

Case Report

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**Covas-Lift: Facial Enhancement**

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**Abstract**

**Objective:** 1) Describe our results as a new surgical option in facial enhancement 2) Establish the indications and steps in the procedure 3) Show before and after results

**Method:** From March 2010 until October 2016 we analyzed 647 successive cases performed in our surgical department.

**Results:** In 157 cases were only with threads pull up (37 men and 120 women), 490 cases performed with complete technic. The duration of surgery decreased a half of time compared to the classic Rhytidectomy. Only 1 patient had a nerve branch with successfully solved in few weeks, other patient had a hyperchromia post peeling, which was treated and resolved.

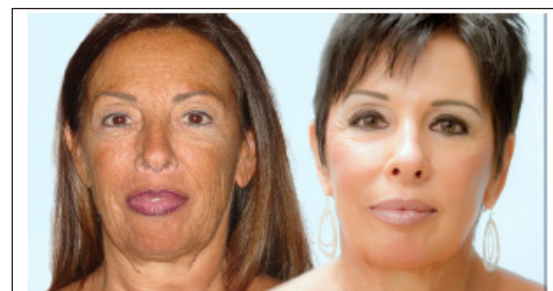
**Conclusion:** Covas-Lift can be considered as a new facial surgery option in facial rejuvenation and enhancement. The benefits and advantages of this technic decrease risk of nerve lesions, hematoma, big scars, alopecia and long recovery time. The results were amazing and of great satisfaction to patients.

**Introduction**

Facial rejuvenation procedures have evolved significantly since they were first performed at the beginning of the 20th century. New techniques of Rhytidectomy and other procedures focus on providing natural facial rejuvenation, durable results, fewer complications, and reduced morbidity.

Covas-Lift is a new technique for facial rejuvenation and enhancement; it is an innovative technique, ideal to any type of people, both for men or women even at an early age. It consists in an integration of surgical and non-surgical procedures in order to reposition the fallen tissues and give to the skin a complete renovation, observing immediately an amazing change and giving naturalness and beauty to the face.

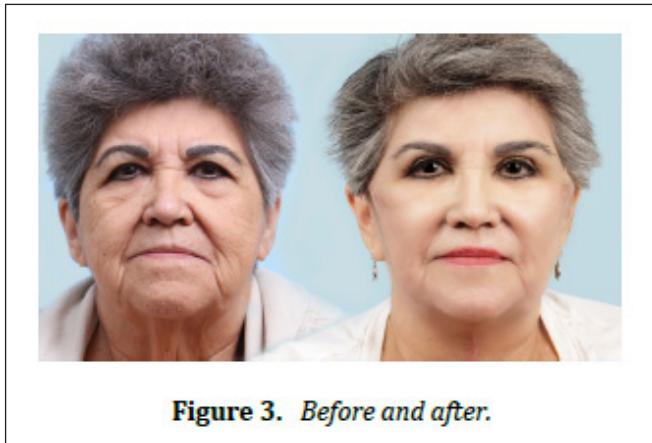
Talking about Covas-Lift is to refer us the “new era in facial rejuvenation and enhancement”. Compared with other procedures like Facelift, Endoscopic Facelift and S-Lift it is safer than the others, since it is a complex technique and at the same time very practice as well. With the help of some creams, peeling and threads you achieve really satisfactory results to the patients.



**Figure 1. Before and after.**



**Figure 2. Before and after.**



**Figure 3. Before and after.**

This technique is surgical because it can be combined with other procedures, in order to get even more visible and significant results, such as blepharoplasty, rhinoplasty, neck liposuction and bichectomy, among others; and it is non-surgical technique because combined with deep peeling application (key of Covas-Lift) you achieve peerless results.

The preparation of the skin of the patient it is important and vital because it is the 50% of the success of our procedure. The time of skin preparation is four (4) to six (6) weeks. Stop using creams one week prior to procedure.

The posterior care treatment it is simple. The application of the after treatment cream is necessary once peeling phase is concluded, since it guarantees us a skin hydration as it should be. Recover time of this procedure is relatively short keeping up with the medical indication.

## Materials and Methods

The prospectively collected data of 647 patients in 6 years who had undergone through facial enhancement were reviewed for postoperative complications and aesthetic results. All patients, which their age amount was of 50 years old, were reviewed underwent the same procedure.

### Procedure in Detail

The patients are taken to photograph since the first consultation (Figure 4) for clinical history and assessment.

Preparation of the skin begins since the first day for four (4) to six (6) weeks before the procedure with antipigment creams (night care cream) in order to prevent black spots in the skin. During the day, the days care cream (moisturize cream) and sunscreen 50% every three hours. The patient must discontinue the application of these anti-pigment creams one-week prior to the surgery in order to prevent a serious damage in the peeling process.

In a sitting position, the vectors in the face of the patient are marked (Figure 5); if we are going to do an additional surgery we mark it at the same time.

The patient is taken to the operating room; we use general anesthesia with SEVORANE® and local anesthesia with Xilocaine 2% plus epinephrine, plus one ampule of adrenaline and we wait for 20 minutes. Prior to this we clean the surgical area with Microdacyn® (antiseptic).

The 4 procedures that are done on

### Covas-Lift are

1.- Sub-periosteal mid face-lift:

Intraoral incision (CADWELL LOOK Approach) (Figure 6) and detach the tissue till the zygomatic arch (Figure 7).



**Figure 4. Photographs taken to the patient.**

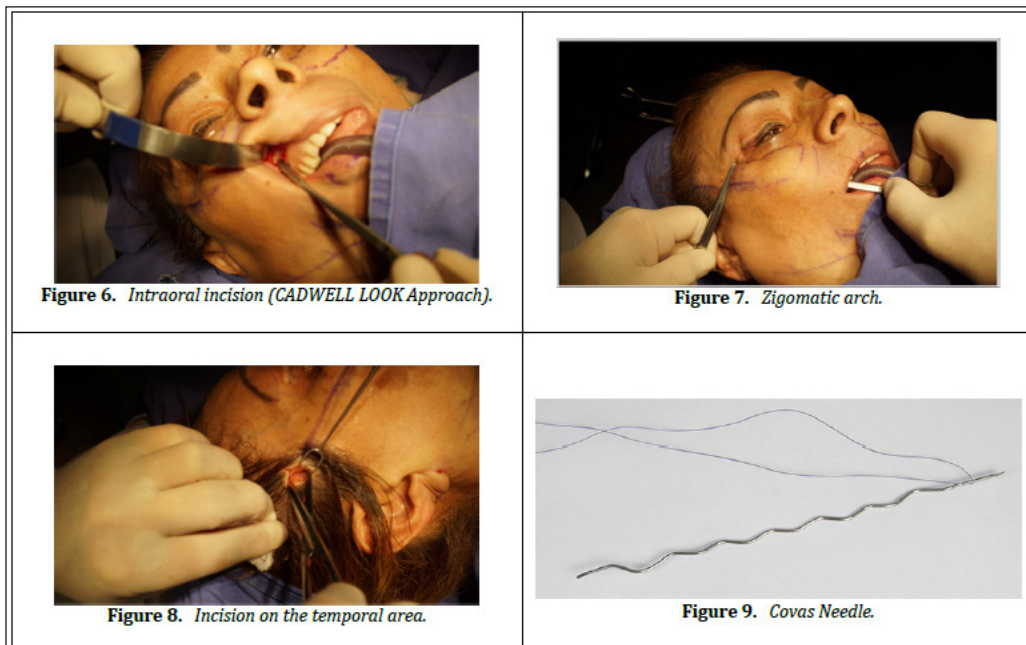


**Figure 5.** Vectors marked in the face of the patient.

2.- Suspension threads: Then we do an incision on the temporal area a 3 cm long (Figure 8), and we go to the deep temporal galea, where a non-absorbable suture is placed to lift the malar tissue, with a innovative 18-cm long curved double-beveled needle (COVAS NEEDLE) (Figure 9), bearing a tiny sliding hole where a 2/0 non absorbable suture may be anchored, so this creates suspension loops (Figure 10) and we use as much as the patient needs. The

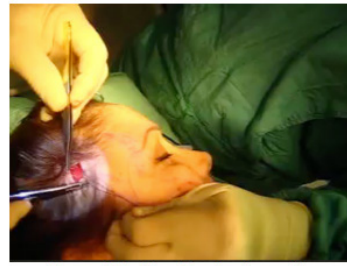
suture is anchored to the deep galea in the temporal area (Figure 11) and this provides more tissue support.

3.- Fat transfer: We harvested the fat from any part of the body (Figure 12) and we placed it in preoperative marked areas (Figure 13) to increase volume. We also do the Nano graft in the tear trough (Figure 14).





**Figure 10.** *Creating suspension loops.*



**Figure 11.** *Suturing the deep galea.*



**Figure 12.** *Fat.*



**Figure 13.** *Fat transfer.*



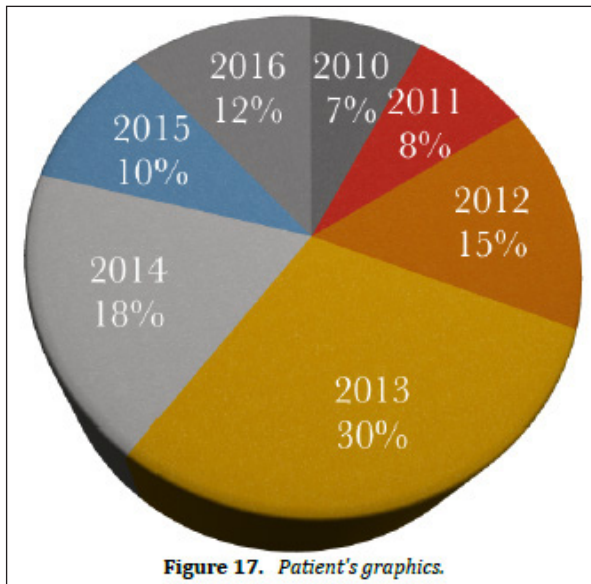
**Figure 14.** *Nanograft.*



**Figure 15.** *Croton peel.*



**Figure 16.** *Patient with Nexcare<sup>®</sup> tape.*



**Figure 17. Patient's graphics.**

4.- Peeling: The skin was prepared 6 weeks before the procedure with the night care cream based in retinol and hydroquinone. The peel that we use it is based on the Hetter peel (Figure 15), a very low percentage of Concentration is used (0.125) on all the face; applied with a soft gauze till you see the frost sign, then a Nexcare® tape is placed over the face for five (5) days (Figure 16).

**Postoperative Care**

Postoperatively, the patient is placed into elastic compression garment of the double chin, to minimize edema. Nexcare® tape is placed on the face and it is removed at the fifth day. They are put in a semi-fowler position, then we give them a moisture cream for one week, they start to peel and we recommend a sunscreen FPS 50+, no less than that, every 3-4 hours by 2 months, no make-up, no spray on hair, no perfume and stay out of the sun.



**Figure 19. Big scar.**



**Figure 20. Alopecia.**



**Figure 18. Hematoma.**



**Figure 21. Necrosis.**

**Discussion**

Much debate exists regarding facial enhancement techniques. The literature is inundated with multiple techniques, with each author providing insight into which techniques he or she feels provides the greatest degree of facial rejuvenation. The face-lift surgeon must realize that each patient presents a different challenge; therefore, the surgeon must possess a vast armamentarium of facial rejuvenation procedures in order to have consistent success.

**Results**

This study includes 647 cases over a 6-year period that were performed utilizing the of Covas-Lift technique (Figure 17). The average age of the patient was 58 years (ranging from 38 to 86). The maximum follow-up period was 24 months and the minimum 6 months. The mean followup period was 12 months.

Since beginning the technique in 2010, 157 patients only threads (37 men, 120 women), the rest of the patients have been combined with fat transfer or other surgical procedure.

The four qualities of a favorable technique include procedure reliability and reproducibility, ease of learning, short operative time, and safety of technique with fewer complications compared with classic rhytidectomy and other invasive techniques like hematoma (Figure 18), nerve lesions, big scars (Figure 19), alopecia (Figure 20), necrosis, etc.

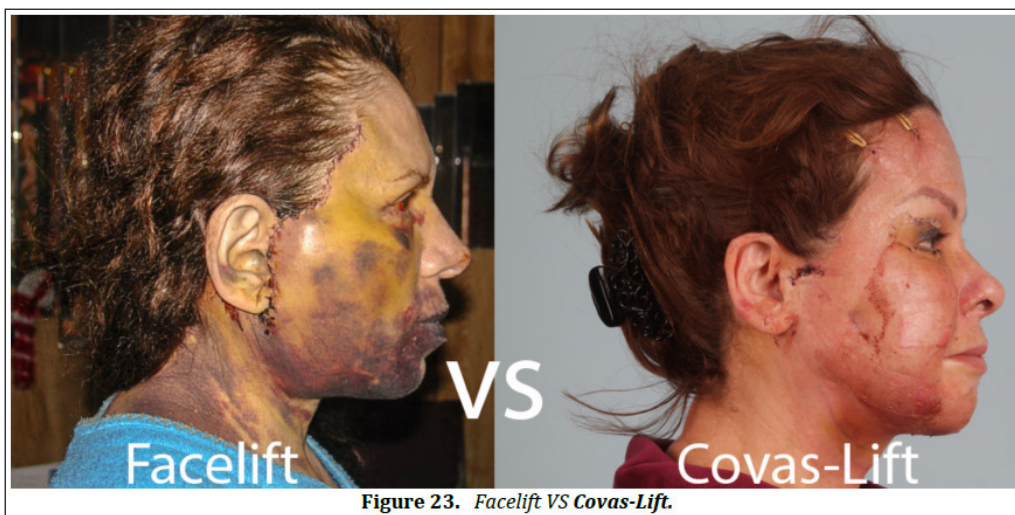
Rare but in early stages of the surgery some asymmetry or distortion can happen. Complications with Covas-Lift procedure would include nerve branch or vascular damage causing bleeding, soft tissue damage, cheese wiring (Figure 22) and infection. Anyway, the patients who had their procedure since expressed a moderate to high satisfaction.

**Conclusion**

Repositioning of the tissue is the key to the enhancement, plus the peeling that makes a difference of 50%. Compared with other procedures, Covas-Lift has a lot of advantages: very smaller scars, the nerve is preserved, minimal bleeding, the time of patient's recovery is faster and the surgery time is really shorter. Meanwhile



**Figure 22.** Cheese wiring.



**Figure 23.** Facelift VS Covas-Lift.

**Evolution of the Covas-Lift Procedure (Figure 24).**



**Figure 24. Evolution of the Procedure.**

**Before and After**



**Figure 25. Results of Covas-Lift (one year and three later).**



**Figure 26. Before/After (a year later).**



**Figure 27.** *Before/After (three months later).*



**Figure 28.** *Before/After.*

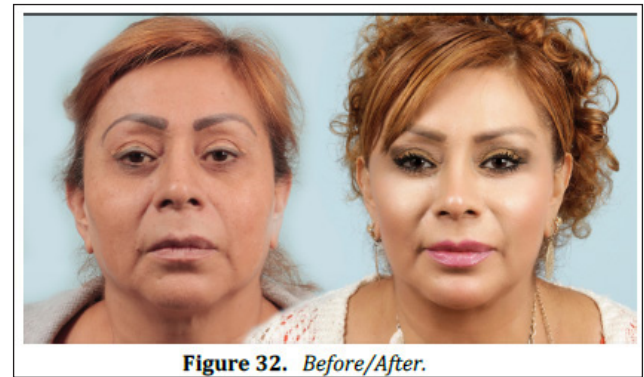


**Figure 29.** *Before/After.*



**Figure 30.** *Before/After.*





Facelift produce long scars, Covas-Lift procedure only needs an incision of 3 cm in length (Figure 23-Right side). Also, an Endoscopic Facelift surgery time is around of 5 or 6 hours but with Covas-Lift it has a duration of 2 hours, which means a time saving of 67%. Additionally, Facelift has an elevated probability to provoke severe hematoma in the patient (Figure 23-Left Side). In the other hand, Covas-

Lift only produces a minimal bleeding. This technique can be used in any patient seeking look younger with naturalness and lasting rejuvenation without the suggestion of an “over pulled” look.

We describe the Covas-Lift as a minimally invasive procedure, and the importance of the midface liftis part of the facial contouring and support system, which uses a double beveled needle 18 cm long, curved and a tiny, sliding carriage to which a 2/0 Ethibond suture my be anchored. We use it to create suspension loops, which are anchored to temporalis fascia, and reach the midfacial fat pads after doing a subperiosteal midface, so we can have a better support of the deep tissue.

In Figure 23 you can compare the effects of both procedures 5 days after the surgery. As you can see, one of the complications of the Facelift it is a hematoma, big scars and recovery time is longer.

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