

Thread & Lift

Facelift with suspension threads

**INFINITE-THREAD®:
MANAGEMENT OF
POSTOPERATIVE EFFECTS**

TIME VARIABLE POSTOPERATIVE EFFECTS



It is very important to keep in mind or to inquire with the patient to pinpoint the exact moment when the postoperative effect appeared.

Indeed, an immediate postoperative effect and another that appeared 15 days later may not have the same cause and therefore **may not require the same treatment.**





**Postoperative effects:
Immediate**

**Postoperative effects:
D+7 à D+30**

**Postoperative effects:
After D+30**

1.

FACE: LINES, DIMPLES OR BULGES

Example 1:

Lines



Example 2:

Dimples



Example 3:

Bulges

*(5 to 8mm surplice – Do not
confuse it with the thread)*



1.

FACE: LINES, DIMPLES OR BULGES

Etiology:

Thread too tight

1st phase: MASSAGE

1. Disinfect
2. Infiltrate "generously" (80% XyloA 2% & 20% Bica 1.4%) 5 to 10 ml depending on the visibility's length
3. Leave the tumescence to take effect for 10 to 15 minutes
4. Massage starting from the 2 cm point above the visible area then massage to the lower end of the thread.
5. *In case of resistance: Restart by massaging more and more vigorously*

2nd phase (if 1st failed) : SECTION

1. Disinfect
2. Case 1: Visibility is at the end of the thread and its effect can be salvaged
 - Make an approach of a few mm just above the visibility, in the axis of a wrinkle, catch the thread on the hook and cut it
3. Case 2: The visibility is too high and the thread's effect will be lost
 - Make an approach at the point of entry (temporal) for minimum visibility, catch the thread on the hook and cut it
4. Massage if necessary

2.

FACE: FOLDS

Example:

**Fold at the end of the
thread path**



2.

FACE: FOLDS

Etiology:

**Thread too shallow
(convex area)**

MANDATORY REMOVAL :

1. Disinfect
2. Infiltrate "generously" (80% XyloA 2% & 20% Bica 1.4%) 5 to 10 ml depending on the visibility's length.
3. Leave the tumescence to take effect for 10 to 15 minutes
4. Make an approach at the entry point (temporal) through a 1cm incision make sure to find the thread, all being careful not to cut
5. Grasp the thread with pliers and tighten it **very delicately**
6. Gradually withdraw in **retrograde** the upper strand and the lower strand via the temporal entry point:
 - a) Lower strand: Massage from top to bottom **along the entire length of the strand**. Reproduce the movement as long as you have not felt the detachment of the notches over the entire length
 - b) Upper strand: Reverse procedure from bottom to top
7. *In case of resistance: Complete the infiltration and dissect the first centimeters with scissors to release the thread as well as possible.*

**FOR MORE
DETAILS, REFER
TO THE
REMOVAL
PROTOCOL**

3.

FACE: STRING VISIBILITY

(SKIN RAISED OVER 2 MM - NOT TO BE CONFUSED WITH BULGES)

Etiology:

**Thread too shallow
(concave area: temple)**

MANDATORY REMOVAL :

1. Disinfect
2. Infiltrate "generously" (80% XyloA 2% & 20% Bica 1.4%) 5 to 10 ml depending on the visibility's length.
3. Leave the tumescence to take effect for 10 to 15 minutes
4. Make an approach at the entry point (temporal) through a 1cm incision make sure to find the thread, all being careful not to cut
5. Grasp the thread with pliers and tighten it **very delicately**
6. Gradually withdraw in **retrograde** the upper strand and the lower strand via the temporal entry point:
 - a) Lower strand: Massage from top to bottom **along the entire length of the strand**. Reproduce the movement as long as you have not felt the detachment of the notches over the entire length
 - b) Upper strand: Reverse procedure from bottom to top
7. *In case of resistance: Complete the infiltration and dissect the first centimeters with scissors to release the thread as well as possible.*

**FOR MORE
DETAILS, REFER
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4.

NECK: REASONABLE LINES ON THE SUBMANDIBULAR PATH

Example:

Reasonable Lines



4.

NECK: REASONABLE LINES ON THE SUBMANDIBULAR PATH

Etiology:

Voluntary superficiality of the plan

MASSAGE:

1. Position your thumb on the upstream area
2. Press with your thumb to keep the thread in position
3. Perform a delicate massage with your other hand along the path of the thread to even out the lines
4. *Do not massage too vigorously*

5.

NECK: EXCESSIVE LINES ON THE SUBMANDIBULAR PATH

Example:

Excessive Lines



5.

NECK: EXCESSIVE LINES ON THE SUBMANDIBULAR PATH

Etiology :

Thread too tight

SECTION OF THE CROSSING AT THE EARLIEST:

1. Disinfect
2. Anesthetize the area of the submental crossing
3. Cut the threads at the submental crossing
4. *Optional threads removal*
5. Massage if necessary



These previous postoperative effects may become more and more visible as the edema disappears, but they do exist as soon as the intervention is completed.



**Postoperative effects:
Immediate**

**Postoperative effects:
D+7 à D+30**

**Postoperative effects:
After D+30**

1.

BULGE DUE TO EDEMA



Warning: It is very important not to confuse the bulges that appear immediately post-operatively and the bulges that only appear in the first few weeks, otherwise the thread may be removed for no reason!

1.

BULGE DUE TO EDEMA

Etiology:

Edema effect

DO NOT REMOVE THE THREAD – DO NOT INTERVENE:

- A bulge (5 to 8 mm in diameter) visible on the path of the thread, not visible immediately post-operatively but appearing during the first weeks, only reflects the presence of an edema around the thread which will disappear spontaneously.
- This bulge can take quite a long time to appear.
- This bulge can take 2 months to disappear completely in an inflamed body.

2.

MECHANICAL INFLAMMATION

Example :

**Inflammation in the form of a
malar pseudopouch**



2.

MECHANICAL INFLAMMATION

Etiology:

Repeated massages by the patient

STOP THE MESSAGES:

- The patient, thinking that she was doing a drainage, maintained the inflammation by continuously mobilizing the tissues in front of the thread.
- This oedema resorbs spontaneously in 2 weeks to 2 months after stopping the massages.
- Unless there is a medical contraindication (insulin-dependent diabetes, etc.), it is worth prescribing a permanent corticosteroid treatment: 1mg/kg per day for 6 days.

3.

FACE INFECTION

(REDNESS, INDURATION & RETRACTION AT THE EXIT POINT)

Example:

Abscess with skin retraction



3.

FACE INFECTION

(REDNESS, INDURATION & RETRACTION AT THE EXIT POINT)

Etiology 1:
Asepsis error

Etiology 2:
Partially buried hair

Etiology 3:
Patient induced infection
(creams, make-up, honey, etc. at the point of exit/entry)

COMPULSORY AND IMMEDIATE REMOVAL:

The immune reaction creates a fibrosis (2-3 mm) around the thread within a few weeks, making it a LOT difficult to remove.

1. After disinfection, create an approach of the infected **temporal** entry point or the infected exit point.
2. Collect the thread with a hook.
3. **Gently** tighten the thread with pliers to visualize the upper path and the lower path
4. Infiltrate “generously” (80% XyloA 2% & 20% Bica 1.4%) 5 to 10 ml **over the entire length of the thread!**
5. Leave the tumescence to take effect for 10 to 15 minutes
6. Gradually withdraw in **retrograde** the upper strand and the lower strand via the temporal entry point:
 - a) Lower strand: Massage from top to bottom **along the entire length of the strand**. Reproduce the movement as long as you have not felt the detachment of the notches over the entire length
 - b) Upper strand: Reverse procedure from bottom to top
7. Perform a bacteriological analysis & put the patient on antibiotics

FOR MORE
DETAILS, REFER
TO THE
REMOVAL
PROTOCOL

4.

NECK INFECTION

(REDNESS, ABSCESS, CRUSTING AT THE ENTRY/EXIT POINT OR PAIN)

Beginning:

Redness at the submental crossing



Worsening:

Abscess at the submental crossing



4.

NECK INFECTION

(REDNESS, ABSCESS, CRUSTING AT THE ENTRY/EXIT POINT OR PAIN)

Etiology 1:

Asepsis error

(Submental crossing at risk - No absorbable sutures)

Etiology 2:

Partially buried hair

Etiology 3:

Patient induced infection

(creams, make-up, honey, etc. at the point of exit/entry)

COMPULSORY AND IMMEDIATE REMOVAL :

The immune reaction creates a fibrosis (2-3 mm) around the thread within a few weeks, making it a LOT difficult to remove.

1. After disinfection, make an approach of **the mastoid/tragus entry points AND of the submental crossing**, regardless of the place of infection, on both sides (due to the crossing, both neck threads will have to be removed)
2. Retrieve the thread using a hook at the mastoid/tragus approach AND at the crossing.
3. Gently remove in **retrograde**, from the **submental crossing**, the two “returns” going towards the chin.
 - If this fails, and so as not to break the thread, go to step 4 then come back to step 3 as the very last.
4. Remove in **retrograde**, from the **mastoid/tragus approach**, the small upper strand
 - If this fails, extract a 1 cm loop from the **mastoid/tragus opening**, position a forceps in the middle of the loop, cut the thread below the forceps, infiltrate the upper path, leave to take effect then remove the upper strand.
5. *(If not already done in step 4)* Cut the thread at the mastoid/tragus entry point
6. Remove in **antegrade**, from the submental **crossing**, the strand coming from the mastoid/tragus
7. *Perform a bacteriological analysis & put the patient on antibiotics*

**FOR MORE
DETAILS,
REFER TO THE
REMOVAL
PROTOCOL**



**Postoperative effects:
Immediate**

**Postoperative effects:
D+7 à D+30**

**Postoperative effects:
After D+30**

1.

PERSISTENT WIDESPREAD PAIN UNDER THE SCALP AT D+30

Etiology:

**Regular scalp massages
(brushing, hairdressing, etc.)**

STOP EVERY MASSAGE THAT MAINTAINS THE INFLAMMATION

2.

PERSISTENT LOCALIZED PAIN UNDER THE SCALP AT D+30

Etiology:

Localized irritation

1st phase : IN SITU MOVEMENT OF THE THREAD BY EXTERNAL MANEUVER

1. Identify the painful spot
2. Disinfect
3. Infiltrate 2ml (80% XyloA 2% & 20% Bica 1.4%)
4. Leave the tumescence to take effect for 10 to 15 minutes
5. Massaging the scalp "vigorously"

2nd phase (if 1st phase failed) : LOCAL INJECTION OF NSAID

1. Identify the painful spot
2. Disinfect
3. Infiltrate 2ml (1ml PROFENID INJ + 1ml XyloA 2%)

2.

PERSISTENT LOCALIZED PAIN UNDER THE SCALP AT D+30

Etiology:

Localized irritation

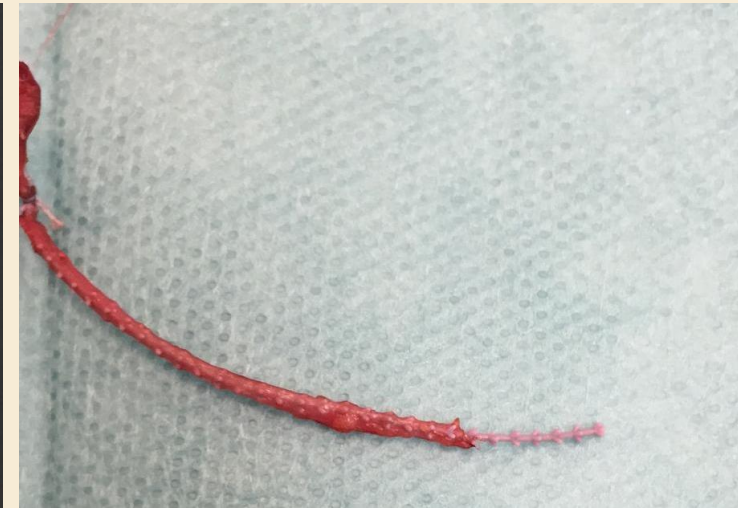
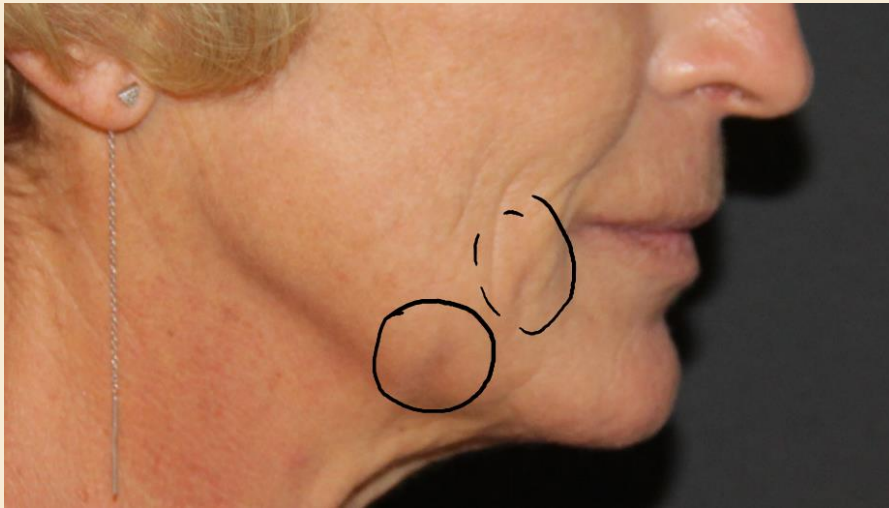
3rd step (if 2nd step failed) : REMOVAL AND IMMEDIATE RE-IMPLANTATION

1. Identify the painful spot & Disinfect
2. "Generously" infiltrate (80% XyloA 2% & 20% Bica 1.4%) the painful point as well as the entire path under the scalp: approximately 3 ml (*do not hesitate to go too far to be sure that the hydrotomy acts over the entire buried length of the thread*)
3. Wait for 10 minutes
4. Make an approach to the painful spot with the punch and widen it with the tip of scissors
5. Retrieve the thread with the hook
6. Extract the upper part of the thread (*In case of resistance : infiltrate more*)
7. Re-implant this upper part of the thread on a parallel path offset by a few mm by passing 2 or 3 rows of notches in the eye of the needle
8. Check very carefully the lack of hair half-in half-out

3.

EXTENDED INFECTION
(REDNESS, INDURATION & SHRINKAGE, ABSCESS, CRUSTING
AT THE ENTRY/EXIT POINT, OR PAIN)

Example:
Skin retraction



Courtesy of Dr Antz

Fibrous cord - 2mm

3.

EXTENDED INFECTION
(REDNESS, INDURATION & SHRINKAGE, ABSCESS, CRUSTING
AT THE ENTRY/EXIT POINT, OR PAIN)

Etiology 1:

Patient not followed up / out of sight

Etiology 2:

Antibiotics without removal

PREVENTION

Do **not procrastinate** in the event of infection,
as with any implant, in order to stay on
treatment for a short-term infection

MEDICAL REMOVAL :

FOR MORE DETAILS, REFER TO THE
REMOVAL PROTOCOL

- Multi-punction with the punch
- Need to open the cord from proximate to proximate to release the thread
- Be very careful to avoid thread breakage

SURGICAL REMOVAL:

ALTERNATIVE SOLUTION

- Thread removal during a surgical facelift
- Good practice of Dr.Antz: It is nice to peel the fibrous cord with your finger for more softness and ease

SUMMARY OF THE KNOWN POSTOPERATIVE EFFECTS

Postoperative Effects: Immediate

1. Face: Lines, dimples or bulges
2. Face: Folds
3. Face: Strings
4. Neck: Reasonable lines
5. Neck: Excessive lines

Short term effects: D+7 à D+30

1. Bulge due to edema
2. Mechanical inflammation
3. Face Infection
4. Neck Infection

Long term effects: After D+30

1. Widespread pain under the scalp
2. Localized pain under the scalp
3. Extended infection