

Lip lifting

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Summary—The changing appearance of the upper lip may be a significant component in the "ageing face" syndrome. Its typical features are described. These can be corrected by a simple "lip lift". Complications are few and the manoeuvre has proved to be an excellent adjunct in restoring a more youthful outlook. It has little effect on "purse-string" lines of the upper lip that usually require dermabrasion or a chemical peel.

When people present for facial rejuvenation, they really want to "look better" and the surgeon should try to correct the specific faults of that patient rather than merely perform a standard facelift or blepharoplasty.

Mario Gonzáles-Ulloa (1975) pointed out that the appearance of the upper lip changes significantly with ageing. First it tends to droop and hide the incisor teeth when the mouth is just open. Then the vermillion border becomes thinner giving the patient a harsher and meaner look. Finally, the pouting of the upper lip seen in profile in the young (Fig. 1) disappears and is replaced by a convex contour as the lip bows forward and the vermillion border "disappears"

between the teeth (Fig. 2). In the light of these observations we have paid greater attention to the appearance of the upper lip and are now performing an increasing number of "lip lifts" in combination with a facelift. It must be stressed that this operation will not smooth the creases or purse-string marks on the upper lip: this is a problem that requires dermabrasion or a chemical peel.

Operative technique

The skin marking and the steps of the incision are self-explanatory (Fig. 3). The stitches are removed five days later and thereafter a little



Fig. 1 Contour of the younger upper lip: face view and profile.



Fig. 2 Contour of the older upper lip: face view and profile.



Fig. 3 Patient prepared for operation. The site and extent of the excision is marked out. Only the skin is excised. The underlying muscle is left intact. After the lip is sutured one can see a definite eversion of the vermilion border and the tips of the incisor teeth are now visible.

greasy antibiotic cream is applied to the suture line for a further week to reduce crusting and make the patient more comfortable. The lip may remain swollen and stiff for three to four weeks and final scar resolution can take anything up to

6–8 months (Fig. 4). The final result is just as good and acceptable as the scar produced by alar base excision carried out with a rhinoplasty. In a few patients, after early removal of the sutures, accidental trauma caused by pulling a sweater or



Fig. 4 Final result twenty weeks after surgery in the patient illustrated in Fig. 2. Note the quality of the scar and the fact that the purse-string lines around the lip are only marginally improved.

jumper over their heads caused wound dehiscence that required resuture. A few scars developed some thickening and imperfect suturing caused a few "stepped scars" that needed attention.

The increasing number of patients treated by "lip lifts" is indicated in Table 1, which also lists the few complications that we have encountered. Most of the patients are extraordinarily pleased with this adjunct to their facial surgery and have

often remarked that "it is the most significant change that people have noticed".

Over the years we have simplified the surgery recommended by Mario González-Ulloa and now concentrate on the following points:

- (i) The final scar is placed high up on the upper lip in the folds of the ala and along the nostril floor.

Table 1 To show the increasing use of the "lip lift" as part of a face-lift procedure over a period of 5 years and the complications encountered in lip lifts only

Year	Face lift	Additional procedures <i>Eyebrow, moles, nasal adjustment</i>	Lip lift	Complications of lift lip
1975	110	18	10	—
1976	230	75	25	—
1977	190	72	29	2 wound dehiscence thickened scar
1978	185	80	37	5 wound dehiscence thickened scar "stepped" scar
1979	220	136	81	2 thickened scar "stepped" scar

- (ii) Meticulous suture to avoid irregularities of the surface which can gather "make-up" material.
- (iii) Tailoring the amount of excision very carefully to give the desired lip eversion, display of the vermilion border and/or exposure of the incisor teeth. The skin excisions vary from 1 mm to 6 mm in vertical height.
- (iv) Meticulous haemostasis.

The operation can be carried out under general anaesthesia or local anaesthesia providing the marking is carried out before injection of the anaesthetic solution.

Reference

González-Ulloa, M. (1976). The Ageing Upper Lip. *Transactions of the Sixth International Congress of Plastic and Reconstructive Surgery*, 1975. Ed. D. Marchac and J. T. Hueston. Paris. Masson.

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