

Contour ThreadLifts Emerge as Non-invasive Technique for Facial Rejuvenation

Fashioned from time proven polypropylene, Contour Threads™ are the only non-absorbable barbed suture product cleared by the FDA for the elevation and fixation of the midface, brow, and neck.

The concept of elevating facial tissue by self-anchoring sutures emerged in the 1990s when Greg Ruff, M.D., used threads with hand cut barbs to supplement reconstructive surgical procedures. Dr. Ruff is a plastic surgeon in private practice in Chapel Hill, N.C.

“I didn’t do a lot of procedures, but I did them mostly to test the concept,” Dr. Ruff said. “After I had been granted patents, I found a business partner and started Quill Medical in 1999. The first thing we did was have a machine designed that could cut all barbs uniformly because if one barb cuts too deeply, you have a weak link in the chain.”

Dr. Ruff believed that having a suture with barbs in two directions and being able to push tissue onto them would be like threading a needle through tissue, and that tissue cells would gather around the point where the barbs changed direction.

“It was no big intellectual leap to realize that you could move people’s faces around using sutures with bidirectional barbs, so I put some in through trocars,” he said. “Dissolvable sutures gave long-lasting results except in older patients, so two years ago I started using permanent sutures.”

In 2004 Quill Medical, Inc., and Surgical Specialties Corporation formed a partnership. The Contour Thread is a product of that strategic alliance.

“Surgical Specialties had made excellent needles and threads for 30 years and we had the technology to

manufacture barbs on the sutures and the patents to cover that, so we appealed to the FDA for approval and got it. Now we’ve trained almost 2,000 doctors worldwide including surgeons (facial plastic, regular plastic, ocular plastic), dermatologists, and an occasional specialist in a different area.”

Also in the 1990s, Russian cosmetic surgeon Marlen Sulamanidze, M.D., was developing polypropylene threads with bidirectional barbs along their entire length. These threads were later called Aptos Threads,

“Contour Threads are anchored up in the scalp to secure the face and neck.”

Featherlift, and Russian threads. “Kolster Methods, Inc. (KMI) recently licensed this technology from Dr. Sulamanidze,” Dr. Ruff said.

According to Dr. Ruff, the big difference between Contour Threads and Aptos Threads is that Aptos Threads are more or less free floating. “They’re not anchored to anything immobile,” Dr. Ruff said. “They’re typically placed in facial areas that move a lot, so they have a tendency to move. Contour Threads are anchored up in the scalp to secure the face and neck. Aptos Threads are also apparently placed just below the skin, whereas Contour Threads are placed under the fatty tissue.”

Editor's Note: In the following Clinical Roundtable, four plastic surgeons and three dermatologists share their knowledge and experience with Contour ThreadLifts.

What are the advantages of thread lifts in general? What is distinct about Contour ThreadLifts?

Vincent C. Giampapa, M.D. – The advantages of thread lifts are that there are no big incisions, no undermining or lifting of the skin which means fewer complications, less discomfort, and quicker recovery. And it's an office-based procedure that doesn't require general anesthesia. What makes Contour ThreadLifts unique is the amount of research that has gone into designing them. I'm referring to the number of barbs on the threads, the angle of the barbs, the helical placement of the barbs, and even the needle design. Also, you can use Contour ThreadLifts to selectively enhance specific areas of the face rather than doing a whole face-lift.



Vincent Giampapa, M.D.
Clinical Professor of Plastic Surgery
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Ben Schlechter, M.D. – Thread lifts have the advantage of not having visible incisions on the face. The procedure is considered minimally invasive. Typically, downtime and recovery time are shorter than those of traditional facial rejuvenating procedures.

Contour Threads are made from 2-0 clear polypropylene. This distinguishes Contour Threads from other brands of barbed sutures which are made from blue

polypropylene. The advantage of clear polypropylene is that this material makes Contour Threads less visible when placed very close to the skin. Ideally, Contour Threads should be placed in the deeper subcutaneous layer. Their barb size and configuration differ from those of similar products. I believe that Contour Threads have better holding strength.

R. Stephen Mulholland, M.D. – The Contour Thread is made of clear polypropylene (not dyed), so visibility issues are less common. It's a well-engineered, designed and researched barbed thread, so the holding strength is predictable. There are no big incisions and no dissection. It's less painful, less risky, and less symptomatic. Done right, they can get up to 50% of the lift associated with a face-lift without the cutting, risk, and stigma of an open face-lift.

Gary D. Monheit, M.D. – A thread lift is a minimally aggressive procedure, and it's the first lifting technique with very little downtime, little risk, and it seems to do the job in a certain percentage of people. It's not a face-lift. It can't be used when you have a lot of excess skin, or in people with very heavy faces or fatty necks. These patients need a face-lift.

Stephen H. Mandy, M.D. – Contour ThreadLifts offer an outpatient procedure with no scars, minimal risk, and quick recovery. Those are big selling features to patients concerned about the higher cost, greater risk, or long downtime with a face-lift.

Contour ThreadLifts Clinical Roundtable

Malcolm D. Paul, M.D. – Because there is very little downtime with thread lifts, they've been counted as the weekend lift, and the procedure is less invasive. You also get much less lift, but if you're doing an open procedure you can add threads because they give you reliable elevation and fixation of tissues.

Greg Ruff, M.D. – A thread lift just leaves puncture wounds and risks are minimal; nerve damage is virtually unheard of and other complications such as infection are very rare. There's less downtime, no scarring, and more subtle results with thread lifts in general. With Contour Threads each inch of thread can lift up to a pound of tissue.

Michael S. Kaminer, M.D. – You can use Contour ThreadLifts to raise the eyebrows, restore the contour of the mid-cheek and under the eye, improve the jaw line, and improve the shape of the neck.

What factors do you consider in selecting patients for thread lifts? What are the characteristics of the ideal candidate? What are the characteristics of patients not suitable for thread lifts?

Dr. Paul – Let me first tell you who is not suitable for threads - an individual of 60 or so years that has never had anything done and has a sagging neck and face. This patient needs a face-lift. A 38 to 40 year old woman with early jowl formation would probably do well with a thread lift.

Dr. Giampapa – With Contour ThreadLifts it's important to choose the right patient. Patients with moderate skin laxity - if you pinch the skin in front of the ear, the skin will move about an inch - are ideal, particularly if



Before Tx

After Contour Threads Tx

Photos courtesy of R. Stephen Muhlolland, M.D.

they also have prominent nasolabial folds and marionette lines. These patients have a good result. Patients with very wide or fatty faces are not good candidates because the skin doesn't move a lot.

Dr. Mandy – The ideal patient likes the reduced risk of a thread lift. Patients on the thin side do well, whereas those with heavy faces or heavy jowls don't get the same correction. Patients with very sebaceous skin have very thick skin that resists movement, so I find other treatments for them.



Ben Schlechter, M.D.

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Dr. Schlechter – Ideal candidates present with mild to moderate midface ptosis. Typically in their late 30s to mid-60s, they've begun to notice signs of aging - brow ptosis, midface ptosis and/or neck laxity. They want to avoid the scars associated with traditional face-lifts, neck lifts, and brow lifts. Patients with excessive skin laxity and wrinkling are not suitable for thread lifts.

Dr. Kaminer – Someone who wants substantial improvement in the upper face, midface, or neck, but doesn't want everything to look pristinely tight. Patients need to have mildly to moderately aged anatomy. With severely aged anatomy, you can't pull the threads hard enough to achieve a lift.

Dr. Ruff – The best patients for thread lifts have mid-level skin laxity. If the skin is very lax, then they have a lot of bunching. If they just need a minimal lift, it's hard to appreciate any difference. You pick somebody with a moderate amount of facial fat. If they're very thin, you can see the threads. Right now we've only got the 2-0 size threads.



Gary Monheit, M.D.

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Dr. Monheit – I like patients aged 40 to 55 years with a thin face with minimal to moderate sagging. Brows can be lifted very nicely and most skin types do well with threads. Poor candidates have lots of wrinkles and think you can remove them by pulling or pushing.

Dr. Mulholland – Patients who have some droopiness, have realistic expectations, want a nice lift without surgery, accept one week of downtime, and are reasonably healthy are good candidates for a thread lift.

In your practice, what are the most frequent indications for Contour ThreadLifts?

Dr. Monheit – Most people who come to me for Contour ThreadLifts want to improve their jowls or brows but don't want a face-lift.

Dr. Kaminer – The mild brow lift is first, but the second, improvement of the jaw line, is done with same frequency. For me, the indication that does best with threads is filling the hollowing under the eyes and in the mid-cheek or tear trough area.

Dr. Ruff – Most of my patients have their jowls lifted. The neck is next, then the brow and the nasolabial folds.

Dr. Giampapa – The most frequent indications are laxity of the midface and jowls.

Dr. Paul – The cheek lift is the most frequent.

Dr. Mandy – Ptosis of the middle and lower face, then ptosis of the brow are the major indications in my experience.

Dr. Schlechter – We tend to see patients who complain of midface, brow, and neck laxity. Many are at an age in which they are not quite suitable for a formal face-lift, but they want a facial rejuvenation procedure.

What factors do you consider in deciding the number and placement of Contour Threads?

Dr. Mulholland – The patients determine what shape they want for the brow and the shape of the brow determines the number of threads deployed. In the midface and the neck, the number of Contour Threads and their deployment depend on the weight and laxity of the tissue. But when you get down into the face, the

number of threads is pretty consistent. You usually need four in the cheek, two along the jowl, and then I use two to four on the neck and the same on the brow. The number and direction of deployment is very consistent with the technique I've been using.

Dr. Schlechter – I address each patient individually. The number of threads I use depends on the degree of skin laxity. The midface typically requires more threads than the brow. Again, this depends on the individual patient.

Dr. Monheit – The minimum is eight threads with four on each side of the face. I play with the vectors, because if I'm doing only jowls or marionettes, I like to have one upper-face thread connected to a mid-cheek thread as part of a "V." This takes away the crimping and folding that occurs around the temples if I don't have those threads in. I add extra threads with the neck, nasolabial folds, jowls, and brows, and I'll use up to eight threads on each side.

Dr. Giampapa – We normally use a minimum of four threads to elevate the midface and jowl. Each thread has a specific purpose. Thread one elevates the area under the eye and the lateral corner of the eye. The second is placed a bit lower to elevate the upper portion of the nasolabial folds and the malar eminence. The third thread elevates the corner of the mouth and the lower portion of the nasolabial folds; it also highlights the lower cheek border. Thread four helps to improve or eliminate jowling.

Dr. Mandy – The size of the face and degree of ptosis are the main considerations. With a small woman, I can do the midface jowls with two threads on each side. With a big man, I need four threads on each side to achieve the same result.

Dr. Kaminer – I try to put in as many as I can without overdoing it. I think the more threads you have, the more barbs you have, and the more you can effectively support the skin. And I try to treat as many adjacent areas as I can, again, just getting more threads in. There's a technique with placement. I'm particular about bending the insertion trocar, which is how I guide the thread into place, because I like to put the threads into the deep fat, just above the fascia. I like to curve the trocar so I can weave the thread into position around the malar eminence and cheekbone.



Greg Ruff, M.D.

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Dr. Ruff – I let my fingers guide me. If I'm not delaminating the tissues with a scalpel or scissors, I'm just lifting what I can feel with my hands, using the barbs, and relying on the weight I sense when I try to lift the face. As patients look in the mirror, I move their faces in the way they've indicated they want it lifted and kind of feel how much resistance there is, and then predicate the number of sutures on the basis of that resistance.

Do you combine Contour ThreadLifts with other cosmetic treatments? If so, which ones? How do Contour ThreadLifts enhance the results of other cosmetic procedures?

Dr. Kaminer – We often combine Contour ThreadLifts with other procedures such as Botox® Cosmetic (Allergan, Inc., Irvine, Calif.) or Restylane® (Q-Med AB, Uppsala, Sweden). Botox is probably the most popular. The Fraxel™ Laser (Reliant Technologies, Palo Alto,



Before Tx

After Contour Threads Tx

Calif.) is gaining popularity in our office because the threads take care of the shape and the laser takes care of skin quality. For some people we've added Thermage (Hayward, Calif.) as well for extra tightening. Contour ThreadLifts does things the other procedures don't do. The threads reposition skin, fat, and in some cases, muscle. Other procedures, such as fat transplantation, only redistribute. That's why the different procedures are so complementary.

“I've combined Contour ThreadLifts with blepharoplasty, rhinoplasty, open neck-lifts, and other complementary procedures.”

Dr. Monheit – I like to combine Contour ThreadLifts with fillers in the same session. I'll put the filler in first and the thread in second. Restylane injections complement Contour ThreadLifts because Restylane fills in nasolabial folds and marionette lines and the threads lift the tonic tissue around them. In some patients, I use Thermage to augment the effect of threads I put in four or five months earlier.

Dr. Schlechter – I've combined Contour ThreadLifts with blepharoplasty, rhinoplasty, open neck-lifts, and other complementary procedures. Depending on the areas I treat with Contour Threads, I may also inject fillers at the same time. I routinely perform lip augmentation in concert with Contour ThreadLifts. Patients have been extremely satisfied with the results of these combined procedures.

Dr. Giampapa – I tell patients that Contour ThreadLifts alone can do 50% of what a face-lift can do. If we combine midface fat grafting with Contour ThreadLifts, we improve not only facial laxity in skin and muscle, but age related volume loss as well. Then we do laser resurfacing or chemical resurfacing. That's how we address each aspect or layer of the aging face.

Dr. Mandy – I combine Contour ThreadLifts with Sculptra (Dermik Laboratories, Berwyn, Pa.) injections, and I always use Botox when I do brow lifts with Contour ThreadLifts. In very thin patients, Sculptra addresses volume loss and the threads address ptosis. Liposuction, Sculptra and/or fat injections complement Contour ThreadLifts nicely.

Dr. Paul – The value of Contour ThreadLifts is combining them with open procedures like a cheek, neck, or brow lift. With brow lifts, I add Botox, do an endoscopic brow lift, or both, because I don't get the brow to stay up with the thread alone. On the other hand, if I'm doing an endoscopic brow lift and I put threads in, I get reliable correction. It's like a puppet string you work from above down to the brow, and it connects at multiple levels.

Dr. Mulholland – Contour ThreadLifts have adjunctive use for deep-tissue support in face and neck-lift surgery. In endoscopic brow, cheek or face-lifts, threads help to stabilize the skin over the top.

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Dr. Ruff – I combine treatments all the time. For a brow lift, I use Botox Cosmetic to relax the brow after the procedure. Liposuction, especially in the neck, is also a great adjunct. It makes the sutures hold about 15% less effectively, but they still hold very well. Lastly, some types of resurfacing procedures are synergistic with Contour ThreadLifts. I tend to use TCA peels. I think lasers, Thermage, or even dermabrasion would work in a similar fashion, but I don't use these modalities.

How has your Contour ThreadLift technique evolved over time? How important is technique to success and what technical tips would you like to share from your experience?

Dr. Mulholland – One good technique is undermining the brow, face, and neck with a special dissector to create vascularized flaps of tissue which are then elevated, creating a precutaneous face-lift or brow lift or neck-lift flap without making any incisions. The superficial skin is lifted off the deep tissue, re-elevated, and held there by the thread until it heals. The tissue strength from the wound healing provides the long-term lift result and the threads are only there for about six weeks to hold things in place. I also do sequential contouring; I don't trim the whiskers for three or four days and I see the patient daily to lift the skin flap up over the thread again to minimize recurrence. In the most advanced form of the thread lift called the composite thread lift (CT2), I also undermine on top of the bone to get a sticky adherent plane between the deep surface and the elevated thread lift flap.

Dr. Kaminer – There are three elements to success: (1) the right patient, (2) an eye for what needs to be repositioned and what can be repositioned, and (3) technique. Without technique, you won't get good results



Photos courtesy of Vincent Giampapa, M.D.

and you'll create side effects. It took me four or five procedures to get comfortable in putting the threads exactly where I wanted them. You have to think more about where you want the thread, not how you're going to get it there. When you can place the threads, you start to see where to move things, and then you can use vectors, and that's basically what this is about - thread placement. What do I want to do and what vector do I need to accomplish that.



Michael Kaminer, M.D.

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Skin Care Physicians
Chestnut Hill, MA

Dr. Giampapa – Two years ago we were told that these threads were designated and approved for subcutaneous use. Correction didn't last that long and wasn't dramatic. So we realized that these threads have to be placed in the musculoaponeurotic plane to ensure good initial and long-lasting results. We also learned that you have to over tighten the sutures initially. The skin will readjust and the muscles will readjust so you have to over tighten them to the point where it's a little scary to the patient (and the doctor) for the first four or five days. Without the right technique, the procedure

will get a bad name. It's very difficult for people who haven't done face-lifts to get a good predictable result all the time. The other key technical tip is when we place threads above the zygomatic arch, we place them in the subcutaneous plane. Below the zygomatic arch we place them in the muscular plane.

Dr. Schlechter – When I began performing Contour ThreadLifts, I simply placed the threads in the subcutaneous tissue and anchored them to the temporalis fascia. I've since modified this approach. Prior to or after I place the thread, I undermine the subcutaneous tissue adjacent to the threads, between the threads, and surrounding the threads. I feel that this provides better tissue elevation. I also dissect the subcutaneous layer to create tissue overlap with healing and scarring. This improves the longevity of the results.

Dr. Monheit – There are certain areas where I've bent the needle to curve it around the upper face so it falls in place nicely. I use a serpiginous pattern to better grab the tissue, and I place my incision holes a little farther apart than I did in the beginning in order to get greater pull upward into the hairline. There's a learning curve for which threads to place first, how to place them, the anesthetic, and aftercare.

Dr. Mandy – I've learned not to cut the threads completely when I finish molding the face. I cut them short, tape them in place, and leave them there for 48 hours. When the patient returns, I have a protruding thread to fine tune the result. I also put my patients on prednisone - 20 mg after the procedure and 20 mg the next morning. I recommend compression and ice packs for the first six to eight hours after surgery to decrease swelling, discomfort, and morbidity.

Dr. Paul – As I learned more about the technique, I realized I couldn't rely on it as a sole means for holding things up, so I moved toward a combined

approach as I mentioned earlier. My technique hasn't changed; what's changed is my belief that it's not going to be powerful as a stand-alone procedure. I don't believe there is a lot of potential for this technology as a closed procedure except for 35 year olds with a little bit of relaxation or 40 year olds that have had previous work done.

“The other key technical tip is when we place threads above the zygomatic arch, we place them in the subcutaneous plane.”

How do you charge for thread lifts? (e.g., per thread, per procedure)?

Dr. Schlechter – I charge on the basis of the area treated and offer a discount for multiple areas.

Dr. Mandy – I have charged per thread but without a procedure fee. I feel it is wise to charge a little less and let the market expand. Once I've done another half a dozen or so procedures, I'll charge by the thread with a procedure fee.

Dr. Ruff – We charge \$400 per thread and a \$500 facility fee.

Dr. Mulholland – For the composite thread lift, I charge half my normal price for a face-lift because patients get 50% of the correction of a face-lift and the procedure takes half as long to perform.

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Dr. Giampapa – I charge per procedure, as I would charge for a surgical upper or midface-lift. I'll add an extra thread or two without additional charge.

Dr. Paul – I charge per thread and a fee for the facility.

Dr. Kaminer – I break the face into four zones, and I charge by the number of zones I do. This roughly equates to a per thread charge.

Dr. Monheit – I charge per thread.

How do you manage patient expectations, especially after treatment?

Dr. Mulholland – I sit patients in front of a mirror, pull a little tissue along their jaw line, show them the one or two inches of excess, and tell them that half of that tissue will be lifted. I do a lift demonstration of the tissue to show the most modest improvement I can expect with thread lifts. If they look at that and like it, they'll be happy. Otherwise I start talking about face-lift surgery. Afterward I manage care and recovery so they don't disrupt the threads and lift effect of the barbs. Post-operative instructions must be reinforced.

Dr. Kaminer – I tell them it won't look like a face-lift, but it will be better than where they are. I explain that I've had 100% success and 100% of my patients have been happy, but that they're the happiest three weeks after the procedure. At 12 weeks their perfect result begins to slowly fade. It will still be good to very good, but it may not be what they had seen at three weeks. I tell them that their face feels loose for the first three or four weeks, like it's about to slide off the threads. For some people that's unsettling, but it goes away.



Before Tx

After Contour Threads Tx

Photos courtesy of Ben Schlechter, M.D.

Dr. Monheit – I let them know right away that they're going to get about a 20% drop in correction from what they see on the operating table. During the procedure I let patients see their correction before I snip the threads, so if there is a distinctive pucker or fold somewhere that they dislike, I can release it. I tell them that for every point I release, there's a small drop in the correction. Also, we've got a very stringent list of do's and don'ts, and we stress that patients do not manipulate their cheeks or face for at least three to four weeks.



Stephen H. Mandy, M.D.

Clinical Professor of Dermatology
University of Miami School of Medicine
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Dr. Mandy – To give patients a realistic appraisal of what benefit to expect, I show them a PowerPoint presentation that includes photos. I tell them this is a new procedure and not a full face-lift, but it gives long-lasting correction with minimal risk and invasion. In that context, most patients are happy with the outcome. And no matter how I explain the procedure, most patients say there's a little more swelling and discomfort than they anticipated.

Dr. Ruff – I tell patients I need to use more threads than I used to use and I show them pictures before and

after treatment - right after treatment so they can see the bunching and how fast it goes away, and long-term results as well. I show them good results and bad results, and I tell them the average result probably lasts about two to four years. I mention that we've just begun this odyssey and that this technique will get better and better. In a review I did for the *American Society of Plastic Surgery*, 78% of my patients were satisfied with the treatment and 22% came back and said they would like more lift. Among the 22% who came back, three-fourths asked for more threads.

Dr. Giampapa – Initially we show photos of patients before and 24 to 48 hours after the procedure so patients can see the expected tightness and bruising. We show pictures of the same patients one week, ten days, and two weeks later so they see that they will return to normal. I have patients come in 24 to 36 hours after the procedure to remove a very light dressing, again at one week to adjust the threads, and again at two weeks.

Dr. Paul – I tell patients that if they are unhappy with the result, they may schedule an open procedure and get credit for what they spent on the threads.

Dr. Schlechter – I select patients for any procedure carefully. I try to accurately assess each patient's expectations and make sure they are realistic. I also

discuss the post-operative regimen in detail and reinforce that there is a recovery period and that each patient recovers at a different pace. I exclude patients who want a home run result without going to bat.

Have you encountered any adverse events or problems with thread lifts in general or with Contour ThreadLifts specifically?

Dr. Paul – I've had a few exposed sutures that had to be removed - just the part that's exposed. You can leave the rest buried beneath the skin. I had one or two break while being inserted, so I opened another one. The company replaced the threads that broke.

Dr. Mulholland – The complication rate for a thread lift is far less than the rate for a face-lift. With the 2005 Contour Threads, sensitivity to the knot occurred in 1% or 2% of patients. The knot has been eliminated in the 2006 Contour Threads.

Dr. Giampapa – I've tried Aptos, Gore-Tex, and threads made of other materials. Free floating threads often perforate the skin. Gore-Tex threads get encapsulated and can get chronically infected unless they're removed. Threads of other materials cause dimpling and rippling in the skin. With Contour ThreadLifts, people on the learning curve may place their sutures too superficially. If they don't tie the knot correctly, the suture can snap at the site where it's fastened, migrate, and create a bump in the skin. I've never seen the poor healing, prolonged bruising, facial nerve damage, or infection I might see in surgical face-lifts.

Dr. Ruff – So far, out of 642 threads, I've had one thread extrude, two get infected, and one need to be removed. I've never had any threads break or had any knots come untied, and I've never had any nerve damage.

Photos courtesy of Vincent Giampapa, M.D.



Before Tx

Nine days after
Contour Threads Tx

One month after
Contour Threads Tx

Contour ThreadLifts Clinical Roundtable

Dr. Mandy – I have not had any significant complications. I've encountered one thread that broke during the tightening process, which was no problem to replace. And every now and then when placing the thread, especially at the point of incursion, there's a little bleeding.

Dr. Kaminer – It's difficult to over pull, but it can be done. I've had patients return one week and then three weeks out, and if an area has been over pulled, I release some of the barbs to allow sutures holding this to slide back into place. I've done this as many as nine weeks post treatment. Otherwise, bruising is common.

Dr. Schlechter – I've encountered no adverse events, including infections, with Contour ThreadLifts. On two occasions the ends of the threads were poking the patient's skin, but this was resolved by trimming the threads. Early threads were tied to one other and this created a knot which some patients were able to palpate, but I've had no complaints.

Dr. Monheit – I've had a few patients with knot irritation in the scalp. Sometimes the suture in the scalp came to the surface. One thread popped and broke, and I had to pull it out. One patient manipulated the thread early on and we had to put in a new thread. In some patients, Aptos threads have wandered or stretched.

In your experience, how long do the lifting effects last for the different types of threads, including Contour Threads?

Dr. Giampapa – Among non-invasive procedures I've done, Contour ThreadLift effects last the absolute longest. Based on my 17 years experience with suspension sutures, I anticipate that with the Contour Thread (a form of suspension suture), results will last at least four, five, or six years. Other threads and

materials I've used do not last or maintain their correction for as long.

Dr. Mulholland – The Contour ThreadLift with undermining has given the longest lasting results of the thread lifts I've done. I tell patients the lifting effects will last between three and five years. With the feather lift, results in the brow, jowl, and neck lasted sometimes less than three months and in the cheek, about a year. I abandoned feather lifts for that reason.



R. Stephen Mulholland, M.D.
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Dr. Schlechter – I've been doing Contour ThreadLifts since we obtained FDA approval approximately a year and a half ago. Thus far results have been very good. Now that I include tissue dissection with the procedure, I anticipate that cosmetic effects will last longer.

Dr. Monheit – I've been using Contour Threads for only nine months, and patients are happy with the effects they see nine months after treatment. With Aptos Threads, the effects have lasted up to a year and a half



Before Tx

After Contour Threads Tx

Photos courtesy of Gary Monheit, M.D.

in the brows and jowls. The shortest lasting results were in the neck.

Dr. Mandy – None of my first four patients have shown a drop in correction nine months after the first two (post treatment) weeks.

Dr. Kaminer – In my experience, what patients get at three months is stable for up to seven months. I feel comfortable from the science I've seen, not from the Contour Thread people, but from other threads, that what I see at six months will be there for a while.

What future indications do you envision for Contour ThreadLifts?

Dr. Mandy – It's certainly conceivable to use Contour Threads for ptosis of the breasts. Other indications could include sagging of the arms and buttocks. As we become more experienced, we'll find applications for the threads that we haven't even thought of. There's lots of potential for these threads for reconstructive work. Used alone or in combination with other modalities, Contour ThreadLifts add depth to a practice because they significantly increase our ability to correct with minimal invasion.

Dr. Giampapa – The same type of suspension suture will be used for the breasts and buttocks, and maybe even along the abdominal areas. Suspension sutures will become a mainstay of every cosmetic surgeon's practice over the next five to seven years.

Dr. Monheit – In the future we will see a dissolvable Contour Thread. That will be nice because over a period of three to four months, a collagen or scar band forms over the thread which then takes over the hold

and continues to support it. Research is going on for a breast lift with threads and possibly a buttock, arm, or thigh lift. But the thread has to be different; the biophysics have to be worked out.



Malcolm Paul, M.D., FACS

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Dr. Paul – It will take a lot of material strength to do a breast or thigh lift with threads because the tissues are too heavy. But a small amount of elevation in the breasts might be possible. I think it's going to be facial, mostly midface and central face, because the tissues are thicker and you don't see the threads; there's more margin for error.

Dr. Kaminer – Breasts are probably easy to reposition. You just need longer instruments.

Dr. Schlechter – I continue to use Contour ThreadLifts in facial procedures. I've also been studying the use of Contour Threads in non-facial areas of cadavers. Although the results look promising, it's too early to comment.

Dr. Ruff – We'll probably go for the breast next and see how the thread lift works. Since we can put barbs on any kind of monofilament we've found thus far, we could use huge threads or make very fine threads possibly for arterial bypass surgery or eye surgery.

Dr. Mulholland – For the face, more indications will be found for adjunct, diffuse, and open procedures; stabilizing deep tissues; and stabilizing the skin over endoscopic lifts. In Canada we've seen breast lifting and thigh lifting, which I think will eventually be cleared in the U.S. ■