Infinite-Thread® removal protocol

For more information on the cases requiring a removal, please refer to the « Postoperative effects management guide » available in your private space on www.threadandlift.com.

Thread & Lift offers you the most precise and detailed removal protocol possible. Its objective is to allow you to find the answer easily and quickly to any technical question.

This protocol is declined in 3 distinct cases.

1. **Face Area - Removal of a thread which is not surrounded by a fibrous scar cord.**
2. **Neck Area - Removal of a thread which is not surrounded by a fibrous scar cord.**
3. **Face and neck area : Removal of a thread with a fibrous scar cord.**

Case 1 : Face Area - Removal of a thread which is not surrounded by a fibrous scar cord.

You are in this case if :

- The thread is inserted too superficially, which is characterised by visible lines.
- The thread has been infected for *less* than 15 days. The infection is characterized by redness, indurations, oozing, crusting at the point of entry/exit or pain.

The removal of the thread takes place in 3 steps :

1. **Identification of the path of the thread**
2. **Infiltration around the thread *(if necessary)***
3. **Removal of the thread**

We will explain here the procedure for removing the central thread. The procedure is the same for the other threads.

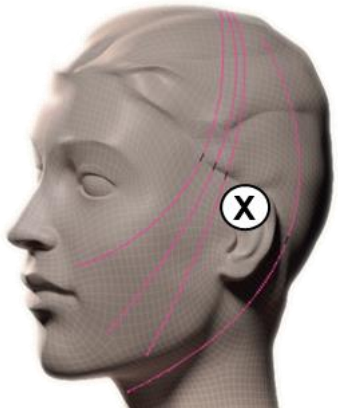
Phase 1 : Identification of the path of the thread

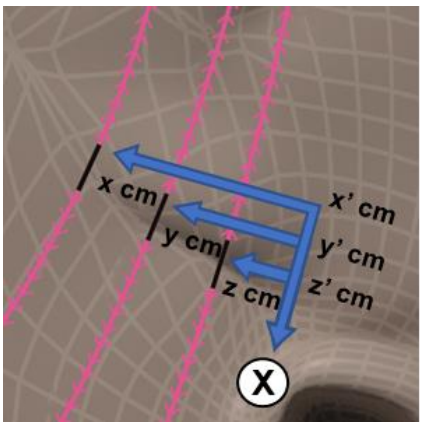
1) **Anaesthesia of the thread entry point**

Necessary equipment :

- **1 10cc syringe**
- **20% sodium bicarbonate at 14‰ + 80% xylocaine at 2% of adrenaline**

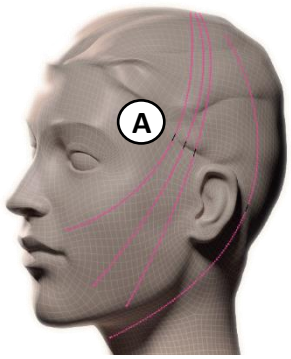
The information recorded in the operative report is used to find the location of the 3 entry points with respect to the anterior edge of the ear **(X)**.

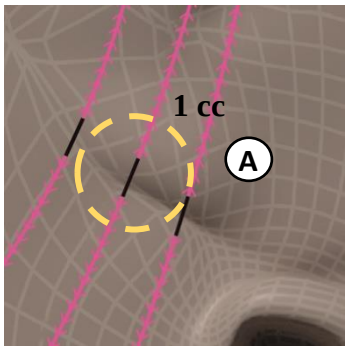


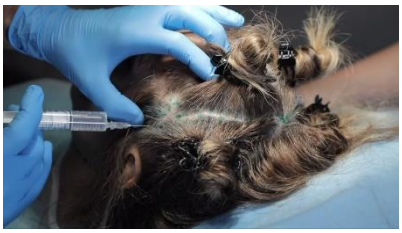


When the information recorded in the operative report does not allow to locate the entry points, and that the threads are not palpable, it is recommended to use an ultrasound to locate the threads.

Once the position of the entry point of the thread to be removed has been perfectly localized **(A)**, its central area is to be anesthetized over a length of 3 cm by injecting 1 cc.







The anaesthetic is left to work for 2 minutes before proceeding to the next step of marking the route of the thread.

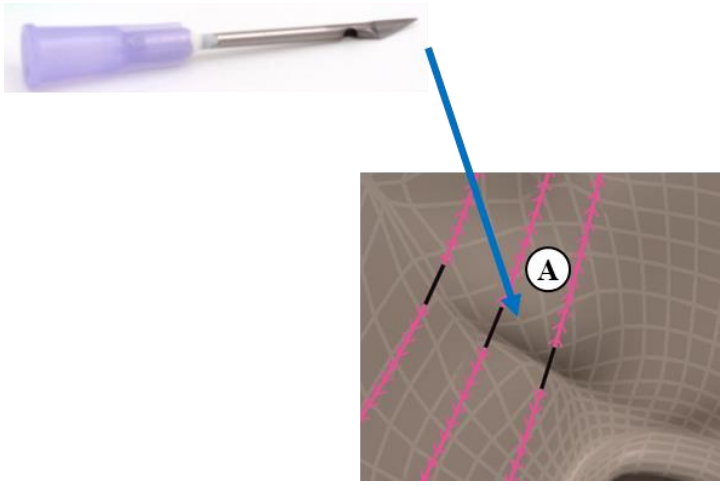
2) **Marking the route of the thread in its entirety**

Necessary equipment :

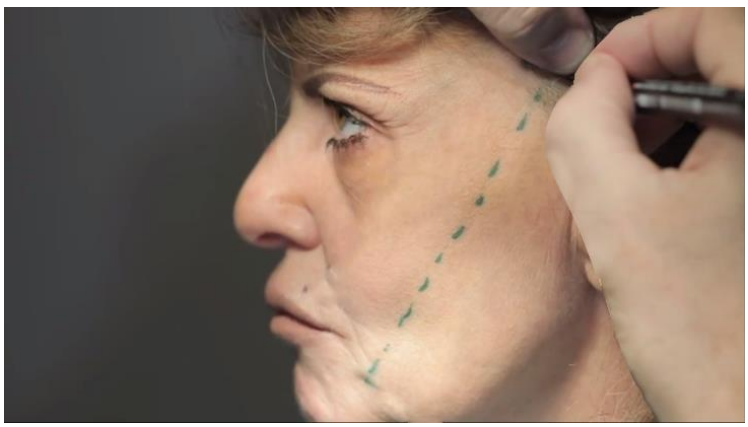
- **1 needle Nokor® Admix BD – 16G 1" - 1.65x25mm / or a scalpel blade**

- **1 pair of scissors** *(provided in the Instrument Kit)*
- **1 Adson forceps** *(provided in the Instrument Kit)*
- **1 Mayo-Hegar needle holder** *(provided in the Instrument Kit)*
- **1 felt pen**

A 5-7 mm opening perpendicular to the entry point of the thread to be removed is made using the Nokor needle. Then, to find and expose the thread, a delicate dissection is made **(A)** using the pair of scissors and forceps.



In order to put the thread under tension, it is grasped using the needle holder. The complete route of the thread should become visible. The route is then marked with the felt pen.



Phase 2 : Infiltration around the thread *(if necessary)*

IMPORTANT

In the case of a removal at *less* than 15 days after the operation, the oedema is not yet completely reabsorbed, hence the need for an infiltration is not systematic. Nevertheless, be careful not to force the thread too hard so as not to break it.

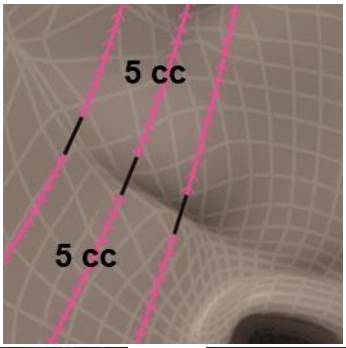
1) **Anaesthesia of the route of the thread to be removed - starting from the entry point**

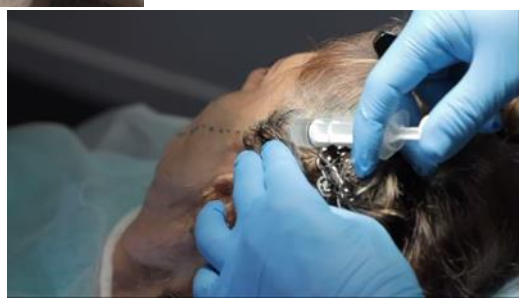
Necessary equipment :

- **1 22 G 50mm cannula**

- **1 10cc syringe**
- **80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).**

The 2 routes accessible from the entry point are anaesthetised in retrograde.





For the upper temporal region, the injection is given in the Merkel space between the galea and the scalp, and the following will be injected:

- 5cc for the upwards route starting from the point of entry in retrograde

For the lower temporal region, the injection is given in the hypodermis, between the skin and the SMAS, and the following will be injected:

- 5cc for the downwards route (approx. 5cm) starting from the point of entry in retrograde

2) **<u>Anaesthesia of the route of the thread to be removed - lower 2/3 of the cheek</u>**

Necessary equipment :

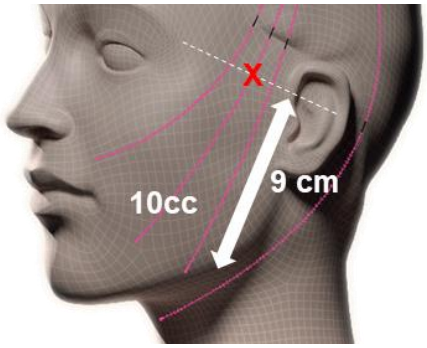
- **1 Microlance 3 – 21 G 40mm pre-hole needle**

- **1 22 G 90 mm cannula**

- **1 10cc syringe**
- **80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).**

A pre-hole **(x)** is made using the Microlance 3 – 21 G needle at the extremity of the upper 1/3 of the route, which has just been anaesthetised.

This relay opening **(x)** will facilitate the entry for the cannula which will anaesthetise the remaining 2/3s of the route of the thread to be removed.



The length of the remaining route is approximately 9cm. Therefore, the injection requires a longer cannula, of 90mm 22G.

The following will be injected:

- 10cc on this 9cm path, always in retrograde

Special care to inject all the way to the bottom of the route needs to be taken since it is the most difficult part to remove.

The anaesthetic is left to work for 20 to 30 minutes before proceeding to the thread removal step in order to ensure that the infiltration has spread perfectly around the thread.

IMPORTANT

The amount of anaesthetic injected to remove a thread is ***5x GREATER*** than that injected to insert it. Therefore, it is important to warn the patient that the area around the removed thread will be very swollen, for at least 24 hours, due to this strong infiltration.

Phase 3 : Thread removal

IMPORTANT

The thread is to be removed by the entry point (hence in opposition to the direction of the cogs) and not by the exit point to avoid leaving a visible mark on the cheek or jowl.

1) **The manipulation on - the "cheek" area**

Necessary equipment :

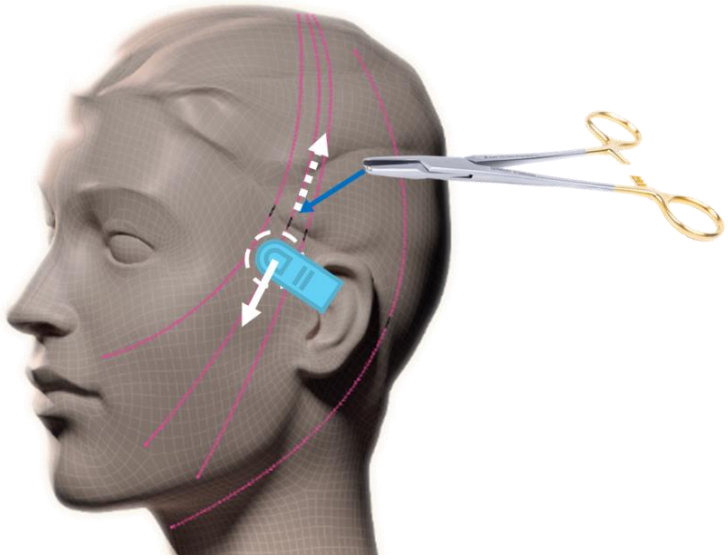
- **1 Mayo-Hegar needle holder** *(provided in the Instrument Kit)*

Optional

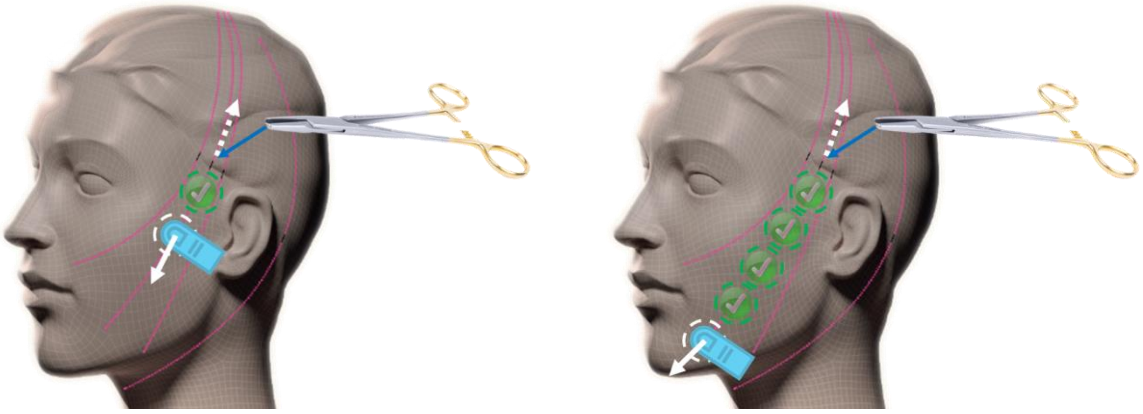
- **1 pair of scissors** *(provided in the Instrument Kit)*

Two simultaneous actions to remove the thread are to be combined :

1. With the help of the needle holder, the thread is grasped and pulled thru small repeated back and forth movements, in the retrograde direction (the tension applied must remain light to avoid breaking the thread) towards the top of the head (in opposition to the direction of the cogs), *and at the same time*,
2. Using the thumb of the other hand, a massage is performed in the form of a vertical pressure applied on the skin while moving the thumb downwards along the path of the thread, per sections of 3-4 cm. The massage is repeated on a given section until the cogs are felt "moving" under the thumb.



Rather than moving the thumb up and down the entire route, a step-by-step approach is preferred. The massage is first limited to the area near the point of entry before changing to the next lower section as the thread is released.



If after several attempts, no « unhooking » of the cogs has been felt, a few cc of anaesthetic are to be reinjected to amplify the tumescence. This time, leaving the anaesthetic to work for 5 minutes only is sufficient before resuming the thread removal procedure. In case of resistance, even after this last infiltration, the first centimetres are to be dissected with the pair of scissors to free up the thread as much as possible.

It may happen that the thread breaks at the needle-holder level due to an excess of tension. In such a case, after the broken piece is removed, the thread is simply to be grasped again and the procedure repeated.

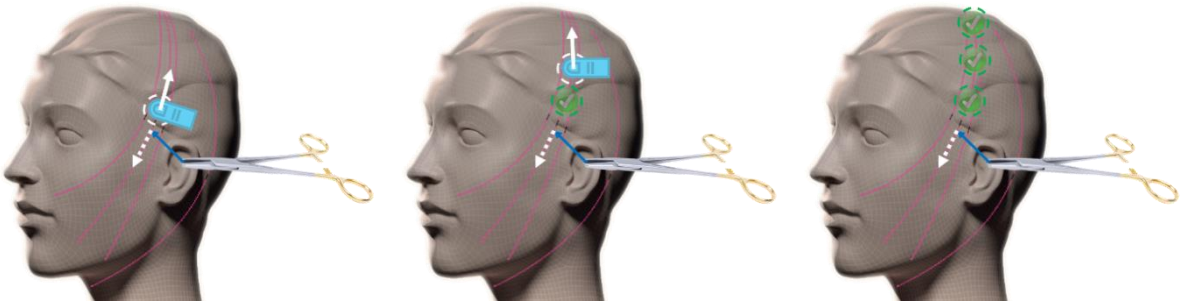
In the case of a late removal, i.e. more than 1 month after the intervention, where the thread would be surrounded by a fibrous scar cord (1 to 5 mm diameter), a referral to case 3 of this document is required - ***Case 3 : Face and neck area: Removal of a thread with a fibrous scar cord.***

2) **The manipulation on - the "scalp" area**

Necessary equipment :

- **1 Mayo-Hegar needle holder** *(provided in the Instrument Kit)*

The thread placed under the scalp is freed up by using the same procedure as for the “cheek” area.



In the event of a removal initiated by an infection, following the removal of the thread, a bacteriological analysis as well as an antibiogram will have to be carried out to identify the appropriate antibiotic to be administered to the patient.

Additional advice

- The removal procedure is not simple and requires patience and perseverance.
- From 8 weeks after the end of the antibiotic treatment and provided the patient has completely recovered, the missing thread can be reinserted.

Cas 2 : Neck Area - Removal of a thread which is not surrounded by a fibrous scar cord.

You are in this case if :

- The thread is inserted too superficially, which is characterised by visible lines.
- The thread has been infected for *less* than 15 days. The infection is characterized by redness, indurations, oozing, crusting at the point of entry/exit or pain.

Case requiring an optional removal :

- *Excessive lines on the submandibular path.*

IMPORTANT

In a case of infection, and if submental crossover of the threads, both neck threads will have to be removed !

The removal of the threads takes place in 3 steps :

1. **Localisation of the threads at the entry points and anaesthesia**
2. **Infiltration around the thread *(if necessary)***
3. **Removal of the threads**

Phase 1 : Localisation of the threads at the entry points and anaesthesia

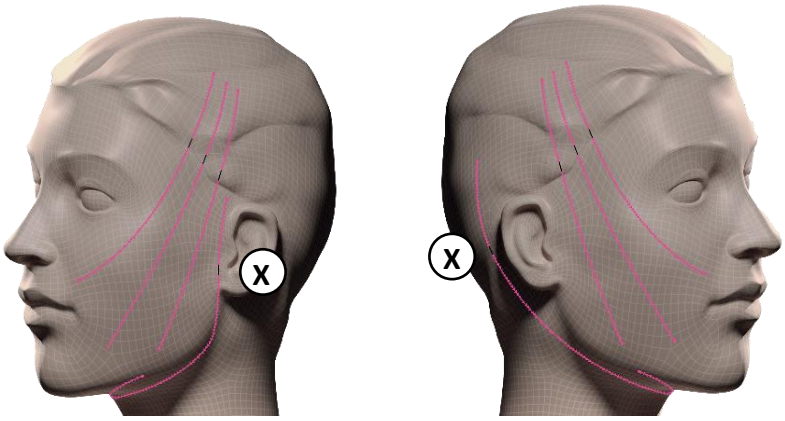
1) **<u>Localisation and anaesthesia of - the entry points at the mastoid and tragus levels</u>** *(according to the chosen implantation scheme)*

Necessary equipment :

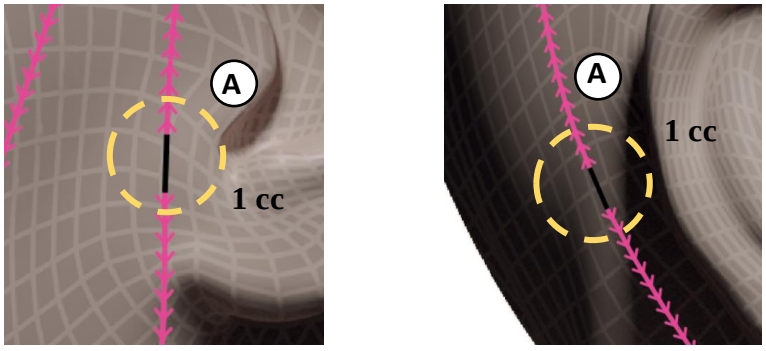
- **1 10cc syringe**
- **20% sodium bicarbonate at 14‰ + 80% xylocaine at 2% of adrenaline**

If the entry points are not affected by the infection and are therefore not very visible, the information recorded in the operative report is to be used to find the location of these 2 entry points either at the mastoid or at the tragus level **(X)** *(according to the chosen implantation scheme).*

The localisation can also be done by "the touch of the finger" since, in the specific case of the neck, the threads are implanted superficially.



Once the positions of the entry points of the threads to be removed have been perfectly localized **(X)**, the identified area **(A)** should be anaesthetised over a length of 3 cm by injecting 1 cc.



The anaesthetic is left to work for 2 minutes before proceeding to the thread removal step.

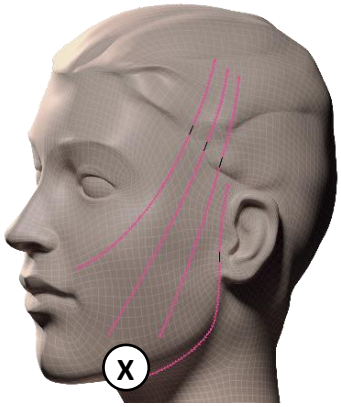
2) **Localisation and anaesthesia of - the submental crossing point of the threads**

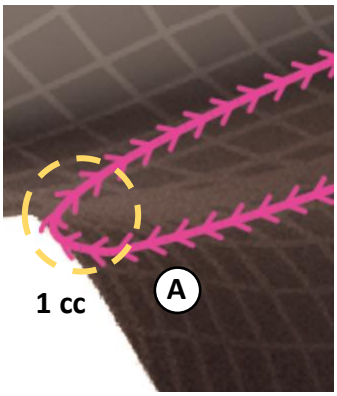
Necessary equipment :

- **1 10cc syringe**
- **20% sodium bicarbonate at 14‰ + 80% xylocaine at 2% of adrenaline**

If the submental crossing point is not affected by the infection and is therefore not very visible, the information recorded in the operative report is to be used to find the location **(X)**.

The localisation can also be done by "the touch of the finger" since, in the specific case of the neck, the threads are implanted superficially.





Once the position of the submental crossing point perfectly localised **(X)**, the identified area **(A)** should be anaesthetised over a length of 3 cm by injecting 1 cc.

The anaesthetic is left to work for 2 minutes before proceeding to the thread removal step.

Phase 2 : Infiltration around the thread *(if necessary)*

IMPORTANT

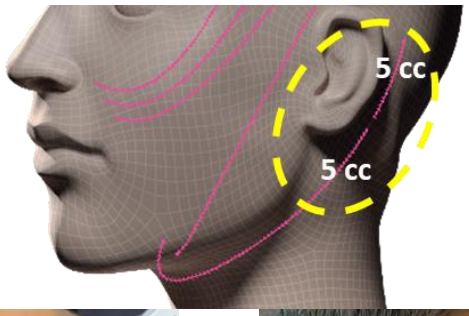
In the case of a removal at *less* than 15 days after the operation, the oedema is not yet completely reabsorbed, hence the need for an infiltration is not systematic. Nevertheless, be careful not to force the thread too hard so as not to break it.

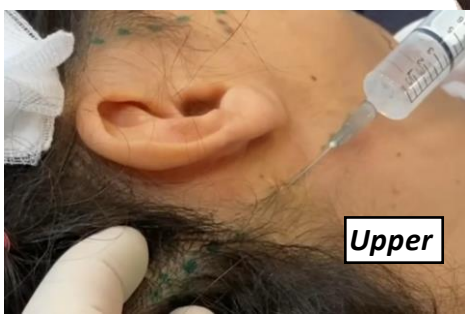
1) **Anaesthesia of the route of the thread to be removed - starting from the entry point**

Required equipment :

- **1 cannula 22 G 50 mm** (provided in the Infinite-Thread® kit)

- **1 syringe of 10 cc** (not provided)
- **80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%** (not provided) - **ATTENTION - The mixture is the reverse of that used to anesthetize the entry and exit points**





We inject :

- 5 cc for the path from the exit point to the scalp ***[Upper]***
- 5 cc for the path leading to the platysmal cords ***[Neck]*** (over the 5 cm of the cannula) – **IMPORTANT - The cannula is not positioned strictly subcutaneously but must cross the aponeurosis at the level of the sterno-mastoid muscle to ensure it is not visible.**

2) **Anaesthesia of the route of the thread to be removed - lower 2/3 of the cheek**

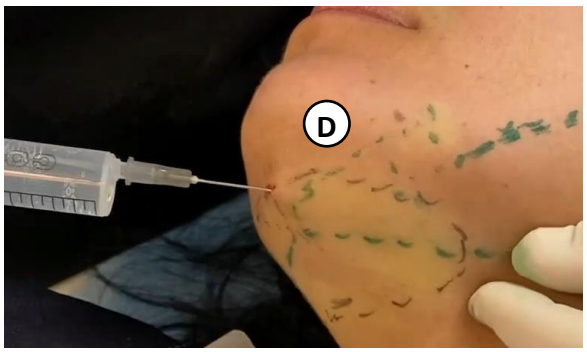
Required equipment :

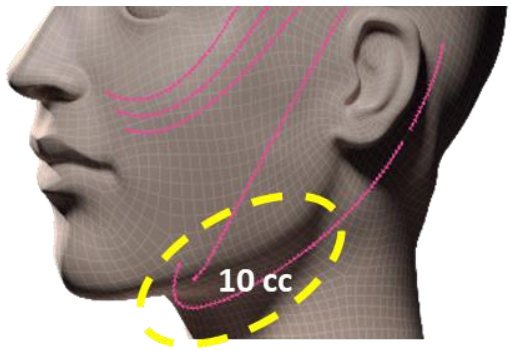
- **1 cannula 22 G 50 mm** (provided in the Infinite-Thread® kit)

- **1 cannula 22 G 90 mm** (provided in the Infinite-Thread® kit)

- **1 syringe of 10 cc** (not provided)
- **80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%** (not provided) - **ATTENTION - The mixture is the reverse of that used to anesthetize the entry and exit points**

The length of the remaining paths towards the mastoid is approximately 9 cm. Instead of making a pre-hole as for the face threads, the remaining part of the thread paths is anesthetized from the submental crossing point **(D)** using the 90 mm 22G cannula.

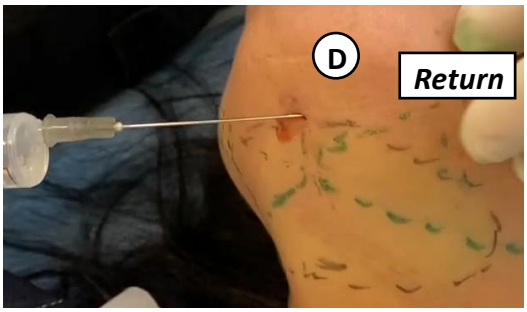


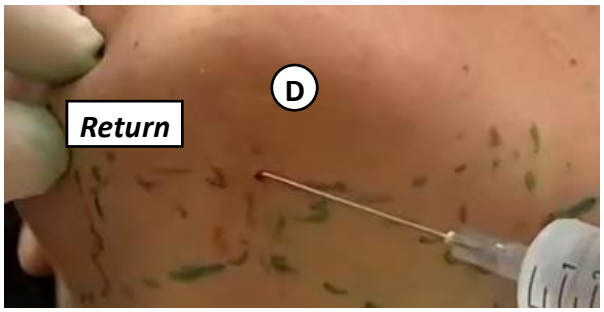


We inject :

- 10 cc per path of 9 cm, always in retrograde, from the submental crossing point **(D)**

The 50 mm 22G cannula is used to anaesthetize the return paths ***[Return]*** of the threads at the level of submental crossing point **(D)**.

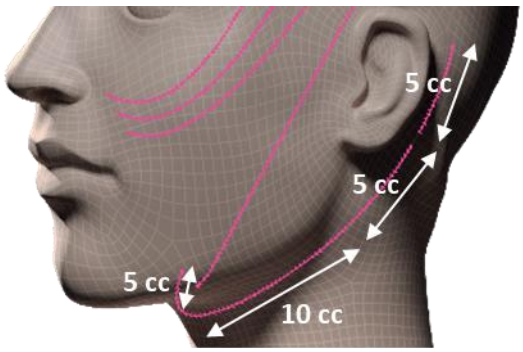




We inject :

- 5 cc per return path of the threads, always in retrograde from the submental crossing point **(D)**.

In summary :



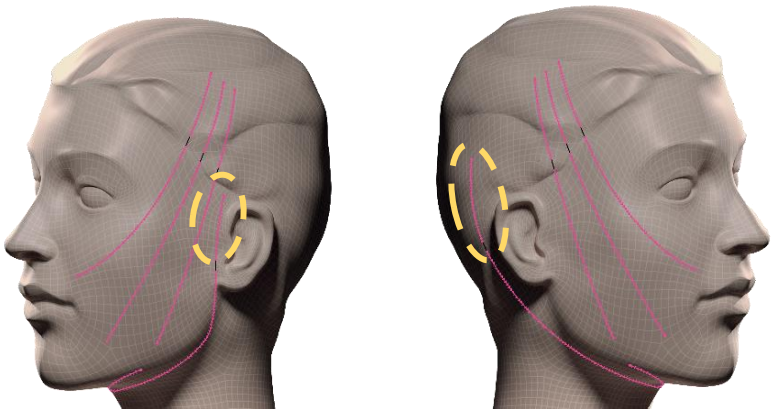
The anaesthetic is left to work for 20 to 30 minutes before proceeding to the thread removal step in order to ensure that the infiltration has spread perfectly around the thread.

IMPORTANT

The amount of anaesthetic injected to remove a thread is ***5x GREATER*** than that injected to insert it. Therefore, it is important to warn the patient that the area around the removed thread will be very swollen, for at least 24 hours, due to this strong infiltration.

Phase 2 : Thread removal

1) **Removal of - the upper halves**



Necessary equipment :

- **1 needle Nokor® Admix BD – 16G 1" - 1.65x25mm / or a scalpel blade**

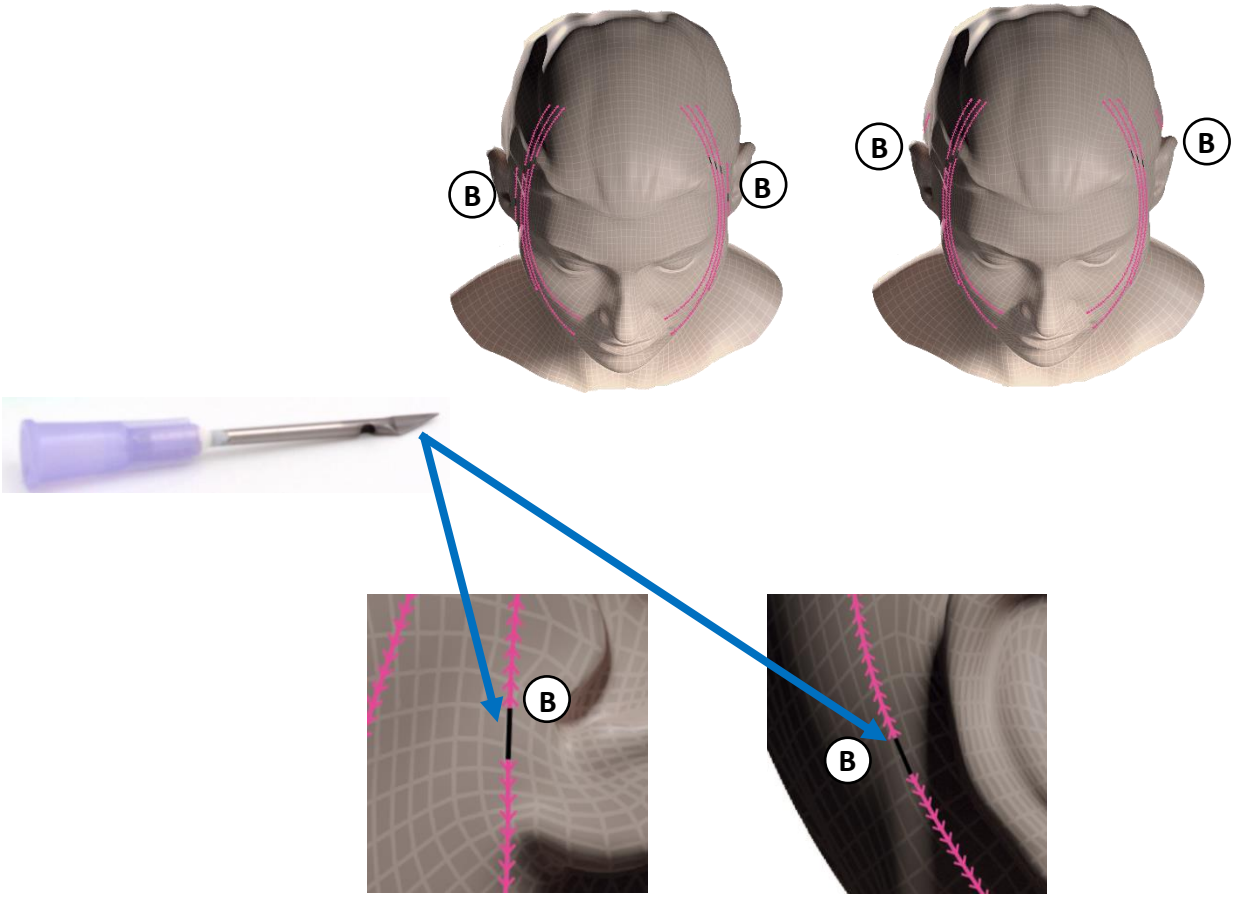
- **1 non-cutting hook (seamstress type hook)**

- **1 Adson forceps** *(provided in the Instrument Kit)*
- **1 pair of scissors** *(provided in the Instrument Kit)*

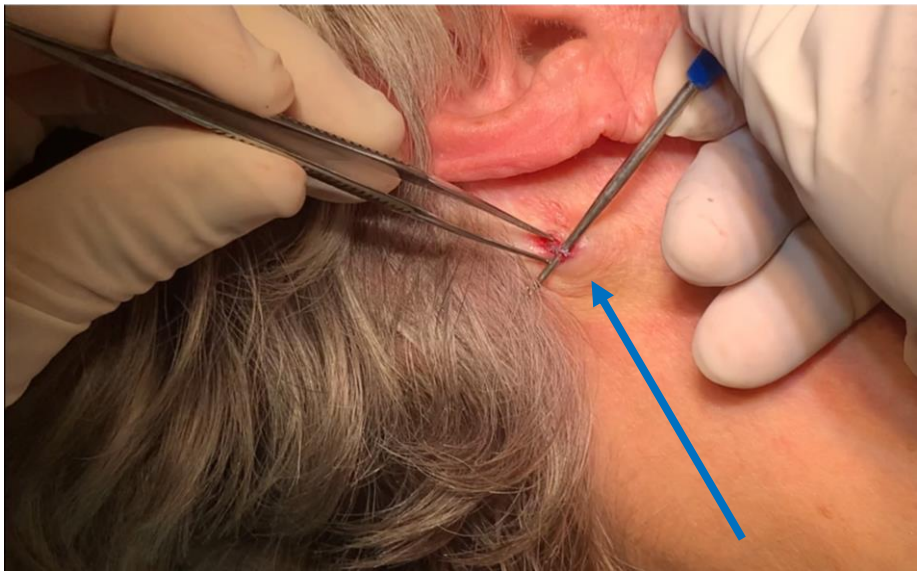
Optional

- **1 Mayo-Hegar needle holder** *(provided in the Instrument Kit)*
- **1 10cc syringe**
- **80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).**

A 5 mm opening on each of the two entry points *(mastoid or tragus according to the chosen implantation scheme)* is made using the Nokor needle **(B)** (1 incision on each side of the face).



Using the non-cutting hook and the Adson forceps, the thread is hooked from underneath and is gently pulled outwards from the incision for a better visualisation.



Three simultaneous actions to remove the upper half of the thread are to be combined :

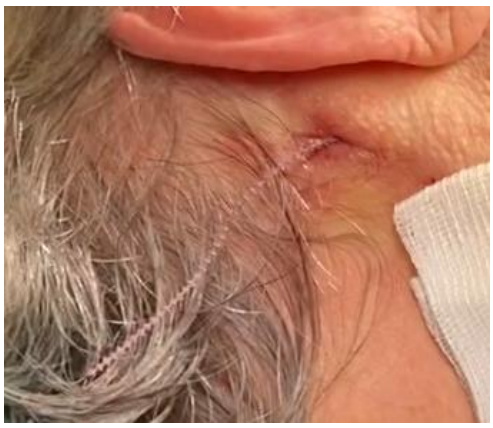
1. Using the thumb of the hand holding the non-cutting hook, pressure is applied on the thread to block it on the non-cutting hook, *then*,
2. The same hand is moved slightly in the direction of the chin to apply tension on the upper half of the thread to be removed *(the tension applied must remain light to avoid breaking the thread)*, *and at the same time*,
3. Using the thumb of the other hand, the skin along the upper half of the thread to be removed is massaged by repeated movements.

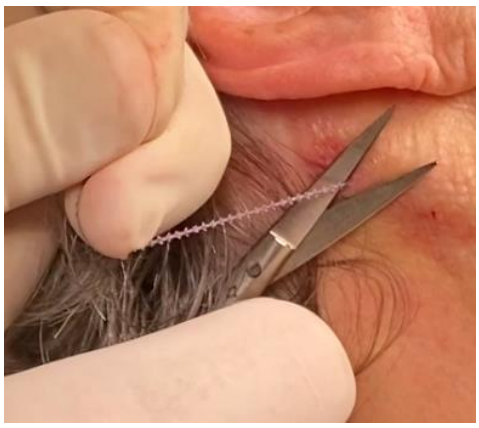
→ If the upper half of the thread to be removed still does not release, a tumescence along its path is to be made using a 10 cc syringe and a mixture of 80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).

In practice

- For more details, please refer to the passage **00:02:02** to **00:02:21** of the Masterclass video **« 5. Infinite-Thread : Video of the removal of the neck threads »** available in your private section of the site www.threadandlift.com.

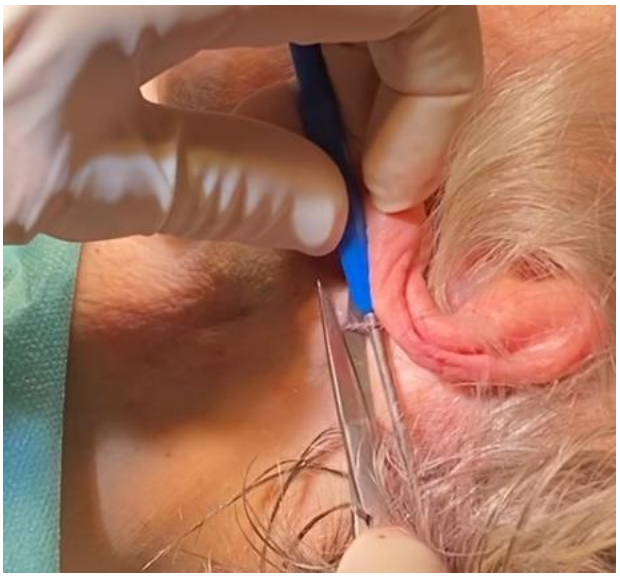
Once the upper half of the thread is removed, it is cut flush using the pair of scissors but only after the skin has been pushed back as far as possible to release as many of downward facing cogs as possible.





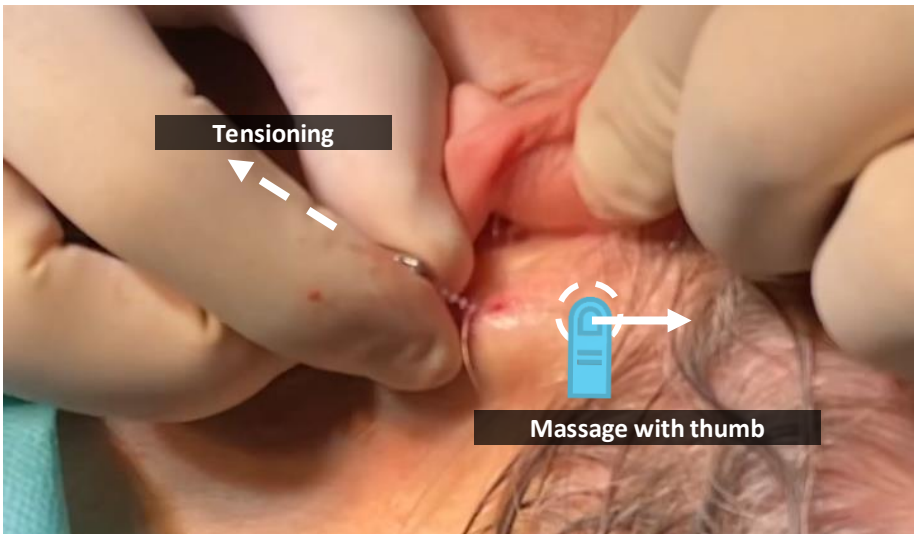
Specific case :

If the upper half of the thread to be removed still did not release even after several massage attempts and tumescence as explained above, the thread to be removed is to be cut **right below** the non-cutting hook using the pair of scissors.



Once the thread cut, two simultaneous actions to remove the upper half of the thread are to be combined :

1. The free tip of the upper half of the thread that has just been cut is grasped with the Mayo-Hegar needle holder and is put under tension following the direction of its axis *(the tension applied must remain light to avoid breaking the thread)*, *and at the same time*,
2. Using the thumb of the other hand, the skin along the upper half of the thread to be removed is massaged by repeated movements until complete removal of the thread.



In practice

- For more details, please refer to the passage **00:03:10** to **00:03:35** of the Masterclass video **« 5. Infinite-Thread : Video of the removal of the neck threads »** available in your private section of the site www.threadandlift.com.

2) **<u>Removal of - the thread segments sent backwards at the level of the submental crossing point</u>**

Necessary equipment :

- **1 needle Nokor® Admix BD – 16G 1" - 1.65x25mm / or a scalpel blade**

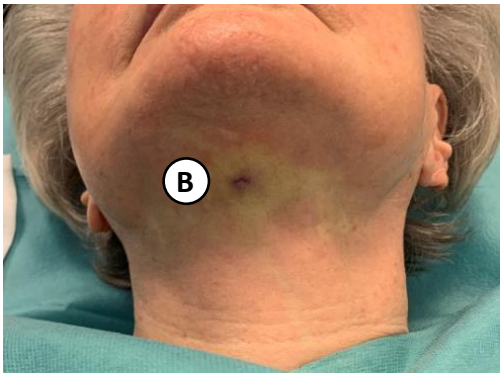
- **1 non-cutting hook (seamstress type hook)**
- **1 Adson forceps** *(provided in the Instrument Kit)*
- **1 pair of scissors** *(provided in the Instrument Kit)*

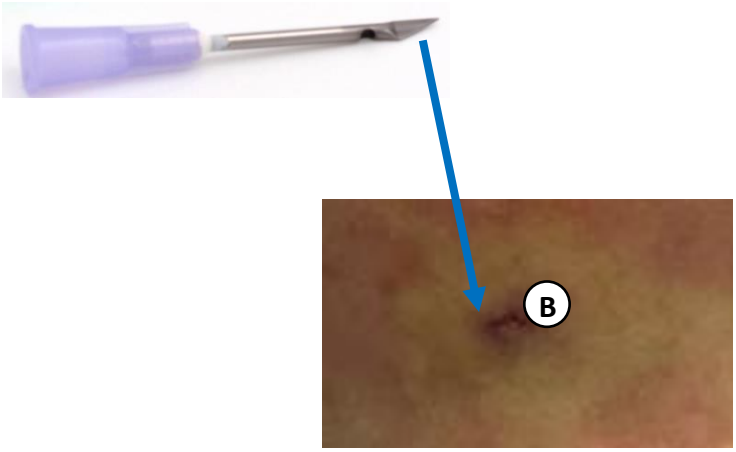
Optional

- **1 Mayo-Hegar needle holder** *(provided in the Instrument Kit)*
- **1 10cc syringe**
- **80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).**

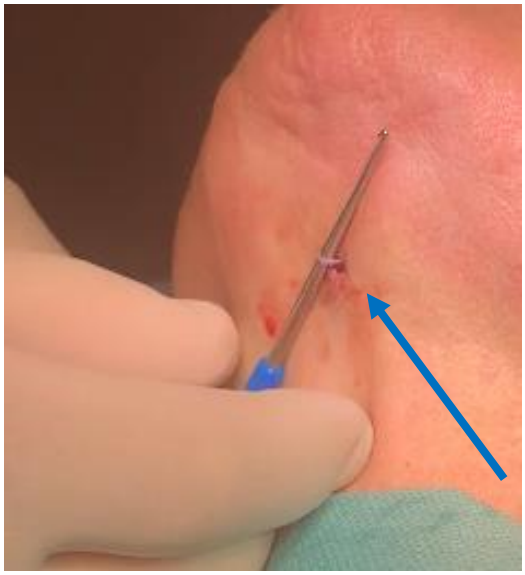
A 5 mm opening at the level of the submental crossing point is made using the Nokor needle **(B)**.

Here is a case of an infection at the level of the submental crossing point, characterized by the presence of redness.





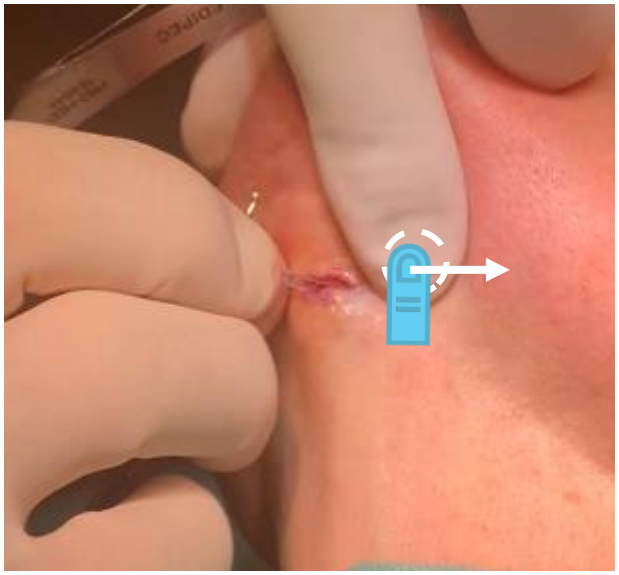
Using the non-cutting hook and the Adson forceps, the thread is hooked from underneath and is gently pulled outwards from the incision for a better visualisation.



Three simultaneous actions to remove the thread segments sent backwards at the level of the submental crossing point are to be combined :

1. Using the thumb of the hand holding the non-cutting hook, pressure is applied on the thread to block it on the non-cutting hook, *then*,
2. The same hand is moved slightly away from the chin to apply tension on the thread segment sent backwards at the level of the submental crossing point *(the tension applied must remain light to avoid breaking the thread)*, *and at the same time*,
3. Using the thumb or the forefinger of the other hand, the skin along the thread segment sent backwards at the level of the submental crossing point is massaged upwards (starting from the crossing point and away from it). In case of failure, a tumescence should be used.

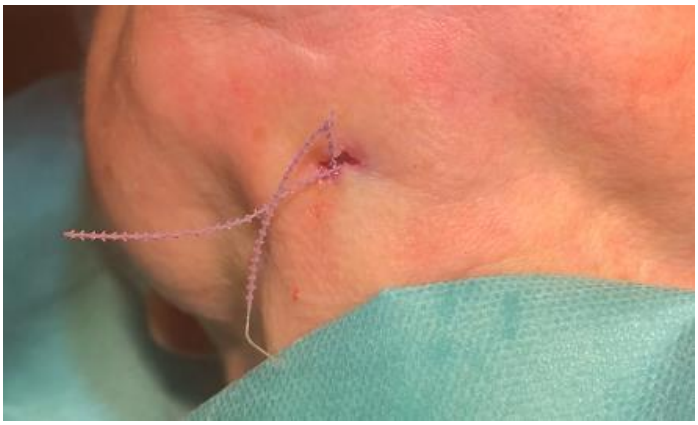
→ In case of failure, a tumescence along its path is to be made using a 10 cc syringe and a mixture of 80% sodium bicarbonate at 14‰ + 20% xylocaine at 2% of adrenaline (CAUTION: this is the opposite mixture of that used previously for the anaesthesia of the entry point).



In practice

- For more details, please refer to the passage **00:01:04** to **00:02:00** of the Masterclass video **« 5. Infinite-Thread : Video of the removal of the neck threads »** available in your private section of the site www.threadandlift.com.

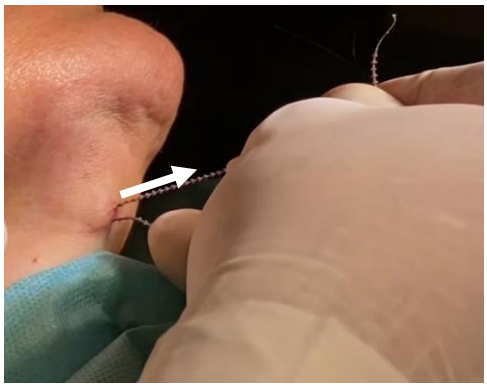
When the first thread segment has been removed, the same procedure is applied to remove the second one.



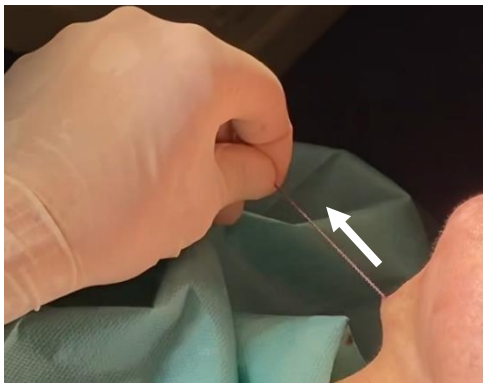
3) **Removal of - the main segment**

One of the segments of threads sent backwards at the level of the submental crossing point having been removed is grasped and pulled from the submental crossing point in anterograde. Removal is effortless since the thread is pulled in the direction of the cogs and that these are bathed in a non-resorbed oedema (or infiltration if applicable).

When the first thread is removed, the same procedure is applied to remove the second one.



Removal of the 1st thread



Removal of the 2nd thread

In the event of an infection, following the removal of the thread, a bacteriological analysis as well as an antibiogram will have to be carried out to identify the appropriate antibiotic to be administered to the patient.

Additional advice

- From 8 weeks after the end of the antibiotic treatment and provided the patient has completely recovered, the neck can be treated again.
- In order to limit the occurrence of an infection at the level of the submental crossing point, the opening should ***ALWAYS*** be closed with a true "dermis to dermis" stitch with a 4/0 polyamide monofilament and covered with a simple plaster. A closure using only Vicryl Rapide would present an infectious risk.
- More generally, the patient should also be ***FORBIDDEN*** from using any healing or antiseptic cream until the stitch is removed.

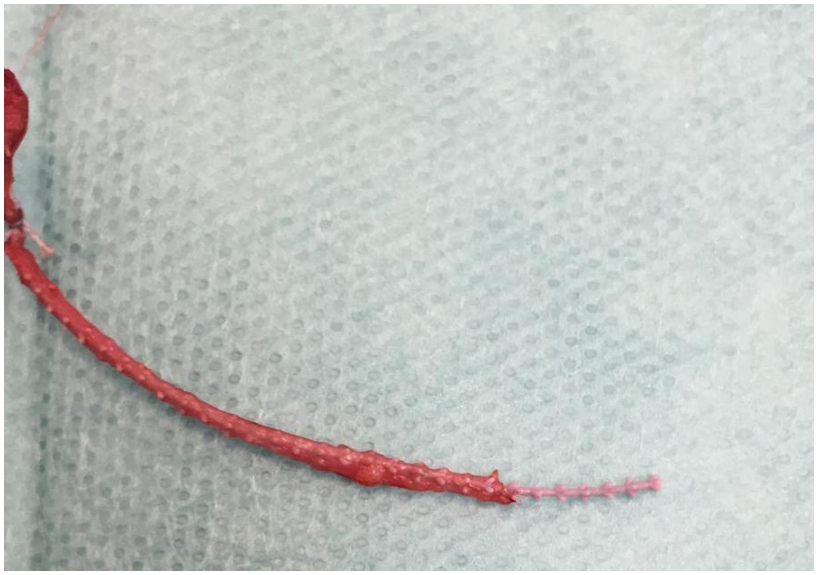
Case 3 : Face and neck area: Removal of a thread with a fibrous scar cord.

IMPORTANT

- **A medical removal may be attempted, by following the explanations of the previous pages of this protocol, but it is not suited when the thread to be removed is surrounded by a 1-5 mm fibrous scar cord.**
- If unsuccessful, do not risk breaking the thread in the middle of the cheek. Indeed, this method of removal would require multiple skin incisions implying unacceptable scarring and the need to open up the fibrous cord from near to far in order to release the thread.

Case requiring an immediate removal :

- Extensive infection detected more than 30 days after the procedure. It is characterised by redness, indurations, oozing, scarring crusts at the entry/exit point, skin retraction or pain.



Visualisation of the 1-5 mm fibrous scar cord surrounding a thread following a low noise infection.

The preferred solution should be a **surgical removal**. For more gentleness and ease, the fibrous cord is to be removed by finger.