The Role of the Superwet Technique in Face Lift: An Analysis of 1089 Patients over 23 Years.

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Publication Date: 2015

Abstract:

BACKGROUND: The use of superwet technique of infiltration and autologous tissue sealants during rhytidectomy has benefits of decreasing bleeding and edema, improving visualization, and easing dissection. The purpose of this study was to analyze whether these intraoperative strategies resulted in more consistent and reproducible outcomes and significantly decreased hematoma rates.

METHODS: A retrospective review was performed on 1089 consecutive face lifts performed by a single surgeon. Fisher's exact test was used to determine significant differences in hematomas between those patients who received platelet-rich plasma and superwet technique and those who did not. Multivariate logistic regression was used to evaluate demographic variables and intraoperative interventions for risk of complication.

RESULTS: Five hundred eighty-seven of 1089 face lifts received platelet-rich plasma and 926 of 1089 underwent a superwet technique. Ten hematomas were recorded, six in the group that did not receive platelet-rich plasma compared to four who did ($p = 0.527$). One hematoma was observed before implementation of the superwet technique and nine were in the group after ($p = 1.00$). Multivariate analysis showed male sex to be a significant factor for hematoma ($p < 0.001$).

CONCLUSIONS: This analysis showed excellent outcomes with a hematoma rate of 0.9 percent. Although no significant differences were noted, the authors attribute their consistent and

reproducible results to the use of the superwet technique and platelet-rich plasma. The superwet technique allows for improved safety and visualization with improved hemostasis. Platelet-rich plasma potentially decreases ecchymosis and edema. Prospective studies are needed to determine significant differences between these intraoperative interventions.

CLINICAL QUESTION/LEVEL OF EVIDENCE: Therapeutic, IV.