package of drawing and explanations. Please read all of the material. You now know what we have in mind.

We realize full well how busy each of you is; it is precisely because you are a contributor in this field that we are asking you to give of your valuable time to cooperate in this joint endeavor. However, if we can bring this off, the total work should be of much more value than the usual cosmetic surgical writing.

This volume will be devoted to non-technical facets of diagnosis and care of the aesthetic surgical patient. The second part to be sent later to each of you who responds will deal with technical aspects (where do you make your incisions in your cheek-neck lift in the male? What is the extent of the undermining?, etc.). Please save your copies of the drawings for use in the second part. They are sent to you now so that you can understand the first questions and answers and so that you can see what is meant by some of the terms as used here.

We have answered the questions posed to each of you in some detail. Understand that many men in cosmetic surgery are relatively new to this field; many just do not know how to handle patients in this specialty. They have not had the experience that you have had. If you pretend that your son is just now entering this field, what is it that you would want him to know? Add to our answers, disagree with them, do as you will to help your younger colleague. If we have not asked and answered something that you consider important, ask and answer the question or questions yourself. In that case, we in turn will write an answer to each of your questions. This is to be a cooperative venture, not just our "baby".

The other reason for providing the amount of material in our answers is to save you time. If you agree, say so and be counted; if not, the protocol suggests what to do.

Most important of all, esteemed colleague, is that you respond, and promptly!

Gratefully yours,

Richard C. Webster, M.D.

SUGGESTIONS TO READERS

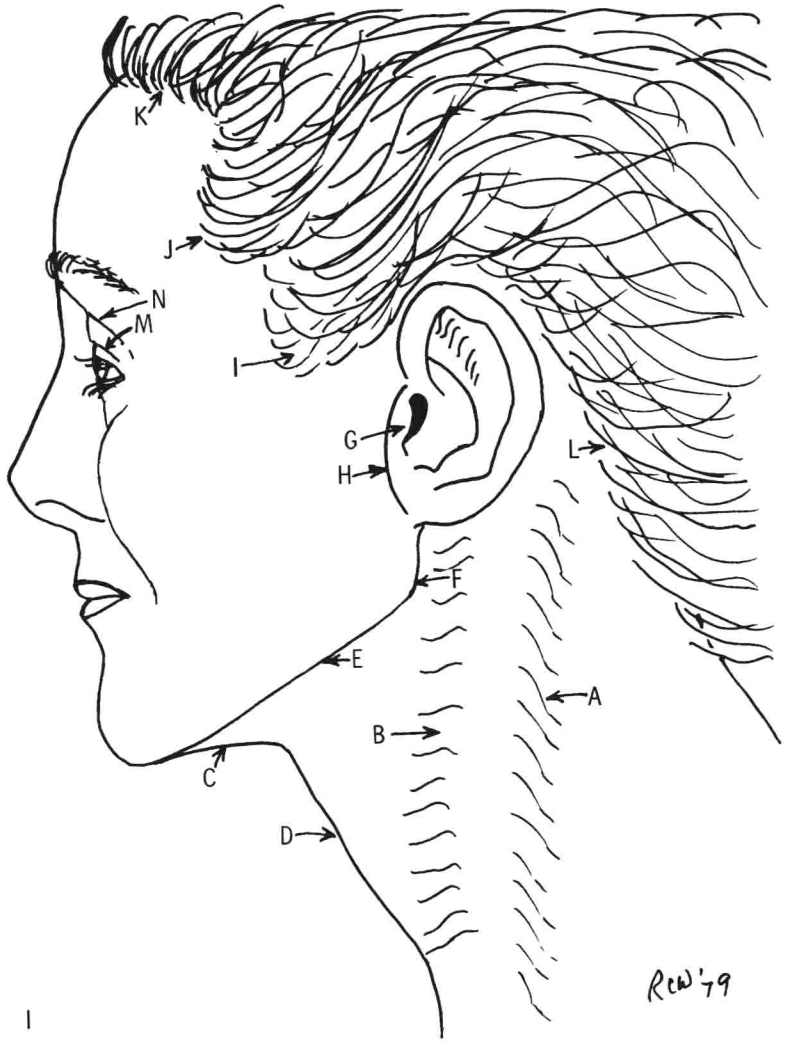
It is suggested that the reader go through the material in this book from beginning to end. An index to most of the abnormalities illustrated is provided in the first answer to the first question. An index to content of the questions appears just before Question 1. It is suggested that readers use these indices when they wish to look up specific details.

Some readers may not be as experienced in aesthetic surgery as are many of the contributors to this volume. Therefore, a significant part of this symposium is devoted to nontechnical aspects of diagnosis and care of the cosmetic surgical patient, as these aspects enter into the give-and-take of the consultation that is required before actual treatment begins.

General Response

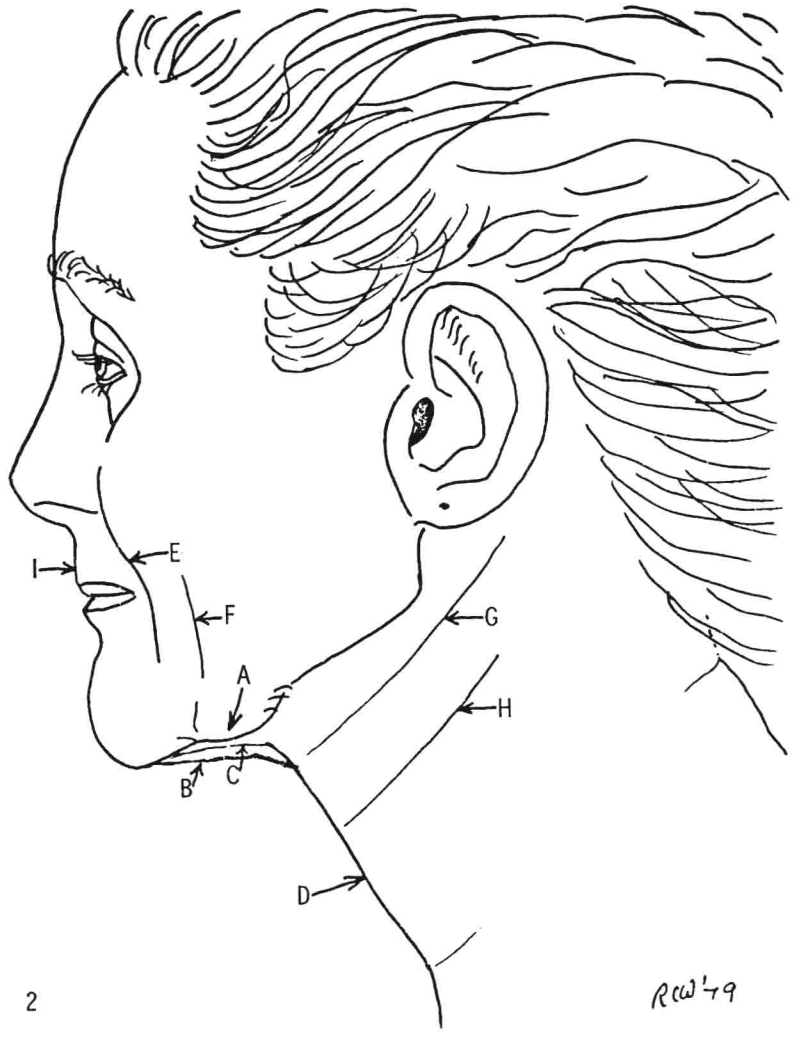
Many busy specialists studied the material and returned answers to one or more of the questions. Some were in general agreement with the editor's answers but had no specific suggestions or criticisms as to any particular answer. In this latter group were Charles M. Monell (Otolaryngology–Beverly Hills, CA), D. Bluford Stough, III (Dermatology–Hot Springs, AR), John Conley (Otolaryngology–New York, NY), G. Jan Beekhuis (Otolaryngology–Detroit, MI), Frank M. Kamer (Otolaryngology–Los Angeles, CA), William J. Wolfenden, Jr. (Otolaryngology–San Francisco, CA), Norman J. Pastorek (Otolaryngology–New Rochelle, NY), Morey L. Parkes (Otolaryngology–Los Angeles, CA), Julius N. Hicks (Otolaryngology–Birmingham, AL), Reid O. Engelmann (Plastic Surgery–Skokie, IL), and William E. Silver (Otolaryngology–Atlanta, GA).

The doctors who answered one or more questions or who commented on the editor's answers to particular questions are listed in the order in which their responses arrived at the editor's office. Most of these authors indicated general or enthusiastic agreement with the rest of the materials submitted to them. Where the author stated agreement with the editor's answer and added no further comment, this agreement will be indicated by listing the author's name immediately following the editor's answer under a heading, *Agreement Specified*. Most authors who provided more detailed comments regarding a particular answer indicated general agreement with the answer and made their comments disagreeing with some part of the answer or as an addition to the rest of the answer. Their comments, in shortened form, will be provided under their names. Their agreement with the rest of the answer will not be listed under the heading, *Agreement Specified*.

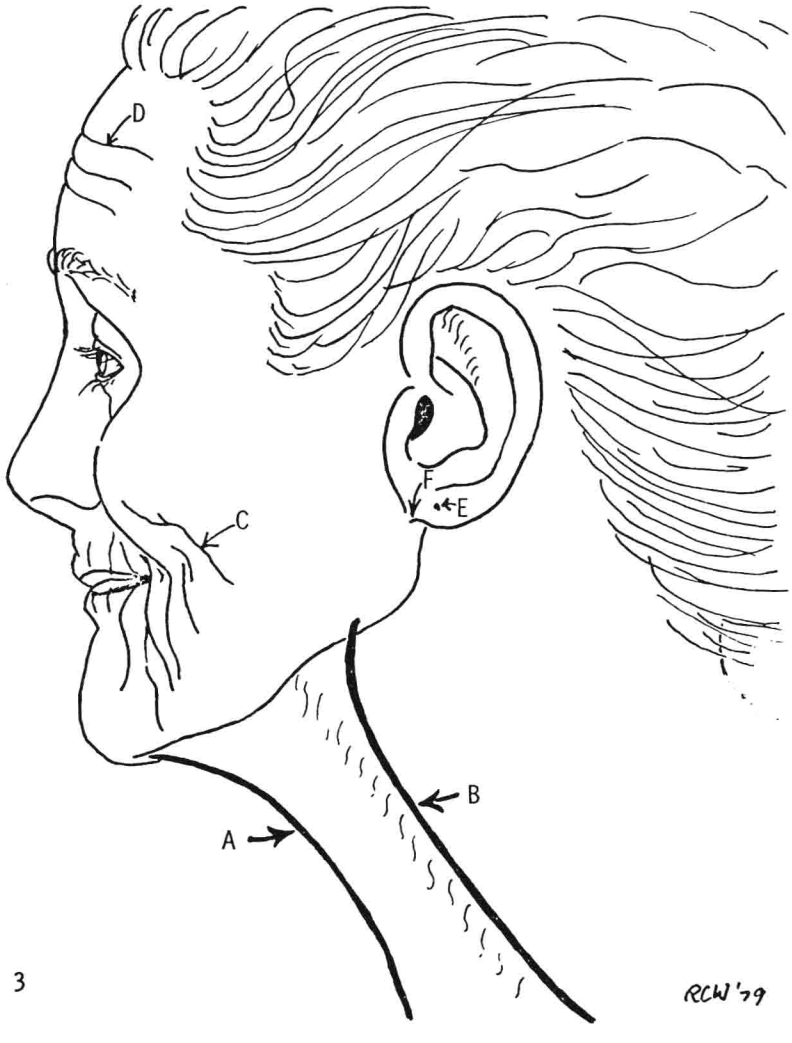


I

1. Compared with most of the other drawings, this shows a youthful female. The face is well proportioned. The lips are well supported by the teeth and show some pouting. The tip of the nose is well up, the frontal hairline is not unduly high, there is an adequate and youthful, feminine distance between the lower portion of the eyebrow and the free border of the upper eyelid, and the profile of the cheek and malar region is high and gracefully curved. A normal, youthful distance exists between the labial commissure and the buccolabial fold or groove. The prominence of the sternocleidomastoid muscle is depicted at **A** and **B**. **C** shows a graceful submental profile line extending from the chin to the region of the hyoid. A good angle exists between the submental profile and the profile of the columnar or vertical part of the neck shown at **D**. **E** demonstrates a straight and clean mandibular line. **F** shows the angle of the mandible. **G** depicts the tragus of the ear. **H** shows the groove or crease at the junction of the ear with the cheek. Two hair-bearing patches of skin with convex curvatures facing forward and downward are shown at **I** and **J**. These are found in most females, youthful males, and in older males showing no tendency toward male pattern baldness. The one at **I** extends downward below and anterior to the upper portion of the ear and its hair and is needed in usual hairstyling for covering the upper portion of the ear. No temporal recession of the hairline is noted where that of the patch shown at **J** joins the continuation of the frontal hairline shown at **K**. The postauricular hairline **L** sweeps gracefully downward and posteriorly to meet its counterpart in the midline at the nape of the neck. The fold of the upper lid is shown at **M** and the profile of the soft tissue superficial to the supraorbital rim is shown at **N**. The eyebrow sits higher laterally than this last line described.

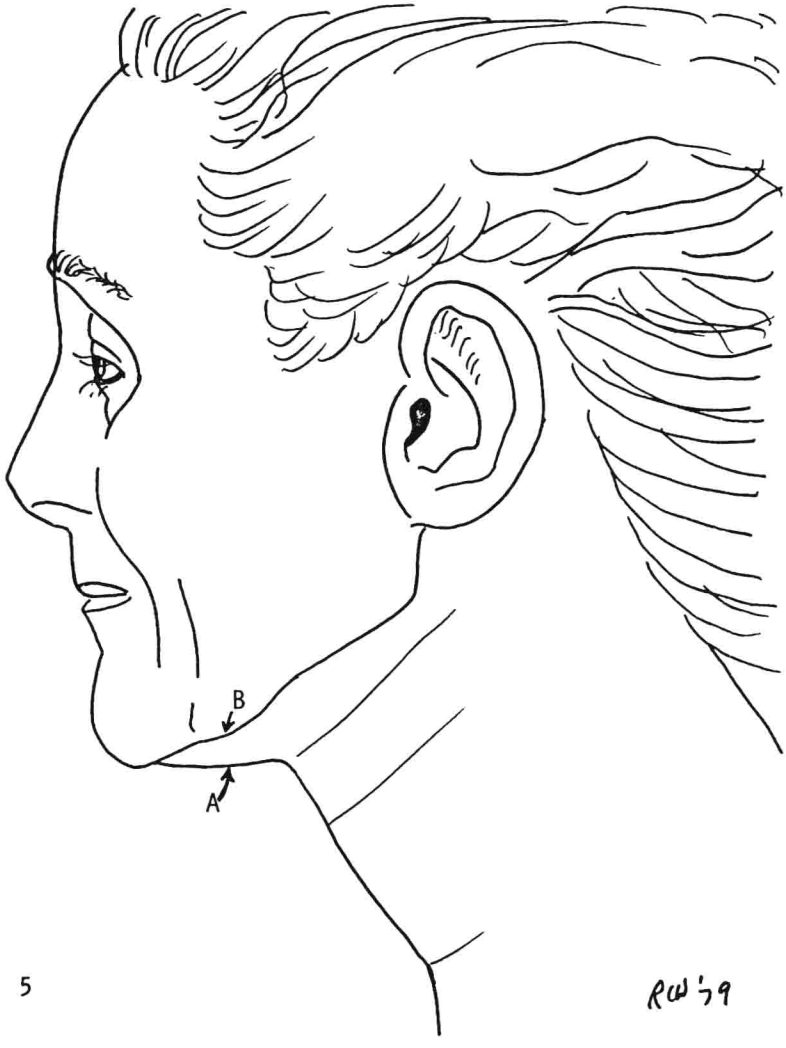


2. A few of the changes characteristic of aging are demonstrated. **A** shows moderate jowling caused by drooping of skin and by inferior displacement of fat. The clean mandibular line has been interrupted. **B** depicts a loose fold of skin hanging downward from the former profile of the submandibular region shown at **C**. **D** shows the profile of the columnar portion of the neck. **E** depicts some dropping of the mound or profile of the cheek and slight anterior displacement of it toward the labial commissure. **F** shows a vertical line or crease forming in the cheek. **G** and **H** show horizontal lines deepening in the neck region. **I** shows that the pout has disappeared from the upper lip and that the white skin of the upper lip is beginning to increase in vertical length. No excess submental fat is present. The fold shown at **B** is a central submental fold or wattle.

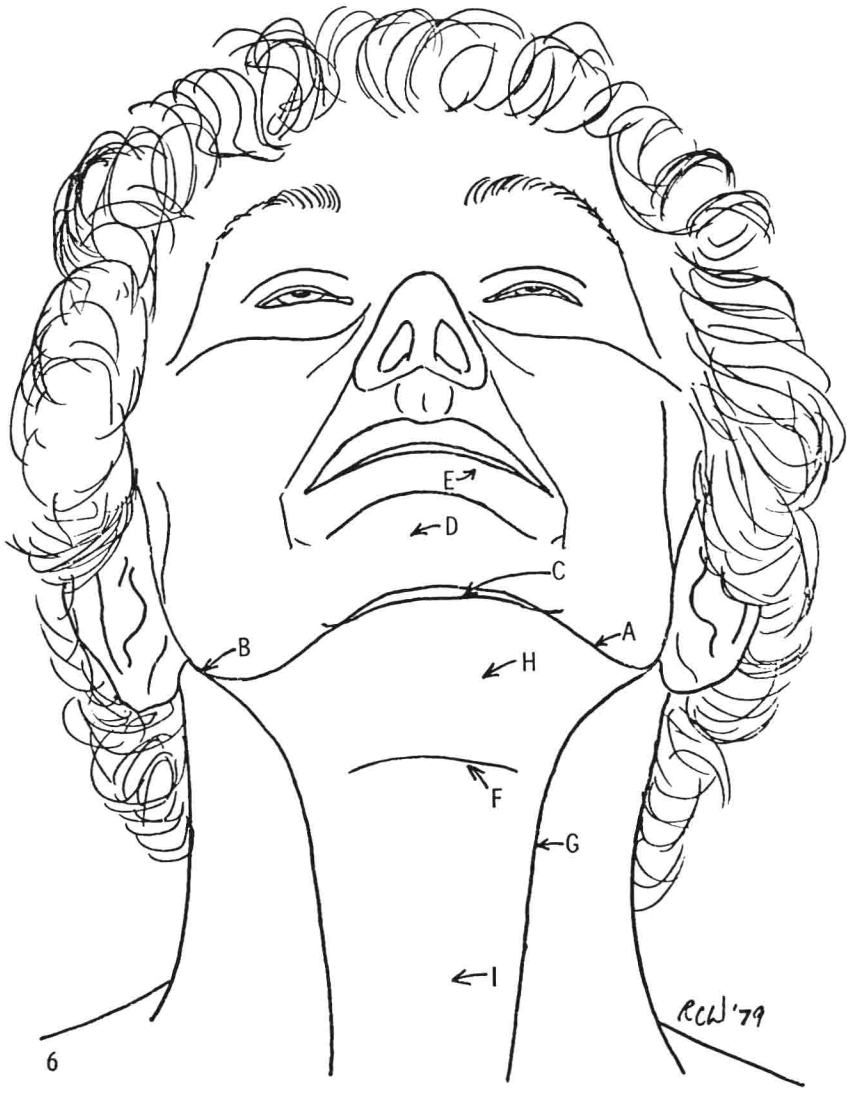


3. This is a tracing of a somewhat older patient grimacing to demonstrate her platysma muscle on the left side. She is pulling the left labial commissure laterally and the lower lip down slightly. The sheet-like platysma muscle tightens and rises under these circumstances, showing its anterior border at **A** and its posterior border at **B**. Observe the posterior border sweeping up often beyond the mandibular line. **C** shows wrinkles in the cheek, **D** demonstrates forehead creases, **E** shows the hole of a pierced ear lobe, and **F** points to the junction of the ear lobe with the cheek close to its junction with the neck behind the vertical part of the mandibular line.

4. Here we see a patient from behind and slightly from the right. **A** shows the posterior hairline not too far from the midline indicated at **N**. **B** depicts the junction of the ear lobe with the skin of the neck or cheek. **C** demonstrates the retro-auricular sulcus. **D** points to the examiner's finger. The examiner is holding the ear forward. **E** shows the angle of the mandible. **F** points to the jowling on the patient's right side. **G** is the profile of the chin, **H** shows some submental fat, **I** represents the columnar portion of the neck, **J** shows the shoulder, **K** indicates the lateral profile of the eyebrow, and **L** points to the profile of the cheek. **M** demonstrates the junction of the superior part of the ear with the skin of the temporal region. **N** shows the hairline at the nape of the neck.



5. Compare with Fig. 1. The lateral portion of the brow has descended slightly. Pouting of the lips has disappeared, the vertical length of the white skin of the upper lip has increased centrally. Neck creases are becoming apparent. **A** depicts a slight collection of submental fat and **B** shows slight jowling.



6. A view of the anterior neck and submental region with the head tilted somewhat backward. **A** shows the line of the mandible. **B** depicts the angle of the mandible. **C** demonstrates the slight groove observed at the junction of the chin with the submental region. This groove is often behind the mandibular line centrally and tends to cross it laterally. **D** represents the chin, **E** shows the lower lip, **F** depicts the junction of the submandibular region with the central columnar portion of the neck, and **G** represents the groove just anterior to the prominence of the sternocleidomastoid muscle. **I** shows the central columnar portion of the neck.

7. Creases of the forehead are becoming apparent. The profile of the cheek just lateral to the buccolabial grooves is closer to the labial commissure. Jowling has become more severe, slight to moderate submental and submandibular fat is present. Laxity of cervical skin is marked. **A** depicts the anterior and posterior borders of the sternocleidomastoid muscle, **B** shows laxity of skin in the columnar part of the neck as well as in the submental region. **C** shows the jowling, and **D** depicts submental fat.