

A NEW INSTRUMENT FOR RHYTIDOPLASTY

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IN performing a face lift, excision of the exact amount of skin is fundamental for success. This is particularly so in the temporal region since the amount of skin excised there is the key for the rest of the skin excision. To make a precise estimate in this area, it is important to note that; firstly, the scalp skin retracts a little after the incision and if this retraction is not allowed for or corrected, the surgeon will not excise enough tissue and secondly, the skin anterior to the incision which has been elevated as a flap must be pulled back in a plane as closely as possible to that of the posterior skin and in the right amount. The common way used to mark the excision line is to move the skin flap up and down thus obtaining glimpses of the posterior wound edge and so estimate where it should lie. At the same time, the assistant must push the posterior skin forward or hold it with forceps pinching the skin, in both cases causing distortion.

Recognising these difficulties, an instrument was designed which would correct the retraction of the posterior skin and at the same time mark the points on the anterior flap in a more precise manner. During a visiting and observation period at the Cronin and Brauer Clinic, Houston, Texas, the instrument was made on my instruction and first used by these two surgeons during several rhytidoplasties. Post-operative results have confirmed the value of the instrument.

Description.—The Marker consists of a centrally hinged forceps with three teeth on the upper side and a solid metal base of the same width on the lower side, placed in such a manner that the teeth correspond exactly to the tip of the base. Under this base, two curved teeth similar to those in the upper jaw of the forceps are attached 5 mm. behind the tip of the plate and are directed forwards. The instrument is the size of a Massachusetts forceps and is constructed of stainless steel. It is obtainable from the Hoenig Instrument Company, Post Office Box 61309, Houston, Texas (Fig. 1, A).

Technique.—After the flaps have been completely dissected, three Massachusetts or Allis clamps are attached to the temporal skin at its margin and are used to stretch the skin in an upward and backward position as is the case in other methods of excising skin during a rhytidoplasty (Fig. 2). With the tip of the base, *i.e.*, the metal plate, directed to the posterior edge of the incision and with the Marker held at approximately 45° with relation to the plane of the head, the two inferior teeth are inserted on the skin and used to push it, correcting the retraction that occurs after the skin incision (Fig. 1, B).

Care must be taken at this time not to push too vigorously as the instrument gives a greater mechanical advantage than the fingers and overcorrection is quite possible. In the upper auricular region, the force used must be somewhat less than in the upper part of the temporal incision because the tissue is much looser around the ear and on the scalp and overcorrection is an even greater risk in this area. After correction of the retraction with the instrument still attached to the skin by the teeth, the handle is rotated down so that the direction of movement is parallel to the posterior flap, thus bringing the upper teeth of the Marker at right angles at the plane of incision. There will be no possibility of excision beyond the correct line if this manœuvre is carried out properly. The Marker is then pressed and three points will remain indented on the skin flap exactly

over the edge of the proposed incision on the skin flap ; they are marked with Methylene blue. The same manœuvre is repeated in several representative spots and the points are connected. The Marker may also be used in the incision in front of and under the ear, but again the possibility of overcorrection must be stressed and retraction of the

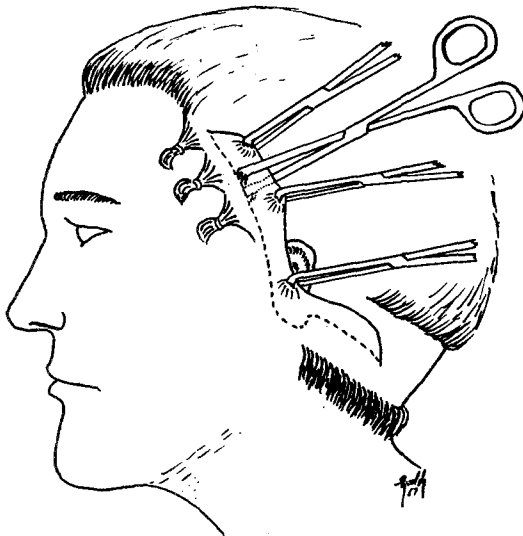
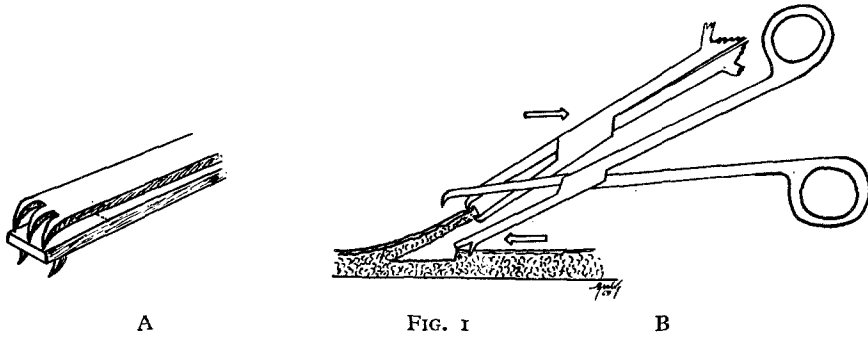


FIG. 2

Fig. 1.—A. The jaws of the Marker. B. The lower teeth are inserted into the scalp skin so that the end of the instrument lies on the skin edge. When the undermined skin is drawn upwards by tissue forceps, the points of the upper teeth mark the line of excision.

Fig. 2.—The instrument in use.

skin here is so slight that the two teeth should be used only as a landmark for the edge of the incision, without forcing the ear forward. It must be remembered that the handle must be kept close to the head so as to avoid distortion of the points marked.

Dr T. D. Cronin writes : " I would like to recommend the face lifting instrument of Dr Alves d'Assumpção. I have continued to use it and find it helpful in determining the amount of skin to be excised. The only precaution that I would suggest is, that because of the ease with which the posterior edge of the skin is pushed forward and the skin flap to be excised is pulled back, one might excise a little bit more skin than he was used to doing, thus making the closure rather tight. Also I have found that it is not always necessary to put Methylene blue on the teeth, as simply clamping down leaves marks which can be noted."