Autogenous Orbicularis and Fat as a Filler

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Dermal fillers have become very popular, but in patients who would like a longer-lasting effect and are undergoing a blepharoplasty surgery, we have used the removed fat and orbicularis as an autogenous graft to the nasolabial folds, lips, and glabellar folds.

We routinely place orbicularis grafts into the superolateral tissue removal area of our myectomy patients, and we elevate and suspend the SOOF pads up into the lower portion of the tissue removal area. This not only helps with incision closure but also helps avoid postoperative hollowing routinely seen in the lateral eyelids of post myectomy patients. Overcorrection can occur, so the orbicularis grafts need to be thinned and trimmed to just the area requiring volume augmentation. Over time, the orbicularis and fat grafts shrink to approximately 50 % of the original size as partial resorption and fibrosis occurs (Yen and Anderson 2003).

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In the lips, the orbicularis and orbital fat needs to be finely chopped by placing it in a specimen container and using a 15 blade or scissors to finely chop it into small particles. It can then be injected into the lips from the lateral oral commissure with a large-bore needle or cannula along the length of the lips or into the nasolabial folds. Great care must be taken, if a needle is utilized, in the glabellar region to avoid injecting into large vessels, which may cause necrosis of tissue or even potential vision loss. Many patients already undergoing eyelid surgery prefer the use of their own readily available autologous tissues over synthetic or animal-based products for filling these types of defects.

Dermis fat grafts are also outstanding fillers for post anophthalmos superior sulcus defects and as a primary graft during evisceration and enucleation surgeries. They provide additional volume to reduce postoperative enophthalmos risk and when placed over the orbital implant as an additional barrier against implant extrustion (Vagefi et al. 2007).

References

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M.E. Hartstein et al. (eds.), *Pearls and Pitfalls in Cosmetic Oculoplastic Surgery*,
DOI 10.1007/978-1-4939-1544-6_159, © Springer Science+Business Media New York 2015