

2nd International Conference on

PLASTIC & AESTHETIC SURGERY

July 27-28, 2017 Vancouver, Canada

Transcutaneous and transmucosal Serdev sutures for nasal tip refinement, alar base narrowing, and other corrections

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The author describes his experience with the transcutaneous Serdev suture techniques in different aesthetic disproportions of the external nose and in secondary cases. Author's needles are specifically designed for these techniques. Rhinoplasty is part of the beautification process. The cosmetic surgeon should be guided by correct nose proportions, angles, and volumes. Proportional nose is one that fits in 1/3 of the face length. Proper volumes are: thin dorsum, thin tip, narrow alar base. The tip of the nose prominence gives volume to the central face and its position should be in harmony with the beauty triangle (projected cheekbones and chin). The tip should be in the line of the cheekbone prominences. The nasal dorsum should be straight or slightly concave. The best angles are: 90° angle at the tip, 110° nasolabial angle, 30° angle of nostrils to columella, 30° dorsum to profile line. The aim of Serdev suture techniques in beautification rhinoplasty is to improve the above-mentioned aesthetic proportions, volumes, and angles of the nose, adapted to the face. Serdev sutures in rhinoplasty include: tip rotation, refinement of the tip, lower and medial thirds and alar base narrowing.

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Scar less transcutaneous suture lifts and/or tissue augmentation on face

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In temporal SMAS lift the galea, presenting the temporal SMAS will be fixed higher to the temporal fascia; in Medial SMAS lift, the SMAS and buccal fat pad will be fixed to the temporal fascia; in the lower SMAS-platysma lift, the cheek SMAS and the platysma will be fixed to the periosteum of the mastoid retro-auricular; in brow lift, the Serdev fascia of the eyebrow will be fixed higher to upper temporal line; in chin enhancement - the chin soft tissue will be fixed in a circular suture and to periosteum; in breast lift the upper breast tissue and fascia will be fixed to the clavícula; in buttock lift, we make a circular suture to obtain a "bouquet" or bunch of the trabecular system and fibrotic soft tissue that we fix to the Serdev fascia each side. In each area, we can use 2 to 4 skin punctures. The most important idea in the upper face is to lift the lateral face temporally (lateral eyebrow, lateral cantus of eyes and mouth). In art and theatre, faces called "mask of tragedy" and "mask of comedy" are well known and used to express age and status. The concept of scar-less suture lift in face is to turn the "mask of tragedy" into a "mask of comedy", i.e. to lift up "the subcutaneous facial mask" - the SMAS. Since soft tissue and skin are attached to the SMAS, the lifting of the SMAS reflects in lifting of the face and its most important elements in the same direction. Structuring and positioning different face elements could be used not only in face ptosis of elderly individuals but also aesthetically wrong face angles could enhance a sad look in young patients. Fixing the SMAS in a higher or different position aims repositioning of other structures as well. Changing the position of the SMAS could restore the aesthetic angles, shape and proportions as a basis for beautification and rejuvenation, to give a happy, youthful appearance and a smiling expression not only to the elderly. With young patients the aim of the "temporal SMAS lift" should be beautification, based on face aesthetics. Usually no dressings are necessary. Photographs before and after of face were taken and profile was created and three fourth of the patients approved the aesthetic result. Sequels are very rare. Attention has been paid not to insert hair into the subdermal tissue. Edema and bruising occur in less than 2%. Less than 1% aesthetic disappointment is due to subjective unsatisfactory effect of lifting angles.

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