Lifting of the upper lip using a single extensive incision

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SUMMARY. In this report an operation to treat ageing of the upper lip is described, whereby a single strip of skin extending from one labial commissure, along the juxta-nasal part of the lip, to the other labial commissure is excised. Good results were obtained with this method in 12 patients operated on, and these results are presented.

Treatment of ageing of the upper lip has usually been performed by chemical or abrasive techniques. Rhytidectomies with and without simultaneous plication of the SMAS layer have also been tried. Surgical treatment usually consists of excising a strip of skin either in the transition of upper lip and nose or in the muco-cutaneous junction. Excision of a short strip of skin of the nasolabial fold has been used to treat ageing of the labial commissure.

Our objective was to achieve effective treatment of ageing of the upper lip and to this end we have developed a new technique which combines some of the methods described.

 Patients and methods

Twelve female patients with marked ageing of the upper lip, aged 56-70, underwent operation. All were fair skinned with light coloured eyes. Their lips showed the characteristic signs of ageing—notably droop, radial creases, thinning of the vermilion and an accentuated nasolabial fold.

Surgery was carried out under local anaesthesia in all cases. Strips of skin were excised as shown in Figure 1. The incision can be seen to follow the nasolabial fold, along the juxta-nasal part of the lip and along the nasolabial fold on the other side. Two small strips of skin can be resected vertically when the philtrum has been flattened (Fig. 2).

The skin was carefully dissected from the subcutaneous structures at the edges of the incisions and then sutured with 6-0 nylon. Two layers of sutures were used to achieve this, one into the deep portion of the dermis to approximate the edges and a superficial layer to appose the margins perfectly.

In patient 6, the upper lip skin was completely undermined from the deep structures in an attempt to smooth perioral wrinkling.

Postoperatively the patients were advised to take great care in brushing their teeth, to avoid opening their mouths excessively wide or grimacing and were forbidden from sleeping face down on a pillow for 3 days.

Figure 1—The incisions and the skin to be resected were drawn including nasolabial folds and upper lip in its juxta-nasal part. Figure 2—(A) Two small vertical excisions of skin can be added to the resection at the philtrum (B) Appearance after the skin resection.
months. They were also advised to stay out of direct sunlight for 6 months.

Results

All 12 patients had good results with excellent scars (Figs 3, 4, 5, 6). Patient 6 had considerable oedema postoperatively which had subsided by the third month. This did not affect the overall result (Fig. 6).

Discussion

Ageing of the upper lip occurs as a result of the degeneration of collagen and atrophy of the adjacent musculature. In addition the constant movement which takes place in this region during facial expression and the exposure of this region to intense sunlight exacerbate these effects, leading to the changes characteristic of senility of the upper lip. In addition, thinning of the lip and disappearance of the philtrum may occur.8,6
Figures 5, 6—(A) Preoperative view of upper lip lifting and rhytidectomy. (B) Six months postoperative results of upper lip lifting and rhytidectomy, with more vermilion exposed and decrease of upper lip height.

Continued muscular forces lead to a deep wrinkle in the area of the nasolabial fold. This makes the subcutaneous tissue under the wrinkle seem diminished in relation to the same tissue under cheek and upper lip.

Most of the techniques described to date are limited to correction of a particular part of the lip, such as the labial commissure or height of the upper lip. Conventional rhytidectomy with or without SMAS and plication has little effect on the upper lip beyond the nasolabial fold and thus, whereas the face as a whole is rejuvenated, the aged appearance of the upper lip is accentuated.

The techniques described in the literature to correct upper lip senility are restricted to vermilion eversion or fat graft to project the upper lip in its anterior-posterior measure.

These 12 cases operated on using our own technique had good results. The scar length is not a limitation in this procedure.
This is not an operation for beginners. To get good results the surgical technique must be meticulous as the scar is in such an exposed area. The deep portion of dermis must be sutured to avoid stretching of the final scar. The patient must be prepared to avoid all traction around the scar, even if slight.

Our method involves correction of all the features that produce senility of the lip. The nasolabial fold and vertical skin creases of upper lip could be diminished by tightening. The height of lip and vermilion exposure could be improved. This procedure had been used at a second stage 2 or 3 months after rhytidectomies to achieve best results in treatment of the ageing face. Our results indicate that it is a useful technique and encourage its application.

References


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