## Non-surgical facial contouring, facial rejuvenation and post-surgery Use of the Lift-6® Device

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The challenge of non-surgical facial contouring remains for those younger patients who are unwilling or the older patients who are unable to undergo excision or injection for their rejuvenation. While there is no "cellulite" in the face, dimples are analogous to cellulite; i.e., the presence of connective tissue bands from the deep surface of the skin to the underlying muscle. The firming and tightening of the skin of the face has traditionally involved excisional rhytidectomy, liposuction or fat injection. While the platysma muscle in the neck has been discussed at length in the literature, the muscles of facial expression have largely been ignored in the surgical literature of facial rejuvenation. Most surgeons largely address the skin by acid peels, microdermabrasion, laser resurfacing and non-ablative laser techniques. CO2 and erbium laser techniques tighten and tone the skin, but have the significant disadvantage of prolonged postoperative skin care during reepithelialization. While we employ all of these surgical techniques in our treatment of our patients, a significant percentage of our patient are not interested in surgical procedures. Recently, we began to introduce the pulsatile soft-clapping vacuum device of LPG, the Lift-6®. After treatment, clinically, there is an immediate stimulation of cutaneous blood flow, transient edema with improvement of the skin tone, nasolabial folds and periocular rhytids and a concomitant tightening of the underlying muscles. We have also begun to utilize the technique after rhytidectomy, blepharoplasty and other facial excisional procedures and to lipoplasty patients who are already receiving treatment on the body contours. Our early results with at least a dozen facial patients will be presented. Based on clinical observation of the body patients, we believe that 75-80% of patients benefit physically and almost 100% experience subjective benefits from post-operative treatment and we offer it to all of our patients in our standard protocol. Benefits include speeding resolution of edema, reducing variability of the early contours, decreasing stiffness and improving skin tone. Patients undergo a preoperative demonstration of the technique and are counseled about dieting, drinking water and exercise. The protocol is analogous for facial rejuvenation patients to that after a tumescent liposuction. Patients are examined at 2-3 days for contusion and edema and at 7 days for suitability to start post-operative therapy. Gentle, post-operative treatments begin twice weekly at 7-10 days for 4-6 weeks and are advanced in intensity as tolerated. Because neither of these procedures addresses all of the seven findings noted above, our approach to the patient is to combine therapy for a maximal result.