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Short Communication

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Flowchart of lifting threads

Abstract

Facial laxity is a multifactorial condition associated with skin and structural aging.[1] Absorbable lifting threads, such as polydioxanone (PDO) and polylactic acid/polycaprolactone (PLA/PCL), represent minimally invasive alternatives for its treatment.[2,3] However, the choice of the most suitable thread still lacks standardization, impacting clinical results.[4,5]

Objective: To develop a clinical indication flowchart for PDO and PLA/PCL lifting threads based on the degree of facial laxity, skin/subcutaneous thickness, and facial volume, aiming to standardize decision-making and optimize results.

Methodology: A five-degree skin laxity scale (0–4) was used. Additionally, skin thickness, subcutaneous tissue, and facial volume were considered in the development of the therapeutic flowchart, guiding the choice of type (PDO or PLA/PCL) and quantity of lifting threads. The threads exemplified in the flowchart were based on the Vida Bela® brand portfolio.

Results: Skin and subcutaneous tissue thickness were determining factors in choosing the type of thread (PDO vs. PLA/PCL) and gauge (19G vs. 20G). The number of threads was defined by the combination of the degree of laxity and facial volume. A direct relationship was observed between increased facial laxity/volume and a greater number of threads indicated. The use of the flowchart allowed for standardized decision-making, favoring individualized planning and greater predictability of results.

Conclusion: The application of a flowchart based on tissue characteristics and degree of laxity contributes to greater predictability, standardization, and safety in the indication of lifting threads for facial rejuvenation.

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Introduction

Facial laxity is a multifactorial condition associated with skin and structural aging, resulting in loss of tissue support and facial ptosis.[1] In this context, absorbable lifting threads, such as polydioxanone (PDO) and polylactic acid/polycaprolactone (PLA/PCL), stand out as minimally invasive alternatives for facial rejuvenation.[2,3] The technique promotes a mechanical lifting effect and stimulates nucleogenesis.[2,4] However, the choice of thread type still represents a challenge in clinical practice due to the lack of standardized indications.[4,5] Thus, the use of objective criteria, such as degree of laxity and tissue characteristics, becomes essential to optimize results.

Objective

To develop a clinical flowchart to assist in choosing the type of absorbable lifting thread (PDO versus PLA/PCL), based on the degree of facial laxity and patient tissue characteristics, aiming to standardize indication and optimize therapeutic results.

Methodology

This is a descriptive study, proposing the development of a clinical algorithm to assist in the choice of absorbable lifting threads for facial rejuvenation.

The thread models used as examples in the flowchart were selected from the Vida Bela® commercial portfolio. The flowchart was developed based on current literature on thread lifting and the authors' clinical experience, considering relevant variables for therapeutic decision-making (Figure 1).

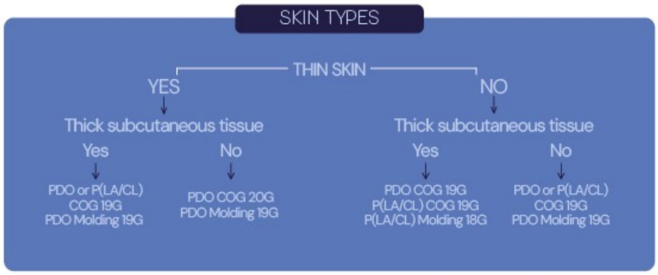


Figure 1 Thread selection according to skin and subcutaneous tissue characteristics.

Parameters evaluated: degree of facial laxity, skin thickness, subcutaneous tissue thickness, and facial pattern (light face vs. heavy face). Laxity classification was performed using an ordinal scale: grade 0 (no laxity), grade 1 (mild laxity), grade 2 (moderate laxity), grade 3 (marked laxity), and grade 4 (severe laxity) (Figure 2 & Figure 3).

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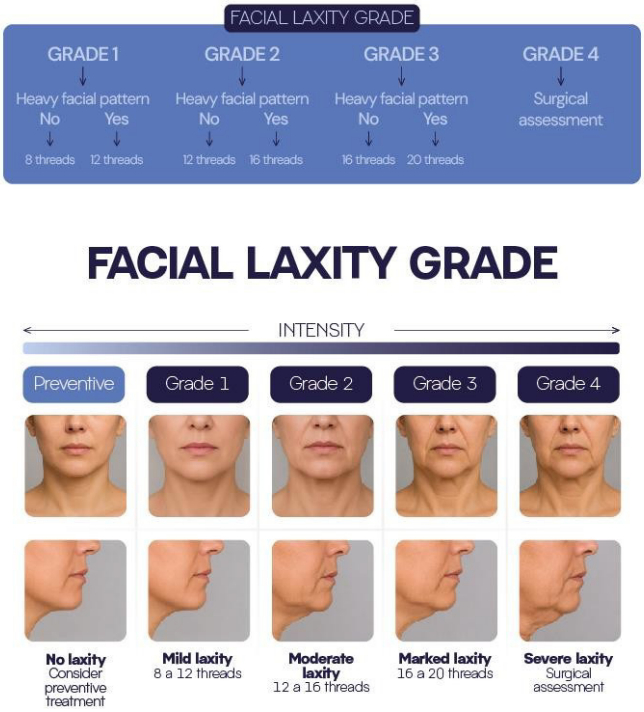


Figure 2 Facial laxity grading and suggested number of lifting threads.

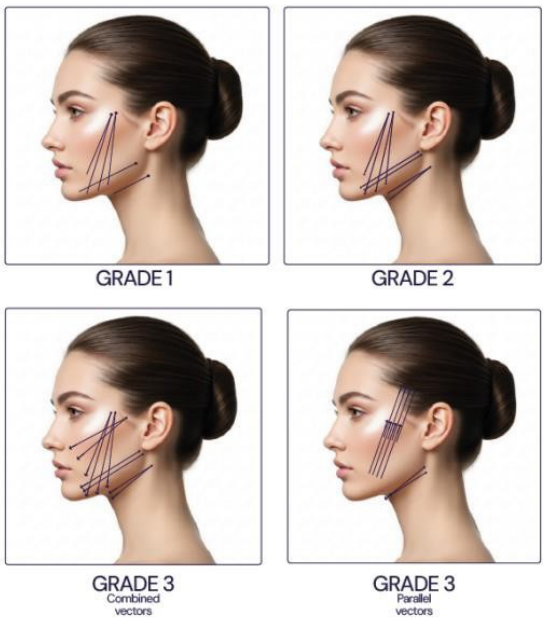


Figure 3 Suggested lifting thread vectors according to facial laxity grade.

Results

Skin and subcutaneous tissue thickness proved to be fundamental parameters in defining the type of lifting thread (PDO or PLA/PCL), as well as in choosing the gauge (19G or 20G), contributing to greater safety and better therapeutic response.

For facial laxity grade 1, 8 to 12 lifting threads are recommended. For grade 2, 12 to 16 threads. For grade 3, 16 to 20 threads are proposed to achieve efficient results.

Conclusion

The proposed algorithm, based on the degree of facial laxity, tissue characteristics, and facial volume, offers a systematic approach for selecting absorbable lifting threads. Integrating these parameters may contribute to greater standardization of clinical decision-making, individualized planning, and predictability of results. However, as this is a proposal based on literature review and clinical experience, prospective studies are necessary to validate its applicability and impact on clinical outcomes.

Limitations

This work presents a theoretical algorithm developed from available literature and the authors' clinical experience, without prospective validation in a patient population. Therefore, future clinical studies are necessary to confirm its reproducibility and effectiveness.

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Conflict of interest

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