Absorbable Sutures and Lifting Techniques

Absorbable Suture Suspension of the Face: Where is the Evidence?

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In the past, the facelift was considered gold standard in achieving SMAS plication. However, in current times, an increasing number of patients state they would never have a facelift. Many patients are searching for near surgical results without the downtime, which has proven to be highly variable with surgery. Absorbable suture suspension is a technique that utilizes vector movements at the SMAS to anchor the midface and achieve results that approach surgical quality.

The Science of Absorbable Sutures

Use of traditional barbed suture has many downsides: they are non-absorbable and often result in sharp points that irritate the dermis; unidirectional and often require overcorrection. Absorbable suture suspension addresses many of these issues as they are made of complex sugar, bidirectional, and typically have 8 cones with a surface area that is 9x greater than traditional barbed suture, which gives an anchoring or parachute effect that is deep to the dermis at the retaining ligament anatomy. From an anatomical standpoint, fat is separated by the retaining ligament anatomy and should be the anchoring point to achieve a great lifting result. A study published in the Aesthetic Surgery Journal had blinded investigators assess 100 patients over a 7-month time frame whom on average had 5 absorbable sutures placed mainly to the mid face. Results boasted a 79% satisfaction with the achieved rejuvenation.

Additionally, the majority of the patients (96%) found the procedure tolerable. Lifting of the midface (ideal treatment target) also provides a rejuvenate effect of the periocular area. Difficult to improve area remains to be the jawline, which typically poses a challenge. Patients who receive touch ups, free of cost, seem to focus on this challenging area. Results with absorbable suture suspension can be nicely augmented with radiofrequency and fillers.
Absorbable suture suspension technique provides longevity via neocollagenesis, despite much critique that the results only last 1 to 1.5 years. Dr. Few indicates he has performed over 1000 cases and has achieved high patient satisfaction with retention of enhancement noted at 26 months. In fact, a 2-year evaluation of 100 patients indicated a greater than 80% satisfaction with rejuvenating results. The study indicated that at 2 years out from placement of absorbable sutures, older patients (approaching 70) considered surgical enhancement, middle aged patients (average age of 58) repeated the procedure, while younger patients (average age of 46) indicated persistence of results.

More research is needed on absorbable suture suspension. Dr. Few concludes that he believes this technique is here to stay.