

Media

ABC OF AESTHETIC RECONSTRUCTIVE FACIAL SURGERY

The following glossary, an ABC of aesthetic-reconstructive facial surgery, describes the range of treatments in key words and provides definitions and explanations.

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A Index

Ante-face
Middle and lower face that protrudes forward to a great extent (e.g. Angelina Jolie), corresponding to our ideal of absolute beauty.

Anti-Press-MiniSplint (APS)
Tiny splint made of synthetic material, which effectively stops clenching of the teeth.

Augmentation
Filling up of the cheek bones, the nasolabial line (nose-mouth line) and the chin by depositing lyo-cartilage, MEDPOR® or the patient's own fat. Eliminates the lateral "crows' feet", near the eyes and the nasolabial lines near the nose and mouth.

B Index

Bimaxillary operation
Operative relocation of the upper and lower jaws (please see Orthognathous Surgery) for perfecting the facial harmony and the positioning of teeth in the case of developmental flaws (please see also Rotation advancement and Sleep apnoea).

Bleaching
A gentle method of whitening teeth with bleaching agents that are located in a soft synthetic cap.

Browlift
Elevating the eyebrows (lifting) by making a small section in the hair region, eliminates "crows' feet" and drooping lids, creating a friendlier and more youthful look.

C Index

Cheek bone onlay
Emphasising the cheek bone by inlaying lyo-cartilage through the oral cavity (please see Augmentation).

Cosmetic surgery
Surgery on normal anatomic structures without signs of disease.

Couperose
Amassing of very fine capillaries in the face, which can be treated using the Radiolase® technique or lasers.

D Index

Dental implant (zirconium implant)
Künstliche, aus Titan oder Zirkoniumdioxid (Keramik) bestehende Zahnwurzel, die zur Befestigung des Zahnersatzes dient.

Dimples
A new method developed by Prof. Sailer makes it possible to create charming dimples in the cheeks, without leaving any external scars. The intervention is done through the oral cavity.

Double chin (treatment of double chins)
The most efficient method is the combined treatment of the very small chin (chin enhancement) and the excessive soft tissue, e.g. through liposuction (see also drooping chin).

Drooping chin
Drooping soft tissue of the chin that leads to the formation of ugly wrinkles near the point of transition to the neck. A new method developed by Prof. Sailer can correct the *drooping chin*.

E Index

Ear surgery

Creation of projecting ears or shaping of the external ear and ear lobes.

Earlobe surgery

As the years advance, the ear lobes extend (aggravated by heavy earrings), get torn or are distorted after failed facelift operations. Prof. Sailer has the relevant surgical corrective methods.

Extending and reducing the length of the face

Displacing the bones in the face and the jaws through a surgical access from inside the oral cavity to achieve harmonious and attractive proportions of the face. These interventions fall under the domain of orthognathic or orthopaedic surgery.

Eye operation

There are numerous operations within the eye cavity e.g. in the case of protruding or sunken eyes, loss of the eyeball or where the aplasia of the eye cavity. These operations, conducted on the walls of the orbits are performed by Prof. Sailer with the piezo-device, which works using ultrasound.

Eyelid correction (Blepharoplasty)

Removing excessive tissue (skin and orbital fat) from the upper lid (drooping eyelids) or lower lid (tear sacks).

F Index

Facelift

There are several methods for firming up the skin on the face, which, according to Prof. Sailer, should be used only in the case of the so-called ante-face and in the case of the average face. In the case of a receding face this gives poor results (please see also Reverse Facelift).

Forehead lift

Lifting the forehead and/or the region of the eyebrows to firm up the skin on the forehead and to lift dropping eyebrows through a minimally invasive intervention through the scalp under hair cover. (please see Eyelid correction).

I Index

Implant (ceramic implant)

Artificial dental roots made of titanium or zirconium dioxide (ceramic), permitting a fixed and firm tooth replacement. Pre-requisite is the existence of adequate jaw bone mass (please see Enhancement of the jaw ridge).

Injection of patient's own fat

The patient's own fat, drawn from the stomach or thigh region, is used to support and smoothen wrinkles around the mouth and the eyes.

Invisalign

New method from the USA for correcting wrongly positioned teeth in children and adults with synthetic plates that are not visible.

J Index

Jaw ridge augmentation

Bone transplantation in the region of the jaw through cranial roof bones (Prof. Sailer's method). Makes it possible to use the teeth implants, which permit a fixed, aesthetically challenging replacement of teeth.

L Index

Laser treatment

Usually, the CO₂-Laser is used in the face and in the oral cavity, e.g. in the case of *facial skin resurfacing*.

Lip eversion surgery

Widening of very thin lips to make the lip pigmentation more visible, has a lasting effect unlike injection methods.

Lip reduction corrections

Reducing the upper lip if it is too long, to give better visibility to the teeth, gives a more youthful appearance. The scars lie in the grooves below the wings of the nose and will not be visible.

Lip reduction surgery

Reducing the pigmented area of the lip, e.g. following very strong injection procedures.

Liposuction

Sucking out of fat tissue, e.g. on the stomach, thighs and in the chin and neck region.

Lyo-cartilage

Homologous material for underlaying deep nasolabial folds or for building up facial contours such as the cheek bone and the lower jaw line. Lyo-cartilage transforms itself into the patient's own bone

(this was developed by Prof. Sailer in a research project of the University of Zurich) and is used to lend volume to the face.

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Masseter reduction surgery

Reducing the broad (hypertrophic) chewing muscles for reducing the lower face. The operation is done from inside the oral cavity.

N	Index
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Nasolabial wrinkle correction

The lines that run from the end of the nostrils to the corners of the mouth; can be corrected through paranasal lyo-cartilage onlays and simultaneous lipotransfer.

Nerve detector

Special device for finding the facial nerve and its branches. This is used in Prof. Sailer's clinic for tumours of the parotid glands and the soft tissue in the face, in jaw operations and other operations.

Nose correction

The most frequent correction is that of the large hooked nose, where aesthetic and functional irregularities need to be corrected here in most cases (curvature of the septum). Depending on the complexity of the malfunction, a so-called open access or closed access to the nose is selected. Prof. Sailer usually uses lyo-cartilage, and occasionally MEDPOR® to improve the shape. 70% of the rhinoplasties conducted at the clinic are cases of nose operations conducted elsewhere. Prof. Sailer also operates on tumours of the nose and performs total reconstructions of the nose in case of loss through tumours or accident.

O	Index
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Orthognathic surgery

Surgical relocation of upper jaw and/or lower jaw for functional and aesthetic corrections for developmental malformations such as recession of the lower jaw (small chin), the upper jaw or mandibular protrusion. The orthognathic surgery is the "queen" of facial surgery, because the aesthetic results achieved by this method are far superior to all others.

Orthopaedic surgery of the facial bones

Includes orthognathic surgery (only jaws) and over and above this, the entire set of bones.

P	Index
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Permanent make-up

Introducing a permanent (3-5 years) biological colour pigments in the superficial layers of the skin on the lips, eyelids, eyebrows. *Permanent make-up* can be corrected or removed with special tattooing methods. Caution is recommended in case of inclination to herpes. The doctor must prescribe medicines in the first place.

Piezo-device (piezo-surgery)

Most modern ultra sound equipment for penetration (osteomania) of the lower jaw bone, without injuring the soft tissue parts like the nerves, muscles, blood vessels, etc. Also used by Prof. Sailer in sinus-onlays, operations of the eye cavity, nose, jaw cavities and cranial roof bones, to achieve maximum safety of important anatomic structures.

Plastic surgery of the chin

Enhancement, reduction or other form of definition given to the chin by operating on the bony part of the chin. The intervention takes place solely from inside the mouth, without giving rise to any visible scars.

R	Index
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Radiolase® device (Radiolase® technique)

New radio frequency equipment for particularly gentle removal of changes to the skin and mucous membranes and for treating the finest of capillaries (couperose). Particularly suited for blepharoplasty surgeries.

Receding face

Middle and lower face have not grown sufficiently forward. This is considered to be unattractive owing to the short chin / neck contour and double chin formation (please see also Ante-face and Sleep apnoea).

Reducing the width of the face

Reducing the cheek bones and the jaw line muscles (masseter reduction surgery). The intervention is performed through the oral cavity and does not leave behind any visible scars.

Reverse Facelift

Surgical method developed by Prof. Sailer for achieving a hitherto impossible, lasting effect of

youthfulness and greater attractiveness than in youth (please see also Rotation advancement).

Rotation advancement

Surgical, three dimensional rotational and forward movement of the upper and lower jaws to different extents, to extend the respiratory paths and for performing a reverse facelift. Procedure developed by Prof. Sailer.

S

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Scar correction

Scars on the face pose a special challenge for every facial surgeon. Prof. Sailer performs the so-called psychological scar correction or the *geometric broken line correction*, which usually gives rise to invisible scars, and the technique of *extreme eversion*.

Sinus inlay

Inlay of the patient's own bone or bone substitute on the bottom of the jaw cavity to indirectly raise the ridge of the jaw, with the aim of putting up tooth implants on it. Prof. Sailer often combines the sinus inlay with a jaw ridge enhancement. Prof. Sailer uses a piezo-device to penetrate through the bone in the wall of the jaw cavity.

Sleep apnoea

Life threatening sleep disorder with extreme snoring, stoppage of breathing and oxygen deficiency in the organism. The therapy of choice in the case of severe obstructive sleep apnoea is the operative forward movement of both jaws (please see Rotation advancement).

Surgery for reducing the neck

Removing the double chin (please see Treatment of double chin) or drooping chin through liposuction, through surgical reduction in tissue mass and/or throat/neck lift.

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Treatment of wrinkles

Depending on the anatomic region and the nature of the origin, several methods can be used: Own fat, augmentation with lyo-cartilage, Restylane®, cortex fibres, facelift, reverse facelift.

Tumescence local anaesthesia

Special method of local anaesthetisation used in liposuction. The fat tissue is saturated with a liquid containing a local anaesthetic (besides adrenalin and sodium bicarbonate) to loosen up the fat cells and achieve reduction in pain.

V

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Veneers

Porcelain caps that are fixed on to existing teeth to achieve aesthetic correction to the shape, colour and position of teeth in the front row. Healthy teeth need to be ground only to a minimum extent.

W

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Widening of the face

Building up or enhancing a face that is too small through contouring structures in the lower jaw, cheek bone and chin area.