

Book Reviewed by:

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Dr Andrew Jacono's recently released textbook, "**The Art and Science of Extended Deep Plane Facelifting and Complimentary Facial Rejuvenation Procedures**" is a welcomed, and indeed much needed, addition to the surgical bookshelf of colleagues who have a deep interest in surgery of the aging face, which means all MAFAC colleagues.

Harnessing insights from over 2,000 facelift procedures, this 500-page textbook takes a close-up look at Dr. Jacono performing the M.A.D.E. (Minimal Access Deep Plane Extended) hybrid facelift that he has developed and refined over the last decade. This procedure uses a short incision to minimize trauma to the face, while lifting the deeper tissues of the face and neck simultaneously, to obtain an exceptional outcome. There is an abundance of high-quality illustrations and informative diagrams (by noted medical illustrator Bill Wynn) along with numerous intraoperative photographs and thoughtful sharing of many tips and pearls, in this unexpectedly easy-to-read text. To demonstrate the effectiveness and stability of the technique, multiple cases with long-term follow-up are included in a series of clinical colour photos.

The book is divided into two sections: the first part which makes up to nearly one-half of the book, thoroughly discusses the rationale, safety, and effectiveness of the technique; the relevant surgical anatomy; anatomic changes associated with aging; and a very comprehensive outline of the extended deep plane facelift technique itself:

1. **The midface.** Dr. Jacono explains that the "deep plane" portion of the title is in reference to Dr Sam Hamra (1990) work where the dissection into the deep plane starts on a line between lateral canthus and the angle of the mandible, dissecting deep to the malar fat pad and superficial musculoaponeurotic system (SMAS), and over the mimetic muscles forward to the nasofacial crease (Editors note: This is the groove between the side of the nose and the cheek, cephalad to the alar groove and the nasolabial fold) . This develops a composite flap and biomechanical advantage, which is not delaminated or separated from the skin, as in most lateral SMAS-based techniques. Dr. Jacono's procedure differs from others by including the "extended" part of the procedure, which includes a sub-platysma dissection in the neck, beginning laterally and extending 5 cm below the angle of the mandible. He then makes a 4-cm transverse platysma myotomy, approximately 1 cm below the mandibular border, which is employed to contour the neck.

2. **Jawline definition.** Dr. Jacono stresses the need to release the four key facial retaining ligaments- the zygomatic cutaneous, masseteric cutaneous, mandibular cutaneous, and cervical retaining ligaments- to obtain appropriate tissue mobility in the face and neck. This creates restoration of the youthful border of the mandible as seen on lateral view which is very profound describing it as the "mandibular defining line" (MDL). Part of the facelift involves shifting the inferior portion of the composite cheek flap towards the area of the gonial angle, adding some soft tissue volume and definition to that region.

3. **Neck rejuvenation.** Dr Jacono discusses the platysma hammock technique that requires release of the cervical retaining ligaments, platysma flap elevation medial to the submandibular gland, platysma myotomy and fixation of the platysma hammock to the SCM/mastoid fascia.

The book is also accompanied by online access to streaming video on the QMP website, which presents two full-length procedures which help to further clarify what is being done surgically, in real-time.

The second part of the book describes the author's favourite approaches to commonly used ancillary facial procedures to obtain natural and balanced results. These techniques include opening the midline neck (platysmaplasty with digastric muscle contouring and submandibular gland reduction), lateral temporal brow lift (also traditional and endoscopic approaches), blepharoplasty (volume preservation and augmentation) and ptosis repair, perioral rejuvenation (with a subnasal "bullhorn" lip lift, SMAS lip augmentation, nanofat), volumization with facial fat grafting, skin resurfacing with fractional CO₂ laser, dermabrasion and chemical peels, and lastly secondary facelift cases and special challenges.

Overall, this is a most impressive textbook which makes it well worth the time spent studying it. Dr. Jacono has clearly achieved his goal of carefully explaining his facelift method, while generously sharing details from his experience. However, this is not a facelift technique for beginners! Advanced anatomical knowledge is still required (best obtained through spending time in the cadaver lab). Significant surgical skill and expertise is also required to safely dissect around facial nerve branches in the subplatysma plane to perform the necessary ligament releases as well as the platysma myotomy. In Dr. Jacono's hands it works exceptionally well, with a low rate of complications.

I highly recommend this most informative textbook for your reading list, whether you are a novice or expert in the field of facial rejuvenation.