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The aging heavy face: A multivector approach with the Fan - Facelift

ISAPS 2016

EMCO private hospital Salzburg & Vienna
Jungwirth

Fan-Facelift

started 2/ 2008

presentations:

Austrian society meeting 2009
ISAPS San Francisco 2010
CIEU-Plast Salzburg 2012
German societies live surgery Münster 2013
1st charity fan-facelift course 2014
Sound of Plastic Surgery 2015
German-Brazilian meeting Munich 2016
ISAPS Kyoto, Japan 2016

no disclosure
Fan-Facelift

Key points:
- Multivector lifting of face and midface
- Kombination of different techniques
- Short operating time
- Advantages in heavy faces
- Short recovery, but definite result
Fan-Facelift

thoughts behind it:
volume shift nasolabial
rely on skin resection
keep it simple
Facelift historical influences

1916 Lexer / subcutaneous rhytidectomy

1928 Joseph face - lift

1974 T. Skoog

1976 Mitz / Peyronie SMAS
Facelift historical influences

1990 S.T. Hamra / deep plane rhytidectomy

1993 S. Aston / F.A.M.E facelift - finger assisted midface elevation

2002 Tonnard Verpaele / Minimal Access Cranial Suspension Lift
the Fan-Facelift

consists historically in a combination of:
1916 Lexer / subcutaneous rhytidectomy
1974 T. Skoog / SMAS
1993 S. Aston / F.A.M.E facelift - finger assisted midface elevation
2002 Tonnard Verpaele / Minimal Access Cranial Suspension Lift
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**Fan-Facelift technique**

**consists of:**

1. wide subcutaneous undermining
2. SMAS dissection
3. F.A.M.E. preparation
4. running “fan” suture to lift SMAS, Midface and pre SMAS Area in one
Fan-Facelift

1. wide subcutaneous dissection
Fan-Facelift

2. SMAS preparation
SMAS-Facelift

pulling power symbolized by spring scales
Fan-Facelift

3. F.A.M.E - finger assisted midface elevation
Fan-Facelift

4. running fan-suture

this is the key point

3-O absorbabe Monocryl® suture
Fan-Facelift

pulling power symbolized by spring scales

more power = better for heavy faces
Fan-Facelift lifts Orbicularis oculi, upper and lower cheek fat.
The “Fan-Facelift”  W. Jungwirth

Intraoperative

sidewise comparison
Fan-Facelift

leads to:

1. more and multiple vector pull for SMAS and especially pre-SMAS area

2. better volume distribution midface and nasolabial

3. ca. 15-20% more skin resection – tension free preauricular

4. short operation time – sedation – less swelling
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Fan-Facelift, Necklift, Upper Lower Bleph Dermabrasion

55 years smoker

= “light face”
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Fan-Facelift, Necklift, Upper Lower Bleph Dermabrasion 55 years postop day 10 = “light face”
Jungwirth W

Fan-Facelift, Necklift, Upper Lower Bleph Dermabrasion 55 years
= “light face”
Jungwirth W

Fan-Facelift, Necklift, fat transfer, Dermabrasion
51 years = “light face”
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Heavy faces

= thick skin texture
=a lot of holding power needed
= at the point superior to the nasolabial fold
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Fan-Facelift, Necklift
power symbolized by spring scales
heavy face preoperative
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Fan-Facelift, Necklift
heavy face 3 months postoperative

apologize for makeup
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Fan-Facelift, Necklift

operating time: 1h 20min

apologize for makeup
Jungwirth W

Fan-Facelift, Necklift
Jungwirth W

Heavy face – thick skin texture
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Fan-Facelift, Necklift, upper lids, dermabrasion
60a former smoker
operating time: 2h 5min
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male heavy face patient 65a
challenge: thick skin, hard to address his nasolabial fold, loose lower lid (suffered afterwards)

12/2013
Fan-Facelift, Necklift, Upper Bleph, Lower Bleph for my teacher Dr. Juris Bunkis 65 years
fan facelift plan..

power symbolized by spring scales
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......so I tried my best....
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Fan-Facelift, Necklift, Upper Bleph, Lower Bleph
operating time: 2h 35min

12/2013
Jungwirth W

Fan-Facelift, Necklift, Upper Bleph, Lower Bleph for my teacher Dr. Juris Bunkis
Fan-Facelift, Necklift, Upper Bleph, Lower Bleph
for my teacher Dr. Juris Bunkis 65 years
Fan - Facelift 2 / 2008 - 10/2016

485 fan-facelifts
mainly in combination with neck lift

operating time
fan - facelift – 53min / 1hour 10 minutes
fan facelift and necklift - 1hour 25 minutes
Fan-Facelift  W. Jungwirth

fan – facelift complications

13 postoperative bleeding = 3,3% with redo

6 transient facial nerve lesions – marginal branch
- no permanent – no cheek branches
0 skin necrosis

no technique related complications
no suture infection
no suture extrusion or rupture
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**Fan-Facelift**

**Concerns:**

does your suture in the middle of the face impair the brachnes oft facial nerve?

no

why you think so?

cross face nerve repair impairs it so much more – you never encounter any weakness of the donor site....

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*Functional Upgrading of Partially Recovered Facial Palsy by Cross-Face Nerve Grafting with Distal End-to-Side Neurorrhaphy*

Frey, Manfred; Giovanoli, Pietro; Michaelidou, Maria
doi: 10.1097/01.prs.0000197136.56749.c6
Fan-Facelift summary

1. A very reliable technique - high satisfaction rate (98%), short operation time
2. Very satisfying results in heavy faces
3. No drawbacks found - fully recommendable
4. I hope to raise interest for facelift surgery

- I find it better than all the other machinery...we are surgeons!
Does a Superficial Musculoaponeurotic System Exist in the Face and Neck? An Anatomical Study by the Tissue Plastination Technique.
Gardetto, Alexander M.D.; Dabernig, Jörg M.D.; Rainer, Christian M.D.; Piegger, Johannes M.D.; Piza-Katzer, Hildegunde M.D.; Fritsch, Helga M.D.
W. Jungwirth