

New Endotine Article - Aesthetic Surgery Journal - Nov. 2012

Thirteen Years of Experience With the Endoscopic Midface Lift - Renato Saltz, MD

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Abstract

Background: Numerous techniques have been used to rejuvenate the aging midface. The Endotine midface technique involves an endoscopic temporal approach, including midface dissection and malar suspension with fixation. The Endotine device (Microaire, Charlottesville, Virginia) eliminates the intraoral incision and use of sutures, enabling multipoint fixation and fast, simple adjustability for optimal control of midface elevation and volume.

Objectives: The authors describe their preferred technique for the endoscopic midface lift and summarize their 13 years of experience.

Methods: A retrospective chart review was conducted of 183 patients who underwent endoscopic midface surgery. Patients treated from 1998 to 2003 received direct needle fixation (n = 95). Those treated later underwent fixation with the Endotine device (n = 88).

Results: Most (90%) of the patient population was female, and the average age at the time of surgery was 46 years (range, 39-54 years). Needle fixation was used in 95 patients and Endotine fixation in 88. The average follow-up period was 7 years. The authors have observed many improvements in outcomes since the introduction of the Endotine device into their practice. These include reduced swelling and bruising, more symmetric elevation of the malar fat pad, mild improvement of tear trough deformity, softening of the nasolabial folds, and, in some cases, decreased "jowling." The asymmetry often associated with direct needle fixation has decreased, and no skin dimpling has occurred. Through their experience, the authors' preferred technique has become the temporal-only approach with Endotine fixation.

Conclusions: The Endotine midface suspension device enhances soft-tissue fixation, provides simple adjustability for optimal elevation and projection, and maintains mechanical fixation until biologic fixation becomes adequate. The 5 tines provide multiple points of contact for secure soft-tissue fixation. Elevation forces are evenly distributed over a wide area, which eliminates skin irregularities. Insertion and deployment are accomplished easily through temporal incision.

Article Summary

Dr. Renato Saltz is the past President of the Aesthetic Society (2010) and has published numerous articles and text books on aesthetic surgery. Being a very experienced surgeon, he has tried numerous suture techniques and has found the Endotine Midface ST 4.5 to outperform suture for a number of reasons that are thoughtfully highlighted in this article.

It is important to understand that surgeons who do not offer this procedure bypass an important patient demographic in their practice. These patients range in age from their late 30's to their mid 50's. On average, they are not good face lift candidates as many times, their necks are in good shape and/or they have an aversion to the concept of a large facial procedure and the corresponding incisions and scars. I sometimes tell a surgeon that many of these patients would decline a face lift, even if you offered it for free. They are just not ready for that type of extensive procedure.

What they have in common is the natural progression of aging which includes:

- A loss in cheek projection and fullness due to the descent of the Malar Fat Pad.
- A lengthening of the lower eye lid which gives that "tired, I'm getting older" look that cannot be corrected by a face lift.
- The sometimes subtle but noticeable jowling and/or increase in the depth of the nasolabial folds that is another indicator of age.



So why should a surgeon consider the Endotine Midface ST 4.5?

A new procedure that will add both happy patients and \$\$\$ to their practice. The surgical fee for this type of procedure can range from \$4,500 to over \$15,000 depending on the surgeon and his/her geographic location. A substantial number of endoscopic brow lift patients are solid candidates for a combined brow & midface procedure. Look closely at the before and after results in the attached article, especially the last patient listed in the appendix. The combination of a brow and midface lift is both powerful and very natural. Natural as in you can't see scars or incisions. Natural as you see a refreshed, rejuvenated appearance that does not look "done". The patients have their cheek volume enhanced with their own tissue, not transferred fat or fillers that go away over time.

Any surgeon who currently performs an endoscopic brow lift has excellent potential for adopting the Endotine midface lift.

- The temporal release and dissection for both procedures (brow & midface) are virtually the same. Any surgeon performing a brow lift is therefore actually performing part of the midface lift every time they do a brow lift. Once the brow dissection is complete, all that remains is the lower midface release, which usually takes less than 10 minutes per side.
- The lower midface dissection can be easily accomplished through a Buccal incision, similar to how a surgeon treated facial fractures during their residency. Ask them "did you do any facial fractures during your residency?" It is the same incision and approach, just a slightly wider release.

The top five feature-benefits of an Endotine Midface Lift *(for your surgeon)*

- 1) A proven procedure that offers corrections that can last 5-7 years or longer, depending on the patient's life style and genetics.
 - Unlike fillers that resorb in 3-6 months, this procedure is as close to permanent as one can get. Once the tissues re-attached and biologic fixation occurs, the age clock is turned back. Ask your surgeon what do you currently tell patients who ask "how long will a face lift last?" They can state with confidence that the Endotine Midface Lift offers a similar, long-term correction.
 - The Midface ST has been in clinical use since 2004 (8 years), and has 9 published articles (7 peer-reviewed) covering well over 350 patients. It has a demonstrated track record of clinical success, superior to any other published surgical technique.
- 2) An effective device that when compared to suture, will reduce complications and save valuable OR time.¹
 - Eliminates issues of tissue stretch, suture pull-through (cheese wire effect) and surface irregularities on the skin.
 - Dr. Saltz stated that with suture, his re-operation rate due to asymmetry was 10%. With the Endotine Midface ST, it was zero.
- 3) The Endotine Midface Lift is an excellent option for younger patients (late 30's - mid 50's) who do not want or need a full face lift.
 - One midface lift per quarter could add \$20,000. or more to a surgeon's practice per year.
 - No visible incisions and use of the patient's own tissues are two factors that can be very important to many patients.
- 4) Adjustability: Unlike suture, the Endotine Midface ST allows for simple and rapid readjustment of tension or position to get the optimal effect for each patient. This allows the surgeon to "fine-tune" the midface lift and eliminate issues such as asymmetry or uneven correction. This is one of the reasons for the product's very low failure rate. Review the attached Midface Clinical Summary and show it to your surgeons, it speaks volumes as to how effective the procedure truly is.
- 5) Simplicity: The Midface ST takes the guess work out of midface surgery by eliminating suture related problems, providing secure soft tissue fixation and simplifying what used to be a complex procedure. If your surgeon is performing endoscopic brow lifts, they can perform a midface lift with the Endotine ST.

¹ Aesthetic Surgery Journal 2012 32: 927 Thirteen Years of Experience with the Endoscopic Midface Lift Renato Saltz, MD et al