

MAG-5: UPPER AND MID-FACE REJUVENATION

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INTRODUCTION

In order to achieve the most natural results through a facial rejuvenation procedure, we, plastic surgeons, must know how to analyze the face, and deliver a personalized surgical plan for every individual patient. There is no cookie-cutter/one fits all face lift technique.

Generally speaking, most of our patients come asking for a more refreshed, younger look. Most of the time they don't come asking for an improvement on their jowling or midcheek alone, rather they want an overall improvement. Frequently, when older patients come for a consultation, they mostly write "face lift" on the medical chart by way of past surgical history. Only upon further questioning would they admit to having had a brow lift and eyelid surgery, taking this to mean a "full face lift". It is not that patients are trying to conceal their past history – it's just that they really do think these are part and parcel of a past face lift. Is there a patient who is properly educated by their surgeon and able to afford an aesthetic procedure that would ask for a jawline and neck improved, but wouldn't care about their droopy eyebrows and baggy eyelids that give them an older, tired look? They all want to look more refreshed, natural, and a younger version of themselves. Nobody wants the tight, windswept look, and nobody wants to change their facial characteristics and look like someone else (if a patient requires something different, I personally choose not to operate). Certainly, we all have a choice: they, to select another surgeon and I, not to operate on every patient. A patient and their surgeon need to be in agreement and in agreement on most aspects of the procedure.

Coming back to the analysis of the face as a whole, this is divided in five different sub-units: upper face, mid face, lower face, peri-oral region and skin.

The upper face consists of eyebrows and forehead, the mid face includes the cheek tissue as well as the upper and lower eyelids, the lower face of the jowls and neck, the peri-oral region of the lips, downturned mouth corners and chin, and lastly, the skin itself is treated as a separate unit on the face.

There is not a single procedure or operation on the face that can rejuvenate all the sub-units at the same time. Most patients are not

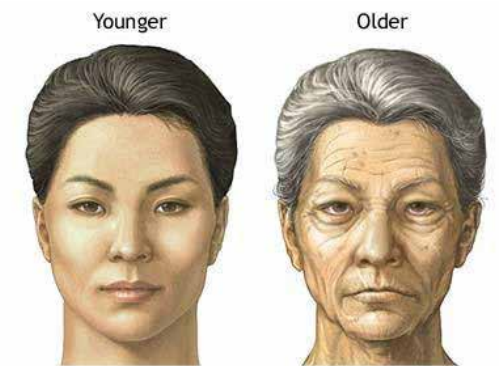


Fig: The aging face





...even if a surgeon performs all of the procedures, but fails to treat the skin, the patient would end up with a rejuvenated, younger looking face, covered with older skin.”

aware of this, but they ought to be prior to signing up for any kind of facial procedure. It's our job to analyze their face, show them all the imperfections that we feel comfortable improving, and then tell them what facial procedure will improve which area or areas of the face. All patients should be aware that “face lift” is a catch-all word for a total facial rejuvenation, and all surgeons should remember that a face lift is not a cookie-cutter procedure that will benefit all patients.

SO WHAT FACIAL PROCEDURE IS NEEDED TO CORRECT WHICH AREA OR AREAS OF THE FACE?

The upper face requires a browlift procedure. A face lift will improve part of the mid face (excluding the eyelids) and the lower face/neck. The peri-oral rejuvenation consists of lifting the downturned corners of the mouth/lips, lip shortening in selective cases, dermal fillers to define lip borders (never fat, never silicone, never lip implants, the reasons for which are outlined further down) and chin augmentation, again in selective cases. Finally fractional CO2 laser is the gold standard to improve the skin texture and quality.

Even the best face lift will not lift the brows, get rid of the eyelid bags or correct the droopy corners of the mouth, anymore than a beautifully done brow lift would address the aging neck. And even if a surgeon performs all of the procedures, but fails to treat the skin, the patient would end up with a rejuvenated, younger looking face, covered with older skin.

So we have to decide what to address first. Of course what the patient wants is important, but only when she or he is well informed. If the patient comes asking for a face lift, but in actuality wants an overall improvement of the face, and just happens to refer to the facial rejuvenation as a “face lift”, then face lift may not be the most appropriate course of action.

On the other hand if a patient states that she or he hates their “turkey neck”, but is at the same time well aware of the deep forehead wrinkles caused by droopy eyebrows (typically covered by a fringe), that patient is a good candidate for a face lift procedure.

In my opinion, upper and midface, particularly the eye region, along with the mouth area, are the most important parts of the face that need to be addressed first, even though most of my patients

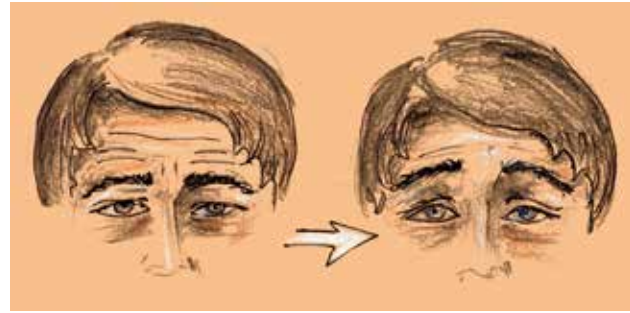
come to my office asking initially for a face lift consultation. We all communicate by looking into each others' eyes or moving lips. How many people do you see looking at your neck during conversation? Almost none.

Why are there so many women obsessed with their necks? Because they have looked at a picture of themselves, especially if the camera has caught them in profile, and noticed the sagging. They start paying more and more attention to the neck, completely ignoring other tell tale signs. I see so many patients with significant brow asymmetry, one eyebrow being lower than the other, but not really significantly enough to notice from a distance. Most patients are not aware of significant asymmetry in their mid face until I point it out during the examination - because they're so preoccupied with their neck.

There is a very similar analogy for women asking for breast implants. Female patients come for a consultation because they want to recapture the fullness of their breasts during pregnancy, believing implants to be the fix and overlooking a very important detail: the loose, saggy skin is due to deflated breasts. For whatever reason, it is very difficult for women (especially younger ones, age 30 or less) to admit that they need a breast lift. They think putting those silicone implants will be the perfect procedure with minimal scarring. Nobody wants a scar on their breasts, even though I exclusively perform short scar lifts. Not only is it wrong to put huge implants to fill the loose skin envelope, but in my opinion, it is blatant malpractice. Yet there are plastic surgeons out there who still place large implants in droopy breasts, just because that is what the patient has requested. And so it is with the face. Should we perform the same procedure on every face, even though it is not the right one? My position is: better lose a few patients but get great results by choosing the right procedure.

THE MAG-5 PROCEDURE

The MAG-5 procedure along with the Valentine mouth rejuvenation, described below, can address almost all of the sub-units of the face apart from the neck. The MAG-5 procedure was initially developed by my mentor Dr. Flowers, and we subsequently published the technique in the “Clinics in Plastic Surgery” journal (1) as well as presented it at numerous conferences.



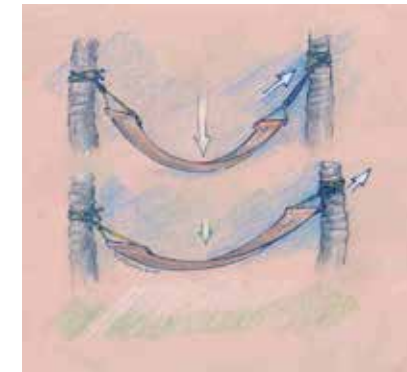
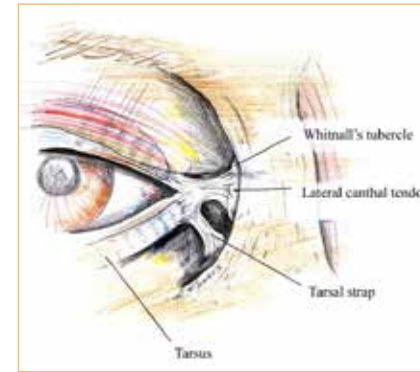
Droopy eyebrows causing forehead wrinkles, and interfering with vision due to lateral hooding of the eyelids

MAG-5 consists of a coronal brow lift, forehead rejuvenation, removal of the corrugator (frown) muscles, upper and lower blepharoplasty along with lower eyelid tightening (canthopexy) and subperiosteal mid cheek lift. All the components of this technique are intertwined and performed together in a single setting. Brow lift, forehead rejuvenation, and upper blepharoplasty can be done as a stand-alone procedure, however if the lower eyelid needs to be addressed, this should be done with the rest of the MAG-5 to achieve the best results. I personally do not perform isolated lower eyelid procedures anymore.

One sees many botched eyelid surgeries from insufficiently trained surgeons who seem to believe that eyelid surgery consists of simply cutting the excess skin, removing the fat pads under the lid, and suture the skin, all of which is the absolute worst a surgeon can do to a patient's face. Botched eyelid surgery is impossible to hide and fixing it is even more complicated than doing it right in the first place. Botched eyelid surgery results in either ectropion (a condition in which the lower eyelid turns outwards), with too much sclera (the white of the eye) showing laterally and with round looking eyelids, and/or a hollow look with an exacerbation of the tear trough deformity. Ectropion is due to too much skin removal, lack of canthopexy sutures and lack of midcheek support. Hollow eyes are the result of too much fat removal, absence of canthopexy and midcheek support to cover the tear trough.

The Mag-5 procedure will prevent these problems from occurring while giving patients the most natural and rejuvenated eyelids and face. As we age, the eyebrows lose their secure attachments to the bone, and start sagging. Sometimes this sagging is so severe that, it interferes with the vision, and the person constantly raises the eyebrows in order to see, which creates deep forehead wrinkles. The frown muscles between the eyebrows further exacerbate the problem (2, 3).

The coronal brow lift component of the Mag-5 will lift the eyebrows to their natural position, giving them a youthful and sexy arch (3). The removal of the frown muscles during the brow lift improves the deep frown wrinkles in between the brows. This eliminates the need for botox in the glabella lines, because there is no muscle to inject any longer. Lifting the brows minimizes the



Change in eyelid shape and tone due to loosening of its attachments to the bone

need to raise them constantly (we raise our brows to compensate for loss of vision when they are too low) which in turn improves or even altogether eliminates transverse forehead lines/wrinkles.

The eyelids are securely attached to the bone with tendons and ligaments. With aging, these secure attachments get loose, and the lower eyelids start to sag.

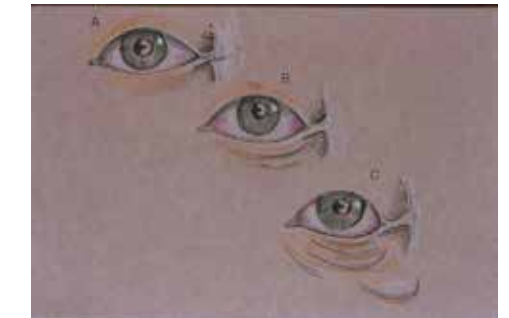
The beautiful and youthful almond shape eyes then become round and tired looking, with excess skin and fat bags.

The lower blepharoplasty component of the Mag-5 procedure eliminates skin excess conservatively and helps improve under eye bags by either repositioning the fat or removing it partially. A canthopexy is a vital component of the Mag-5, restoring the youthful almond shape of the eyes. Doing anything to the lower eyelid skin without recreating its tone will make matters worse, and will cause the "round eye" deformity, as shown below. This lady underwent a traditional lower eyelid surgery, which did not address the lower eyelid tone. She lost her excess fats, however ended up with round, hollow, and more saggy eyelids.

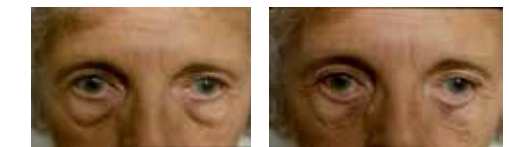
Tear trough deformities are present in half the people asking for blepharoplasty. This can only be corrected by filling in the anatomical defect by properly done mid-cheek lift, which is another vital component of MAG-5.

Mag-5's midcheek lift differs from the traditional facelift. Instead of pulling the face eastward and westward, Mag-5's subperiosteal midcheek lift raises the face northward, repositioning the tissues rather than pulling them sideways. All these components are performed as a single surgery, giving the entire face a rejuvenated, natural and refreshed look. The results are also far longer lasting than with traditional facelifts because we don't rely on the skin for support - rather, the tissues are suspended to the cheek bone for more secure and longer lasting fixation results. The incisions are essentially invisible, because the eyelid incision is placed right under the lash line, while the forehead incision is within the hairline.

The only drawback of Mag-5 procedure is the longer recovery period - 2-3 weeks - due to the extent of surgery in the area of the eyes. The flipside of this is that the results are not only longer lasting but also get better with time.



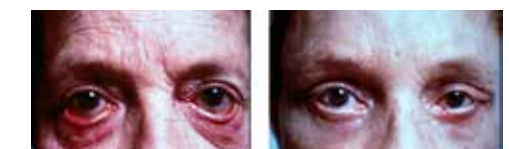
Aging lower eyelid



A botched lower eyelid surgery was performed by another surgeon without canthopexy, which is a vital component of any lower blepharoplasty.



The tear trough deformity under the eyelid was corrected by MAG-5 procedure



Another botched eyelid surgery performed by another surgeon, which caused significant ectropion. This severe complication was corrected by canthopexy and subperiosteal midcheek lift components of MAG-5 procedure.

SEVERAL BEFORE AND AFTER RESULTS OF MAG-5 PROCEDURE:



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If the Mag-5 procedure is performed competently, it is complication-free and can also address complications that might have arisen from previous procedures.

Mag-5 is an outpatient procedure which takes about 4 hours, with the patients being able to go home after surgery. A pressure bandage is applied over their eyes and forehead for the first night and the dressing is removed on post-op day 1. Eyelids sutures and scalp staples are removed after one week.

VALENTINE MOUTH REJUVENATION

The mouth is one of the most important aesthetic units of the face. Along with the eyes, it is one of the primary foci of human communication. It has the power to override eye messages, and owns the dominant role in broadcasting the disposition. Due to abundance of fillers on the market, as well as doctors lacking the aesthetic touch, one sees a multitude of what is commonly referred to as "duck lips". The sad thing is, many patients seem to think their lips look good and even sadder, their surgeons do too. Problems cannot be fixed if neither patient nor surgeon is able to see them as such.

The basic mistake many surgeons make is to focus excessively on lip volume, hoping that in making the lips bigger, they would fix all the age-related issues in the mouth area. Injecting fillers in a lip, particularly the aging lip (30 years or older), is like inserting an implant in a saggy breast. The lip may be bigger but not prettier. What happens when the lip ages along with rest of the face? It doesn't just get smaller; it also loses its natural curves and shape. With age the corners of the mouth start turning downward, resulting in a sad, grumpy look.

The upper lip also elongates with age and the distance between the base of the nose to the lip border increases. Because of this, the lip literally disappears inside the mouth as does the vermilion border. Skin quality around the mouth also changes with age, and vertical lip lines start showing even in people who are not smokers. The end result is elongated, thin lips with no definition, downturned mouth corners and multiple vertical smoke lines on the upper lips.

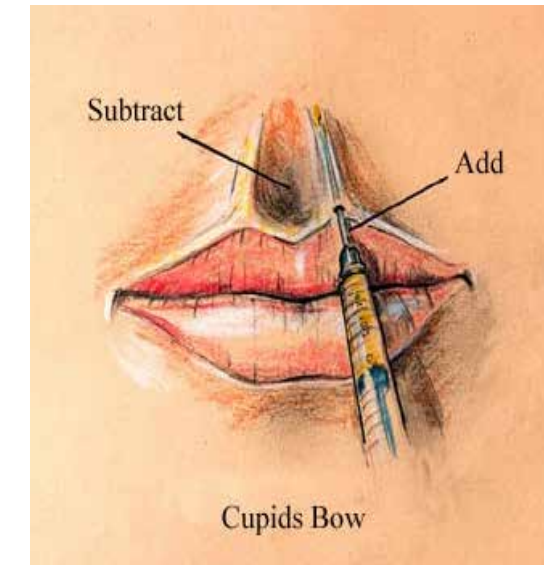
Valentine mouth rejuvenation is an easy, office based procedure, performed under local anaesthesia only, and it addresses every single component of the aging mouth. Valentine mouth rejuvenation



Unnatural duck lips created by a surgeon who is not well trained in mouth region.



Upper lip shortening performed in selected cases to restore the natural volume of the upper lips.



Injection of the soft tissue filler to the lip lines (vermilion border, cupid's bow, and philtral columns)

SEVERAL BEFORE AND AFTER RESULTS OF 'VALENTINE MOUTH REJUVENATION'



Above: CO2 laser resurfacing of the skin around the mouth

consists of lip lift (corner of the mouth lift, upper lip shortening or both), injection of soft tissue filler (to the lip lines and vermilion border only), and peri-oral CO2 laser resurfacing of the skin of the mouth.

A small lop-sided heart shape skin is removed from the corner of the lip and when the skin is sutured, the negative line becomes a positive one.

If the upper lip is thin due to elongation, an upper lip shortening is performed, and the natural volume of the lip is restored by shortening the distance between the base of the nose and the lip line.

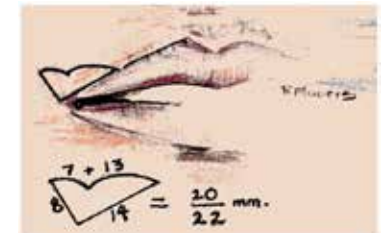
Soft tissue fillers are only used to redefine the vermilion borders, the cupid's bow, and the philtral columns (the vertical groove in the middle area of the upper lip). Essentially no filler is injected into the lip itself, thus avoiding unnatural results.

The end result is naturally full, well defined, sexy lips. See several before and after results of Valentine Mouth Rejuvenation procedure.

The vertical smoke lines are addresses by CO2 laser resurfacing, not by pumping up the lips with fillers.

The Valentine Procedure is not advised for surgeons who lack extensive experience/background in aesthetic surgery. After all, I, as a plastic surgeon, would not make a good brain surgeon for the same reasons.

The ready availability of a syringe of a soft tissue filler to general medicine doctors, dentists, or dermatologists, does not mean that they should be offering lip rejuvenation, if the goal is to create youthful, attractive, and most importantly, natural lips. ■



Valentine procedure. A lop sided heart shape skin is removed from the corner of the mouth, and when the defect is closed, the downturned corners are corrected, and the sad/negative line is converted to a happy/positive one.

References:

1. Flowers RS, Ceydeli A. Mag-5: A magnificent approach to upper and mid-facial "magic". *Clinics in Plastic Surgery* 2008; 35(4):489-515
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