Preface

Contemporary Rhytidectomy

Facial cosmetic surgery has become an increasingly prominent tenant of oral and maxillofacial surgery training and in practice. This is no doubt due to not only the increasing social acceptance and demand for rejuvenative procedures (both surgical and nonsurgical) but also with the contemporary oral and maxillofacial surgeon’s unique training and focus on esthetics. Esthetic demands are innate in dentistry and the precision, technical demands, and attention to detail involved in even the most basic dental procedures are the exact same qualities required to excel in the arena of facial cosmetic surgery. We all remember the painstaking time and effort required to shape, contour, and color even simple dental restorations in dental school. This is not dissimilar to the basic principles required in cosmetic facial surgery. Moreover, the additional hospital-based medical and surgical training impart a singular advantage to the oral and maxillofacial surgeon who desires to include cosmetic surgery as part of his/her daily practice. Few, if any, other surgical specialties involve such a variation of hard tissue and soft tissue management as oral and maxillofacial surgery. Typically, oral and maxillofacial surgery training is very trauma heavy, which requires complete anatomic and physiologic knowledge of the face and neck, as well as sound surgical principles and judgment. Other traditional surgical procedures, such as orthognathic surgery, have an inherent esthetic component. Thus, the ever-increasing presence of facial cosmetic surgery training in residencies and beyond is quite logical. It is my opinion that facial esthetic procedures should be as common for the oral and maxillofacial surgeon as it is for the otolaryngologist, plastic surgeon, dermatologic surgeon, and ophthalmic surgeon.

In the surgical arena, the rhytidectomy or “facelift” is the workhorse of facial rejuvenation and must be mastered to have a complete facial esthetic surgery practice. Truth be told, rhytidectomy techniques have evolved very little in the last few decades. It is the addition of complementary and more minimally invasive techniques that has truly advanced the procedure in recent years. Yet, the nomenclature surrounding these procedures can be quite confusing, even among surgeons. Perhaps the most precise terminology is to categorize the lift or rhytidectomy by location and degree. For example, the most common “facelift” performed would be correctly termed a lower face and neck lift. This is the procedure that is the focus of this text.

The goal of this issue is to offer the reader an introduction to the most common rhytidectomy techniques used today, as well as some of the most common complementary procedures that should be an integral part of any lower facial rejuvenation plan. Although many of these techniques are congruent, the reader will notice some conflicting opinion among the articles. This is due to the fact that no two surgeons are the same and different techniques perform differently in different hands. I thank all the authors (all accomplished and reputable surgeons with an exceptional dedication to facial cosmetic surgery) and it is my sincere hope that this text will contribute to the reader’s expanding knowledge and interest in the rhytidectomy as well as esthetic surgery as a whole.

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