## ABSTRACT SUBMISSION TO: ASPS

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ABSTRACT TITLE: "The Release Zone I Facelift Surgery"

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Goals/Purpose: A surgical strategy for facial rejuvenation is described which maximizes the result and avoids the unsightly stigmata frequently seen from facelift surgery.

Methods/Techniques: This advance in facelift surgery requires the surgeon to access the Facial Release Zone by elevating the Parotid Fascia off from the parenchyma of the Parotid Gland, in continuity with the Platysma Muscle, continuing beyond the anterior border of the Parotid Gland. Multiple fine ligamentous attachments in this location (mesenteric ligaments) are divided, and a point is reached where, on traction, a definite visible release will be seen to occur. This release allows for greater advancement of the deep plane. The Release Zone is invariably located beyond the anterior border of the parotid gland in the deep plane. Facial nerve branches are at risk. The release zone is also a danger zone.

Results/Complications: By advancing and securing the parotid fascia and platysma in combination with advancement of the malar fat pad, the surgeon is able to achieve restoration for a more youthful and natural appearance in all areas of the face and neck. The neck contour is restored. Jowls are eliminated. The amount of skin, which can be advanced and removed within the cheek vector, is doubled. The procedure is predictable, and the patient can appear twenty years younger without looking tight, stretched, or strange. In our series of over 800 cases there have been no instances of temporary paresis, all with complete recovery.

Conclusions: The greater the extent of youthfulness the patient achieves, the longer the result will last. The anatomy and surgical approach into the Facial Release Zone will be demonstrated with emphasis on safety to the branches of the facial nerve. The positive aspects are 1) Maximum rejuvenation, 2) Predictable results, 3) Longer lasting, and 4) Avoidance of facelift stigmata. The drawbacks are length of surgery time and limited margin of error due to the proximity of facial nerve branches.