Face-Lifting in the Full Neck

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John P. Fezza

The treatment of the full neck is challenging, and a defined cervicomental angle may be difficult to achieve. Correction of the heavy neck must include a detailed plan to address all components contributing to the full neck. If a patient is overweight, then weight loss is encouraged prior to surgery. Excessive loose skin can be removed and redraped; however, skin wrinkling and relapse of hanging skin must be discussed with the patient preoperatively. Setting expectations low and giving a realistic assessment of the outcome are important. Secondary tuck-up surgeries performed within the first 2 years to remove lax submental skin are a distinct possibility and should be addressed. These enhancement procedures are typically performed at a discounted price from the original surgery.

Various fatty deposits must be reduced, including not only the fat between the platysma muscle and skin but also below the platysma. While pre-platysmal fat can be suctioned, exploring below the platysma requires direct visualization because the area is more vascular. Selective removal of sub-platysmal fat can further clean an obtuse jaw angle and should be removed carefully with scissors. Full central removal of this fat may occasionally be necessary to achieve a more 90° jaw-neck angle (Fig. 177.1).

It is imperative to perform an anterior platysmaplasty on patients with full necks to allow better chin definition. Loose platysma bands should be trimmed, and a central corsetplasty can tighten lax hanging tissue. If enlarged digastrics muscles are encountered, they can be shaved and reduced prior to platysmal suturing to further create definition.

Although it may be tempting to reduce enlarged submandibular salivary glands to sculpt the jawline, this can be fraught with problems of bleeding and potential nerve palsy and should be avoided for most surgeons. Similarly, fascial release of a low hyoid bone to create an increased setback is beyond most surgeons' armamentarium.

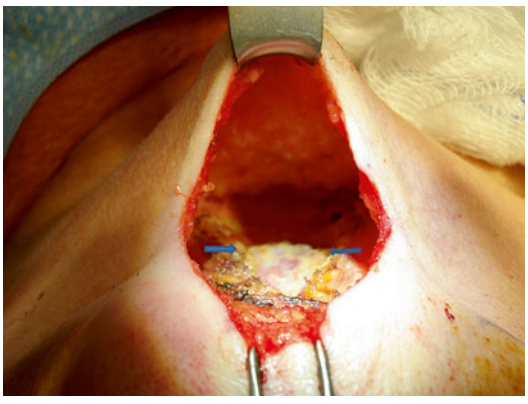

Fig. 177.1 The *arrows* indicate edges of the plastysma and no sub-platysma fat is seen between them after removal with a scissor

J.P. Fezza, MD
Department of Ophthalmology,
University of South Florida, Tampa, FL, USA

Cosmetic Services, Center for Sight,
Sarasota, FL, USA
e-mail: jfezza@verizon.net

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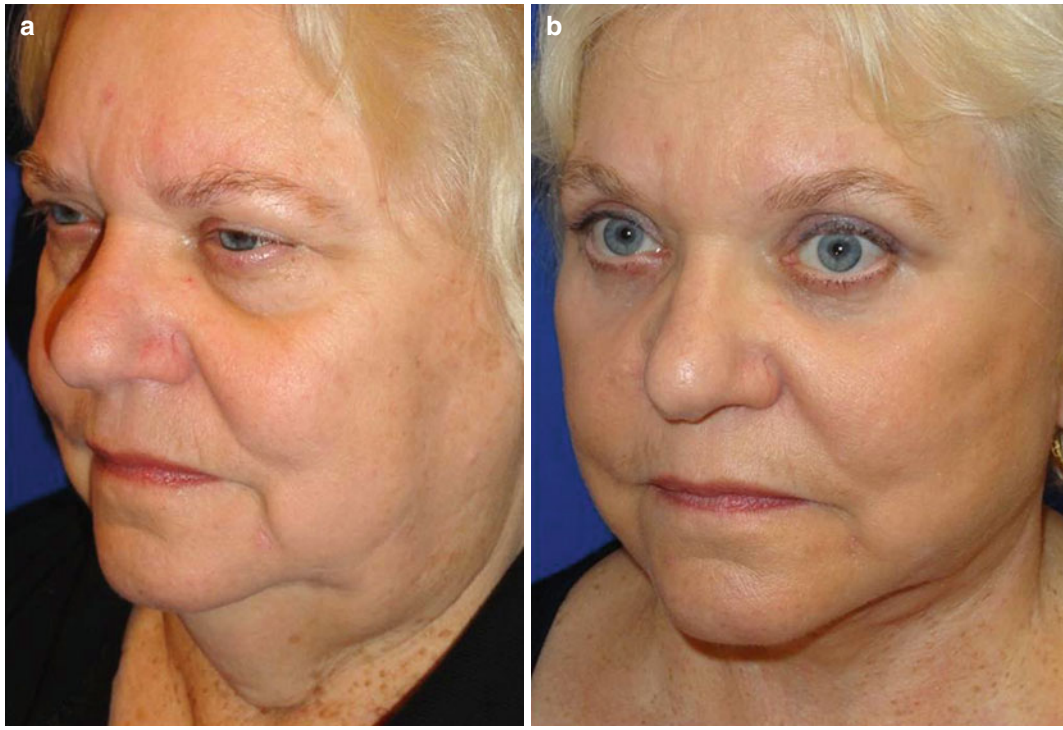

Fig. 177.2 (**a**) Full neck patient before. (**b**) After facelift demonstrating a more defined chin contour. Debulkng with pre- and sub-platysmal fat removal and platysamplasty is required

An aesthetically pleasing jaw angle can be achieved with conservative surgery addressing the platysma and fat compartments surrounding this muscle (Fig. 177.2a, b). Preoperative consulting and discussing expectations are paramount.