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<p>MAG-5 is an operation with five surgical components: (1) a lateral emphasis frontal lift with (2) corrugator resection, (3) lower blepharoplasty, (4) extended two-layered canthopexy, and (5) a full (or partial) subperiosteal malar release and midcheek lift assisted by an absorbable suture securing the malar tuft periosteum and fibrous tissue to the orbital rim. The procedure rejuvenates and restores the face or transforms it when, and if, transformation is the desire.</p>	

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**Less Invasive Face-lifting: Platysma Anchoring Techniques** **519**

Alain Fogli and Christophe Desouches

An analysis of anatomic changes during aging of the face and neck has led to fundamental changes in surgical technique. As a result, the cutaneoplatysmal complex and submuscular aponeurotic system are now anchored to fixed and solid structures: the malar periosteum, parotid fascia, and prelobar fibrous tissue. This technique, which is called skin and platysma muscle anchoring, limits cervical cutaneous undermining and avoids a submental approach. A repositioning of the anatomic elements in their initial sites explains the natural aspect of the results.

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Daniel C. Baker

This article discusses removing a portion of the superficial musculoaponeurotic system (SMAS) in the region directly overlying the anterior edge of the parotid gland, called a lateral SMASectomy. Excision of the superficial fascia in this region secures mobile anterior SMAS to the fixed portion of the superficial fascia overlying the parotid. It is a rapid, safe, and reproducible operation, providing the versatility of traditional SMAS flap undermining and the safety and rapidity of SMAS plication in carefully selected patients.

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Bruce F. Connell

The goal of rejuvenation is to restore the good looks present 15 to 18 years before without having signs of surgical improvement. Patients should look like themselves at a younger age with specific improvement not present when younger, such as nose or neck contour.

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**High SMAS Facelift: Combined Single Flap Lifting of the Jawline, Cheek, and Midface** **569**

Timothy J. Marten

The traditional low cheek SMAS flap elevated below the zygomatic arch suffers the drawback that it cannot, by design, exert an effect on tissues of the midface and

infraorbital region. Low designs target the lower cheek and jawl only and produce little if any improvement in the upper anterior cheek and midface area. Planning the flap higher, along the superior border of the zygomatic arch, and extending the dissection medially to mobilize midface tissue overcomes this problem and allows a combined, simultaneous lift of the jawline, cheek, and midface with a single unified flap. An improved outcome is obtained, and no separate midface lift procedure is needed.

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**Extended Superficial Musculaponeurotic System Dissection and Composite Rhytidectomy** **607**

Ramsey J. Choucair and Sam T. Hamra

The composite facelift represents a comprehensive technique for facial rejuvenation with tissue repositioning of essentially every deep structure of the aging face, addressing the neck, lower face, mid face/lower eyelid junction, and forehead. The superior lateral vector of the lower face is “balanced” with a superior medial vector of the cheek and lower eyelid region. Patients who have stigmata of a previous facelift, such as the lateral sweep and hollow eyes, may be corrected with the composite facelift. The composite facelift is distinguished from all other facelift procedures in the unique “balance” of facelift vectors, yielding a natural and complete facial rejuvenation.

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The surgical procedures to correct neck deformities require anatomic knowledge of the region and a thorough diagnosis of the deformities so that the appropriate technique for each patient can be chosen. This article describes the steps that lead to good results.

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**Lower Third of the Face: Indications and Limitations of the Minimal Access Cranial Suspension Lift** **645**

Alexis Verpaele and Patrick Tonnard

The MACS-lift technique, in the simple or extended variation, delivers a reproducible and natural rejuvenation of the face and neck with minimal morbidity and a swift recovery. Retro-auricular extension of the surgery is avoided by pure vertical redraping of the facial skin. In patients with an exceptionally bad skin quality, any vertical pleats below the lobule that may appear can easily be corrected with a limited posterior cervicoplasty.

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<p>Plastic surgeons try to restore the youthful and beautiful appearance of their patients when performing facial and cervical surgical rejuvenation operations. Rhytidoplasty combined with pursing plication suspension sutures and lipoinjection offers us the opportunity to produce a stable, effective, and long-lasting tissular lifting of the face and neck, including jowls, malar fat pad, and cheeks, and correction of the melolabial sulcus. This combination of procedures also provides a three-dimensional aesthetic improvement in contour and volume and a short time of convalescence and recovery, and offers less risk for complications, especially in the facial nerves.</p>	
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