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Invited Commentary

Commentary to accompany: The cervicofacial lift under pure local anaesthesia diminishes the incidence of postoperative haematoma



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The authors present a large series (1500) of their standard cervico-facial lift (including liposuction of the neck and re-tensioning of the SMAS) carried out under local anaesthesia alone and have demonstrated only onset of an early bleeding event in 0.6% of the cases.

This is indeed for a facelift procedure a very low amount of post-operative bleeding events, as is also additional demonstrated by the series of Tonnard et al.¹ and our own series and subsequent experience over the last 10 years².

However, we should realise that nowadays such a facelift in general is only just part of an entire set of procedures for optimal facial rejuvenation. Especially the centro-facial part of the face is of crucial importance for optimal facial rejuvenation in order to get an optimal and balanced result as we know nowadays³: therefore, additional procedures are warranted such as facial lipofilling for restoration of facial volume loss and skin deterioration, upper- and lower blepharoplasty and a (endoscopic) forehead lift for optimal rejuvenation around the eyes. Centro-facial rejuvenation is so important because that is the region we mostly look at when observing a face as has been demonstrated by so-called eye tract studies; within a few milliseconds this part

makes us decide whether a face is found to be attractive or not. With such extensive procedures, the entire procedure will take significant longer than the average facelift procedure described in this article of two hours; I wonder whether this still can be done so well under local anaesthesia. Probably it can, but then in combination with sedation and the presence of an anaesthesiologist. Nevertheless, a procedure like a rather stand-alone facelift procedure can excellently be done under local anaesthesia and by that reduce the risk of post-operative bleeding events as has clearly be demonstrated by the authors.

Conflict of interest

The author declares no funding or conflict of interest.

References

1. Tonnard P, Verpaele A. The MACS-lift short scar rhytidectomy. *Aesthet Surg J* 2007;27:188-98.
2. van der Lei B, Cromheecke M, Hofer SOP. The purse-string reinforced SMASectomy short scar facelift. *Aesthet Surg J* Jun 2009;29(3):180-8.
3. Gülbitti HA, Bouman TK, Marten TJ, van der Lei B. The "orbital oval balance principle": A morphometric clinical analysis. *Plast Reconstr Surg Oct* 2018;142(4) 451e-461e.

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