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## Face lifting with fat

By Rebecca Bryant

*Before age 60, interventions through surgery rarely needed*



Dr. Coleman

**Philadelphia** — Excising and lifting can give the face a less old, but not necessarily young, appearance. The way to truly rejuvenate is to let go of the idea that gravity drives aging and rediscover the role of atrophy, says Sydney R. Coleman, M.D.

"Almost every plastic surgeon lecturing and teaching is now adding volume as part of their facelift," Dr. Coleman says, "Either by transposing fat or by using some sort of filler."

For the first two decades of the 20th century, surgeons viewed themselves as sculptors, widely using subcutaneous fillers to alter facial proportions. The very first textbook on cosmetic surgery published in 1911 devoted a third of its contents to the use of hydrocarbon fillers for facial augmentation. However, complications caused by use of paraffin and petroleum jelly caused surgeons to change course around 1920. Since then, the dogma of excision and suspension has ruled.

Dr. Coleman, a plastic surgeon in New York City, is an advocate of countering facial atrophy by use of autologous fat grafting. His treatment experience over 17 years is documented in a recently released book, *Structural Fat Grafting*.

He says, "The point is to actually build structure by placing tissue in specific ways to show more vermilion or eyelid, not by squirting in a glob and moving it around."

**Pay attention to proportions** Prior to facial augmentation, Dr. Coleman invests time in consulting with the patient, making aesthetic decisions together and planning procedures from a sculptural perspective.

He advises, "Start by looking for areas of the face that project negative emotions — for example, nasolabial folds that make patients look like they've smelled something bad. Correct these first."

Next, work on maintaining aesthetic proportions, such as filling out the cheeks and lower eyelids. The order of augmentation is important, because if the jawline is suddenly stronger than the cheeks, proportions are off, and the lips look smaller, too.



Left: Patient before treatment.  
Right: Patient after receiving structural fat grafting. No other treatment was performed — neither filler tx nor suctioning.  
Photos: Sydney R. Coleman, M.D.



"I prefer to approach augmentation slowly, doing one-third of the face at a time. It allows for more gradual acceptance," he says.

Dr. Coleman admits there are limitations to facial augmentation. He says, "Fat grafting won't treat really deep nasolabial folds or a lot of skin under the chin. Surgery does have a place, but filling should be used first. I rarely see anyone under (age) 60 that needs a facelift."

**Treatment tips** Dr. Coleman lectures and writes about fat grafting in five facial areas: nasolabial folds and marionette grooves, lips, chin and jawline, neck, infraorbital and cheek regions and the supraorbital area.

Patient before (top) and after (bottom) undergoing structural fat grafting. Photos: Sydney R. Coleman, M.D.

"Filling temples is the next frontier," he says. "The temples and brow waste, so there is a bit of descent, but mostly there's an illusion of that. Yanking the eyebrow up doesn't make people look young, it makes them look weird. Adding volume to the temple and brow gives a very different rejuvenation."

Dr. Coleman is also using fat under the jawline to treat thin, crepe-like skin similar to that found on the back of the hand. The neck is much easier to treat than the face, he says. Place a smooth layer against the undersurface of the dermis, and then add more under creases or around cartilage to hide them.

Dr. Coleman rarely removes skin from the lower eyelid. With the upper eyelid, however, he does it quite often — without performing a blepharoplasty. From the eyebrow down to the supratarsal fold, he places fat largely into a plane that is superficial to the orbicularis oculi muscle.

"I can't emphasize enough the structural aspects of facial augmentation," Dr. Coleman says. "It requires a vision. The chin, lips, cheeks need *purposeful* placement to achieve sculpting."

**For more information:** Coleman, Sydney R. *Structural Fat Grafting*. St. Louis: *Quality Medical Publishing*, 2004.

Bryant, Rebecca. The art of making lips big and beautiful. *Dermatology Times*, December, 2004.

Dr. Coleman

Left: Patient before treatment. Right: Patient after receiving structural fat grafting. No other treatment was performed — neither filler tx nor suctioning. Photos: Sydney R. Coleman, M.D.

Patient before (top) and after (bottom) undergoing structural fat grafting. Photos: Sydney R. Coleman, M.D.



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