

Beverly Hills, Calif., facial plastic and reconstructive surgeon Ben Talei, M.D., says "AuraLyft" is the catchy name he gave his approach to the face and neck lift.

"Technically, it is a vertical vector modified extended deep plane face and neck lift," Dr. Talei says. "Amongst deep plane procedures, this is the most extensive that exists to my knowledge. Extensive doesn't mean it takes longer to do the surgery. It doesn't mean that it's more traumatic. All it means is that a greater release is done in order to alleviate all the tension that usually exists in a face and neck during and after facelifting procedures."



58-year-old female patient shown before and four weeks after AuraLyft, brow lift and eyelid lift. Photos courtesy Ben Talei, M.D.

Dr. Talei's approach evolved to address face and neck lifting failures. In his opinion, the biggest facelift pitfall is that most facelifts done worldwide are lower facelifts, which affect only the jawline and neck. To address the midface, surgeons might add fat injections to volumize the face or do a separate midface lift through a different incisions. That's too many variables, which increase the risk of irregular or abnormal outcomes, he says.

"It also increases the chances of failure," Dr. Talei says. "Although most facelifts are touted to last eight to ten years, the majority of the results realistically fail after one to three years. There are a select group of surgeons who do more advanced SMAS [superficial musculoaponeurotic system] manipulating techniques and deep plane procedures who can get a more significant and durable result."

The AuraLyft addresses a wide age range of facial and neck aging concerns, without exposing patients to so much uncertainty, according to Dr. Talei.

"It's especially impressive for patients in their late 30s to 50s," he says.

Dr. Talei admits that's counterintuitive, but insists younger patients with dense skin actually need more release to get a natural and noticeable improvement. Yet, surgeons often advise different types of mini lifts for these patients because they're afraid to make younger patients look strange or awkward.

Although they are well-intentioned, the real result is that the patient doesn't get much of a change other than some nice scars to look at," Dr. Talei says. "Younger patients... typically need a more release-based technique; not one that relies on pulling and stretching."

While the classic term "rhytidectomy" describes the procedure's removal of wrinkles, Dr. Talei says the AuraLyft does more by releasing, repositioning and lifting all the tissues in the neck and face, which have dropped over time. The result, he says, is a more natural and more impressive change under eyes, around the nasolabial folds, cheeks, jawline, neck, chin and upper chest.

The best candidates for the AuraLyft are any patients who pull their facial skin upwards and say, "I want this," Dr. Talei says.

"The amazing thing about the amount of lift achieved is that it can help younger patients with droopy cheeks, patients with acne, as well as older patients with saggy necks and heavy marionette lines and nasolabial folds," he says. "Beyond all of this, it is also the most impressive and natural lift I've seen in men! Just like younger women, men have heavier and denser tissues that require more significant release."

The AuraLyft How-To

To perform the AuraLyft, Dr. Talei says he makes incisions around the hairline and ear, in a way that prevents the "hair-loss alien look from removing sideburns," he says. "Removing sideburns in classic facelifting gives the cheeks a lengthened and flattened appearance, which is quite unflattering."

After releasing the first area of skin, Dr. Talei goes deep into the deep plane — between the smiling muscles and the platysma/SMAS complex, which contains fat and skin right above it, he says.

"A comprehensive release is performed from the side of the eye, down into the lowest parts of the neck. Once there is no further counter tension or retaining ligaments holding the face or neck down, a few stitches are placed internally to reposition the face and neck tissues to where they used to be years ago," Dr. Talei says. "In many cases we are actually able to achieve a better jawline than the patient ever had."

A tip for achieving optimal outcomes with the AuraLyft is for surgeons to address what each patient is trying to communicate.

"... be very critical about every single patient you treat. Realistic analysis of each patient can only demonstrate room for improvement," he says.

Dr. Talei says that published complication rates, as well as his measured complication rates from performing this type of lifting, are equal to or lower than complication rates from more minimalistic lifts.

But like with traditional facelifting techniques, there is downtime.

"I typically tell patients they will be presentable in two to three weeks," he says. "I have many, many patients who are in attendance of weddings at that time and not a single family member notices a surgery was done. Still, I advise them that it takes two to three months to love it, and any type of lift you do will keep improving for over a year no matter how major or minimal."



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