

## **Cosmetology 2015: Scarless immediate facelifts (Endopeel techniques or muscular repositioning)- Alain Tenenbaum- University of Paris, France-Alain Tenenbaum-University of Paris, France**

### **Abstract**

The immediate non-invasive true medical face lifts using muscular repositioning without volume augmentation by myoplasty, myopexy and myotension (called Endopeel techniques) may be a new weapon for facial plastic surgeons as cosmetic dermatologists. A true facelift may be a technique resulting in a skin excess which can be removed, to perform an honest skin tension without exaggeration (to avoid necrosis), which without any volume augmentation. The Endopeel techniques can lead if decided by the facial cosmetic surgeon to a pretragal skin excess, which may be removed, which too without volume augmentation. These techniques can be proposed to patients wishing to maintain the benefits of a surgical face lift, to patients which are not candidates for the surgery, to surgeons who want to finish their surgery working on the forbidden areas for the surgery (terminal ramifications of the facial nerve) and/or the areas which aren't reachable form in invasive surgery. The advantages of these techniques are important for the patients: the immediate effect, the absence of scars, the absence of down time, the absence of social eviction, as the transitory complications which are limited only to short duration edema and ecchymosis which may be avoided with the use of some medications. Facial paralysis can benefit too of those techniques to decrease the social aspect official asymmetry. Warning about so called "Medical facelifts"

- Facelifts with fillers do not exist, as fillers increase the mass and volume of the facial treated area instead of removing the excess of tissue

- Mesolift is not a good terminology as mesotherapy never leads to excess of tissue

- Botulinum toxin never leads too to any surgical tissue removal, as it atrophies the muscles and paralyzes them

- The threads are creating a suspension of tissues and in English suspension or lift (towards up) can be used as lift. But on the surgical point, medical threads don t lead to any skin removal.

- Actually only surgery or the, end peel, techniques can lead to a skin removal which is in excess.

Benefits and advantages for the facial cosmetic surgeon and/or the cosmetic dermatologist

- To perform a scarless true facelift with an immediate result, without using volumetric medical devices or paralyzing drug.

- To perform an immediate facelift without undermining leading to a pretragal skin excess which can be removed easily or which can be hidden with specific not PDO threads which will help to make an appropriate repartition of the skin excess, socially acceptable.

- To give back the lost tension to muscles involved in a facial paralysis.

### **Techniques chosen**

- Intramuscular trivectorial injections using the surgical logic of a facelift require a basic anatomico physiological

knowledge to understand a nasal labial furrow lifting on one side and to lift the sadly baggy low jowls on another side as to make a recontouring of the mandible.

- A special protocol allows also getting a pre tragal skin excess which can be removed as a dog ear excision or with the not PDO threads scarless technique, with a certain amount of Endopeel carbolic acid. This interesting strategy allows an extended duration of Endopeel effect keeping a mini invasive lifting technique using the crises crosses technique with a multiholes 2.0 mm cannula.

#### **Patient's selection**

- All patients who desire a surgical or a not surgical can be candidates, as those not being candidate for any kind of filler injected in the naso labial furrows (the fillers not only can give unaesthetic aspects called rolling bulges, but are too often sources of complications like granulomas, necrosis, migration, nodules etc.), just as those which have the first semiological signs resulting in the proper indications of face lifts.

- Patients with irreversible facial paralysis are good candidates for Endopeel techniques which can give them less asymmetry (static as dynamic) and restituting them almost their social appearance before the facial paralysis event.

- Our criteria of exclusion are: exaggerate alcoholic patients, heavy smokers, pregnant women, subjects under 18 years, patients known with allergy to peanuts and arachides, or those having antecedents mentioning a Quinke edema, All the patients without any exception when the outside temperature exceeds 40°C are also excluded, because edema can last for 1 week but regress under corticotherapy if this one is given right before beginning the procedure.

- The ideal candidate is not alcoholic nor smoker, not allergic to peanuts and arachides, in apparent good health, with an age range between 20 and 85 years, neither

fat nor too thin, eager of immediate face lift without surgery and scars.

#### **Benefits and advantages envisaged for the patients**

- The face lift effect is immediate and is perfectly visible 30 minutes after the end of the treatment with a maximum result 3 days after the procedure.

- The face lift effect is early and can be relayed by the late peeling effect, specific to the techniques Endopeel.

- The treatment can be ineffective in 8% of the cases (bad technique).

- The effectiveness of this treatment increases with the amount or the repetition of the procedures because the essential muscular tone are going to be thus increasingly high on the size of the tension of this last.

- It is easy to prove objectively the effectiveness of this treatment by treating, for example, only one half faces on the same patient and by making a comparison between the treated half face and thus the controlateral untreated one by pure visual inspection, or by photographic images, or by using cephalometric points of reference.

- These same parameters are taken again to evaluate the duration of the results objectively.

- within the field of safety, thus far and since 18 years these techniques began to be used, no legal procedure against a physician using the techniques Endopeel was announced and/or indexed to our knowledge. The only complications met are only transitory, like edema ecchymosis which never exceeds 10 days in worst cases without medications. Allergy to arachides can occur 10 days to 14 days after the treatment with bruising, itching, redness and disappears under the association of antihistaminic coupled with corticoids for at least 3 consecutive days.

- The report/ratio benefit cost of the treatment is accepted within the large majority of the cases.

- Less asymmetry and none social eviction for patients affected with facial paralysis.

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Alain Tenenbaum  
University of Paris, France

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