
Preface

The concept of addressing the aging midface in aesthetic surgery is less than three decades old. Advancements in our understanding of the anatomy and the pathophysiology of aging, as well as an increased aesthetic awareness of the three-dimensional changes in the curves and contours of the lower eyelids and the tissues of the cheek beneath them, have led to the development of multiple techniques to rejuvenate this area.

The oculoplastic surgeon who confines his or her practice to upper and lower eyelid cosmetic blepharoplasty unfortunately cannot ignore the significant role played by midface ptosis and volume loss in the overall morphology of facial aging. The facial plastic surgeon, or the general plastic or cosmetic surgeon, who assumes that cheek issues are addressed adequately with face-lift, or the dermatologist who believes that augmentation of the nasolabial fold, the tear trough, and the cheek adequately deals with midfacial aging all now must give careful consideration to the multifactorial processes at work that give rise to the aging changes seen in the midface. These changes are often the first ones that bring patients into the aesthetic surgeon's office, and a complete understanding of all the options open for correction in this region is a necessity for any practicing aesthetic surgeon.

The midface is also an area of controversy. Many of the procedures that have been innovated over the past 20 years are complex and are associated with steep learning curves and new complications. Some of these complications are difficult to manage. Some surgeons are skeptical of the longevity of the procedures designed to correct changes in this area. Many have adopted a particular procedure, only to have abandoned midface surgery altogether for any of these reasons. Barbed sutures, for example, initially promising and approved by the FDA for midface procedures, are no longer available for midface lifting. Silhouette sutures (Silhouette Lift, Corona, California) may provide long-term success, and we await long-term studies of patients treated with these devices. We do not feel that enough clinical experience has been published to include a section on them in this text. No doubt, there will be other techniques, procedures, implantables, and devices in the next decade to make a second edition updated version of this text a necessity.

The purpose of this book is to detail the anatomy, the aesthetics, the pathophysiology, and the many variations of the procedures that address the midface. Some of these procedures are accomplished from the transeyelid approach; in others, the midface is addressed from the temporal region or

from a facelift approach. Each author who describes a surgical method has a unique approach to the midface based on their particular understanding of the region as it ages, and highlights the pathophysiologic aspects that the procedures they describe specifically corrects. As a consequence, we have deliberately retained each author's description of the anatomic basis of midfacial aging. While repetition may lead to learning in this complex area, our intention is instead to allow the reader to peruse each chapter as a self-contained unit and to understand the rationale behind the author's technical steps.

It is often said that if a problem has more than one surgical technique, that no one procedure works definitively. Despite the variety of techniques described in this book, we do not feel this way about midfacial surgery. Success in midfacial surgery can be attained with many different techniques. However, it is only with a comprehensive experience of many of these procedures that the reader will be able to find a technique that works well in his or her hands.

Further research in midfacial surgery will no doubt produce new techniques with differing complications and new technologies and devices that simplify the surgery. No doubt, we will also elucidate new causes for the changes that occur in the midface as we age. Future studies will also assess the comparative longevity of midfacial surgical techniques using the tools of evidence-based research.

Midfacial surgery is here to stay. We hope this book serves as a useful introduction to the neophyte and to the seasoned surgeon as well.

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Midfacial Rejuvenation

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