

final program

not a day over twenty-five

25TH ANNIVERSARY SCIENTIFIC MEETING

JANUARY 15-18, 2009

PHOENIX, ARIZONA

JW MARRIOTT DESERT RIDGE RESORT & SPA

4:20 pm Modification of Deep Plane Facelift to Prevent Postoperative Pre-Auricular Parotid Fullness  
SAMIEH RIZK, MD

**Objectives:** Determine success of a modification of the deep plane facelift to address rounder, fuller faces with a large, sagging parotid.

**Methods:** This is an IRB-approved retrospective analysis of 65 patients who underwent deep plane facelift using a new technique to address parotid fullness. The technique is unique in its use of superficial cautery of parotid tissue (in immediate pre-auricular region only) before suture imbrication of the SMAS. The superficial lobe of the parotid gland is also imbricated to give additional reduction of parotid volume. Partial SMASectomy is performed over the parotid prior to tight SMAS closure over the parotid gland. This all occurs before suturing of the platysma to the mastoid periosteum in the neck. Charts were reviewed for complications and cosmetic results.

**Results:** In a 7-year period, 54 males and 8 females underwent the parotid reduction technique. Cosmetic result in the pre-auricular region was excellent in all cases. There were 2 salivary fistulas which resolved spontaneously with scopolamine patch and avoiding chewing from 2-3 weeks. Collections were aspirated every 2 days until complete

resolution. All fistulas occurred during the first year of the introduction of this technique and are attributed to lack of tight SMAS closure over the parotid region. Initially, interrupted suture placement of the SMAS was performed. This was then converted to running locking suture of the SMAS. After this modification, fistula complication was eliminated.

**Conclusions:** Cautery and imbrication of the parotid is an effective and safe means to decrease postoperative parotid fullness, especially in male patients.

AMERICAN ACADEMY  
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