

CAN YOUR NON-SURGICAL TREATMENTS IMPACT FUTURE FACELIFTS?

STUDY TITLE: *Optimizing Aesthetic Facial Surgery Outcomes Following Minimally Invasive Treatments: Guidelines for Perioperative Management*

JOURNAL: *Aesthetic Surgery Journal Open Forum (Oxford University Press, 2025)*

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STUDY DESIGN AND STATS:

YEAR/PUBLICATION: 2025

DESIGN: Expert consensus guideline (Level of Evidence V)

PARTICIPANTS: N/A for patients, the panel consisted of 8 experts, 7 plastic surgeons and 1 dermatologist

METHODS: Literature review, pre- and post-surveys, case-based discussions, and consensus voting

THRESHOLD: $\geq 75\%$ agreement for each recommendation

KEY FINDINGS:

- Treatment concerns for surgeons include: vascular compromise, plane distortion, and the risk of fibrosis, granulomas, or scar tissue
- Level of risk depends on the treatment type
 - **Lowest risk:** HA filler, biostimulators, and superficial lasers
 - **Highest risk:** permanent filler and deeply delivered energy devices
- **Educated and skilled providers** of minimally invasive treatments (“MIT”) can meaningfully reduce risks of future facial surgeries through **proper planning, transparent communication, and treatment staging**
 - MITs and surgery are partners not rivals

TREATMENT	SURGERY		KEYPOINTS
	WAITING PERIOD	RISK LEVEL	
Neurotoxin	None	Very low	Does not cause deep distortion
HA fillers	2+ weeks	Low	Reversible and are sometimes used in conjunction with facelifts
Biostimulators	2+ weeks	Low	Favors type 1 collagen; injecting in incorrect plane can cause issues
Permanent filler	9+ months	High	Ongoing side effects like chronic inflammation; not dissolvable
PDO threads	6-9 months	Moderate-high	Dissolvable threads are less risky than permanent threads
Kybella	6+ months	Moderate	Triggers significant inflammation; long-term fibrosis can alter planes
Superficial lasers	2-6 weeks	Low	Superficial lasers stay up in the dermis
Deep energy-based lasers	9-12 months	Very high	Causes collagen reconstruction with vertical scar tissue in deeper planes