

MY EXPERIENCE WITH OPTIMUM MOBILITY FACELIFT

A Comparative & Clinical Review

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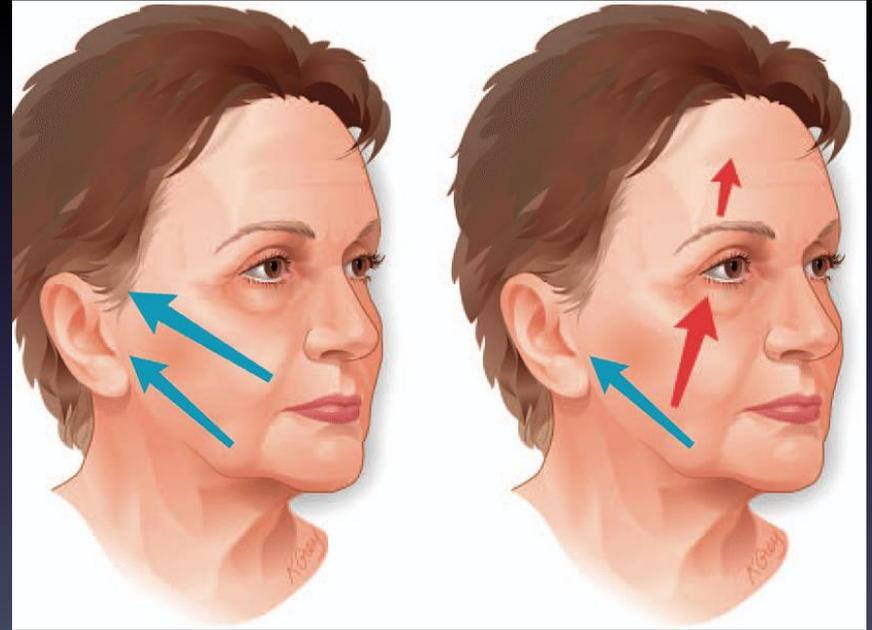
Global Aesthetics Conference

Miami 2025

MULTIPLE FACELIFT TECHNIQUES

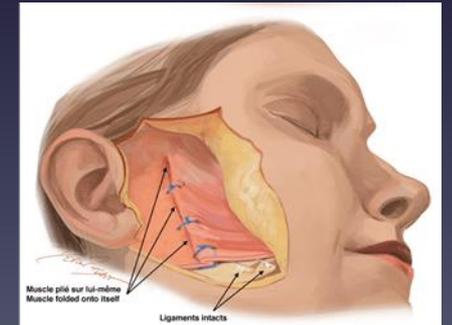
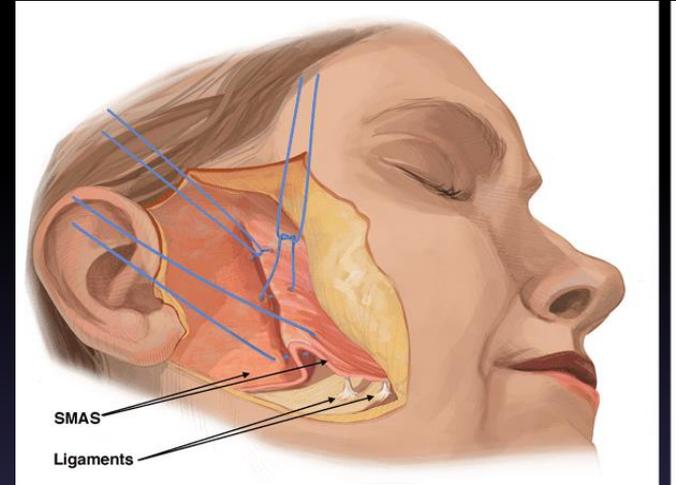
- **Facelift**

Techniques: Multiple rhytidectomy techniques (e.g. SMAS plication, deep-plane, etc.) exist, each with advantages; debate continues on the “optimal”



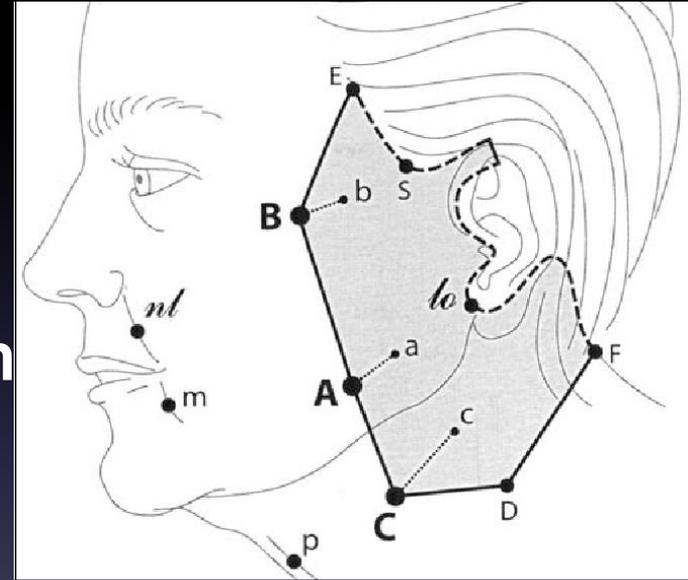
Deep Plane Facelift – Technique

- • Sam Hamra 1990's
- Sub-SMAS dissection with ligament release
- • Composite skin–SMAS flap
- • Release of Retaining Ligaments
- Maximum Mobilization
- Tension-free closure and deep fixation



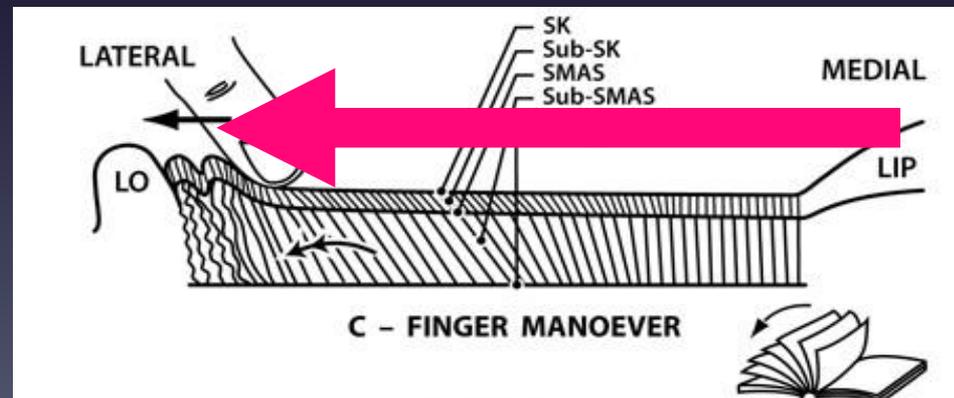
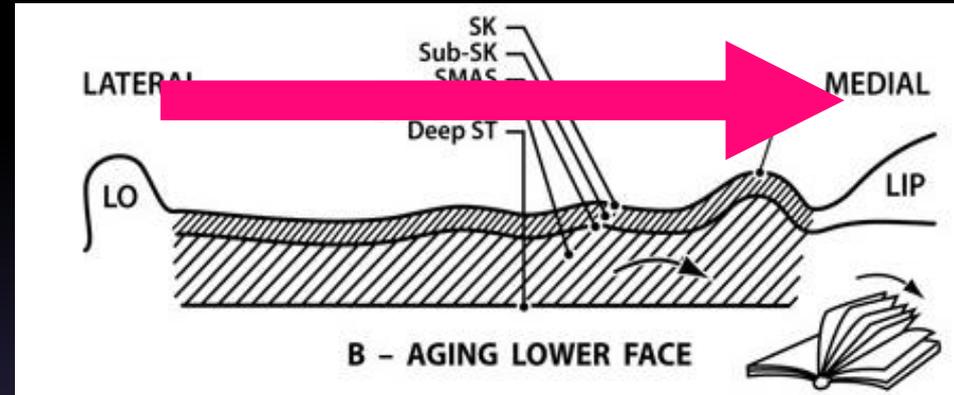
Optimum Mobility Facelift – Technique

- Fanous 2006
- Refined Mini Dissection SMAS Technique
- Small skin flaps at precise “**optimum mobility points**” are undermined, preserving most skin-SMAS attachments.



Optimum Mobility Facelift – Technique

- Minimal undermining to marked mobility points
- • Lateral tissue shift and mattress suture fixation

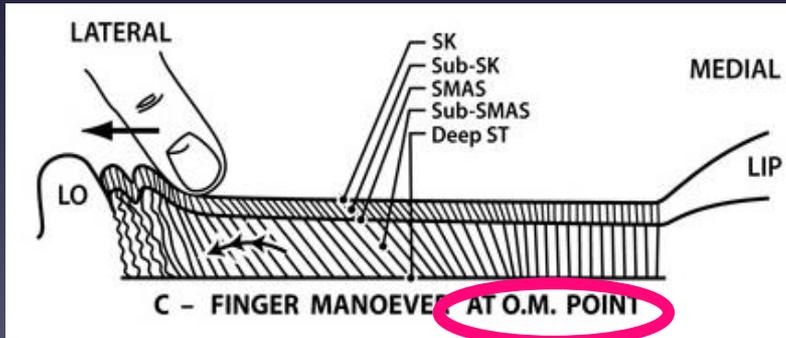
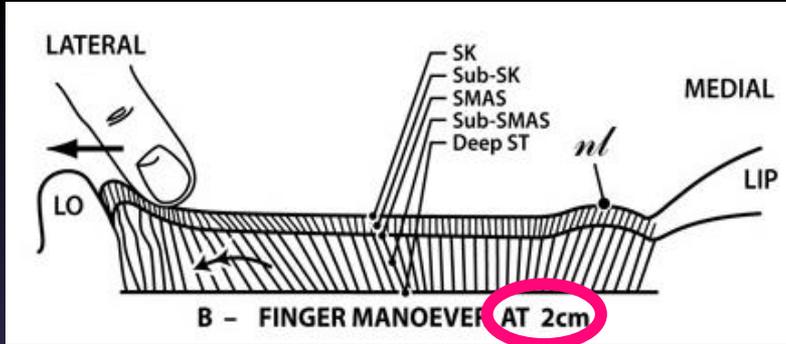
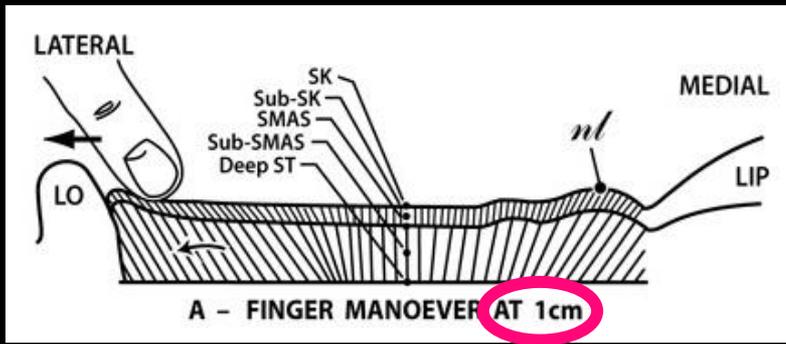


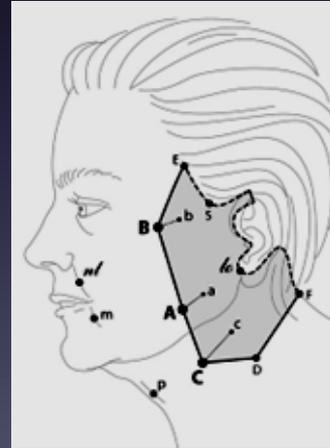
OM vs Deep Plane – Key Differences

- OM: conservative dissection; minimal undermining.
- Deep Plane: extensive sub-SMAS dissection and ligament release.
- OM achieves comparable lift with less trauma.
- Simplified, safer, and faster to perform.

Extent of Dissection

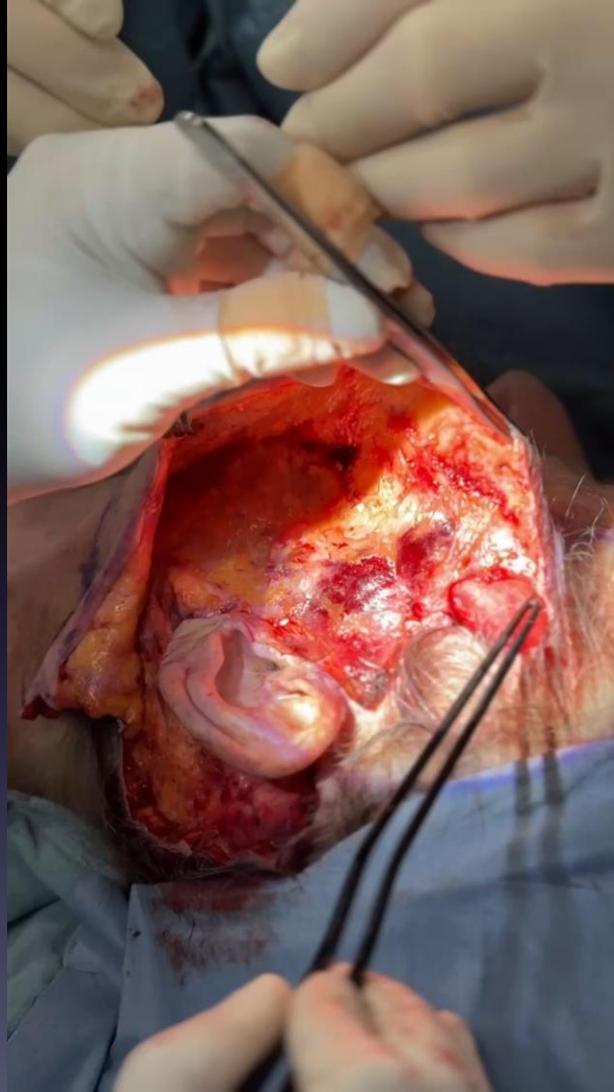
- OM undermines up to 'optimum mobility points' only.
- Skin-SMAS attachments preserved beyond those points.
- Lift achieved through intrinsic tissue mobility and fixation.
- Deep Plane: larger sub-SMAS flap, higher swelling, longer recovery.





Dissection to OM Points





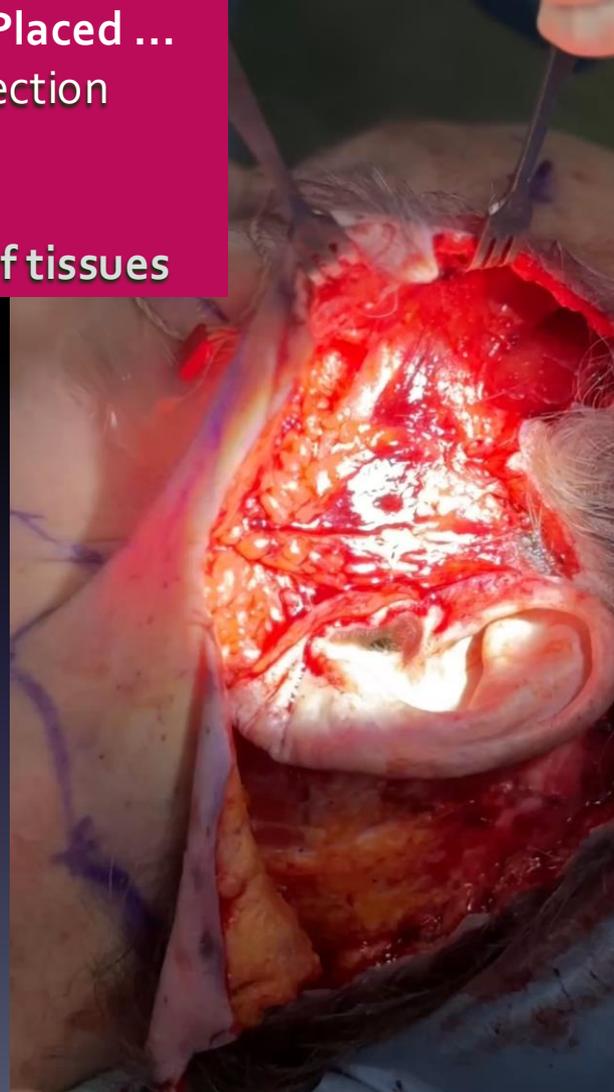
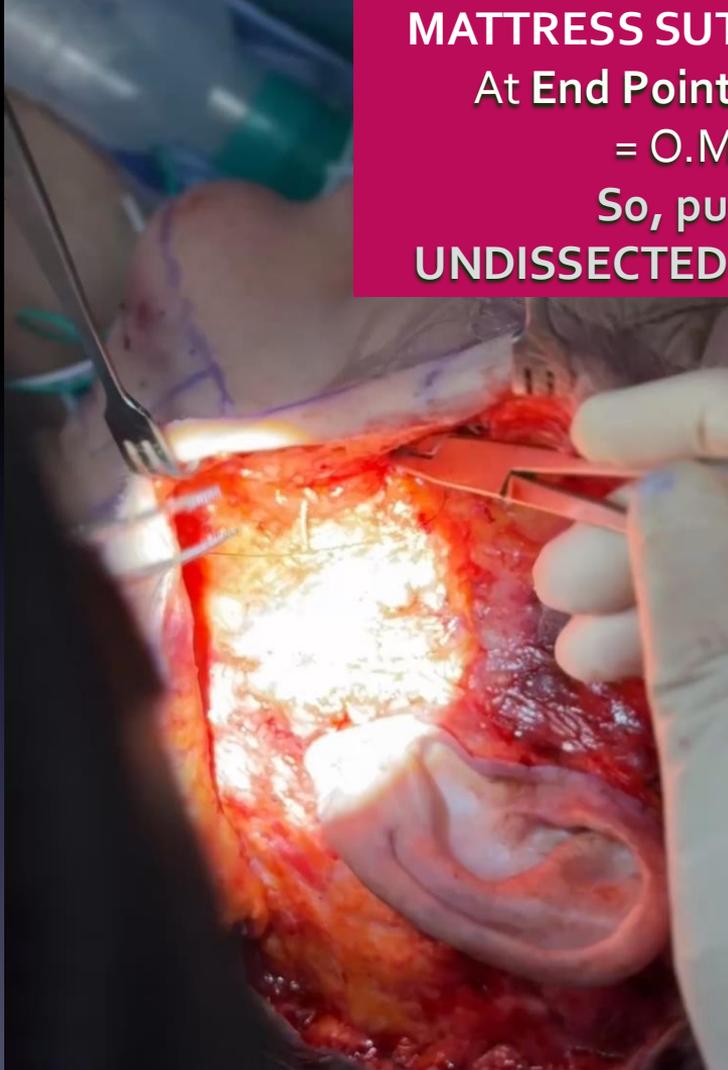
MATTRESS SUTURES Placed ...

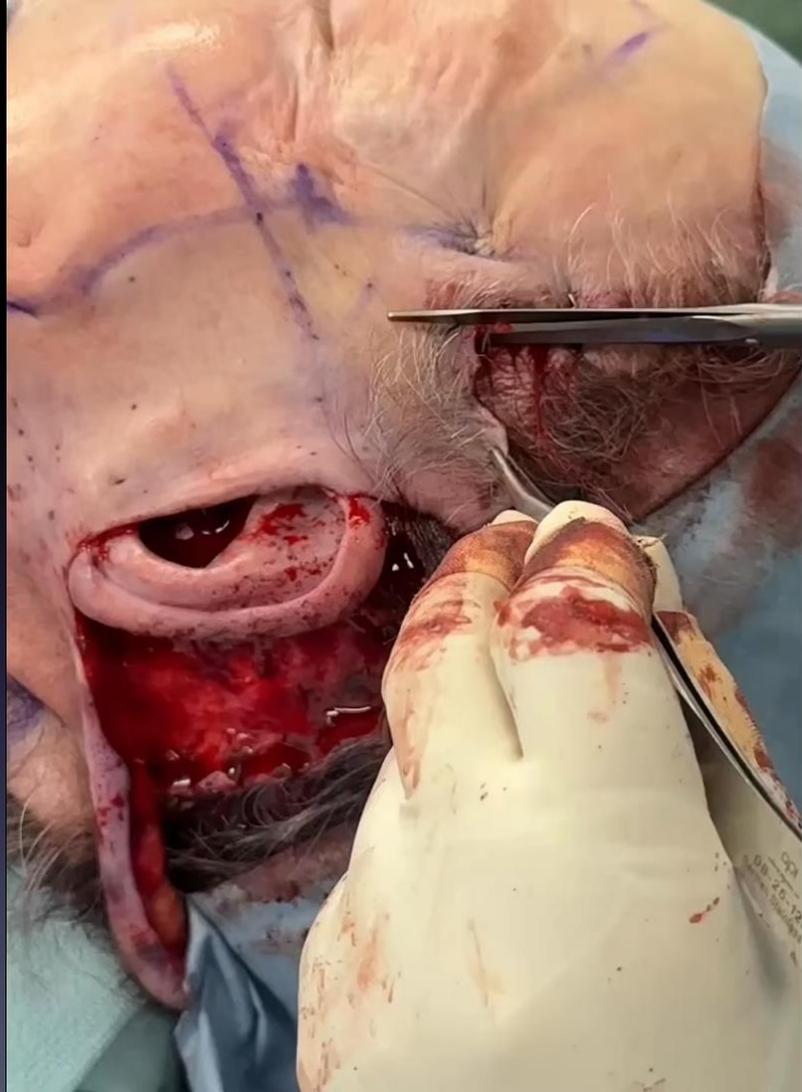
At End Point of dissection

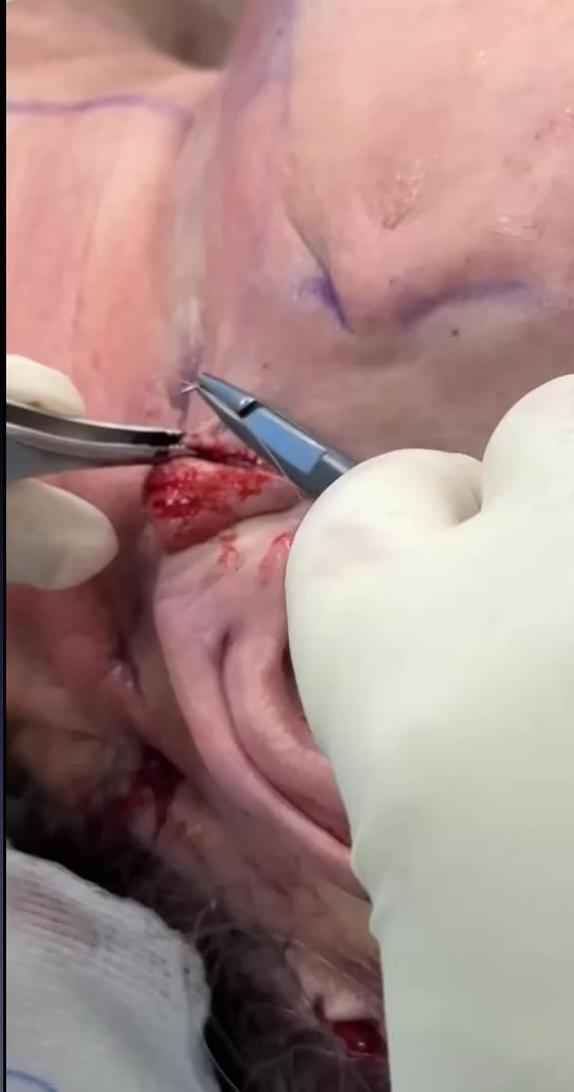
= O.M.Point

So, pull is on:

UNDISSECTED block of tissues







Risk and Safety

- OMF: extremely low risk of facial nerve injury (none reported in literature).
- Deep Plane: safe but slightly higher risk (0.5–2% temporary neuropraxia).



Risk and Safety

- OM preserves native attachments
→ minimal trauma.
- Fanous et al. report: 0 nerve injuries, 0 hematomas, 0 infections.



Recovery Time

- OM: minimal bruising/swelling; return to activities \approx 2-3 weeks.
- Deep Plane: more swelling; recovery 3–4 weeks.
- OM limits dissection \rightarrow reduced downtime.
- Literature: no seromas or infections with OM.



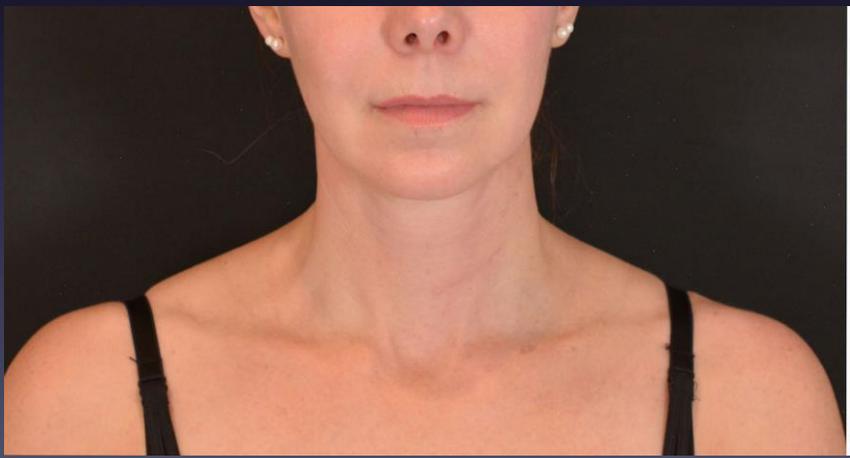
Results and Longevity

- Deep Plane: excellent midface elevation, long-lasting.
- OM: matches longevity with less invasiveness.
- Fanous: 'Surprisingly durable results' with minimal relapse.
- My follow-up: sustained results at 5–6 years post-op.









Natural Appearance

- OM: 3D vector lift avoids 'windswept' look.
- Preserves facial expressions; natural appearance.
- Patients look refreshed, not operated.
- OM achieves natural looking result with smaller intervention.

Clinical Outcomes – Safety & Recovery

- My series: 0 permanent nerve injuries, 0 hematomas, 0 major infections.
- Mild bruising/swelling; low discomfort.
- Typical recovery: 14 days to resume normal activity.

Clinical Outcomes – Aesthetic Results & Longevity

- Noticeable midface lift, tighter jawline, smoother neck.
- Deep neck contouring improves cervicomental angle (~90° ideal).
- Natural look maintained over years.

Evidence-Based Support

- Fanous et al., Can J Plast Surg: low complication rate, durable results.
- Jacono et al. 2019: deep-plane safety and longevity.
- My data: 50 OMF cases → 0 hematomas, high satisfaction.
- Combination of peer-reviewed and personal outcomes.

Conclusion – Clinical Advantages

- OM = safer, faster, natural, long-lasting.
- Near-zero nerve injury risk.
- Short recovery, minimal complications.
- Results rival deep-plane outcomes with less invasiveness.
- Best of both worlds: safety + durability + natural look.

Thank you

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