



FACIAL PLASTIC SURGERY CLINICS OF NORTH AMERICA

Facial Plast Surg Clin N Am 16 (2008) ix-x

Preface



James R. Shire, MD, FACS
Guest Editor

James R. Shire, MD, FACS
Shire Facial Plastic Surgery
6151 Shallowford Road, Suite 101
Chattanooga, TN 37421, USA

E-mail address: jrs@drshire.com

The use of facial implants began in the 1950s with “oval cheek” and “button chin” implants. Since this inception, continuous development has been ongoing with advances in materials, contours, shapes, surgical approaches, and, most significantly, the concept of volume and aging as it relates to facial anatomy. The concept of beauty is related directly to the bone and the fat in the face. The facial skeleton and its corresponding soft tissue form the architecture of the face. Facial structure has parallels with architectural structure: the skin is the exterior covering, the eyes, lips, brows, and hair are the functional yet also “decorative” aspects (ie, windows, doors, roof). Facial implants augment the soft tissue and skeletal foundation through support, elevation, and replacement of lost volume.

In this issue, true experts discuss their approach to facial implants. The contributing authors are surgeons and educators with unparalleled clinical experience and also are innovators in the field of implantation. They may use different materials or different approaches, but all share the same goal—successful natural results that are reliable and predictable and have minimal complications. Dr. Terino has pioneered most of the alloplastic

implants and techniques that surgeons use today. He has had a major influence in dispelling the myths that abound around implants, making them a well-accepted procedure, and he described the anatomic zones of the facial skeleton and the importance of maintaining facial volume. Dr. Binder introduced and developed midface augmentation and changed the way the midface is viewed. He created the submalar implant and pioneered customized three-dimensionally generated implants. Drs. Romo, Quatela, and Zeph each have years of clinical experience and clinical development of various implant materials.

Recently, there has been a tidal wave of interest and expansion in the use of injectable fillers. Noninvasive, quick, and easy procedures with minimal down-time have been promoted and marketed as substitutes for surgery. This change is evident with the influx of injectable fillers that include fat transfer, hyaluronic acid (eg, Restylane and Perlane, Medicis Aesthetics, Scottsdale, Arizona; Juvéderm, Inamed, Santa Barbara, California), poly-L-lactic acid (eg, Sculptra, Dermik, Bridgewater, New Jersey) and calcium hydroxylapatite (Radiesse, Bioform Medical, San Mateo, California).

There is a place for injectable fillers, but they are not an effective replacement or substitute for facial implants and trained and experienced surgeons. Although some discussions of and references to the role of injectable fillers are included in this issue, future and past issues of *Facial Plastic Surgery Clinics* are devoted entirely to injectable fillers.

I hope this issue will provide insight and knowledge, both for younger and less experienced surgeons and for older and well-established surgeons who are searching to improve or augment their surgical armamentarium with new or different ideas. We have presented various approaches and differing views on similar procedures so the

reader can evaluate which techniques may be most effective and useful in their personal practices.

I express heartfelt thanks to all my colleagues who graciously agreed to participate in this text. I also thank Dr. Harry Mittelman and Dr. Edwin Cortez, both of whom introduced me to the "secret" of the prejowl implant and the importance of the jawline anatomy in facelift surgery more than 15 years ago. It has made an enormous impact on my results and practice.

My thanks go the editors at Elsevier, especially Joanne Husovski without whom I could not have completed the book.