LIP LIFT TECHNIQUE

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INTRODUCTION

The reasons for dissatisfaction with the lip characteristics of each individual range from intrinsic causes, such as lips considered small, thin, asymmetrical, disproportionate, changes resulting from aging, to even external influences, such as the aesthetic standard of fashion, media, celebrities (Braun, Braun & Van Ejik, 2010).

Regarding the facial aging process Paixão et al., (2011) stated that it is a complex process. Changes occur in the bone plane, in the disposition of the fatty tissue, in the muscle fibers and in the skin. Bernardo, Santos & Silva (2019) also mentioned that the skin undergoes changes such as sagging, wrinkles and loss of support, due to collagen being reduced and not establishing firmness for the epidermis. Additionally, there are changes in bones, muscles, and fat compartments during aging. Such alterations are seen all over the face and also bring about important changes in the subnasal portion of the upper lip (Paixão et al., 2011).

Specifically, in the perioral region, Santana & Junior (2021) highlighted that the signs of aging result from a combination of factors, which aggravated by gravity, which narrow the loss of volume of the subcutaneous tissue, contour, thinning of the dermis due to the decrease of collagen and elastin, and bone remodeling, where repetitive muscle movements of the perioral muscles result in ptosis of the labial commissure and deepening of the labial line, gradual and irreversible changes, which can be reduced through prevention remodeling.

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These changes can be reduced through prevention.

The signs of lip aging are visible and are mainly caused by atrophy, resulting in a combination of sagging and deflation. In both men and women, the measurements of the upper lip tend to lengthen, while its thickness and volume decrease. These changes in lip geometry result in narrowing and loss of volume (De Haven, 2020).

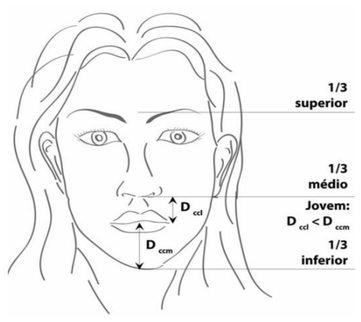
Objectives:

This poster aims to demonstrate the technique that was first published by Meyer in 1976-bull horn. A lip lift is a procedure used to shorten the upper lip for both men and women that involves removing tissue just below the base of the nose in order to reposition the lip, resulting in a more youthful appearance by revealing more anterior tooth exposure at rest. and creating a more voluminous vermilion. The procedure makes resting teeth appear, but still allows the patient to have normal lip seal (Stanley et al., 2017; Silva, Rocha & Varejão, 2022).

METHODS & MATERIAL

Figure 1 shows the vertical proportions of the face. Aging, as well as the racial component, brings variations in these proportions. For the surgical planning of the upper lip lift, it is important to observe the vertical distance between the nasal base and a horizontal line that passes through the labial commissures (Dccl). This figure demonstrates that in young Caucasian individuals this distance is lower than the vertical distance between the line passing through the labial commissures and the lower limit of the chin (Dclm).

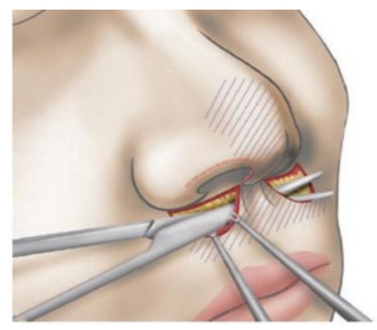
Figure 1. Facial proportions and vertical references for Lip lift surgical planning



Source: PAIXÃO et al., (2011), p. 252.

Moragas, (2014) described the direct, indirect techniques and variations of the indirect technique that the lip lift presents. In 1976, the direct technique was first published by Meyer. This technique consists of removing the white skin around the upper and lower lip with an incision that wraps around the entire border of the vermilion. In 1971, the indirect technique, which is still the most used today, was described as the bull horn. In this technique, a wavy ellipse of skin from the upper lip is removed so that the scar is hidden at the base of the nose. Figure 2 shows the illustration describing incision lines and dissection fields indicated by Jung et al., (2019). Incision lines are made on both sides of the philtrum in two separate pieces with a secure columellar area. These incisions are extended into the nostril. Gray (deviant)= dashed crease lines indicate a dissection range for upper lip tissue movement and nasal tip augmentation

Figure 2 - Lip lift technique

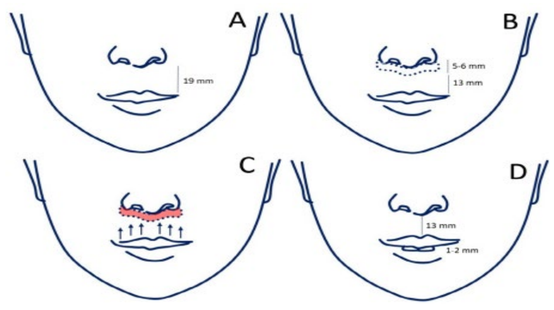


Source: Jung et al., 2019, p.702.

There is still no evidence in the literature about the exact amount of subnasal surgical resection necessary to promote noticeable dental exposure, and the evidence also lacks a standardization of the surgical technique; for this reason, Alves Junior et al. (2021) carried out a systematic review of the literature on surgical correction of the upper lip to assess the subnasal lip lift technique and suggested a simplified scheme to perform the lip lift technique.

An Ellipse contour is marked under the nose, following the junction of the nose lip just outside the nasal sill and 1 mm away from the alar crease. The amount of subnasal in the resection varied between 5 and 6 mm. The skin is incised down to the superficial fascial layer and then the incision is closed (figure 3).

Figure 3. Summarized and simplified diagram of the subnasal: lip lift procedure



Source: Alves Júnior et al., 2021, p.5.

RESULTS

According to Weston et al., (2009) variations of the technique consist of excising the skin medially to the sides of the nostril; however, it carries the risk of presenting visible scars after surgery, resulting in an unnatural form and narrow scar bands that reveal the surgical process in the region performed. Thus, the authors indicated that an ideal choice would be the wavy ellipse in the central part, just below the nostril.

Ponsky et al., (2011) agreeing with this concept, mentioned that the complications depend on the technique to be used and the preoperative period has a great influence on this process. With an inadequate technique, there is a risk of irregularities and apparent asymmetries. If the incised skin does not meet the appropriate criteria on both sides, it may have reduced tooth exposure. On the other hand, excessive skin removal can lead to excessive dental exposure of teeth and gums, as well as lip asymmetry. Functional limitations can be presented when the preoperative evaluation is not well established, such as limitation of movement if the skin removed is less than 10 or 11 cm, which is the normal width of a fully stretched lip.

Lee et al., (2015) highlighted the risks related to the use of the Lip Lift technique, highlighting edema, swelling, bruises, hypertrophic scars, paralysis, inflammation in the region and even tissue necrosis due to several factors, including decreased blood supply.

As for post-procedure care, Salibina & Bluebond-Langner (2019) recommended that the patient should be instructed to use antibiotic ointments over the incision line in the first week.

The first bath must be taken after 48 hours. Edema formation may occur, which can be minimized with head elevation, cold compresses and avoidance of strenuous activities in the first week.

It is recommended that the patient avoid sun exposure for one year and use sunscreen over the incision line whenever there is a need for exposure. In order to avoid scars, secondary treatments are suggested such as using scar ointments and silicone adhesives, whereas adjunct treatments such ~~as~~ like dermabrasion and laser therapy are considered unsatisfactory after six months (Salibina & Bluebond-Langner (2019).

CONCLUSION

The evidence-based study concluded that the upper lips are affected by facial aging, leading to a loss of attractiveness and impairment of function. That the Lip lift technique aims to provide rejuvenation of the upper lip, reversing the characteristics of elongated or aged lips, with a minimum of adverse effects, and can be used in association with other techniques.

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