

## Purpose:

To compare results of a short scar face lift to a full incision lift in multiple sets of identical twins. There are no prior studies comparing these incisions in identical twins. Here we offer a comparison of the short scar and full incision as performed on four consecutive identical twins and one set of identical triplets, by the same surgeon.

## Methods:

After obtaining IRB approval, four sets of identical twins and one set of identical triplets (n=11) underwent rhytidectomy between December 2005 and August 2006. Full scar vs. short scar techniques were performed with identical SMAS techniques when appropriate. In the triplets, one patient received a MACS lift while the other two sisters were given SMAS plications. Skin incision length with corresponding SMAS technique selection was determined for each set of twins by the birth order. First born had a full incision lift. Photographic and chart records were reviewed independently at one and five years to compare early and late results.

## Results:

Both the short term and long term results were comparable between the short and long incision techniques used in these identical twins. Total operative times were similar whether the long or short incision was used. While the long incision technique may allow better access to the SMAS, it requires more time to close.



Fig 1.  
Row A depicts the triplets' pre-operative photographs. Row B depicts the triplets' 1 year post-operative photographs.  
Column 1: Full Incision with SMAS Plication  
Column 2: Short Scar Incision with SMAS Plication  
Column 3: Short Scar Incision with MACS

## Conclusion:

These results suggest that plastic surgeons should possibly consider the benefits of the shorter incision more frequently when formulating a treatment plan. Particularly as the shorter incision seems to yield equivalent results, at least in certain patient populations.

The most obvious benefit is avoiding retroauricular scars and not disturbing the hairline behind the ear. Minimal incision surgery also offers less bleeding, is less invasive, and avoids dissection of the thin post auricular skin flap which can be prone to necrosis during the postoperative period.

Although there are individuals who benefit from larger long scar incisions, this study supports the use of more conservative, limited incision techniques based on the degree of facial laxity present in each patient.