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**Objective:** to describe high definition submental liposuction and postoperative care

**Methods:** Experience report on submental high definition liposuction and postoperative care. Case developed in a teaching hospital located in southern Brazil, in September 2021. Inclusion criteria for surgery are age less than 40 years and absence of large amounts of flaccidity in the cervical region. The marking starts on the side of the mandibular angle, mental sulcus superiorly and inferiorly, below the hyoid bone with the neck flexed. Subsequently, marking of the facial graft areas. Surgery begins with cervical infiltration of 100ml of anesthetic solution (20 ml 2% xylocaine, 1 mg adrenaline, 2ml 8.4% sodium bicarbonate, 250 mg tranexamic acid, 80 ml saline) with a Klein needle. Two portals are made: lateral cervical (lipoaspirated central region) and mental sulcus (lipoaspirated cervical regions bilaterally and central axis). High definition liposuction is performed superficially through the portals: mental sulcus laterally (below the mandibular angle bilaterally) and laterally (above the hyoid bone). The aspirated fat is decanted to make the facial grafts. Through a 3cm incision in the mental sulcus, the central band of the platysma, lower triangular section of the platysma, approach when necessary of the interplatysmal fat and shaving of the medial band of the digastric muscle and plication of the platysma with PDO 3.0 wire are removed. The detachment of the skin from the platysma in the central region of the neck serves to readjust the skin in the new shape and subdermal and intradermal suture of the submental incision with 4.0 monocryl, and of the lateral portals with 5.0 nylon.

This facial filling is based on the points of the MD codes technique. The chin is filled with 3 to 5 ml of fat in the central region in the juxtaperiosteal plane (MD codes C2 and C4). The filling of the contour of the mandible (1 to 2 ml of fat) is in the subcutaneous plane with a portal in the projection of the passage of the facial artery with a cannula 22 (MD codes of JW 4) and with 2 to 3 ml the region corresponding to JW 1. The technique is completed with filling of the malar, maxillary and infra malar regions, corresponding to MD codes CK3 (2 to 3 ml), CK 2 and CK 1 (1 to 2 ml), CK 4 (1 ml) and CK 5 (1ml).

**Results:** The surgery allows for facial contour, improved neck appearance and skin quality, good definition between 105 and 120°, demarcation of the mandibular and anterior borders of the sternocleidomastoid, and adequate visibility of the thyroid cartilage. In the postoperative period, nursing care is the surgical wound, which will remain with an occlusive dressing for two days.

**Conclusion:** High definition submental liposuction associated with adequate postoperative care improves the definition of the neck and mandibular contour, eliminating the appearance of aging or obesity