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Blepharoplasty with orbicularis augmentation and orbicularis lifting

Statement of the Problem: Blepharoplasty is thought to be the simplest procedure of the upper eyelid. The resection of orbicularis muscle to a lesser or greater extent performed usually, without any goal and without consultation with the patient. By this way, the orbita will be seen much more opened, but also much more empty and hollow. All this cannot promote a youthful look, than youthful means also "full" that means filled and not hollow. The second great problem in every blepharoplasty is that the brows are pulled always downward after removing of a large amount of upper eyelid skin.

Method: The standard blepharoplasty is performed by saving and imbricating of the orbicular muscle with which an augmentation of the hollowed orbita is done. More than 200 cases were operated with this method. In further, five cases an additional orbicularis lifting blepharoplasty was made, by which the periorbicular, orbicular muscle dissected, elevated and anchored in a higher position.

Findings: The augmentation blepharoplasty rejuvenates the periorbita region bringing a youthful look in every case and no cases arise with skeletonized or older look. The scar quality was very good in 96% of the cases. Applying additional periorbicular myotomy, shifting and re-anchorage of the orbicularis muscle, a further improving of the brow-position and SOOF is achieved. The upper eyelid and brow region are "opened" with natural and discreet elevation of the brows and with restoration of the natural and youthful brow-tarsus distance.

Conclusions: The usual practice of simple blepharoplasty, which includes removing of the upper eyelid muscles without reason, should be reconsidered. Promoting of a skeletonized orbita by a young lady should be avoided and the orbicularis augmentation should be considered especially by older patients with thin skin envelope, before a blepharoplasty.

Biography

Thomas Haffner is a Board Certified Reconstructive, Vascular and Cosmetic Surgeon in Germany. He was trained in the Reconstructive-Plastic Surgery and Senology Section at the Semmelweis University, Budapest. He is specialized in Vascular Surgery and has worked as Department Leader in German clinics. He was a Resident Assistant under Professor Rettinger in Ulm. In 2000, he established his private clinic for vascular-reconstructive and aesthetic surgery in Cologne, Germany. His primary focus is the breast and facial surgery using minimal invasive and endoscopic methods. He invented the innovative vertical scar free reconstructive 3D mastopexy.

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