

QuickLift addresses facial sagging with minimally invasive procedure

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Quick READ

The QuickLift was devised by Dominic A. Brandy, M.D., as a modification of the S-lift to achieve rejuvenation of all degrees of facial sagging in a minimally invasive procedure. Dr. Brandy describes some of the features of the QuickLift that account for its benefits and outcomes in his experience in 800 cases.

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— Dominic A. Brandy, M.D.
Pittsburgh



Dr. Brandy

Orlando — The QuickLift is a minimally invasive procedure that provides rejuvenation outcomes comparable to a traditional facelift without the downsides, said Dominic A. Brandy, M.D., at the 22nd Annual Scientific Meeting of the American Academy of Cosmetic Surgery, here.

“Like a traditional facelift, the QuickLift affords favorable cosmetic outcomes for patients of all ages, including older individuals with more extensive facial aging. However, it takes about half the time to perform, can be done under local anesthesia without IV sedation, and is associated postoperatively with a much faster recovery and no need for bandages,” explains Dr. Brandy, who is medical director of the Skin Center, with offices in Pittsburgh and Ohio.

Dr. Brandy introduced the QuickLift in 2004 as a modification of the S-lift, because he felt the latter procedure was suitable only for relatively young patients who did not have marked sagging of the neck and jowls. To achieve greater rejuvenation in patients with more advanced facial aging, he altered the incision, introduced a double concentric purse-string versus a U- and O-shaped purse-string suture, added more aggressive undermining inferior and posterior to the earlobe, and changed the direction of skin advancement.

In contrast to the lazy S incision used in the S-lift, the QuickLift incision begins superiorly 3 mm behind the temporal hairline, extends to the preauricular area, and then ends in the posterior crease of the earlobe with a 1 cm to 2 cm hockey-stick incision made parallel to Langer lines.

“This longer incision extending all the way to the temporal peak allows removal of about 2 cm to 3 cm of skin in the periorbital and temple regions and greater superior advancement of the flap,” Dr. Brandy says.

Hairline unchanged

Another advantage is that the temporal hairline is unchanged after the QuickLift, whereas it is moved back about 1 cm to 2 cm with the S-lift. However, when creating the incision, beveling the scalpel at a 45-degree angle away from the hair is important to enable regrowth of trapped hair matrices within and in front of the scar by three months.

The revised incision also allows the advancement vector to be directed more superiorly with the QuickLift compared with the S-lift: 60 to 75 degrees vs. 45 degrees. That difference translates into a benefit for greater lifting of the neck and jowls using the QuickLift, thereby

avoiding any need for extra undermining that can significantly extend postoperative recovery.

For the purse-string suture, Dr. Brandy uses an encircling double purse-string technique. First, a smaller, circular purse-string is made by taking 10 1.5 cm grasps of the superficial musculoaponeurotic system (SMAS) with 2-0 Ethibond. Then, a larger purse-string is made concentric to that, grabbing and tightening the platysma.

“The anchored purse-string suture itself has two major advantages in that it allows significant SMAS tightening in a very small space to afford good results with minimal undermining, and it carries a negligible risk of ripping through the SMAS, since the total force it exerts is distributed among each of the throws. In addition, as the suture is pulled, the tissue is crunched together forming ‘gyrae,’ and I believe it is the crevices between those gyrae that scar down to create permanency of the result,” Dr. Brandy says.

By grabbing and tightening the platysma with the second purse-string suture, the QuickLift also addresses platysmal bands and thereby is able to provide a result that is comparable to a conventional facelift, he says.

Adjunctive techniques

Prior to performing the QuickLift, neck liposuction is performed in almost all patients. For patients with more prominent jowls, conservative jowl liposculpting is done. Fat removed from the neck and jowls is then injected into the marionette lines and cheeks. After the QuickLift is completed, a small submental tuck is done to remove excess skin in an anterior-posterior direction. In addition, Dr. Brandy places three notches in the platysmal bands if they are very highly prominent preoperatively.

So far, Dr. Brandy has performed the QuickLift in about 800 patients, including men and women. Follow-up shows there is minimal return of laxity at three months postoperatively, while thereafter, with follow-up to one year, the outcomes are very stable.

“Overall, patients have been very pleased with the natural appearance achieved with this lifting procedure. However, I do recommend having a radiofrequency treatment (ThermaCool™) every one to two years to help maintain the results. Studies with that technology show it creates about 2 mm of collagen contraction, and that is enough to offset the 1 mm to 2 mm of sag that can occur each year with normal aging,” Dr. Brandy says.

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This article has been edited for patient purposes.

For more information:

Brandy DA. Am J Cosmet Surg. 2005;22:223-232.

Brandy DA. Cosmet Dermatol. 2004;17:351-360.