

The centrofacial approach for correction of facial aging using the transblepharoplasty subperiosteal cheek lift.

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# The “Centrofacial” Approach for Correction of Facial Aging Using the Transblepharoplasty Subperiosteal Cheek Lift FREE

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## Abstract

Rejuvenation of the midface remains an essential cornerstone for improvement of the aging face. The specific anatomic changes that occur with midfacial aging include weakening of the retaining ligaments of the cheek, with gradual vertical descent of the malar soft tissue.<sup>1</sup> The four most important features of midfacial aging include (1) gradual ptosis of cheek skin below the inferior orbital rim with descent of attenuated lower eyelid skin, creating a skeletonized appearance with infraorbital hollowness; (2) descent of the malar fat pad with loss of malar prominence; (3) deepening of the tear trough; and (4) exaggeration of the nasolabial fold ([Figure 1](#)). In general, these changes occur progressively. Initially, thinning of the soft tissue overlying the inferior orbital rim occurs, followed by malar ptosis and increasing prominence of the nasolabial folds.

Most previously described techniques for midfacial rejuvenation require extensive peripheral-to-central dissection in the subcutaneous, subSMAS, “deep plane,” or subperiosteal plane.<sup>2–7</sup> The authors' approach uses direct access to the midface through a lower lid blepharoplasty incision. It can be performed with or without endoscopic assistance. Subperiosteal dissection and release allow elevation and secure fixation of malar soft tissue with impressive correction of the aging midface.<sup>8</sup> It has been the authors' experience that this “centrofacial” approach has eliminated the need for extensive peripheral-to-central dissection in the intermediate soft tissue planes of the midface. In younger patients this technique can be used

to correct early signs of midfacial aging without the need for traditional preauricular or temporal incisions.

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