

Contour Threads Case Report Series

CONTOUR THREAD PROCEDURE FOR TOTAL FACIAL REJUVINATION LONG-TERM RESULTS

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INTRODUCTION

Noninvasive cosmetic enhancement of the face presently utilizes injections, laser resurfacing, radiofrequency; intense pulse light (IPL) and an assortment of chemical rejuvenation treatments with modest results and poor long-term effects.

Within the space between these noninvasive techniques and the full invasive facelift procedures lies the new contour thread facial rejuvenation procedure. This technique opens up a whole new option for a large new group of patients who would not have been receptive to any other procedures available previously. The recent long-term follow-up (greater than 1 year) has shown contour threads to result in a very good result with excellent patient acceptance.

PATIENT SELECTION

Patient selection is one of the most important points to consider. It is stressed to prospective patients that contour threads will not equal the results that an open facelift can create but will make a significant improvement in the facial aging process, both immediately and in the long term. The ideal patient is one with mild to moderate facial laxity, paying particular attention to the mid-face and neck area. (See Figure

PROCEDURE

The patient is given oral Valium 5 mg and Percocet 5 mg along with Dramamine 10 mg 30 minutes prior to the actual procedure. A buffer solution of 0.5% Lidocaine with epinephrine 1:200,000 is mixed with sodium bicarbonate (to lessen the stinging effect). This is injected to the incision sites on the temporal scalp and postauricular area as well as the proposed needle pathways. This is accomplished with a 27-gauge needle and 24-gauge 4-inch spinal needle.

Incisions are made, with a small 1-cm to 2-cm incision in a temporal hair-bearing area, for introducing the contour threads (2-0 polypropylene suture) for the mid-face lift. A small incision is also made in the postauricular area behind the earlobe and immediately over the mastoid process for introducing the sutures for the neck lift.

MID FACE AND JOWL ELEVATION

Attention is drawn to the elevation of the ptotic SOOF and malar fat pad areas to help elevate both of these key anatomical areas with contour threads. The threads are placed from the temporal 2-cm incision. The clear non-barbed segments, of the sutures, are placed subcutaneously while they reside above the zygomatic arch area. To avoid palpation of the suture,

the subcutaneous plane of skin is gently pinched between the thumb and index fingers. Over the malar eminence and below the zygomatic arch, the suture is placed deeper into the SMAS level and slowly introduced with a weaving action before it exits with a slight curve. These threads are then anchored to the temporal fascia and pulled in a cranial direction. The barbs are then engaged with gentle digital pressure. At the exit points, suture knots are tied and kept well below the subcutaneous level to avoid suture palpability. For the submalar area and corner of the mouth regions, the same principles are followed and the sutures are placed deep into the SMAS level in the lower third of the face. In this area, sutures are kept lateral to the nasolabial folds. Sutures are secured and tied, as described above.

NECK LIFT

For the neck lift, a small 1- to 1.5-cm postauricular incision is made over the mastoid notch or groove immediately over the mastoid. The first contour thread is placed in the subcutaneous tissue along the lower border of the mandible and exits at the lateral edge of the platysma, prior to the midline. Subsequently three additional threads are placed initially in the subcutaneous tissue and then traversed into the deeper muscular plane immediately after the mandibular angle. They exit at the lateral border of the platysma, at the midline. The sutures are then trimmed and the barbs are then set. The incisions are closed with a 4-0 chromic suture in both the postauricular and the temporal areas.

Steri-Strips are utilized and applied to the face with cranial-directed traction. Steri-Strips are also applied to the neck area in a similar fashion. The patient's face and neck

are gently dressed with elastic foam dressing for 48 hours to avoid any initial tension in the wrong direction along the barbed section of the sutures. Patients are advised to avoid excessive facial mimicking and movement, and laughter for 96 hours. Patients are then seen in the office in 48 hours for dressing removal. This occurs after 48 hours. All facial cleansing and washing are advised to be done in a cranial direction to avoid disengagement of the barbed segment of the sutures within the first week.

If any excessive pull or contour deformity is seen after the procedure, barbs can be released up to two weeks postoperatively. This is done with moderate digital pressure downwards over the area that appears to have a “divot” or over-tied effect. The bunching effect of skin over the zygoma and postauricular areas, and transient tightness and overcorrected look with skin tension improve over the next one to two weeks at a maximum, resulting in a very natural look. (See patient photographs for a 14-month follow-up photo and long-term result effects.)

DISCUSSION

In the 14th-month follow up, the patient expressed a high level of satisfaction with her outcome. The overall results for volumetric elevation of the mid-face and jowls were considered very good by the authors. With this particular patient, a small amount of additional fat has been added to the submalar area subcutaneously at the same time as the technique, further enhancing the overall results. The authors have been using this technique over a year now, with very good outcome on a regular basis.

It has been observed that the sutures retain their effect with the formation of a capsule (scarring) around the barbed segments and gradually retract the tissues even more over the observed time. This can be observed on this present patient, particularly in the submental and the mid-face areas.

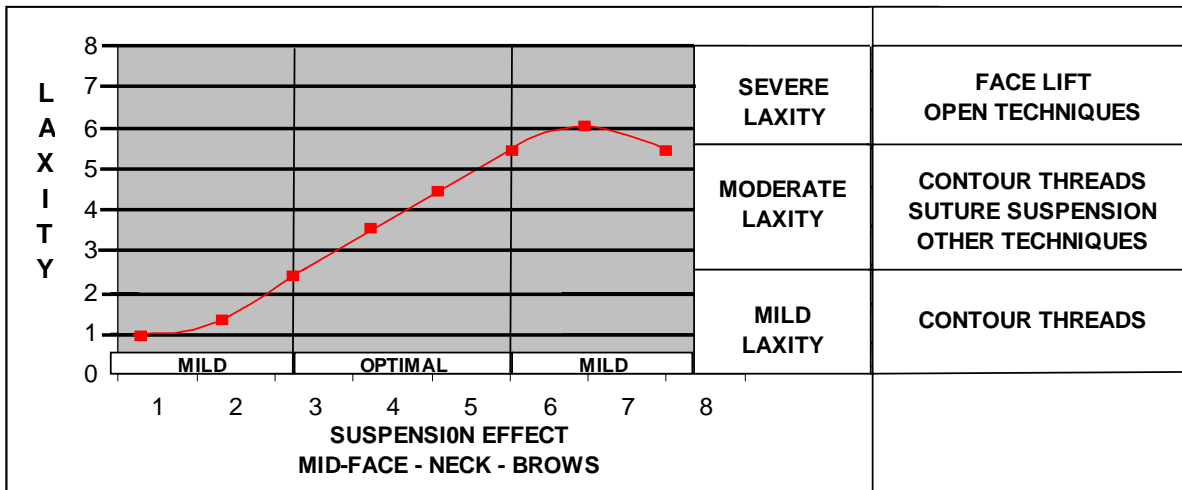
Important criteria for success are namely the patient selection as well as the technical details of biplanar needle placement.

In conclusion, Contour Threads are safe and reliable, and are an easy-to-use technique

with a short learning curve. They require no general anesthesia. They have minimal to no complications. Ecchymosis, small hematomas and facial tenderness at the incision sites as well as soreness on facial animation have been noted but resolve very quickly, all of the above usually within one to two weeks. No case of nerve injury or facial asymmetry has been encountered in the authors' series of patients.

The patients' final reports have been those of extremely high satisfaction.

(Figure 1)



PRE-OP

10 DAYS POST-OP

14 MTH. POST-OP



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