

# Cosmetic Outcomes of a Combined Facial Lifting and Blepharoplasty Procedure for Wrinkle Correction: A Report of 3 Cases



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**Abstract:** Research background: At present, beauty is the pursuit of medical technology and technology. With the improvement and progress of this technology, people love beauty. With the increase of age. Facial wrinkles will follow, become the trouble of beauty. All facial lifting combined with eyelid bag plastic surgery in the correction of wrinkles in the cosmetic aspects of the research is necessary and valuable. Research objective: To explore the clinical effect of facial lifting combined with eyelid bag plastic surgery in the correction of facial sagging. Research methods: Three cases of facial sagging and eyelid bag sagging in the middle-aged and elderly female beauty seekers in our center were studied. The multi-dimensional uniform wiring was used. Through puncture, lifting, reinforcement ligament and deep temporal fascia anchoring method, the implementation of facial embedding lifting combined with eyelid bag plastic surgery was carried out, and the surgical effect was observed. Results: Beauty seekers were followed up for 6-12 months after the operation, and beauty seekers obtained facial lifting and cosmetic effect. "Apple muscle" was lifted, nasolabial fold was shallow, oral jaw groove was reduced, jaw edge curve was smooth, eyelid bag wrinkles disappeared, and the effect was satisfactory. Conclusion Paying attention to the wiring design and the skills of embedding method can achieve satisfactory facial lifting and cosmetic effect, which is worthy of clinical promotion.

**Keywords:** Facial Aesthetics; Facial Lift; Eyelid Bag Plastic Surgery; Middle-Aged and Elderly People; Facial Relaxation; Eyelid Bag Wrinkles; Aesthetic Effect

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## 1. Introduction

Facial lift combined with blepharoplasty is the most common, most basic and most widely used therapeutic surgery in the field of cosmetic surgery, and it is also a basic treatment method that cosmetic doctors must master [1]. With the increase of age, the face of middle-aged and elderly people presents aging changes, mainly manifested as zygomatic skin relaxation and orbicularis oculi skin relaxation type blepharoptosis, which affects the appearance of the face [2]. At present, surgical treatment is the

main clinical treatment. The commonly used surgical methods include midfacial lift and myocutaneous flap blepharoplasty, both of which can achieve a certain recovery effect [3]. However, there is a lack of data support for the effect of combined surgery. This study aims to evaluate the clinical effect of midfacial lift combined with blepharoplasty in the treatment of middle-aged and elderly patients with relaxed blepharoptosis through surgical effect, complications and patient satisfaction.

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## 2 Clinical Data

### 2.1 General Data

3 cases of middle-aged and elderly patients with orbicularis oculi muscle relaxation blepharoptosis were selected from our medical center, aged 41, 55 and 67 years old respectively. This study was approved by the hospital medical ethics committee.

### 2.2 Patient Status and Feasibility Assessment

Cardiopulmonary function, blood routine, coagulation, and blood transfusion were not obviously abnormal. Based on the above patients requiring cosmetic surgery, there were no absolute surgical contraindications, and the patients signed and agreed to surgical treatment after informed consent.

### 2.3 Inclusion Criteria

(1) Middle-aged and elderly patients with orbicularis oculi muscle relaxation blepharoptosis; (2) patients who were informed of this study and signed the consent form.

### 2.4 Exclusion Criteria

(1) Patients with abnormal coagulation system; (2) patients with cognitive dysfunction; (3) patients who did not cooperate.

### 2.5 Treatment and Surgical Procedure

Improve routine eye examination, mark the area of facial detachment and planned lifting position, determine the length of marking lines based on skin laxity; perform local infiltrative anesthesia and infraorbital nerve block anesthesia. Combined with muscle-skin flap technique for eyelid bag correction: make an incision below the lower eyelashes, extend it appropriately outward to the outer canthus depending on the degree of lower eyelid laxity, dissect downwards beneath the orbicularis oculi muscle until reaching the inferior orbital rim while controlling bleeding; if there is significant fat protrusion, open the orbital septum and remove an appropriate amount of fat from three areas (inner, middle, outer) of the eye bags using vascular forceps followed by thorough hemostasis; if tear trough depression is evident, directly fixate and fill

orbital fat towards the inner lower surface of periosteum; sharply separate the incised skin from orbicularis oculi muscle to form a muscle-skin flap; bluntly dissect anteriorly along lateral canthal region to release relaxed skin, subcutaneous tissue and orbicularis oculi muscle attached to periosteum above cheek fat pad together with cheek SMAS fascia for posterior superior lift; use 5-0 polypropylene sutures in a "U" shape to secure them with external wall periosteum bone membrane; suspend orbicularis oculi muscle-muscle-skin flap above lateral canthus onto external wall periosteal bone membrane and trim excess orbicularis oculi muscle-muscle-skin flap accordingly; achieve adequate hemostasis, suture skin incisions with 7-0 nylon sutures followed by compression dressing. The surgery proceeded smoothly and postoperatively patients were closely observed in recovery room before being safely transferred back to their ward. Regarding changes in surgical plan: None. Intraoperative blood loss volume, transfusion volume and reactions: Blood loss was 5 milliliters. Unexpected events during surgery: None. Anesthesia condition during surgery: Good. Counting surgical instruments and dressings before closing incisions: None.

### 2.6 Observation Indicators

(1) Surgical outcomes. (2) Follow-up at 6-12 months. (3) After 6 months of surgery, a self-made patient satisfaction questionnaire is used to evaluate the patients' recognition of surgical recovery, including surgical skills and satisfaction with eyelid elimination, with a total score of 100. A higher score indicates greater patient satisfaction.

### 2.7 Effectiveness Assessment Criteria

Excellent: Significant improvement in the protrusion of skin laxity type eyelid bags, with an improvement rate greater than 70%. Good: Improvement in the protrusion of skin laxity type eyelid bags, with an improvement rate between 50% and 70%. Poor: No significant improvement in the protrusion of skin laxity type eyelid bags, with an improvement rate less than 50%.

## 3 Results

The effective rate of surgical treatment (100.00%) was 95, 96 and 94 points respectively. The evaluation criteria of effect were all excellent, and the improvement rate of all three was greater than 70%. The results of preoperative

and postoperative treatment were compared.

The results of the first patient after cosmetic surgery were compared, as shown in Figure 1.

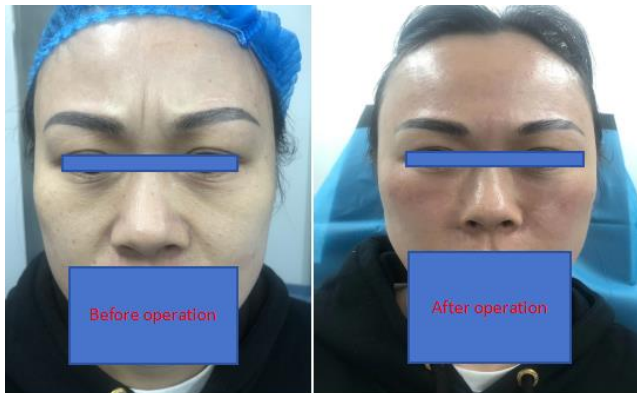


Figure 1 A comparison of the first patient's face after cosmetic surgery

The results of the second patient after cosmetic surgery were compared, as shown in Figure 2.

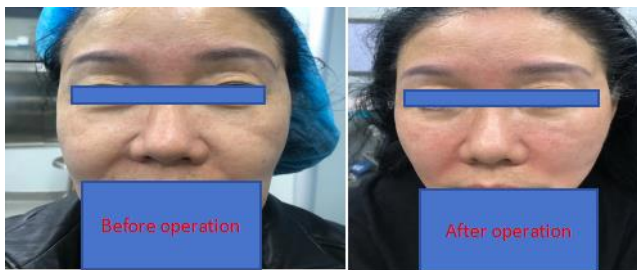


Figure 2 A comparison of the second patient's face after cosmetic surgery

The comparison of the results of the third patient after cosmetic surgery treatment, as shown in Figure 3.

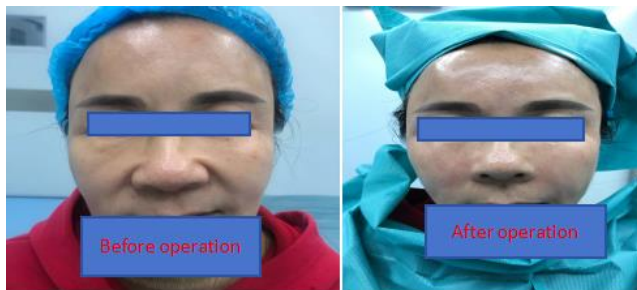


Figure 3 A comparison of the third patient's face after cosmetic surgery

## 4 Discussion

Facial sagging and eyelid bagging are common signs of aging in the middle-aged and elderly population, with

causes including age-related changes, simple fat protrusion, skin or orbicularis oculi muscle laxity, and facial muscle relaxation. Surgery is the main treatment for facial sagging and eyelid bagging. However, clinical reports suggest that conventional procedures only correct eyelid sagging but have limited improvement on mid-facial sagging. Research suggests that surgery for skin orbicularis oculi muscle laxity type eyelid bagging involves repositioning loose tissues, lifting drooping tissues, and excising excess tissue. In this study center, a combination of mid-face lift with blepharoplasty was applied to treat middle-aged patients with skin orbicularis oculi muscle laxity type eyelid bagging. The results showed a total effective rate of 100% in the observation group, consistent with previous studies by other scholars. This indicates that this surgical approach has outstanding effectiveness and high safety in improving facial skin laxity symptoms. Some scholars believe that when performing myocutaneous flap blepharoplasty or mid-face lift surgery on patients with both eyelid and mid-facial skin tissue laxity, using only one procedure may result in disharmony or unnatural appearance postoperatively, making it difficult to achieve optimal cosmetic and rejuvenation effects. The distribution of nerves at the zygomaticus major muscle is relatively stable. In this study's clinical practice involving three individuals seeking beauty enhancement treatments, a combination of mid-face lift surgery based on blepharoplasty was performed to achieve mid-face lifting by pulling up the zygomaticus major muscle. Some scholars believe that this surgical approach can also reduce the risk of facial nerve damage while ensuring surgical success rates; moreover, it has small incisions which further ensure postoperative aesthetics and positively contribute to enhancing cosmetic effects as well as patient satisfaction levels. The results of this study also showed that patient satisfaction scores were all above 90 points after 6 months postoperatively; indicating that combining mid-face lift surgery with blepharoplasty can improve patient satisfaction when treating middle-aged patients with skin orbicularis oculi muscle laxity type eyelid bagging. In conclusion, the combined use of mid-face lift surgery along with myocutaneous flap blepharoplasty significantly improves clinical outcomes for middle-aged patients suffering from skin orbicularis oculi muscle laxity type eyelid bagging, with low complication rates, and effectively enhances their appearance while increasing patient satisfaction levels. Translation: Facial sagging and droopy upper lids are common signs of aging among middle-aged people. The

causes include age-related changes, simple fat protrusion, skin or/and orbital muscles relaxation. Among these factors, the latter is most commonly seen [4]. Surgery is considered as the primary method for treating facial saggy skins & puffy upper lids [5]. However, in clinical reports, it's been found out routine surgeries could merely correct ptosis conditions, but not significantly improve situations regarding face-lifts [6]. Researches indicate surgeries targeting at relaxed orbital muscles causing puffy upper lids involve resetting easy-pull tissues, lifting drooping ones, and removing excessive ones [7]. Our research center applies combined methods consisting face-lifts together with eye-bag shaping surgeries into treatments aiming at aged people who suffer from relaxed orbital muscles leading to puffy upper lids. The results show an overall effective rate reaching 100%. This outcome coincides those achieved by relevant researchers. This implies our proposed surgical plan boasts prominent effect, safety, and capability to effectively alleviate symptoms caused by slackened faces [8]. Some researchers argue if we perform either muscular flaps-based eye-bag shaping surgeries alone or face-lifts alone upon those whose both eye bags & mid-faces' skins get loosened, the appearances after operations would be disharmonious & unnatural etc., thus failing achieving best beautifying & rejuvenating effects [9]. Nerves distributed around zygomaticus major tend to remain stable [10]. Based on practices conducted upon three seekers pursuing beauty enhancements, this research combines face-lifts onto basis formed through eye-bag shaping surgeries so as to realize purposes like elevating zygomaticus major. Some researchers hold such operation manners could lower risks concerning damages towards facial nerves [11], ensuring operational success rates. Meanwhile, this kind of operation features smaller wounds, facilitating further assurance over aesthetic aspects following operations. It plays positive roles boosting beautifying effects & satisfaction degrees among sufferers [12].

## 5 Conclusion

Plastic and aesthetic surgery reshapes the shape of the body through surgical procedures in order to achieve the desired appearance. However, due to the physical functional conditions of the patients before surgery, such as scar constitution, the specific conditions during surgery such as anatomical knots. Structural differences and postoperative differentiation, some patients failed to achieve the desired appearance after surgery, even after

multiple surgical repair still did not achieve the desired effect. This will cause a certain degree of physical damage to patients, accompanied by a certain degree of psychological problems [13-15]. In the prevention of medical disputes and risk resolution, the medical staff of the department should work together, and strengthen the psychological care of patients while actively treating complications. Before treatment, SAS and SIS were used to evaluate the psychological state of patients, and positive psychological intervention was given to the specific psychology of patients. During the treatment, patients were timely communicated with patients and their families to ensure the right of patients to know [16-18]. No exaggerated promises should be made, and humanistic care should be strengthened throughout the treatment process. After psychological intervention, most of the patients' anxiety and shame scores were significantly improved. In addition, due to individual aesthetic differences, patients are not completely satisfied with the treatment effect, so it is also crucial to keep effective picture comparison data before and after treatment [19-22].

Results obtained via our research demonstrate six-month observations reveal all subjects within observation groups score higher than ninety points. These findings illustrate combinations between face-lifts & eye-bag shaping surgeries aimed at aged people suffering from relaxed orbital muscles leading to puffy upper lids do enhance satisfactions experienced by sufferers. In summary, the combined application featuring both face lifts & myocutaneous flap-based eye-bags reshaping surgeries does yield significant clinical effects upon aged people suffering from relaxed orbital muscles leading to puffy upper lids. Low incidence occurs regarding complications. Effectiveness gets remarkably improved. Aged looks get greatly ameliorated. Patient satisfactions rise accordingly.

## Author's Statement

This study was conducted with the authors' consent, who provided their case data for academic research. The research data was supplied by Professor Huang Chengtuan. The author declares no conflicts of interest. The patient was fully informed and gave consent for the publication of this paper. Huang Chengtuan authored, collected statistics, reviewed, and illustrated the paper while Liu Chao contributed to visual representations.



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