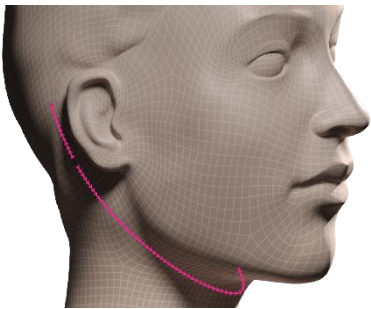


Installation protocols

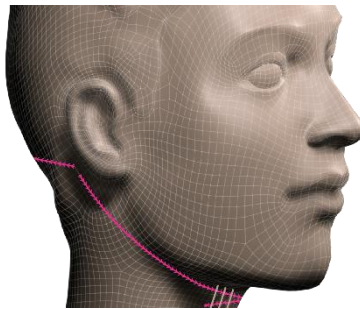
Area treated: the Neck

With Infinite-Thread®, the neck can be treated with three different main techniques depending on the patient's indication, goals, and expectations:

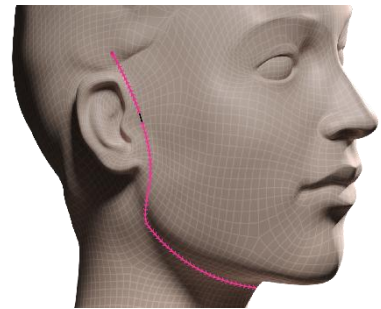
- 1) To restore the cervico-mental angle, the **Central Crossing technique**, also known as the **(X)** technique, is used;
- 2) To erase the vertical lines, the **Straight technique**, also known as the **(I)** technique is used;
- 3) To redefine the mandibular angle, the **L-shaped technique**, also known as the **(L)** technique, is used.



The Central Crossing (X)



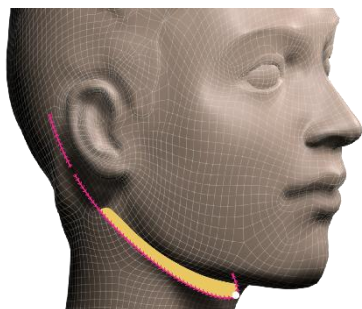
The Straight technique (I)



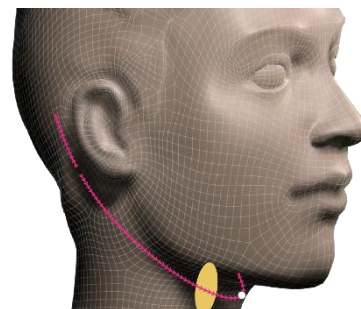
The L-shaped technique (L)

The Central Crossing technique can be adapted into two secondary techniques to address specific clinical indications.

- 1) To restore the cervico-mental angle on a heavy neck, the **Central Crossing technique combined with a liposuction** is used;
- 2) To restore the cervico-mental angle and treat platymal bands, the **Central Crossing technique combined with bands degreasing** is used;



The (X) technique + liposuction



The (X) technique + bands degreasing

Thread & Lift

All neck treatment techniques can be performed alone or in combination with the face and / or eyebrow treatment. Please refer¹ to the [Installation Protocol – The Deep V Technique] for details regarding face lift procedure, and to the [Installation Protocol – Eyebrow Lift] for details regarding the eyebrow lift procedure.

Thread & Lift provides a set of protocols that are as precise and detailed as possible. Their goal is to help you easily and quickly find answers to any technical question. In this way, if any doubt remains after your training, you can refer to these comprehensive protocols.

Of course, the Thread & Lift team remains fully at your disposal should you prefer to contact us directly at +32 28 08 88 90 or by e-mail at contact@threadandlift.com. We will put you in touch with one of our expert trainers.

¹ Available in the "Documents & Pictures" section of your private area on the website www.threadandlift.com.

Installation Protocol

-

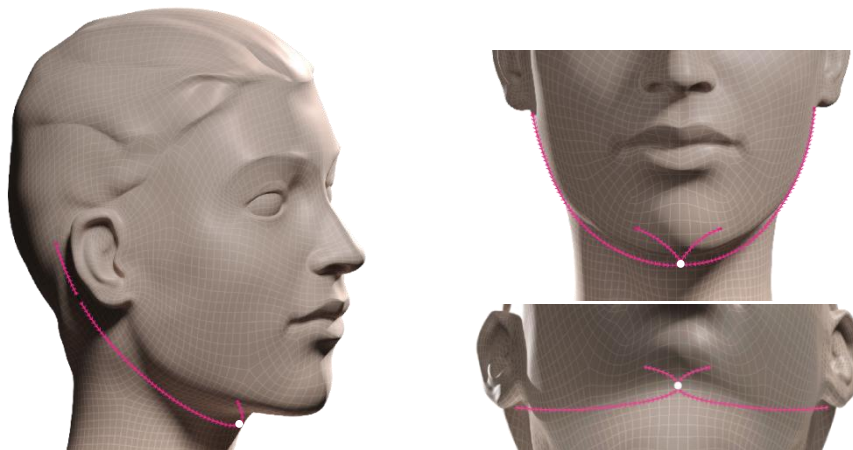
The Central Crossing technique

-

Area treated: The Neck

We advise you to refer to the video [*Infinite-Thread® – Area treated: Neck – Central crossing technique (duration: 20 min)*] available here <https://www.threadandlift.com/infinite-en.mp4>. You will therefore be able to view or review in detail the manoeuvres described throughout this protocol. A dedicated webinar on this topic is also available and can serve as an additional reference (accessible on the website www.threadandlift.com).

Here is the diagram showing the positioning of the 2 Infinite-Thread® for the neck - 1 per side - with the Central Crossing technique.



To enhance the quality of the result, neck liposuction (or cannulation) should be considered. This procedure has the advantage of contributing to the correction of the double chin. As an example, and for the purpose of illustrating this protocol, the patient featured in this case underwent liposuction prior to the procedure.

Thread & Lift

- LISTE OF EQUIPMENT NEEDED -

To practice the Central Crossing technique, the list of equipment needed is as follows:

- ✓ **2 threads Infinite-Thread® - 30 cm (1)**



- ✓ **1 micro-cannula Softfil® 22G 50 mm (2)** (This cannula is packaged in a pouch that also contains a pre-hole needle. This needle is not useful for the procedure)



- ✓ **1 micro-cannula Softfil® 22G 90 mm (3)** (This cannula is packaged in a pouch that also contains a pre-hole needle. This needle is not useful for the procedure)



- ✓ **1 needle Nokor® Admix BD - 16G 1'' - 1.65x25 mm (4)** (This needle can be replaced by our punch which minimizes the risk of vascular injury)²



OU



- ✓ **1 needle Microlance® 3 BD - 21G 1 ½'' - 08x40 mm (5)**



1 x Mini-Kit
Infinite-Thread®

² As this needle is not required for the procedure, it is not shown in the setup photo — [Photo 1: Equipment for the procedure.](#)

Thread & Lift

- ✓ 4 curved needles with blunt tips – 19cm (6)
- ✓ 1 straight needle with a blunt tip – 19 cm³
- ✓ 1 Adson clamp without claws (7)
- ✓ 1 Mayo-Hegar needle holder (8)
- ✓ 1 pair of straight scissors (9)



In the
Instrument Kit



NOT PROVIDED:

- ✓ 1 syringe of 10cc (10) (3cc or 5cc are also suitable). It is also possible, depending on your preferences, to use two syringes instead of one: 1 syringe for the entry and exit points (concentrated formula) and 1 for the paths (diluted formula). A second set of syringes will be necessary if the anaesthesia is not performed under sterile conditions: 1 for the anaesthesia step and 1 for the implantation step.
- ✓ 1 needle 30 G 13mm (11) (2 needles are necessary if the anaesthesia is not performed under sterile conditions: 1 for the anaesthesia step and 1 for the implantation step)
- ✓ 1 bottle of 2% adrenalized xylocaine - 20 ml (12)⁴
- ✓ 1 bottle of 14‰ isotonic sodium bicarbonate. - 125 or 250 ml (13)
- ✓ Sterile pads (14) / 3 surgical drapes (15) / Two surgical drape clamps (16) / 1 felt tip pen to draw the paths (17) / 70° Alcohol (18) / Hydrogen peroxide to clean the blood that could have stuck to the hair during or after the intervention (19)
- ✓ 1 flexible graduated metal ruler – 20cm (or 1 measuring tape) (20)
- ✓ 1 tail-comb (21)
- ✓ Elastic bands or small clips to keep the hair apart (22)
- ✓ 1 polyamide monofilament suture 4/0 for closing the submandibular crossing point
- ✓ 1 waterproof dressing (size 5 × 5 cm) (e.g., Leukomed) to protect the submandibular crossing point
- ✓ 1 sterile gown

³ As this needle is not required for the procedure, it is not shown in the table installation photo - Photo 1: Intervention equipment

⁴ If adrenaline-containing Xylocaine is unavailable, the solution can be reconstituted as follows:

- Xylocaine 20 mg/ml: 400 mg, i.e. 20 ml
- Adrenaline 1 mg/ml: 0.1 mg, i.e. 0.1 ml

Thread & Lift

Here are the pictures of the installation of the equipment:

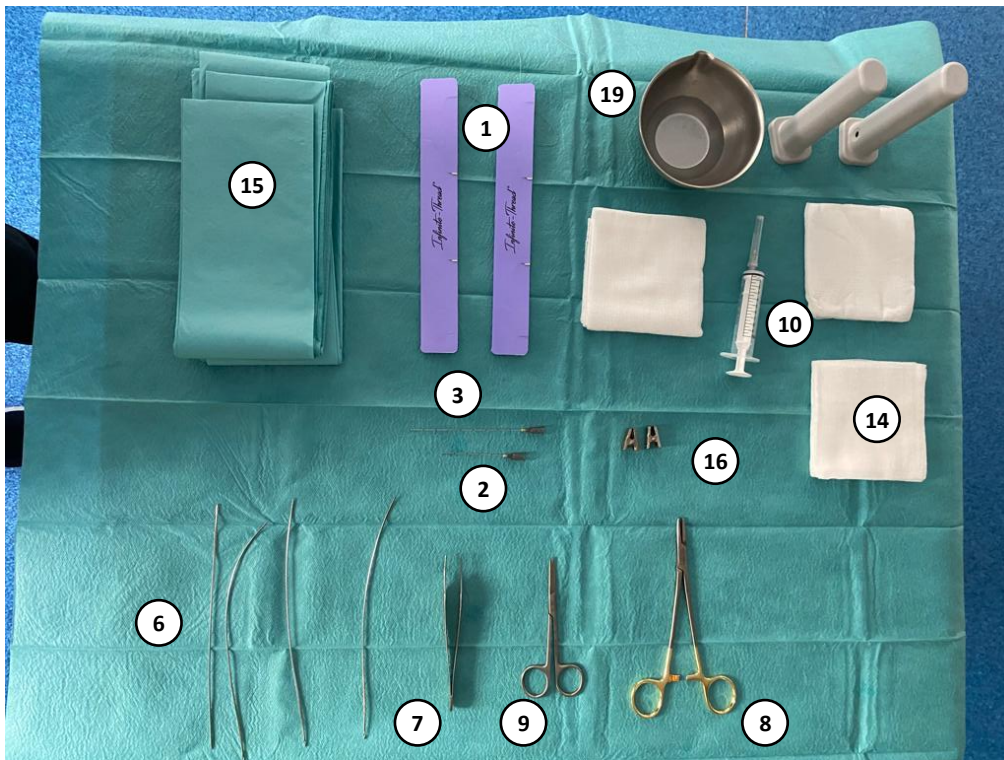


Photo 1: Equipment for the procedure

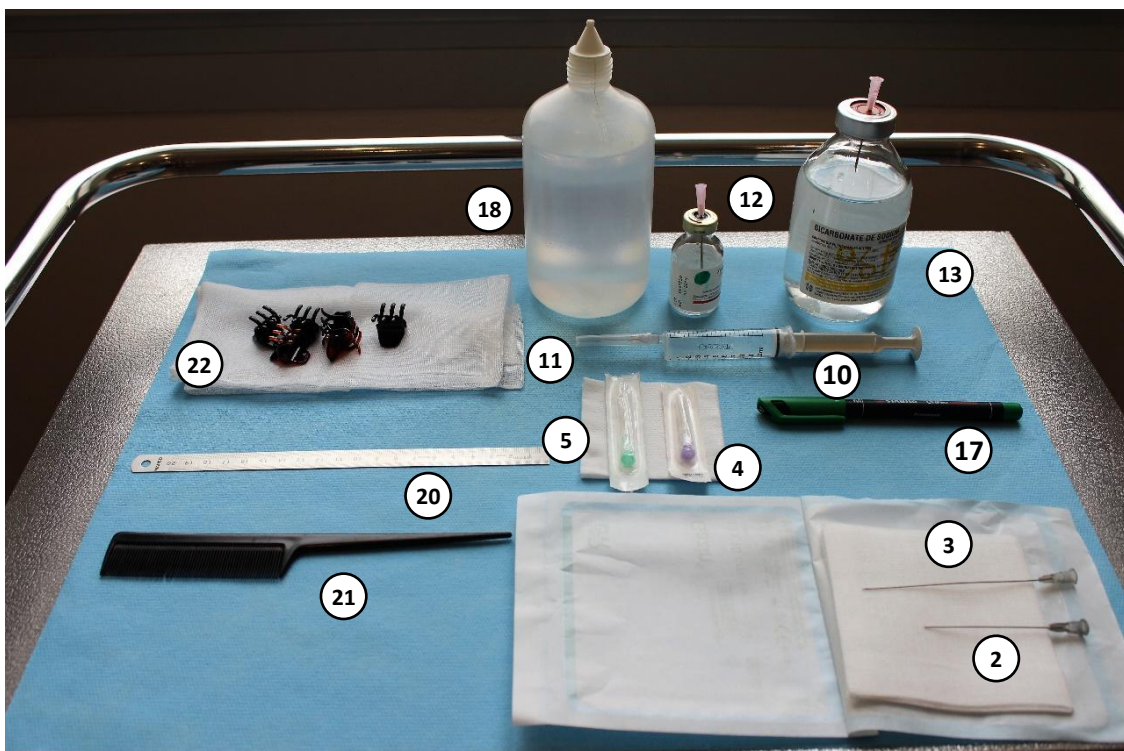


Photo 2: Equipment for the local anaesthesia

Thread & Lift

The neck treatment using the Central Crossing technique is carried out in five steps: the preoperative phase, the marking of the thread paths, the anaesthesia of the trajectories, the thread implantation, and finally, the tension adjustment.

The Central Crossing technique is performed in 5 phases:

Phase 1: The preoperative phase	8
1) Preoperative medication	8
2) Preparation of the patient.....	8
Phase 2: The drawing	9
Phase 3: Anaesthesia	12
1) Anaesthesia of the mastoid entry points, the scalp exit points and the submental crossing point	12
2) Opening of the mastoid entry points and submental crossing point.....	13
3) Anaesthesia of the thread paths along the scalp and those descending from the mastoid to the submental crossing point.....	14
4) Anaesthesia of the remaining thread trajectories descending down to the submental crossing point	15
5) Repeat steps 3) and 4) for the second side.....	15
6) Anaesthesia of the return paths of the threads after crossing	16
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Phase 4: Thread implantation	18
1) Downwards from the mastoid entry point.....	19
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4) Closing of the submental crossing opening with a stitch	26
Phase 5: Setting of the tension	27
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Phase 1: The preoperative phase

Before starting the procedure, the patient must have complied with the instructions given to him / her by his / her doctor, an example of which can be found in the document provided by Thread & Lift [*Information to patients before – Thread & Lift*] (available in your private area on the website www.threadandlift.com).

1) Preoperative medication

This preoperative phase is based on the recommendations of our expert trainers, according to their patient preparation protocol. An anaesthesiologist was consulted to validate this prescription and its dosage. This information is provided as an indication. The choice of products to be given to the patient remains the sole responsibility of the practitioner, according to the mandatory preoperative consultations, the applicable contraindications and the current local legislation.

Just before the start of the procedure, our expert trainers recommend the intake of:

- 1) 2 Pristinamycin 500 mg pills (e.g. PYOSTACINE) to be taken 30 minutes before the intervention, to prevent the risk of infection.⁵
- 2) 1 pill of non-steroidal anti-inflammatory drug (NSAID) such as Ketoprofen 100 mg (Ex: BI-PROFENID), to be taken 30 minutes before the intervention.
- 3) Option 1:
 - + 1 tablet of TRAMADOL 50mg as an analgesic treatment.
 - + 1 tablet of Metoclopramide hydrochloride 10mg (e.g. PRIMPERAN).
 - + 1 tablet of Paracetamol 1000mg (e.g. DOLIPRANE)

OR

- 3) Option 2:
 - + 1 tablet of IZALGI (Paracetamol 500mg, opium powder 25mg)
 - + 1 tablet of Paracetamol 500mg (Ex: DOLIPRANE)

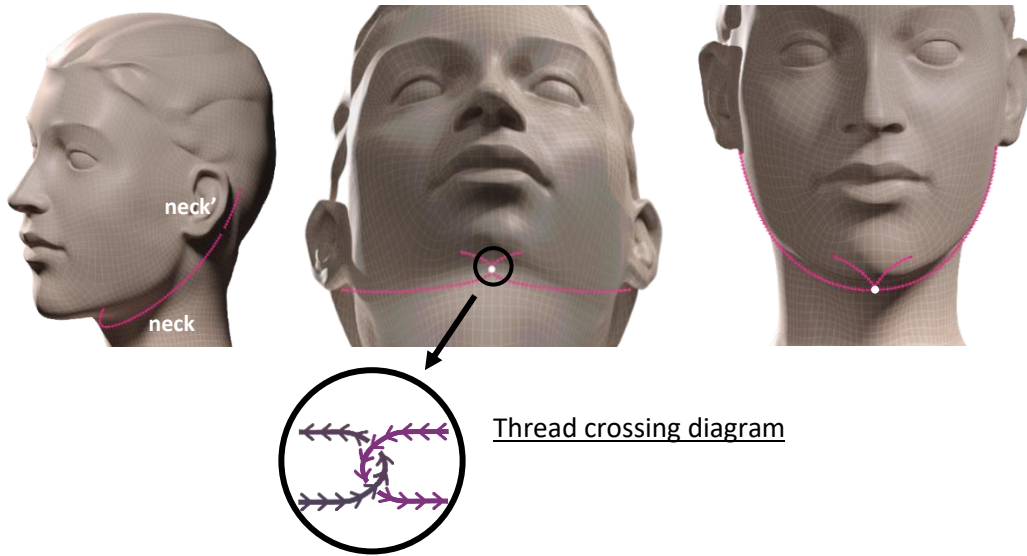
2) Preparation of the patient

As the mastoid area is generally covered with fluff (that is often invisible to the naked eye), it may be useful to shave the area before inserting the threads to avoid introducing fluff through the entry point.

⁵ Pristinamycin was chosen because of a growing number of allergies to penicillin.

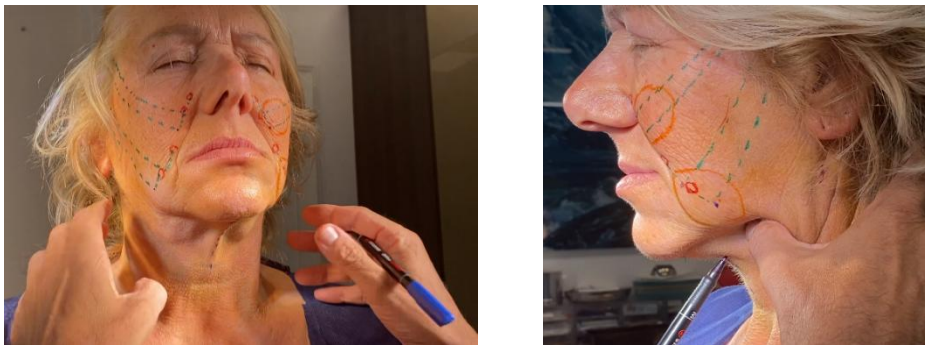
Thread & Lift

Phase 2: The drawing



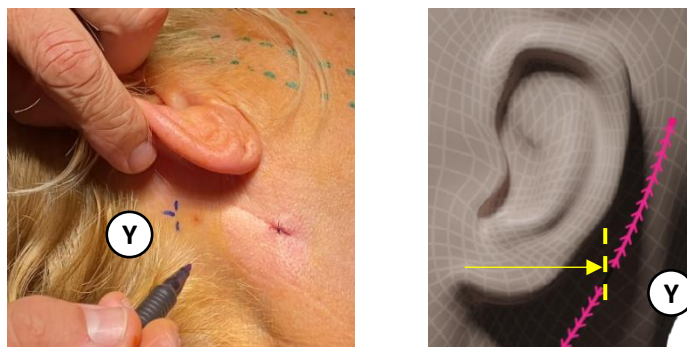
1) Drawing of the submental crossing point

The submental crossing point is determined with the patient in a seated position. It is located at the level of the cervico-mental angle.



2) Drawing of the mastoid entry points

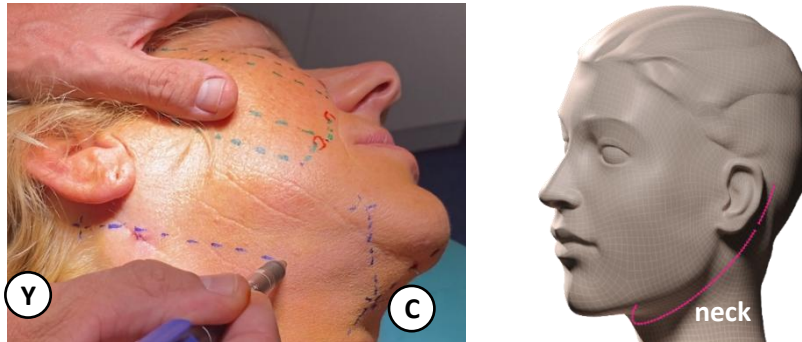
The entry points (Y) of the threads are located behind the mastoid. Their position relative to the back of the ear is measured and recorded in the operative report.



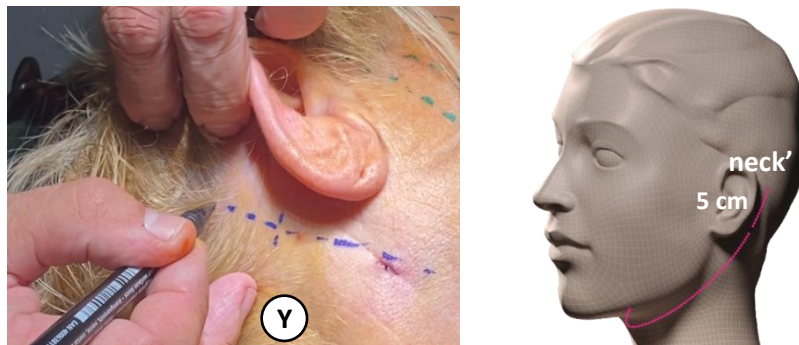
Thread & Lift

3) Drawing of the paths

The neck paths [**neck**] are drawn starting from the submental crossing point (**C**) and follow an almost straight line toward the entry points (**Y**). In cases where the neck procedure is combined with a face procedure - as in the example used here to illustrate this protocol - the neck marking is performed only after the face marking has been completed.



Once the entry point (**Y**) has been reached, the neck trajectory marking is extended for an additional 5 cm [**neck'**].



Finally, the return paths [**return**] of the threads are drawn - 3 to 4 cm in length - after the central crossing point. These return paths serve as locking segments, like the V-shaped endings used for the face thread trajectories.



Thread & Lift

It is essential to take photos of the drawings!

These photos will be ESPECIALLY useful if you ever need to remove one or more of these threads.

They will make it easier for you to find the path of the threads in order to carry out the tumescence required to unhook the cogs. In fact, without a precise tumescence following the entire thread path, it would be difficult to remove the thread. This is why it is also IMPERATIVE to measure and mark in the operative report the location of the mastoid entry zones (in relation to the antihelix of the ear).

You will find a detailed removal protocol in your private area of our website www.threadandlift.com, in the "Documents & Photos" section, as well as a sample operative report.

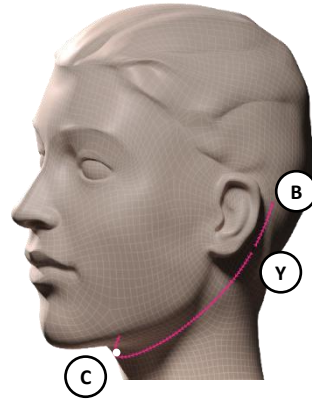
These photos can also be especially useful in the future, should you decide to treat the patient again.

Phase 3: Anaesthesia

1) Anaesthesia of the mastoid entry points, the scalp exit points and the submental crossing point

Required equipment:

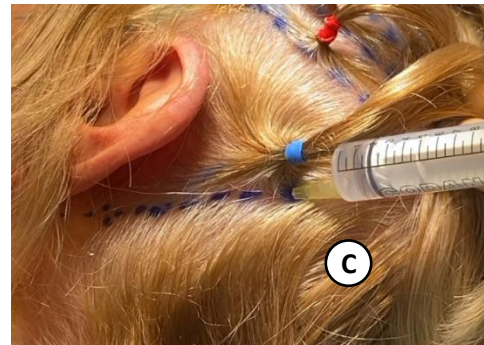
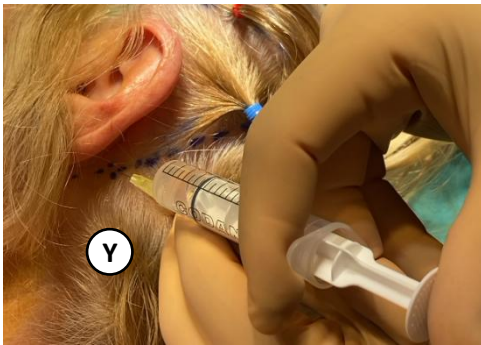
- 1 needle 27 G 40mm or 30 G 13 mm (not supplied)
- 1 syringe of 10cc (not supplied) (3cc or 5cc are also suitable)
- **Concentrated formula - 20% sodium bicarbonate at 14% + 80% adrenalized xylocaine at 2% (not supplied)**



We anesthetize, in order:

- The entry points at the mastoid level (**Y**)
- The exit points at the scalp level (**B**)
- The submental crossing point (**C**)

Anaesthesia is done in the form of a fairly large 0.5 cc papule, enabling the skin to be distanced from the subcutaneous tissue and therefore from the vessels.



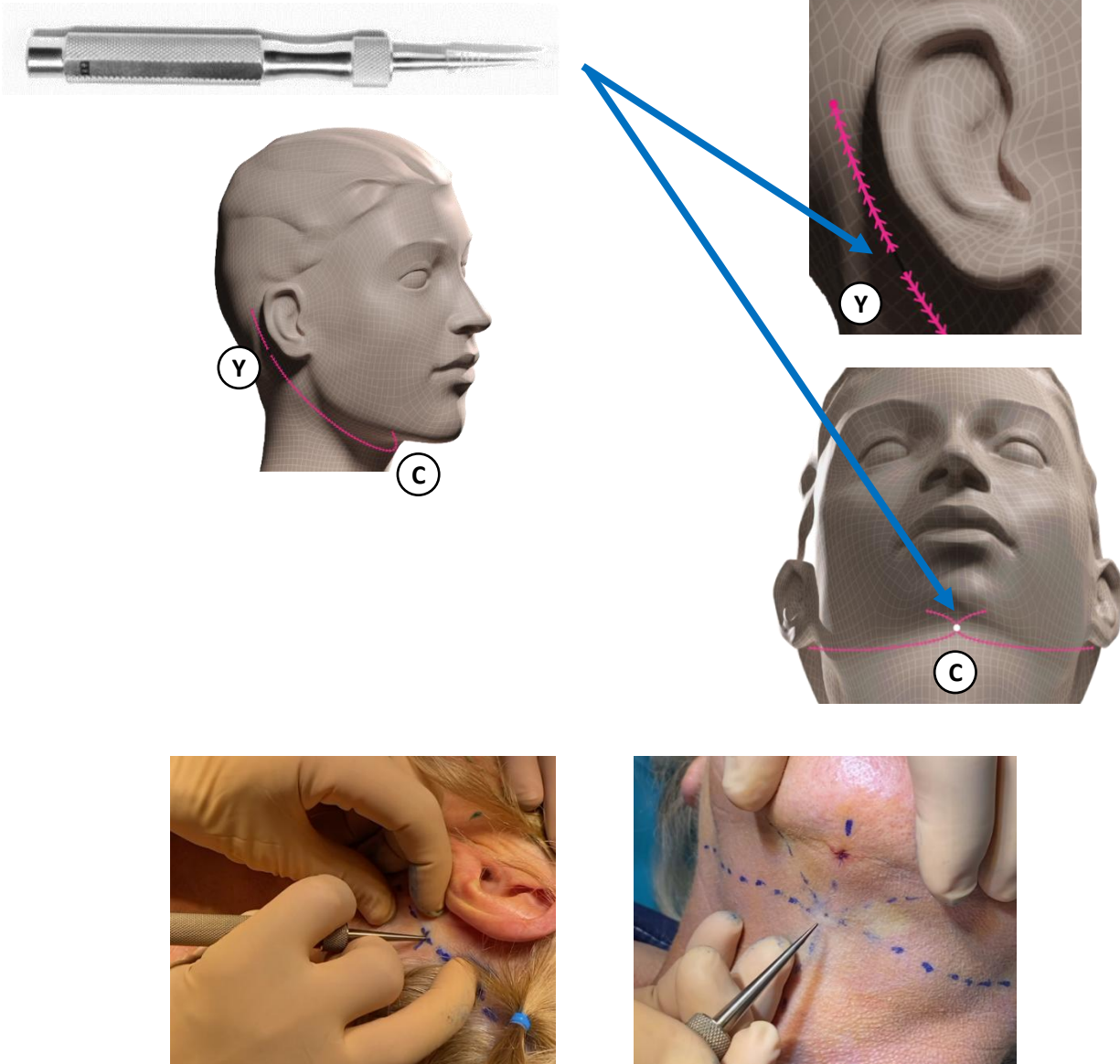
Thread & Lift

2) Opening of the mastoid entry points and submental crossing point

Required equipment:

- 1 punch (preferable) or 1 needle Nokor (provided in the Infinite-Thread® kits)

One opening is made with the punch at each of the mastoid entry points (Y) - one on each side - as well as at the submental crossing point, for a total of three openings.



IMPORTANT - If you prefer to make an incision using the Nokor needle, take particular care not to penetrate too deeply into the subcutaneous tissue to avoid the risk of bleeding. This risk is greatly reduced by the use of our punch.

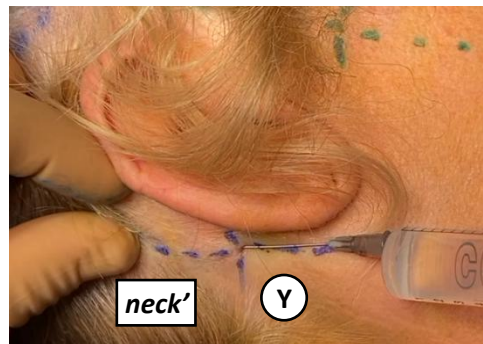
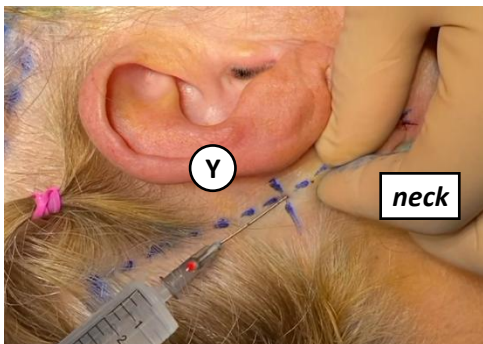
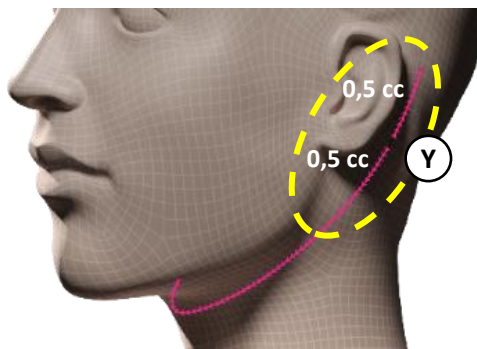
Thread & Lift

3) Anaesthesia of the thread paths along the scalp and those descending from the mastoid to the submental crossing point

Required equipment:

- 1 cannula 22 G 50mm (provided in the Infinite-Thread® kit 4x2)
- 1 syringe of 10cc (not provided) (3cc or 5cc are also suitable)
- **Diluted formula - 80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%. (not provided) – WARNING - The mixture is the reverse of that used to anesthetize the entry and exit points.**

Anaesthesia is performed in a retrograde manner using a 22G 50 mm cannula, starting from the entry point (Y). It is crucial that the cannula is positioned **EXACTLY** within the same plane where the threads will be implanted.



We inject:

- 0.5 cc for the trajectory extending toward the submental crossing point [*neck*] (along the 5 cm length of the cannula) - **IMPORTANT** - The cannula is not placed strictly subcutaneously; it must pass through the aponeurosis at the level of the sternocleidomastoid muscle to ensure it is not visible.
- 0.5 cc for the trajectory extending toward the exit point in the scalp [*neck'*] - **IMPORTANT** - The cannula is positioned between the scalp and the galea.

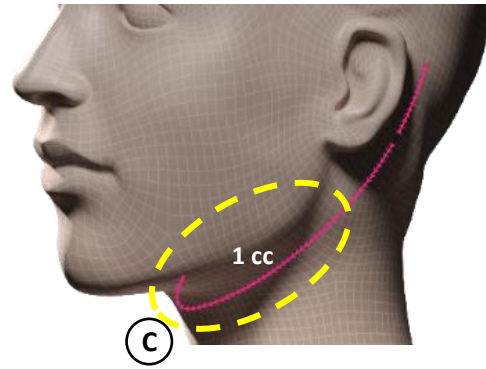
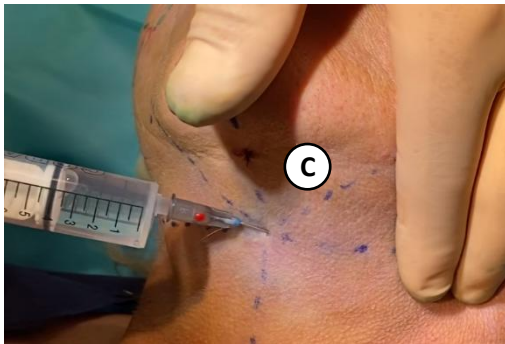
Thread & Lift

4) Anaesthesia of the remaining thread trajectories descending down to the submental crossing point

Required equipment:

- 1 cannula 22 G 50mm (provided in the Infinite-Thread® kit 4x2)
- 1 syringe of 10cc (not provided) (3cc or 5cc are also suitable)
- **Diluted formula - 80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%. (not provided) – WARNING - The mixture is the reverse of that used to anesthetize the entry and exit points.**

The remaining trajectories leading to the submental crossing point (C) measure approximately 9 cm in length. Rather than creating a pre-hole as done for face, the end of these trajectories is anesthetized from the submental crossing point (C). This injection requires the use of a 22G 90 mm cannula.



We inject:

- 1 cc per 9 cm path, always injected in a retrograde manner, starting from the submental crossing point (C).

5) Repeat steps 3) and 4) for the second side

Repeat steps 3) and 4) for the other side:

3) Anaesthesia of the thread paths along the scalp and those descending from the mastoid to the submental crossing point

4) Anaesthesia of the remaining thread trajectories descending down to the submental crossing point

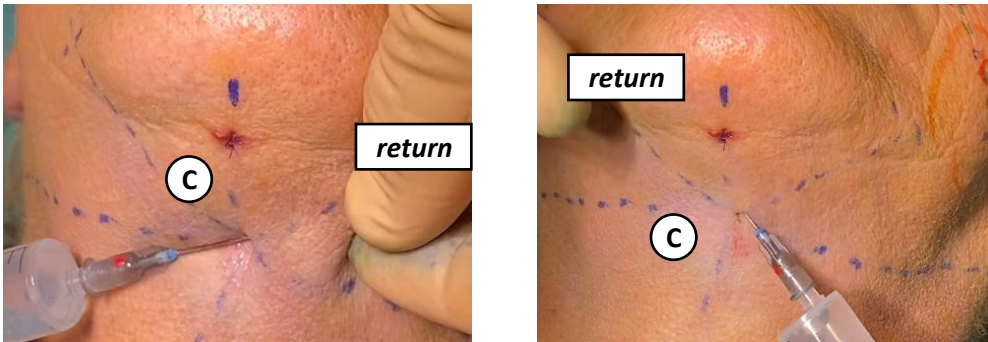
Thread & Lift

6) Anaesthesia of the return paths of the threads after crossing

Required equipment:

- 1 cannula 22 G 50mm (provided in the Infinite-Thread® kit 4x2)
- 1 syringe of 10cc (not provided) (3cc or 5cc are also suitable)
- **Diluted formula - 80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%.** (not provided) – **WARNING - The mixture is the reverse of that used to anesthetize the entry and exit points.**

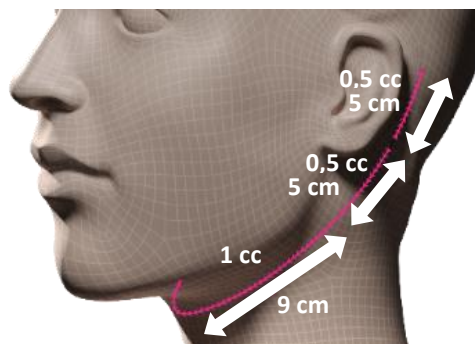
The 50 mm 22G cannula is used to anesthetize the return paths [**return**] of the threads after crossing.



We inject:

- 0.5 cc per return path, always injected in a retrograde manner from the submental crossing point (C). **The cannula is positioned in the strict subcutaneous plane.** These return paths serve to lock the threads and prevent the crossing from loosening.

In summary:



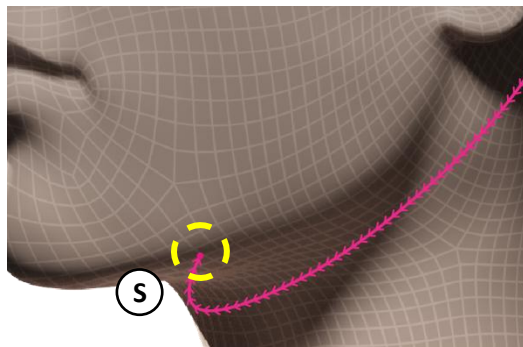
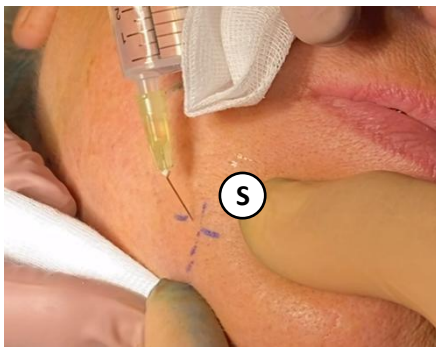
Thread & Lift

7) Anaesthesia of exit points of the return paths of the threads after crossing

Required equipment:

- 1 needle 27 G 40mm or 30 G 13 mm (not supplied)
- 1 syringe of 10cc (not supplied) (3cc or 5cc are also suitable)
- **Concentrated formula - 20% sodium bicarbonate at 14‰ + 80% adrenalized xylocaine at 2%** (not supplied)

To improve patient comfort and prevent possible bruising at the exit points (**S**) of the return paths of the threads after crossing, a few drops of anaesthetic are injected locally at these points.



Thread & Lift

Phase 4: Thread implantation

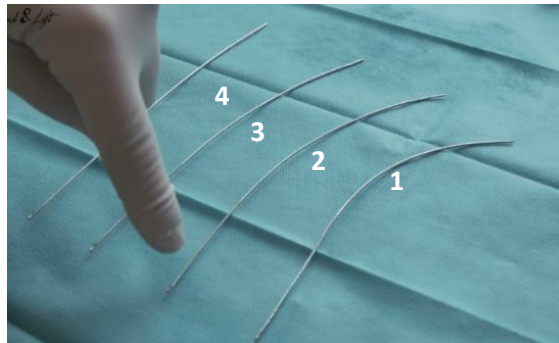
It is now imperative to work in sterile conditions if it was not yet the case.

While it was not mandatory during the previous anaesthesia phase, it is now imperative to work with sterile gloves, a sterile gown, a surgical cap and perform antiseptic skin cleansing as well as set-up 3 sterile fields:

- 1 under the patient's head; and
- 2 covering the torso.

Connect the 2 fields according to your preference: using adhesive fields or small clamps (not provided).

There are 4 needles⁶ **(1)**, **(2)**, **(3)** and **(4)**. They each have an eye at one end and a semi-blunt tip at the other to avoid injuring any vascular or nervous structure. These needles are 19cm long and 1.3mm in diameter and are curved to follow the anatomical areas we will be crossing.



⁶ Our reusable instrument kit contains a 5th needle. This needle is straight and is intended to be curved as you wish.

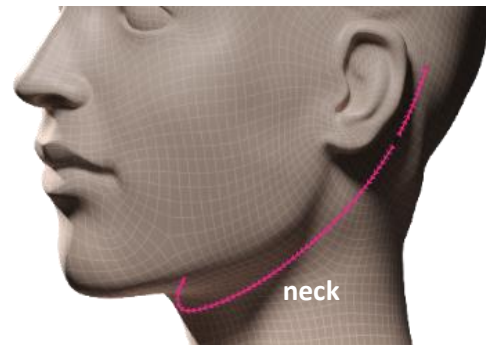
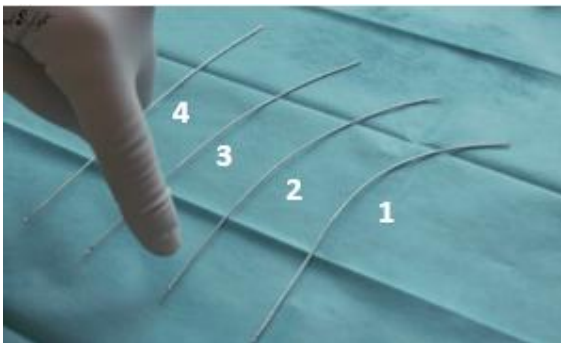
Thread & Lift

The needles will be inserted using the **needle holder** (provided in the instrument kit). The later must clamp the needles inside their curvatures, on their flat parts designed for this purpose. It is also possible to insert the needles using a **needle holder-handle** (not supplied in the instrument kit but available on request).



1) Downwards from the mastoid entry point

For the lower half of the thread [*neck*], needle **(3)** or **(4)** is used. The curvature of the needle should follow the path of the patient's neck.



GOOD PRACTICE - If during the implantation of a thread you realize that the curvature of the needle you are using is not the right one, do not hesitate to step back, take it out and change it, to work with the correct curvature. Indeed, a needle that is too curved tends to descend too quickly in the deep planes and a needle that is not curved enough will not allow you to follow the anatomical planes you wish to reach.

In the same way, do not hesitate to bend or unbend the needles slightly as you please, at each step, in order to adapt them to the path. Beyond the differences from one patient to another, it can happen that the curvature of the needle is battered during the insertion process.

Thread & Lift

The needle is inserted vertically, never at an angle, to avoid creating a dimple as the thread passes through the thickness of the dermis (the thread must be free under the skin). Once the beginning of the subcutaneous space has been reached, **the needle is repositioned parallel to the skin**, to avoid penetrating too deeply.



The start of the path can be quite difficult in this area, which is closely adherent to the sternocleidomastoid muscle.

Care should be taken not to remain too superficial during the first few centimetres to avoid any visibility of the thread. The needle must not create any bulging under the skin, as this could cause the thread to appear as a tight cord beneath the surface of the skin.

The rest of the path becomes more superficial, lying strictly in the subcutaneous plane just beneath the dermis, in order to achieve a skin-tightening effect that enhances the mandibular line. This thread positioning - **considerably more superficial than for the face** - may result in a few slight skin folds extending toward the submental exit point. **These will naturally be smoothed out during the final tension adjustment at the end of the procedure.**

IMPORTANT - For every centimetre covered when implanting the needle, it is necessary to rotate it regularly, from right to left and vice versa, to ensure that it does not create too great a depression. If this were the case, it would mean that the needle was directly hooking the skin, and that it was positioned too superficially. If in doubt, **do not hesitate to step back and reposition the needle** a second time. A needle inserted in the wrong plane, even at a single point along the path, would pull the entire thread into the wrong plane, resulting in a placement fault and a compulsory thread removal.



Before withdrawing the needle at the submental crossing point, it is important to check - by sliding a finger along the trajectory - that the thickness of the cutaneous or fatty tissue remains consistent throughout the entire path.

Thread & Lift

The needle is withdrawn precisely at the submental crossing point. To prevent catching the skin from a gradual exit - which could cause a fold to appear when the thread is tensioned - it is essential to perform a strictly vertical exit. To achieve this, slightly go beyond the submental crossing point, then move backward until perfectly aligned with it before withdrawing the needle vertically.

The smooth green polyester end of the Infinite-Thread® is then inserted into the needle's eye **[eye]**. Care must be taken not to insert any cogs into the eye of the needle, to prevent the thread from becoming stuck.



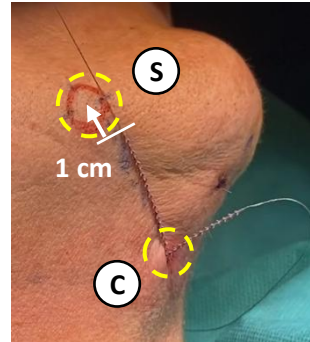
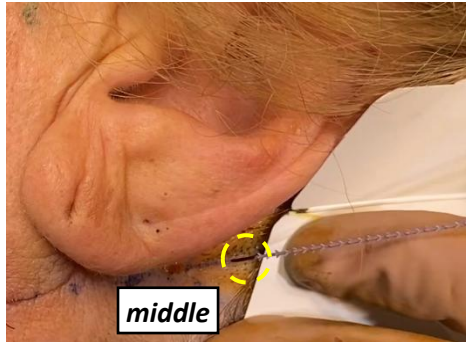
The thread is guided by the cardboard sleeve **[sleeve]** in which it is packaged. This is especially useful for holding the hair flat underneath and ensuring that it does not slip in with the thread.

Nevertheless, should one or more hairs get embedded with the thread, they would be removed using the Adson pliers (supplied in the instrument kit).



Thread & Lift

The thread is pulled through by the needle and, unlike for the face, it is not necessary here to refer to the central part of the thread marked by the black line [*middle*]. The goal is to have a sufficient thread length - **minus one centimetre** - to reach the exit point (**S**) of the return paths of the threads after crossing. This distance, measured from the submental crossing point (**C**), ensures optimal thread locking. **The missing centimetre will be recovered later, during the tensioning phase, before inserting the return paths.**



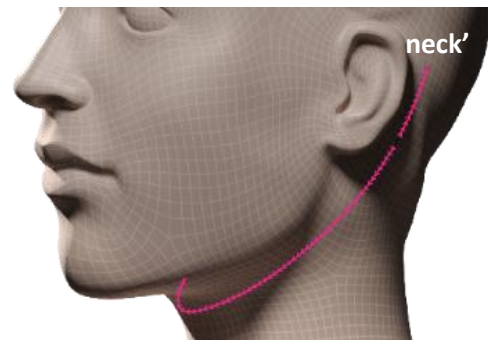
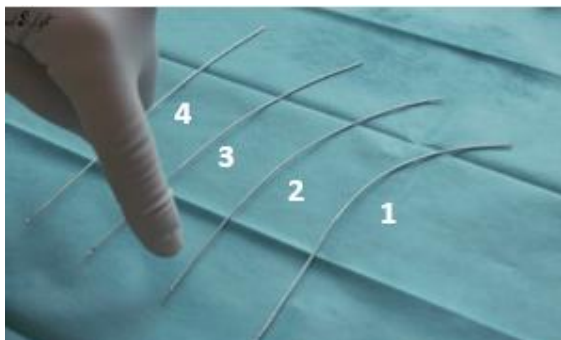
IMPORTANT - A clamp [*clamp*] is placed on this first thread, coming from the right side, to serve as a marker. It will allow verification during the crossing that the right thread is indeed crossed on the right side and the left thread on the left side. **If no additional clamp is available, a small knot can be made at the end of the thread.** This knot can be kept until the end of the procedure, as it does not interfere with the crossing process.



At this point, the return is set aside and will be implanted at a later phase.

2) Upwards from the mastoid entry point

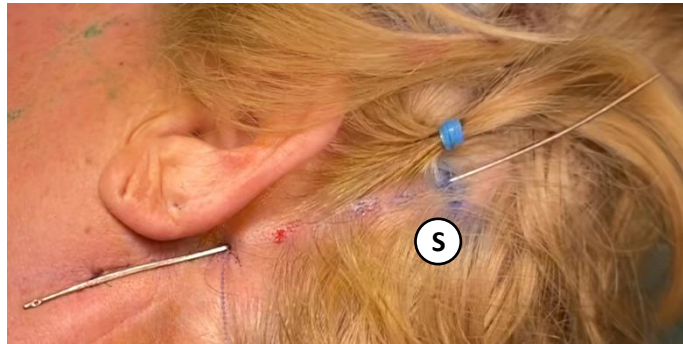
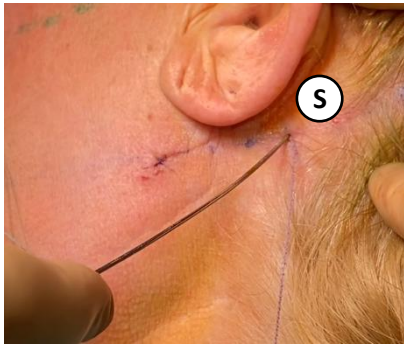
For the upper half of the thread [*neck'*], needle **(2)** or **(3)** is used.



Thread & Lift

After penetrating the needle vertically until it reaches the correct plane, i.e. the beginning of the subcutaneous space, it is repositioned parallel to the scalp.

The needle should travel between the scalp and the galea, following the drawing. Gently advance the needle until it reaches its exit point **[S]**. Excessive resistance as the needle passes through would indicate that it is positioned too superficially.



The smooth green polyester end of the Infinite-Thread® is then passed through the eye **[eye]** of the needle. The needle is then progressively and completely withdrawn, towing the thread until it is fully implanted.



IMPORTANT - The absence of embedded hairs must be checked with extreme caution! It is the presence of a half-in, half-out hair that is generally responsible for an infection.

The same procedure is performed on the opposite side of the neck.

- **1) Downwards from the mastoid entry point**
- **2) Upwards from the mastoid entry point**

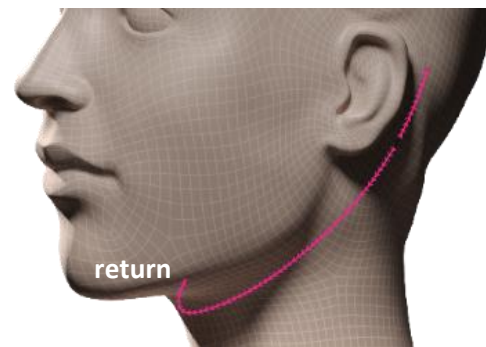
Thread & Lift

3) Implantation of the return paths of the threads after crossing

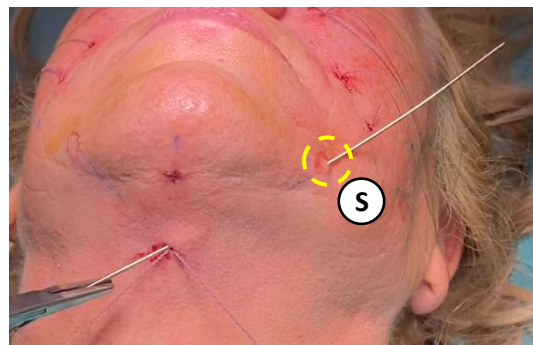
Before inserting the needle, the entire thread is placed under tension by approximately one centimetre. This step allows for recovering the missing centimetre needed to reach the exit point (S) of the return paths of the threads after crossing, as previously mentioned.



For the return paths of threads after crossing [*return*], a fairly curved needle - preferably (2) - is used to easily pass over the mandibular border.



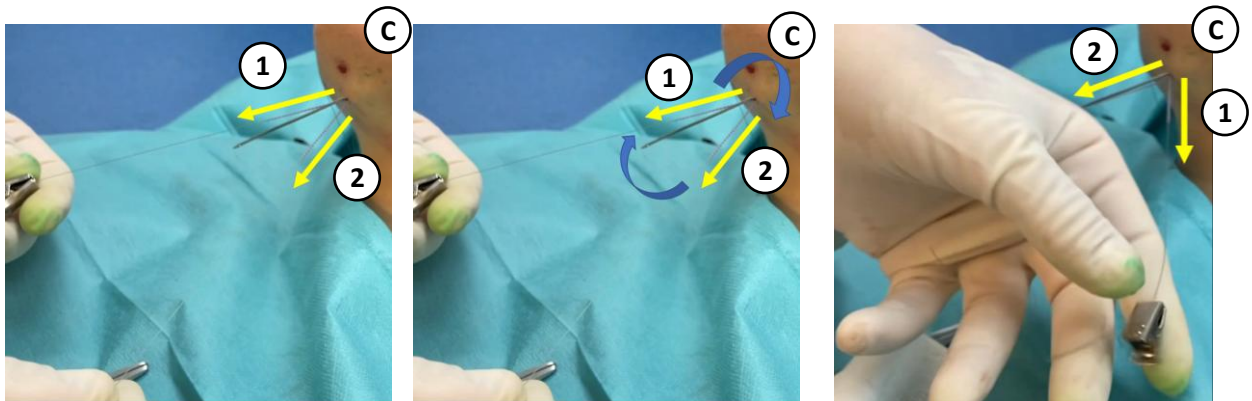
Using this entry helps prevent the threads from uncrossing. The needle is then inserted vertically through this access down to the subcutaneous plane. It is then repositioned parallel to the skin and advanced within the subcutaneous tissue for approximately 4 to 5 centimetres, exiting slightly above the mandibular border.



The needle tip is brought out exactly at, or as close as possible to, the pre-anesthetized exit point (S) in order to benefit from maximum vasoconstriction and to facilitate easier needle withdrawal.

Thread & Lift

The threads are crossed at the submental crossing point (C). The left thread is reinserted on the left side, and the right thread on the right side. This crossing ensures proper locking, similar to the V-shaped configuration used for face.



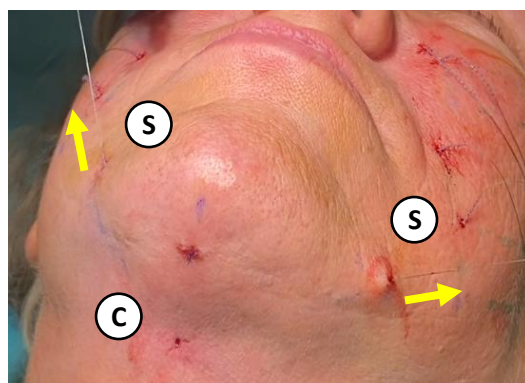
IMPORTANT - Once the thread has been passed through the eye of the needle, it is gently pulled - especially toward the end - to avoid lateral displacement of the crossing point. For better control, a finger or a clamp may be placed through the formed loop.



The same procedure is performed for the second return, taking care not to uncross the threads.

The thread ends are then placed under light, symmetrical tension.

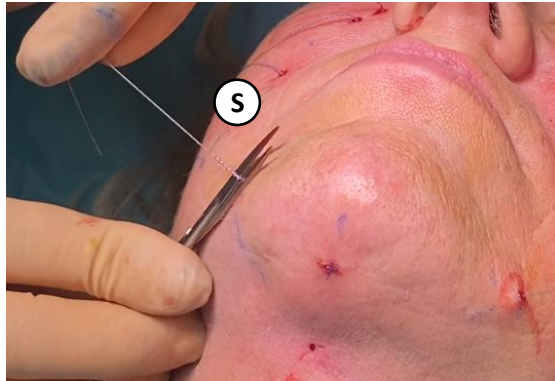
IMPORTANT - During this tensioning step, it is crucial to ensure that no dimple or depression appears at the submental crossing point (C). If such a depression is observed, it indicates that the skin has caught on the thread. In this case, the skin should be gently released by passing an instrument at the submental crossing point (C).



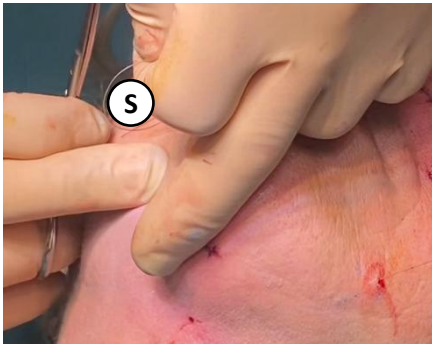
Once this verification is completed, the threads can be trimmed.

Thread & Lift

Gently pull on their ends to expose two to three rows of cogs - approximately 5 mm of thread - before cutting them flush with the skin. After cutting, the threads will spontaneously retract by about 5 mm, ensuring that their ends remain buried.



However, to ensure perfect thread embedding and to prevent the formation of any dimple caused by the thread catching on the skin, a gentle massage is performed at the exit point (S).



Once the thread implantation phase is completed, the skin is cleaned to remove any markings or traces of blood.

4) Closing of the submental crossing opening with a stitch

IMPORTANT - To avoid any risk of infection, the submental crossing point **MUST** be closed with a 4/0 polyamide monofilament suture.

Resorbable sutures must not be used.



IMPORTANT - The thread extremities from the scalp paths must not be cut at this stage, as they will be used for the final tension adjustment.

Thread & Lift

Phase 5: Setting of the tension

1) Precise tension adjustment

IMPORTANT - For the final adjustment of the 2 neck threads, the patient must be in a seated position.

The neck is a particularly delicate area to adjust. The tension applied to the ends of the threads at the scalp level must be **EXTREMELY gentle**, as the simple placement of the neck threads is generally sufficient to redefine the mandibular contour and restore the cervico-mental angle. Excessive traction - even in a young patient - can lead to pronounced puckering or the formation of a visible shear line.



The patient is asked to tilt her head as far forward as possible. **She should feel supported, without any discomfort or sensation of strangulation.** If discomfort is noted, the threads should be slightly loosened. Conversely, if no supportive effect is perceived, additional tension may be applied to the thread ends located in the scalp.

IMPORTANT - Regardless of the sensation when the head is tilted forward, the patient must never perceive the presence of the threads when her head is in an upright position.



Thread & Lift

Carefully slide your finger from back to front across the thread path to eliminate puckers. Please note that the presence of micro-frowns is normal and acceptable.



2) Application of a waterproof occlusive dressing

IMPORTANT - The suture closing the submental crossing point **MUST** be covered with a **waterproof occlusive dressing** (such as Leukomed). The dressing should remain in place until suture removal, typically on day 7 or 8 following the procedure.

For optimal application of the waterproof occlusive dressing, the patient should be positioned lying down to ensure proper visibility.



A second dressing is used to cover the suture closing the liposuction entry site.



The dressing may be renewed in the event of the bandage coming loose (it is advisable to provide the patient with a spare).

IMPORTANT - The patient is informed that she must **UNDER NO CIRCUMSTANCES** immerse the dressing in water (bath, swimming pool, spa, etc.).

Thread & Lift

3) Cutting the thread tips at the level of the scalp

Gently pull on their ends to expose two to three rows of cogs - approximately 5 mm of thread - before cutting them flush with the skin. After cutting, the threads will spontaneously retract by about 5 mm, ensuring that their ends remain buried.



GOOD PRACTICE - As a safety measure, the scalp is then gently repositioned to fully cover each trimmed thread end.

Here again, it is essential to ensure that no hair is partially trapped beneath the skin.



IMPORTANT - The upper tip of the threads must always be cut off at the very end, after the final adjustment! Indeed, the **UNCUT** tips of the thread at the level of the scalp allow a final tensioning of a thread that may have been insufficiently tensioned or unintentionally loosened during the release of a dimple(s) along the path of the neck.

In the post-operative phase, patients must follow their doctor's prescriptions. You can find the prescriptions provided by our expert, Dr Jean-Paul Foumentèze, in the document "Medical Prescription - Thread & Lift" available in your private area on www.threadandlift.com.