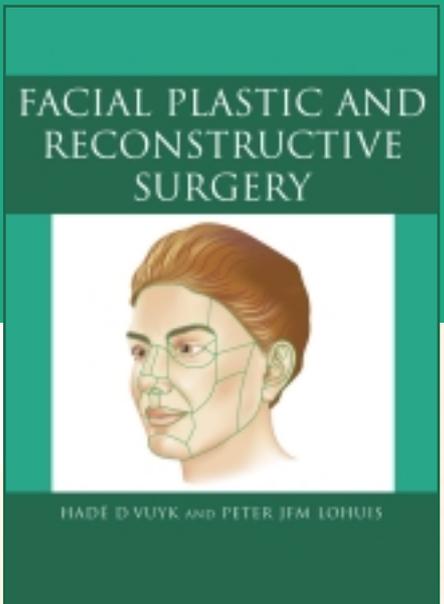


FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

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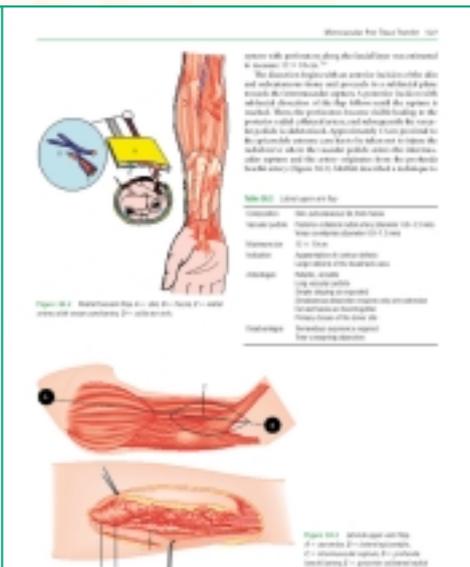
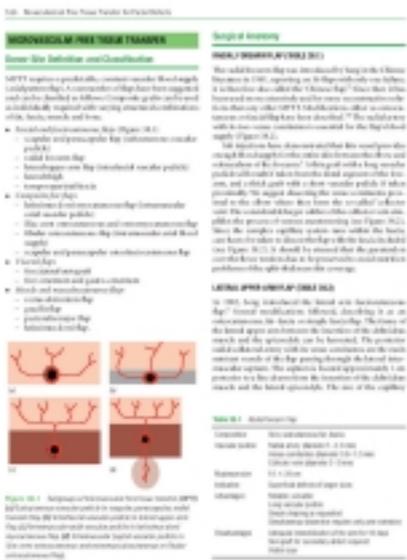
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Figure 12.3 The postauricular incision is placed in the postauricular sulcus and above the ear where the external auditory canal crosses the mastoid into the occipital region.

extensive posterior dissection of the scalp but significantly reduces the incidence of scar hypertrophy.”

Intraoperative Technique

SKIN ELEVATION AND SMAS DISSECTION

Undermining the skin begins in the postauricular region and is performed using a knife or sharp scissors. In the postauricular region the subcutaneous tissue is thin and the skin is adherent to the sternocleidomastoid fascia. The subcutaneous plane is developed carefully until the dissection is anterior to the sternocleidomastoid muscle (Figure 12.3). The greater auricular nerve, which emerges from the posterior border of the sternocleidomastoid muscle and traverses the muscle, is identified and preserved.

Elevation is continued in the subcutaneous plane superficial to the platysma. Often, the neck dissection reaches the undermining done in the submental region. The lower extent of neck dissection depends on the amount of redundant skin present (Figure 12.4).

After undermining the neck, elevation is performed in the temporal region. Temporal elevation is usually required when there is excess tissue in the lateral brow and lateral orbit region, which is repositioned when the cheek tissue are pulled superiorly, to prevent bunching. The temporal incision is made through the galia and the superficial layer of the temporal fascia is identified (Figure 12.5). Undermining is performed in this layer to the zygomatic arch and the lateral brow.

The preauricular elevation in the subcutaneous plane is continued anteriorly up to 2–3 cm or limited to a line drawn from the lateral canthus to the angle of the mandible. Beyond this line the facial skin is left attached to the SMAS (Figure 12.6). During the dissection in the temporal and the preauricular region, there is an uninterrupted bridge of SMAS and



Figure 12.4 In the postauricular region the subcutaneous fat is thin and firmly adherent to the fascia, so careful dissection is done to preserve the great auricular nerve.



Figure 12.5 The lower extent of subcutaneous dissection in the neck depends on the amount of redundant skin.



Figure 12.6 Temporal incision through the galia and the plane of dissection is above the temporal fascia.



Figure 12.7 An uninterrupted bridge of SMAS and subcutaneous tissue at the level of the zygomatic arch protects the frontal branch of the facial nerve. The temporal deep dissection is connected with the preauricular superficial dissection by cutting through the superficial temporal fascia 1 cm below the hairline.



Figure 12.8 The malar fat pad is elevated and fixed to the zygomatic fat pad with a permanent suture.

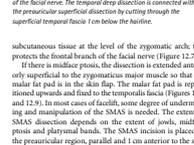


Figure 12.9 The malar fat pad is elevated and fixed to the zygomatic fat pad with a permanent suture.



Figure 12.10 The SMAS flap is elevated and fixed to the zygomatic fat pad with a permanent suture.

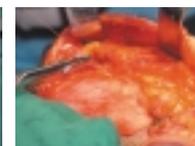


Figure 12.11 The SMAS flap is elevated and fixed to the zygomatic fat pad with a permanent suture.

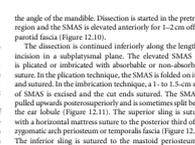


Figure 12.12 The SMAS flap is elevated and fixed to the zygomatic fat pad with a permanent suture.

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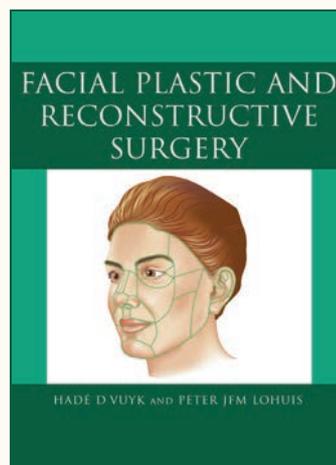
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