ESSENTIALS OF THREAD LIFT TREATMENT

CBAM Aesthetic Mastery Series



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Dr. Akef is board certified by the College of Family Physicians of Canada in both Family and Emergency Medicine. Additionally, he is deeply involved in interventional pain practice cooperation for the treatment of Migraines, chronic pain, TMJ, Myofascial pain, and Fibromyalgia. He is a leading cosmetic physician and an internationally recognized specialist in non-surgical cosmetic procedures.

Dr. Akef is dedicated to understanding his clients' concerns and creating personalized treatment plans that meet their needs and goals. He is committed to thoughtfully and strategically creating individualized combinations of leading, safe treatments that exceed client expectations. He is also the founder of Angel Gloss spa in Toronto, an established, leading destination for non-surgical cosmetic procedures for individuals seeking leading physicians with proven experience, the latest technology, and cutting-edge techniques.

Dr. Akef is actively involved in multiple training courses, webinars, and conferences all around the world, including prestigious international conferences such as IMCAS, AMWC, and Dubai Derma. He participates as a speaker at these events and is always looking to stay up to date with the latest developments in the field of cosmetic medicine.

Mohsen Talani is the Director of CBAM. He has over 18 years of experience teaching anatomy in Canada and internationally to students and healthcare practitioners in different fields of medicine such as physicians, dentists, nurses, chiropractors, and physiotherapists.

After graduating from medical school at a young age, he became a medical doctor in his home country, Iran, and practiced in the field of emergency medicine. While pursuing his Master's thesis in neuroscience at McGill University, he discovered his passion for teaching. Since then, he has been working in the field of medical science education, with a focus on anatomy.

He strongly believes that with the rapidly growing aesthetic industry, all practitioners should have a profound knowledge of skin basics, fat compartments, muscles, blood vessels, and nerves, in order to provide safe and effective care to clients and prevent or minimize post-treatment complications linked to lack of anatomy knowledge.

He is currently training healthcare practitioners who seek to have a deep knowledge of anatomy. He incorporates fun, innovative, and easy-to-understand methods of teaching in all of his classes, guest lectures, and presentations. Additionally, he supervises the cadaver lab dissections and hands-on practicals.



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Chapter 1:
Introduction to Thread Lifting



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1.1 Introduction to Thread Lifting

1.1.1 What is Thread Lifting?

Thread lifting is a **minimally invasive aesthetic procedure** that addresses facial and body skin laxity by **mechanically lifting soft tissues** and stimulating **collagen production** through the strategic placement of absorbable threads under the skin. The treatment provides a **natural-looking rejuvenation** without the need for surgical excision, extensive downtime, or general anesthesia. It serves as an intermediate solution between non-invasive treatments (like fillers and skin tightening devices) and surgical facelifts.



Fig1. Thread Lifting can cause collagen production in skin



Fig2. Thread Lifting is one of the innovative treatments for facial rejuventaion

This technique has become an essential part of modern aesthetic medicine, offering patients a safe, office-based procedure with visible yet subtle results. As newer thread materials and advanced techniques have evolved, thread lifting has transitioned from a controversial procedure to a widely accepted and evidence-based treatment modality.

Core Principles of Thread Lifting

1. Mechanical Suspension

Specialized threads—usually barbed, cogged, or cone-shaped—are introduced into the **subcutaneous fat layer** or **superficial musculoaponeurotic system (SMAS)** using a cannula or needle. The barbs or cones anchor into the tissue, and when traction is applied, the thread **lifts sagging skin**, restoring youthful contours in areas like the cheeks, jawline, and brows



Fig 3. Mechanical Suspension of the face through Thread lifting

2. Biostimulation

As the threads biodegrade, they induce a **controlled inflammatory response**, stimulating **fibroblasts** to produce new collagen (types I and III), elastin, and hyaluronic acid around the thread tracks. This response continues even after the thread is absorbed (over 6–18 months, depending on the material), leading to:

- Firmer skin
- Improved elasticity
- Enhanced hydration and dermal density

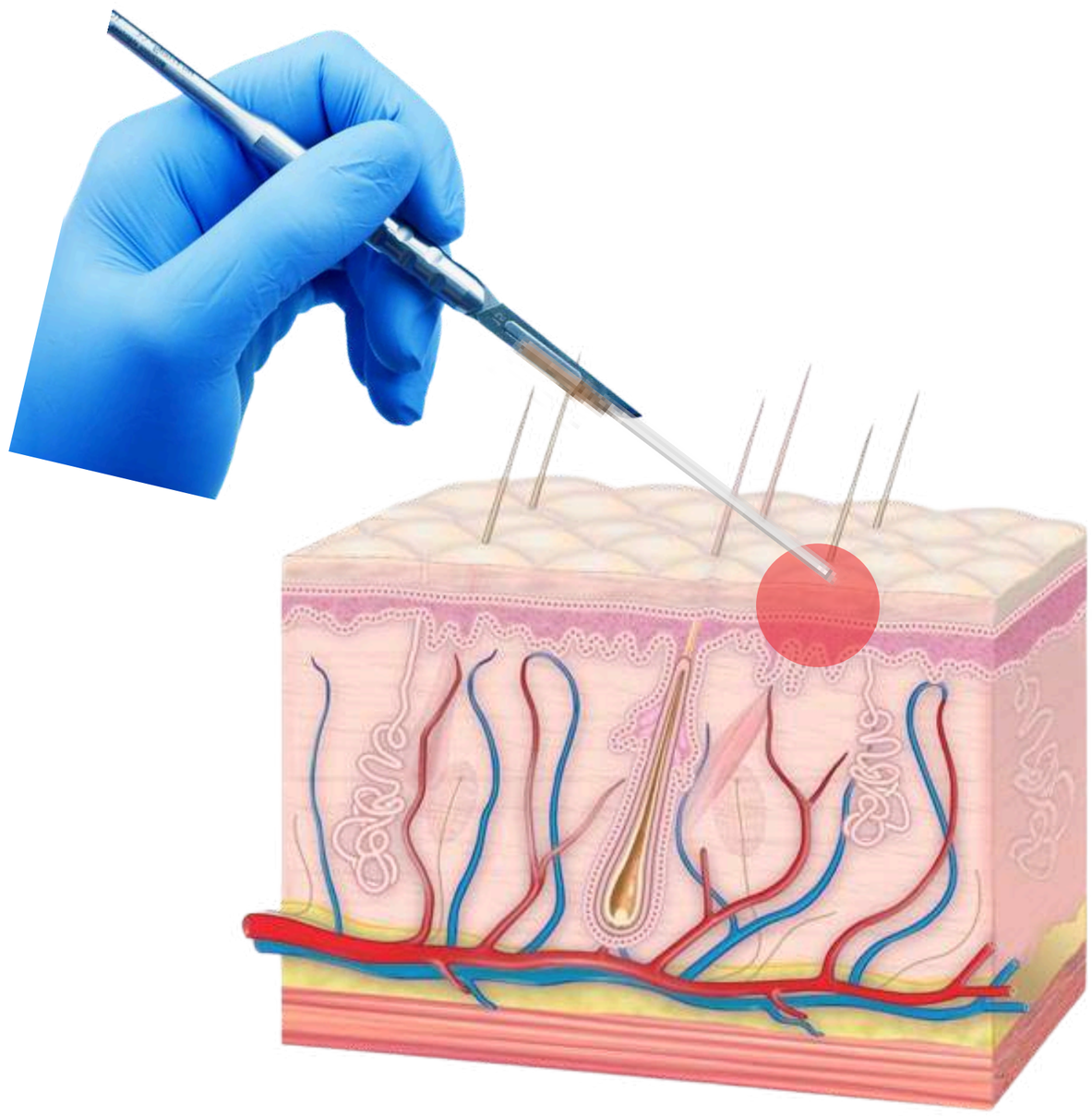


Fig 4. Inflammation Caused by Thread lifting leading to skin rejuvenation

Thread Lifting Materials

The threads used today are **absorbable** and made from **biocompatible polymers**, which gradually break down and are resorbed by the body:

Material	Absorption Time	Biostimulatory Effects
PDO (Polydioxanone)	6–8 months	Moderate collagen stimulation
PLLA (Poly-L-Lactic Acid)	12–18 months	High collagen stimulation
PCL (Polycaprolactone)	18–24 months	Strong biostimulatory and elastin-inducing effects

Table 1. Comparison between different types of Threads and their Absorption time and Bio-stimulatory Effects

Each material has specific clinical indications based on the desired **longevity**, **lifting power**, and **degree of skin rejuvenation**.

Clinical Applications

Thread lifting is suitable for both the **face** and **body**, and has applications in the following areas:



Face:

- Midface ptosis
- Nasolabial folds and marionette lines
- Jawline definition (jowls)
- Neck laxity
- Brow ptosis (“fox eye” or cat eye lift)
- Periorbital area



Body:

- Loose skin in arms (bat wings)
- Abdomen
- Inner thighs
- Buttocks lift
- Knees
- Breasts



Fig 5. Thread lifting can be used in body conturing

Advantages Over Surgical Facelifts

Thread lifting offers several benefits compared to more invasive options:

- Threads are placed along predetermined vectors to restore youthful orientation of soft tissues.
- This repositioning corrects gravitational descent and contour irregularities

Aspect	Thread Lift	Surgical Facelift
Invasiveness	Minimally invasive	Highly invasive
Anesthesia	Local	General or sedation
Scarring	Minimal (needle entry points)	Incisions required
Downtime	1–3 days	2–4 weeks
Results	Subtle and natural	Dramatic, longer-lasting
Cost	Lower	Significantly higher

Table 2. Comparison between Thread Lifting and Surgical Facelifts

This makes thread lifting an **attractive option for patients in their 30s to 50s** who are not yet ready for surgery or are looking for a lighter intervention with faster recovery.

Mechanism of Action

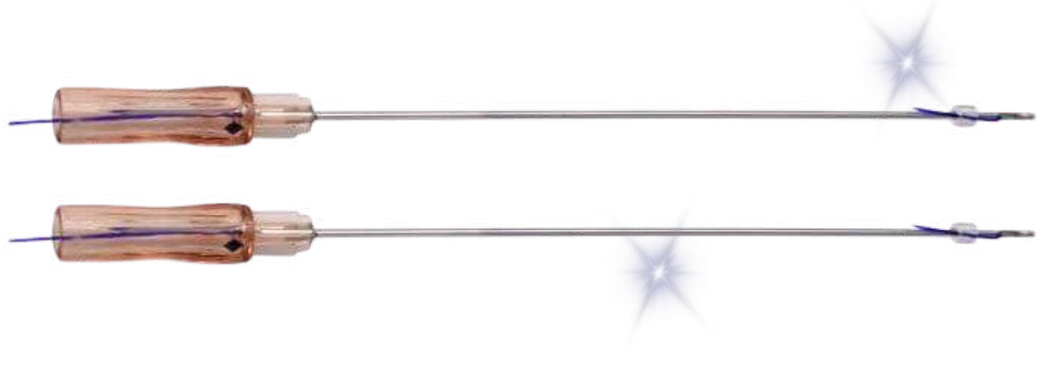
The dual mechanism behind thread lifting makes it unique among aesthetic treatments:

Immediate Lift

- Achieved by the mechanical traction of barbed or cogged threads.

Delayed Regeneration

- Fibrotic encapsulation occurs along the thread path, laying down collagen.
- The healing process improves dermal quality, tightens the skin, and enhances long-term results.
- TGF-β (Transforming Growth Factor Beta) and other cytokines play a role in this neocollagenesis.



Limitations and Considerations

While effective, thread lifting is not suitable for all patients

- Patients with **excess skin** or severe tissue descent may not achieve satisfactory results and should be considered for surgery.
- Thread lifts provide **temporary** improvements; results typically last 12–24 months depending on material and technique.
- The procedure requires **high precision**, knowledge of anatomy, and good patient communication to minimize complications and maximize satisfaction.
- Threads are not designed to **remove** skin, only to reposition it.

Setting the Foundation for Modern Thread Lifting

As thread lifting continues to evolve from a niche procedure to a mainstay of aesthetic practice, its clinical relevance cannot be overstated. Understanding the **mechanism**, **materials**, **clinical applications**, and **limitations** of this technique is essential before proceeding to advanced protocols.

In the chapters that follow, we will explore the tools, patient selection strategies, anesthesia techniques, vector planning, basic and advanced lift techniques, and how to combine thread lifting with other aesthetic modalities for optimal results. Whether you are incorporating threads into your practice for the first time or refining an existing technique, a deep understanding of these foundational principles will ensure better outcomes, safer procedures, and more satisfied patients.

Let's now begin the journey into the practical, anatomical, and technical aspects of modern thread lifting.



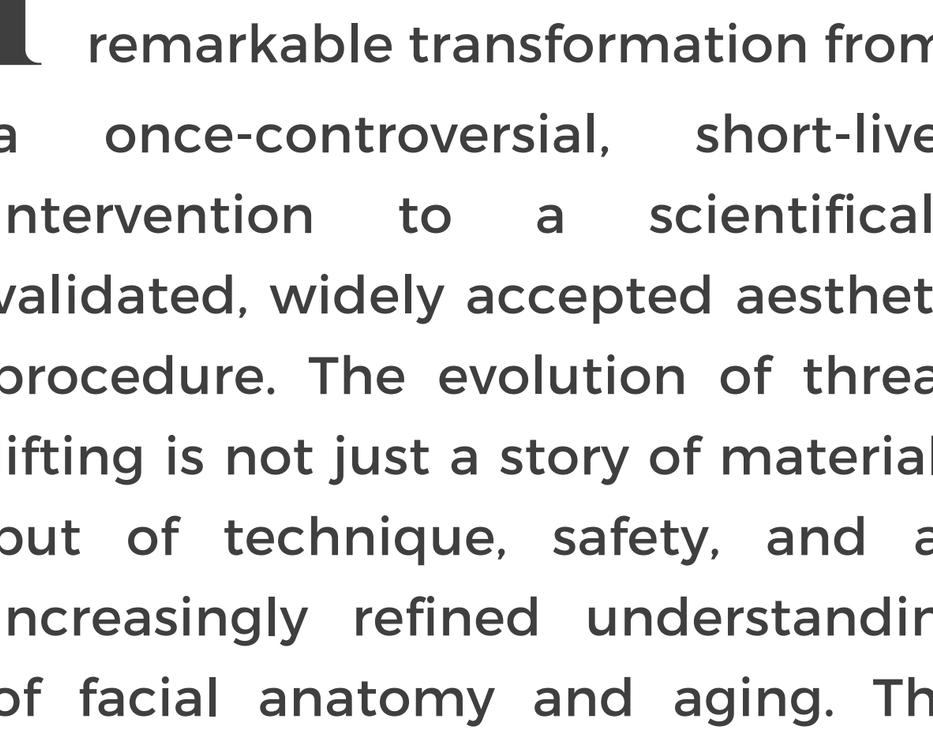
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1.1.2 History of Thread Lifting

Thread lifting has undergone a remarkable transformation from a once-controversial, short-lived intervention to a scientifically validated, widely accepted aesthetic procedure. The evolution of thread lifting is not just a story of materials, but of technique, safety, and an increasingly refined understanding of facial anatomy and aging. This section explores the historical development of thread lifting—from its early experimental beginnings to today's modern, absorbable, multi-vector approaches.



Early Origins: From Gold Threads to Barbed Sutures

The concept of inserting threads under the skin for rejuvenation can be traced back to the **1970s**, when **gold thread therapy** was used in Europe and Russia. Thin, non-



Fig 1. Gold Thread Therapy was one of the first concepts of Thread Lifting tracd back to 1970s

absorbable gold filaments were inserted into the dermis, with the belief that they would stimulate collagen production and improve skin tone and firmness. While this procedure showed minimal lifting and variable success, it laid the groundwork for future thread-based rejuvenation.

The **first true "thread lift"** technique was introduced in the **late 1990s** by **Dr. Marlen Sulamanidze**, a Georgian plastic surgeon, who developed the **Aptos Thread**—a permanent, non-

absorbable polypropylene suture with barbs designed to grip the tissues and lift sagging facial structures. This marked a significant advancement, as the barbs provided **mechanical traction**, eliminating the need for surgical skin excision.
Though innovative, early techniques had limitations:

- Threads were non-absorbable, increasing the risk of complications like extrusion and infection.
- Placement lacked consistency and was often too superficial or too deep.
- Results were short-lived or asymmetrical without proper anatomical planning.

Despite these issues, Aptos threads sparked global interest and inspired more research into safer, longer-lasting materials and improved methods.

2000s: Introduction of Barbed Threads and First U.S. FDA Approvals

The early 2000s saw rapid evolution in thread technology. Several barbed suture systems entered the market, including:

- **Contour Threads® (U.S. FDA-approved in 2005):** Transparent polypropylene barbed sutures inserted through small incisions.
- **Endo Progressive Threads:** Introduced by Dr. Gregorio Isse, used for deep tissue suspension.
- **Silhouette Lift®:** Incorporated bidirectional cones instead of barbs for tissue anchoring.

These early systems primarily used **permanent materials**, leading to **foreign body reactions**, **patient dissatisfaction**, and **complications** like palpable knots and thread migration. As a result, thread lifting briefly declined in popularity in Western countries around 2007–2009.



Fig 2. The permeant materials used in early threads led to foreign body reaction and complications.

2010s: Emergence of Absorbable Threads and Korean Advancements

Thread lifting regained its momentum with the **introduction of absorbable sutures**, particularly **PDO (polydioxanone) threads**, developed and popularized in **South Korea**. Originally used in cardiovascular and orthopedic surgery, PDO threads were found to be biocompatible and safe for aesthetic use.
Key developments included:

- **Monofilament threads** for skin tightening and collagen stimulation.
- **Barbed/cogged threads** for mechanical lifting of tissue.
- **Screw and twin threads** for volume and tightening in fine lines.



Fig 3. Introduction of absorbable sutures was first developed and popularized in South Korea

This wave of innovation made thread lifting more appealing to a global audience:

- Threads now **dissolved over 6–18 months**, reducing long-term complications.
- Minimally invasive procedures could be performed in-clinic without major downtime.
- Techniques were refined with better **vector planning** and deeper placement into the **SMAS layer**.

Korean and European practitioners helped develop protocols for patient selection, thread types, and combination therapies (e.g., with fillers, Botox, and energy devices).

2020s: Advanced Techniques, Hybrid Materials & Global Acceptance

The current decade has seen the integration of **advanced thread materials**, techniques, and a more nuanced anatomical approach. In addition to PDO, newer materials like **PLLA (poly-L-lactic acid)** and **PCL (polycaprolactone)** have emerged. These offer:

- **Stronger lifting capacity**
- **Longer biodegradation timelines** (up to 24 months)
- **More robust collagen and elastin stimulation**

- **Layered techniques** placing mono threads superficially and cog threads deeper for lifting + texture improvement

Era	Key Milestone	Material	Limitations
1970s	Gold thread therapy	Gold	Weak lift, limited collagen effect
1990s	Aptos barbed threads	Polypropylene	Non-absorbable, migration risk
Early 2000s	FDA-approved barbed threads	Polypropylene	Variable outcomes, complications
2010s	Korean PDO threads	Polydioxanone	Safer, biocompatible, absorbable
2020s	Advanced PLLA/PCL threads	PLLA, PCL	Stronger lift, longer duration

Table 1. Summary of Threads History

Modern barbed threads come in **unidirectional, bidirectional, and molded designs**—offering enhanced grip and allowing precise tissue repositioning without the trauma caused by earlier cutting threads.

Additionally, techniques have matured:

- **Multi-vector approaches** using multiple threads for natural contouring
- Combination with fillers for volume restoration

Professional training, digital planning tools, and ultrasound-guided thread placement have also improved outcomes and reduced complications.

Thread lifting is now included in:

- International aesthetic medicine board exams
- Accredited fellowships and CME courses
- Clinical guidelines for non-surgical facial rejuvenation

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1.1.3 Differences Between Thread Lifting and Surgical Facelifts

As aesthetic medicine evolves, practitioners and patients alike are often faced with the decision between **minimally invasive thread lifting** and the more traditional **surgical facelift**. While both aim to rejuvenate the face, restore youthful contours, and correct sagging, they are fundamentally different in terms of **technique**, **depth of treatment**, **recovery time**, **risks**, and **outcomes**. Understanding these differences is critical when guiding patients through the consultation process and selecting the most appropriate treatment.

1. Techniques and Tissue Depth

- **Surgical Facelift (Rhytidectomy):**

A facelift is a comprehensive surgical procedure that typically involves the **dissection and elevation of the SMAS layer**, **removal of excess skin**, and **repositioning of deep facial tissues**. Depending on the type of lift (e.g., SMAS, deep-plane, mini-lift), the surgeon may adjust muscles, ligaments, and connective tissues for more dramatic, long-term improvements.

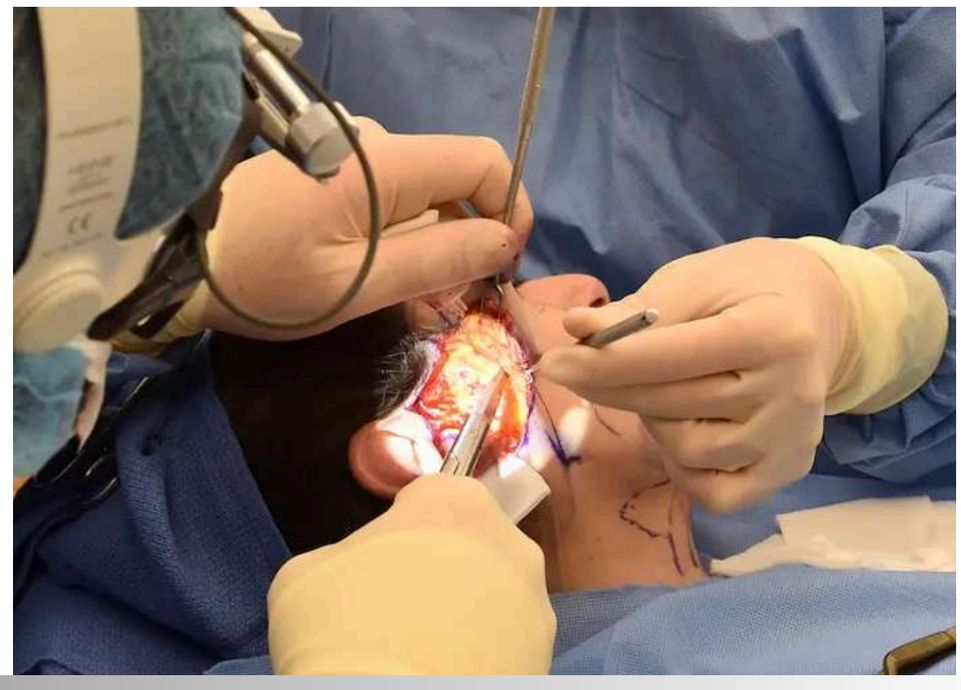


Fig 1. Surgical Facelift (Rhytidectomy)

- **Thread Lifting:**

In contrast, thread lifting is **minimally invasive** and does not require general anesthesia or tissue excision. Threads—often barbed or cone-based—are inserted using needles or cannulas into the **subcutaneous fat layer or superficial SMAS**. The lift is achieved by physically repositioning soft tissue and anchoring it along pre-planned vectors.

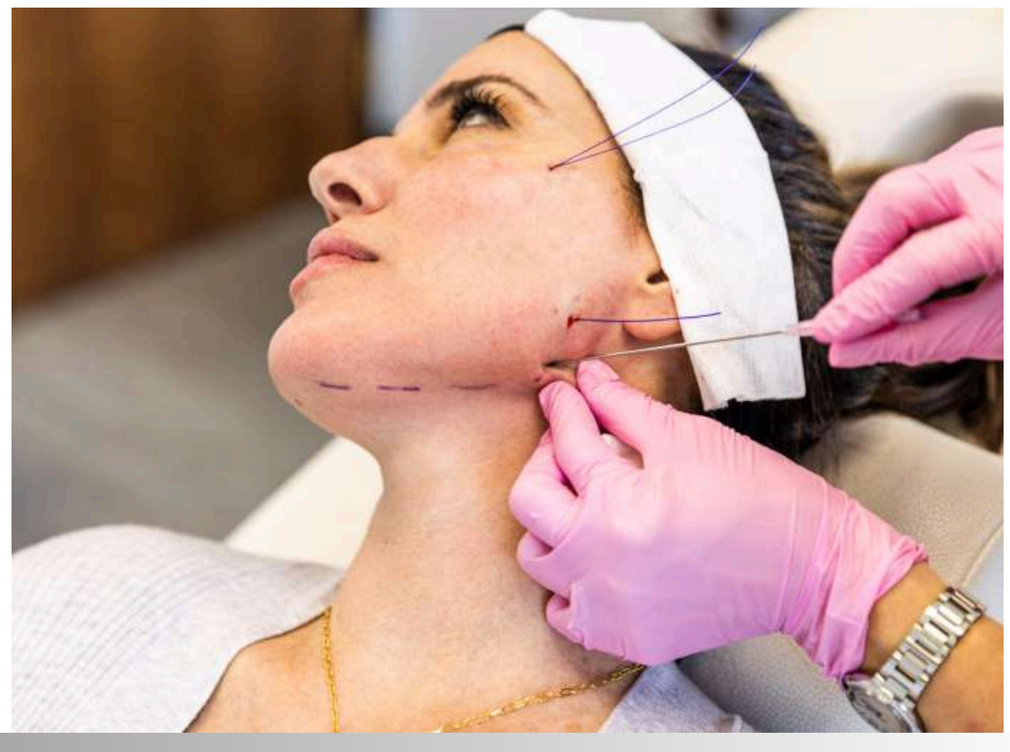


Fig 2. Thread Lifting

Aspect	Thread Lift	Surgical Facelift
Tissue Depth	Subdermal to superficial SMAS	SMAS and deep fascial layers
Tools Used	Cannulas, barbed sutures	Scalpels, sutures, retractors
Duration	30–60 minutes	2–4 hours
Anesthesia	Local	General or deep sedation

Table 1. A short comparison between Thread Lifting and Surgical Facelift

2. Downtime and Recovery

- **Surgical Facelift (Rhytidectomy):**

A facelift typically requires **2–4 weeks of recovery**, with sutures removed around day 7–10. Swelling and bruising can last up to several weeks, and patients are advised to avoid strenuous activity for about a month.

- **Thread Lifting:**

One of the biggest advantages of thread lifting is the **short recovery time**. Most patients can return to work and normal activities within **1–3 days**. Minor bruising, swelling, or dimpling at entry points may occur but usually resolves within a week.

3. Results and Longevity

- **Surgical Facelift Results:**
  - **Dramatic and long-lasting improvement**
  - Can correct **severe laxity, jowling, and deep nasolabial folds**
  - Results may last **7–10 years** or longer
  - Best for **advanced aging signs** in patients **50+**

- **Thread Lifting Results:**
  - **Immediate but subtle lifting** effect
  - Enhanced skin quality due to **collagen stimulation**
  - Lasts approximately **12–24 months**, depending on the material (PDO < PLLA/PCL)
  - Ideal for **mild to moderate laxity** and patients aged **30–55**

Result Area	Thread Lift	Surgical Facelift
Lift magnitude	Mild–Moderate	Moderate–Dramatic
Duration	12–24 months	7–10 years
Skin quality improvement	Yes (collagen stimulation)	Minimal
Correction of deep structures	Limited	Comprehensive

Table 2. A short comparison between Thread Lifting and Surgical Facelift, Lift Magnitude, Duration, Skin Quality Improvement, Correction of Deep Structures

4. Risk and Complications

- **Surgical Facelift:**
  - Hematoma, seroma
  - Facial nerve injury (temporary or permanent)
  - Scarring or skin necrosis
  - General anesthesia complications

- **Thread Lifting:**
  - Bruising and swelling
  - Temporary skin dimpling
  - Asymmetry or thread migration
  - Rarely: infection, extrusion, nerve irritation

While both procedures have their risks, **complication rates in thread lifting are significantly lower** when performed by trained practitioners under sterile technique. Thread lifts can also be **reversed or adjusted**, while surgical errors may require revision surgery.

5. Candidacy and Patient Expectations

Thread lifts are particularly appealing to **younger patients, busy professionals**, or individuals who want to **avoid surgery** but still desire visible improvement. They also work well as **preventative treatments** or **touch-ups** after prior facelifts.

Criteria	Thread Lift	Surgical Facelift
Ideal for	Mild to moderate sagging	Moderate to severe sagging
Age Range	30–55	50+
Medical fitness required	Low	High
Skin excess	Not addressed	Excised
Expectations	Subtle, natural lift	Dramatic rejuvenation

Table 3. A comparison between Thread Lifting and Surgical Facelift ideal Candidates

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1. Kaminer MS et al. Minimally Invasive Thread Lifting for Facial Rejuvenation: A Review of Techniques and Outcomes. Plast Reconstr Surg Glob Open. 2020. PubMed Link
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1.1.4 The Science Behind Thread Lifting

(Collagen Stimulation & Tissue Rejuvenation)

Thread lifting is more than a mechanical repositioning of soft tissues. Its **long-lasting aesthetic benefits** come largely from the **biological responses** triggered by the threads themselves. Understanding the **science of collagen stimulation** and **tissue remodeling** is essential for practitioners to appreciate the full value of thread lifting and to explain its effects clearly during patient consultations.

1. Biomechanics: Immediate Lift and Tissue Fixation

When inserted into the subcutaneous tissue or SMAS layer, **barbed or cogged threads** catch and hold onto the surrounding tissue. The lift occurs immediately when tension is applied and the tissues are physically repositioned. This mechanical effect:

- Reverses gravitational descent
- Restores youthful contours
- Creates visible improvements in sagging regions like the midface, jawline, and neck

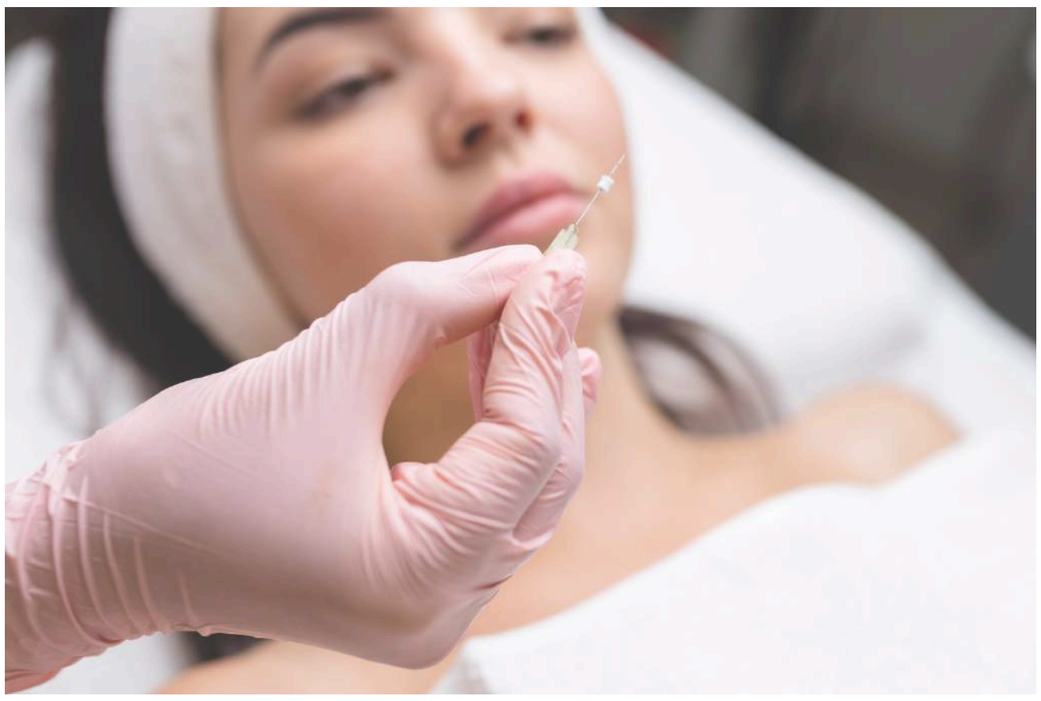


Fig 1. Barbed or cogged threads catch and hold onto the surrounding tissue, leading to Instant lift effect

This **instant lifting effect** is due to the anchoring of soft tissues on the barbs or cones, often fixed proximally to a firm base like the temporal fascia or zygomatic arch.

🧠 **Key Point:**
The lift is dependent on the **type** of thread, **barb** orientation, **vector** design, and **tissue density**.

2. Collagen Stimulation: The Biological Power of Threads

Once placed, the threads begin their **biological work**. Whether made from **PDO (polydioxanone), PLLA (poly-L-lactic acid), or PCL (polycaprolactone),** they trigger a **controlled inflammatory response**. This sets off a **cascade of regenerative cellular activity**:

- **Key Mechanisms:**

1. **Fibroblast activation**: Promotes collagen types I and III synthesis
2. **Neoangiogenesis**: Improves microcirculation and tissue oxygenation
3. **Elastogenesis**: Stimulates elastin production for better skin elasticity
4. **Hyaluronic acid synthesis**: Enhances dermal hydration and plumpness

As the threads gradually degrade (over 6–24 months, depending on the material), these processes remodel the surrounding extracellular matrix, leaving behind **a fibrotic collagen scaffold** that helps hold the lifted tissue in place.

3. Thread Material and Biostimulation Potential

Each thread material has unique properties that affect degradation rate, tissue response, and rejuvenation potential:

PLLA and PCL threads are more biostimulatory than PDO, and better suited for patients seeking **progressive long-term skin improvement** in addition to lifting.

4. Cellular and Molecular Effects

Cytokines & Growth Factors Involved:

- **TGF-β1 (Transforming Growth Factor Beta 1):** Stimulates fibroblasts and inhibits collagen breakdown
- **VEGF (Vascular Endothelial Growth Factor):** Promotes new blood vessel formation
- **PDGF (Platelet-Derived Growth Factor):** Stimulates dermal regeneration

The **localized trauma** from thread insertion also causes **micro-injury**, further enhancing wound healing responses. Over the course of several months, this activity results in:

Thread Material	Absorption Time	Collagen Stimulation	Additional Effects
PDO	6–8 months	Moderate	Some skin tightening, minimal elastin effect
PLLA	12–18 months	High	Strong neocollagenesis, mild volumization
PCL	18–24 months	Strong	Collagen, elastin, and HA production; longest effect

Table 1. Comparison between different types of Threads and their Absorption time, Bio-stimulatory Effects and Additional Effects

- Improved **skin texture and tone**
- Firmer and **more elastic skin**
- A smoother, more rejuvenated appearance

Even after the threads are fully absorbed, patients may continue to enjoy skin quality improvements due to the lasting effects of **collagen and elastin remodeling**.



Summary of Scientific Benefits

Effect	Timeline	Clinical Impact
Immediate Lift	Day 1	Tissue repositioning, facial contour enhancement
Collagen Induction	Weeks 2–12	Firming and tightening
Elastin & HA Synthesis	Weeks 4–16	Improved texture and hydration
Long-Term Skin Remodeling	Months 3–12	Smoother, more youthful appearance

Table 2. Timeline of Thread Lifting Effects on Skin

Refrences

1. Yoon JH et al. Tissue changes over time after polydioxanone thread insertion: An experimental study with pigs. J Cosmet Dermatol. 2020. PubMed Link
2. Savoia A et al. Outcomes in thread lift for facial rejuvenation. Dermatol Ther. 2014. PubMed Link
3. Woo KJ et al. Comparison of different types of absorbable threads for facial rejuvenation: A literature review. Aesthetic Plast Surg. 2022.PubMed Link



1.1.5 Key Benefits of Thread Lifting

Thread lifting has become a cornerstone of modern aesthetic medicine for a reason—it offers **visible**, **natural-looking** results with minimal downtime, low risk, and added skin rejuvenation benefits. While it cannot fully replace surgical facelifts in patients with advanced laxity, it provides a valuable option for patients seeking subtle lifting and tightening without the invasiveness of surgery.

This section explores the **key advantages** of thread lifting for both patients and practitioners.

1. Immediate and Visible Lifting Effect

One of the most appealing benefits of thread lifting is the **instant result**. As soon as the threads are inserted and traction is applied, sagging tissues are **mechanically lifted** along predetermined vectors. This immediate improvement:

- Restores contour to the cheeks, jawline, and brow
- Elevates drooping skin without surgical excision
- Enhances symmetry and definition



Fig 1. Thread Lifting has Immediate and Visible Lifting Effects

The visual "before-and-after" difference is noticeable even before collagen stimulation takes effect.

2. Progressive Skin Rejuvenation

Thread lifting doesn't just lift—it **revitalizes**. Over the weeks following thread insertion, the body mounts a **biological response**:

- **Fibroblasts** are activated
- **Collagen and elastin** production increases
- Microcirculation improves

This leads to:

- Firmer, more elastic skin
- Smoother texture and tighter appearance
- Improved hydration and dermal density

3. Minimal Downtime and Fast Recovery

Thread lifting is often referred to as a "**lunchtime lift**" because it can be performed in under an hour and patients can return to work or social activities the same or next day. Most recover with:

- Mild swelling and bruising for 2–5 days
- Minimal discomfort, manageable with OTC analgesics
- Small, invisible entry points that heal rapidly

Unlike surgery, no stitches, bandages, or general anesthesia are required. This makes it ideal for patients with **busy lifestyles** or those who **can't take extended time off**.



Fig 2. Thread Lifting is best for patients with busy lifestyles due to its minimally invasive nature and and short downtime

4. Non-Surgical and Low-Risk

Thread lifts are performed under **local anesthesia**, reducing the risks associated with general anesthesia or sedation. Additionally, modern absorbable threads are:

- **Biocompatible** (PDO, PLLA, or PCL)
- **Gradually resorbed** over 6–24 months
- **Rarely associated with serious complications** when used correctly

Common side effects (bruising, mild asymmetry, dimpling) are **transient and self-resolving**, while serious events (e.g., thread extrusion, nerve irritation) are **rare and manageable**.
Thread lifting is one of the safest in-office procedures when performed by trained professionals using aseptic technique.
Thread lifting is one of the safest in-office procedures when performed by trained professionals using aseptic technique.

5. Repeatable and Adjustable

Unlike surgical facelifts, thread lifting is adjustable over time:

- Additional threads can be added to enhance lift or correct asymmetry

- The procedure can be **repeated after 12–18 months** to maintain results
- Threads can be **removed or repositioned** if needed

This gives both the patient and practitioner **flexibility** in planning and customizing treatment over time, allowing for **gradual facial enhancement**.

6. Natural-Looking Results

A major benefit—and one often sought after by patients—is the subtle, natural result that thread lifting provides. Rather than producing the overly tight, "pulled" look associated with some surgical facelifts, thread lifts:

- Elevate tissues by only a **few millimeters**
- Restore youthful orientation of facial fat pads
- Avoid exaggerated changes in facial expression

The goal is a **refreshed, lifted appearance**, not a dramatic transformation.
You look like you—just more rested and defined." — a typical patient response

7. Complementary with Other Aesthetic Treatments

Thread lifting works synergistically with:

- **Dermal fillers:** For volume restoration in areas not lifted
- **Botulinum toxin:** To reduce dynamic wrinkles
- **PRP/PRF:** For enhanced skin quality
- **Energy-based devices:** To tighten superficial layers

This makes thread lifting a **versatile treatment** that integrates seamlessly into full-face rejuvenation protocols.

8. Broad Indications and Treatment Areas

Thread lifts can be used for more than just the face:

- Midface, jowls, brows, neck, nasolabial folds
- Fox eye or cat eye procedures
- Nose tip lift (non-surgical rhinoplasty)
- Body areas: abdomen, arms, thighs, knees, buttocks

This versatility expands the clinical value of thread lifting in aesthetic practices.

Refrences

1. Yoon JH et al. Tissue changes over time after polydioxanone thread insertion: An experimental study with pigs. J Cosmet Dermatol. 2020. PubMed Link
2. Woo KJ et al. Comparison of different types of absorbable threads for facial rejuvenation: A literature review. Aesthetic Plast Surg. 2022. PubMed Link
3. Savoia A et al. Outcomes in thread lift for facial rejuvenation. Dermatol Ther. 2014. PubMed Link



1.2 Understanding Facial Anatomy for Thread Lifting

1.2.1 Overview of Facial Aging & Structural Changes

Facial aging is a **multi-layered, multifactorial** process involving anatomical changes that affect every component of the face—from the **skin** and **subcutaneous fat** to **ligaments**, **muscles**, and even the **bone structure**. For practitioners performing thread lifting, a precise understanding of how aging impacts these layers is essential for **planning effective lift vectors**, choosing the **correct thread type** and **placement depth**, and ensuring **natural and long-lasting results**.

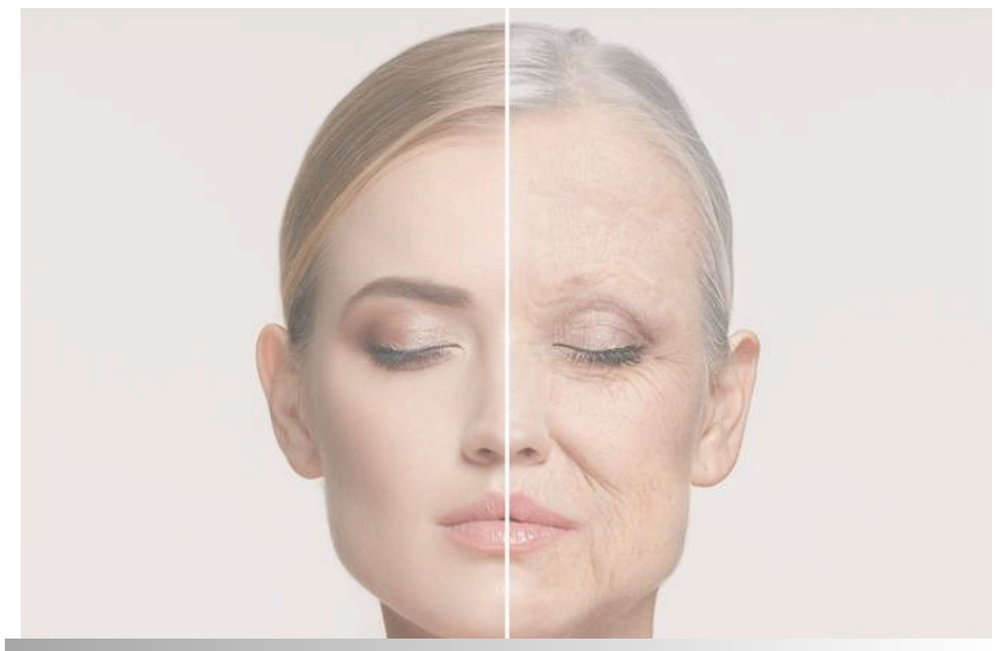


Fig 1. Facial Aging is a Multifactorial and Multilayered Process

1. Skin: The Outermost Barrier in Aging



Fig 2. Facial Aging involves anatomical changes that affect every component

As we age, the skin undergoes a series of **biological and structural changes**:

Changes in the Epidermis:

- **Thinning of the epidermal layer**, particularly in post-menopausal women
- Slower **cell turnover** and **reduced hydration**
- Loss of the protective barrier, leading to dullness and dryness

Changes in the Dermis:

- **Decreased collagen production** (mainly types I and III)
- Loss of **elastin fibers**, reducing skin recoil
- Degradation of **hyaluronic acid**, contributing to dehydration and loss of volume

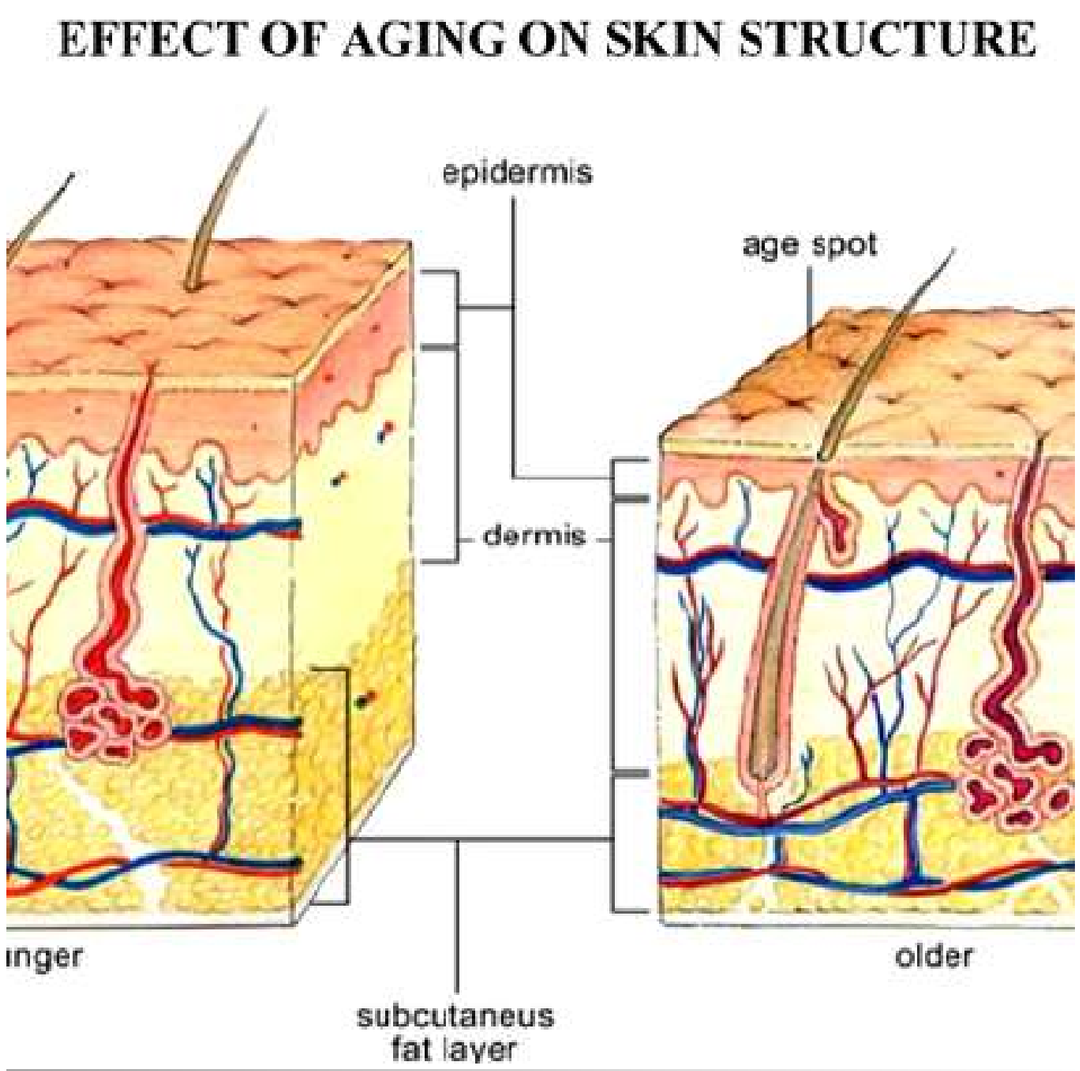


Fig 3. A diagram showing changes in the Epidermis and Dermis

These changes manifest as:

- Fine lines and wrinkles
- Reduced skin tone and elasticity
- A crepey appearance around the eyes, neck, and perioral region

Thread lifting supports aging skin by stimulating neocollagenesis and fibroblast activity, helping reverse some of these dermal changes.

2. Subcutaneous Fat Compartments: Volume Loss and Migration

The face is composed of **distinct fat compartments**, both **superficial** (above SMAS) and **deep** (below SMAS), each with separate vascularization and fibrous boundaries. As people age:

- **Volume Loss:**

- **Deep fat pads** (e.g., deep medial cheek fat) tend to **atrophy**, creating midface hollowness.
- Loss of volume in the **temples, tear trough**, and **chin** alters facial balance.

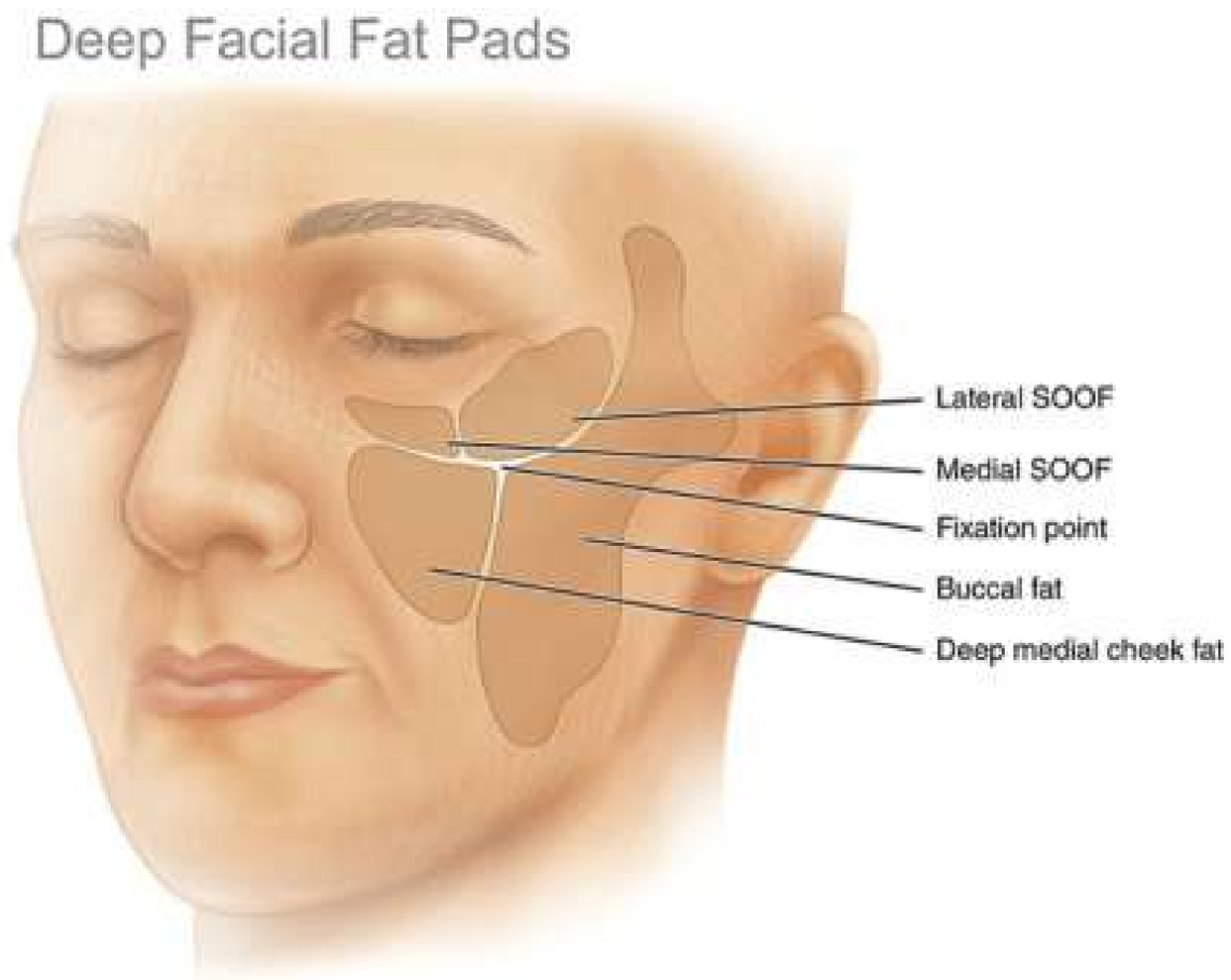


Fig 4. A diagram showing Deep Fat Pads

Fat Descent:

- Superficial fat pads such as the **malar, jowl**, and **nasolabial** compartments **descend** due to **gravity** and **ligament** laxity, contributing to the aged "**droopy**" appearance.

The result is a **redistribution of volume**:

- From the upper to the lower face
- From central to peripheral regions
- Resulting in the classic "i**nverted triangle of aging**"

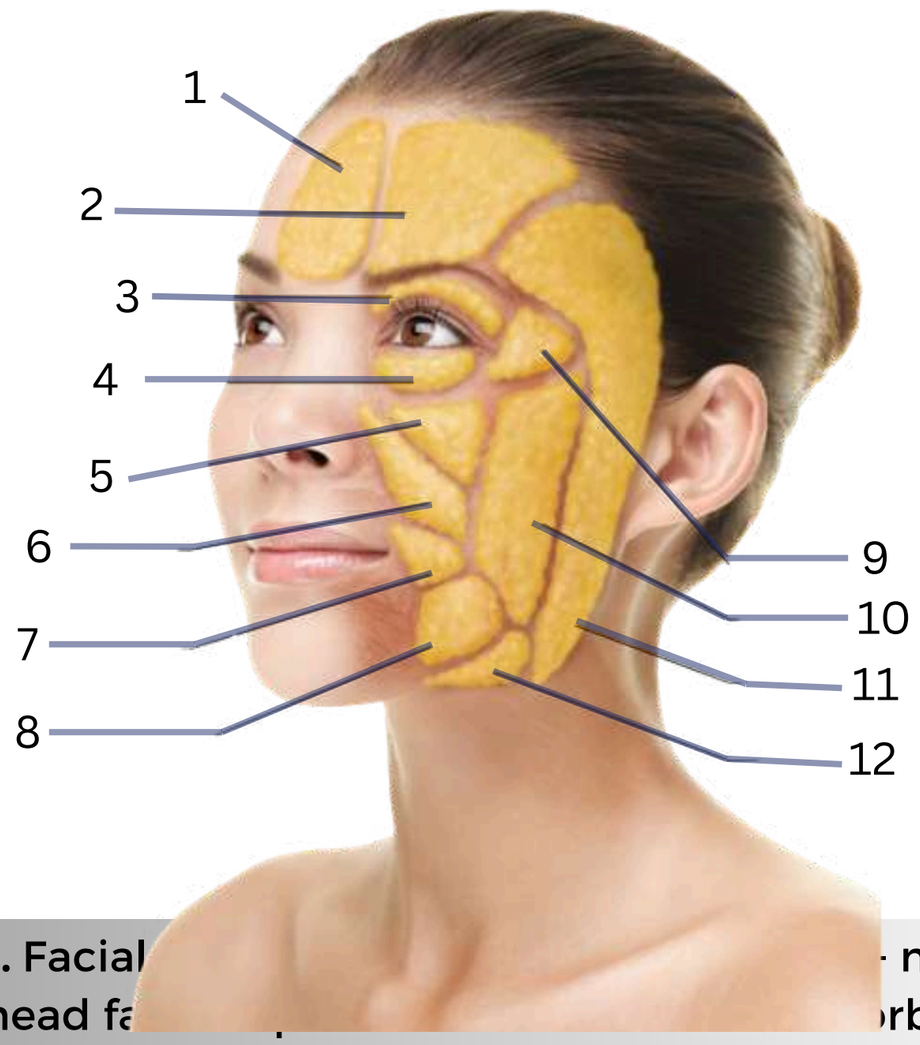


Fig 5. Facial … middle forehead fa… orbital fat 5- medial cheek fat 6- nasolabial fat 7- superior jowl fat 8- inferior Jowl fat 9- lateral orbital fat 10- middle cheek fat 11- lateral-temporal cheek fat 12- submandibular jowl fat.

Thread lifting repositions the migrated superficial fat pads and can restore a more youthful facial shape, especially when paired with dermal fillers for volume loss.

3. Ligaments: Retaining Structures That Weaken Over Time

The **retaining ligaments of the face** are key anchoring structures that hold soft tissue in place. These include:

- **Zygomatic ligament**
- **Masseteric ligament**
- **Mandibular ligament**
- **Orbicularis retaining ligament**

With aging:

- These ligaments become **lax**, leading to the descent of overlying fat and skin
- The **supporting tension** is reduced, causing jowling, nasolabial folds, and marionette lines

Thread lifting mimics ligament tightening by inserting threads into or adjacent to these anatomical lines, **reinforcing weak ligaments** and repositioning lax tissues.

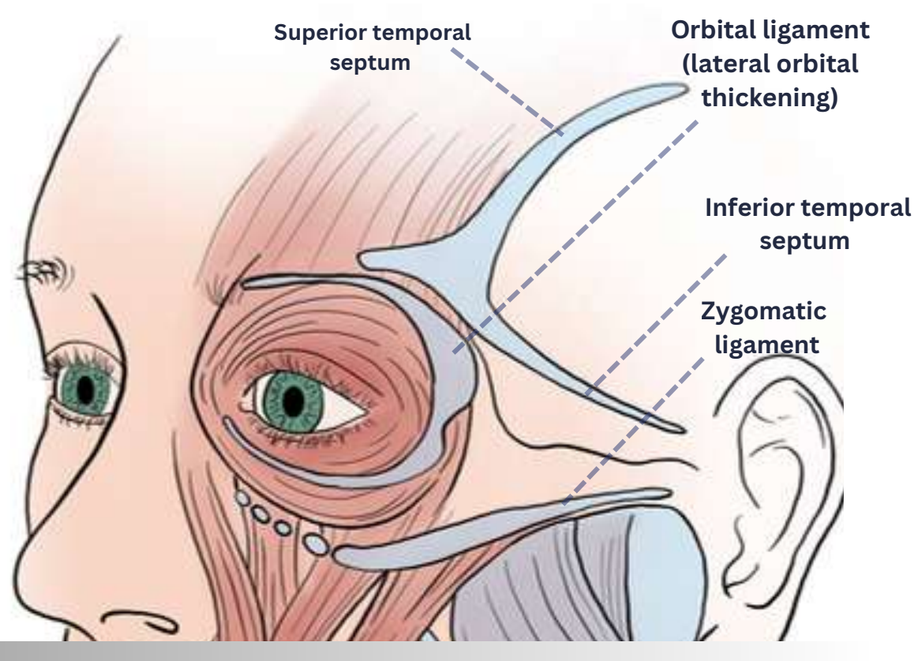


Fig 6. Upper facial retaining ligaments.

4. SMAS: The Suspension System of the Face

The **superficial musculoaponeurotic system (SMAS)** is a fibrous network that connects the facial muscles to the skin and fat layers. It plays a critical role in facial expression and structural support.

Aging changes in the SMAS:

- **Stretching and thinning** of the fibrous layer
- **Reduced resistance to gravity**
- Leads to facial ptosis, especially in the lower face and jawline

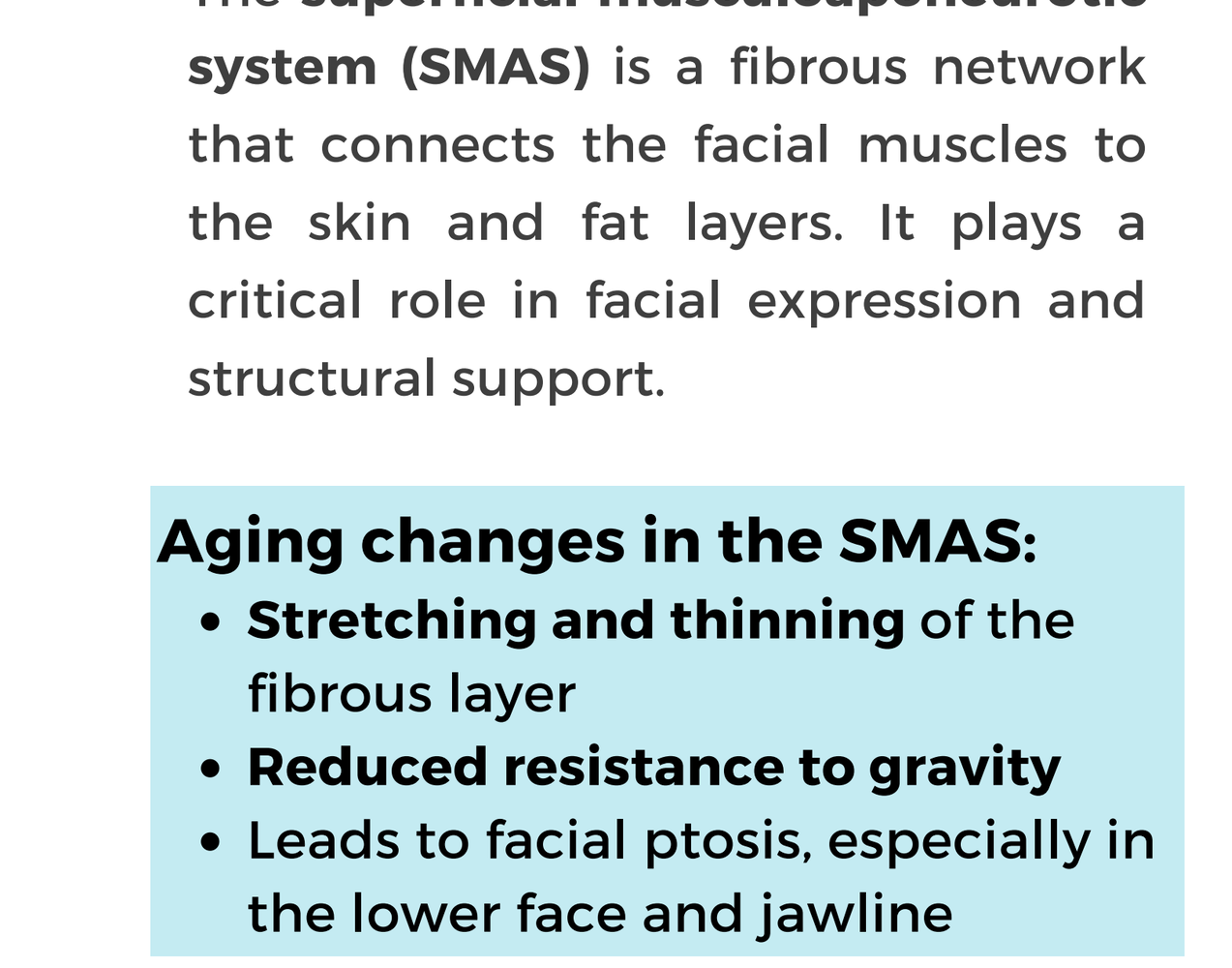


Fig 7. A diagram showing SMAS Changes through aging

Thread lifting targets the SMAS:

- **Anchoring into or just above the SMAS layer** provides longer-lasting lift
- **Bidirectional barbed threads** can grip this structure to improve cheek and jawline contour

Placement too superficial (in the dermis) or too deep (into muscle or parotid fascia) can lead to poor outcomes or complications.

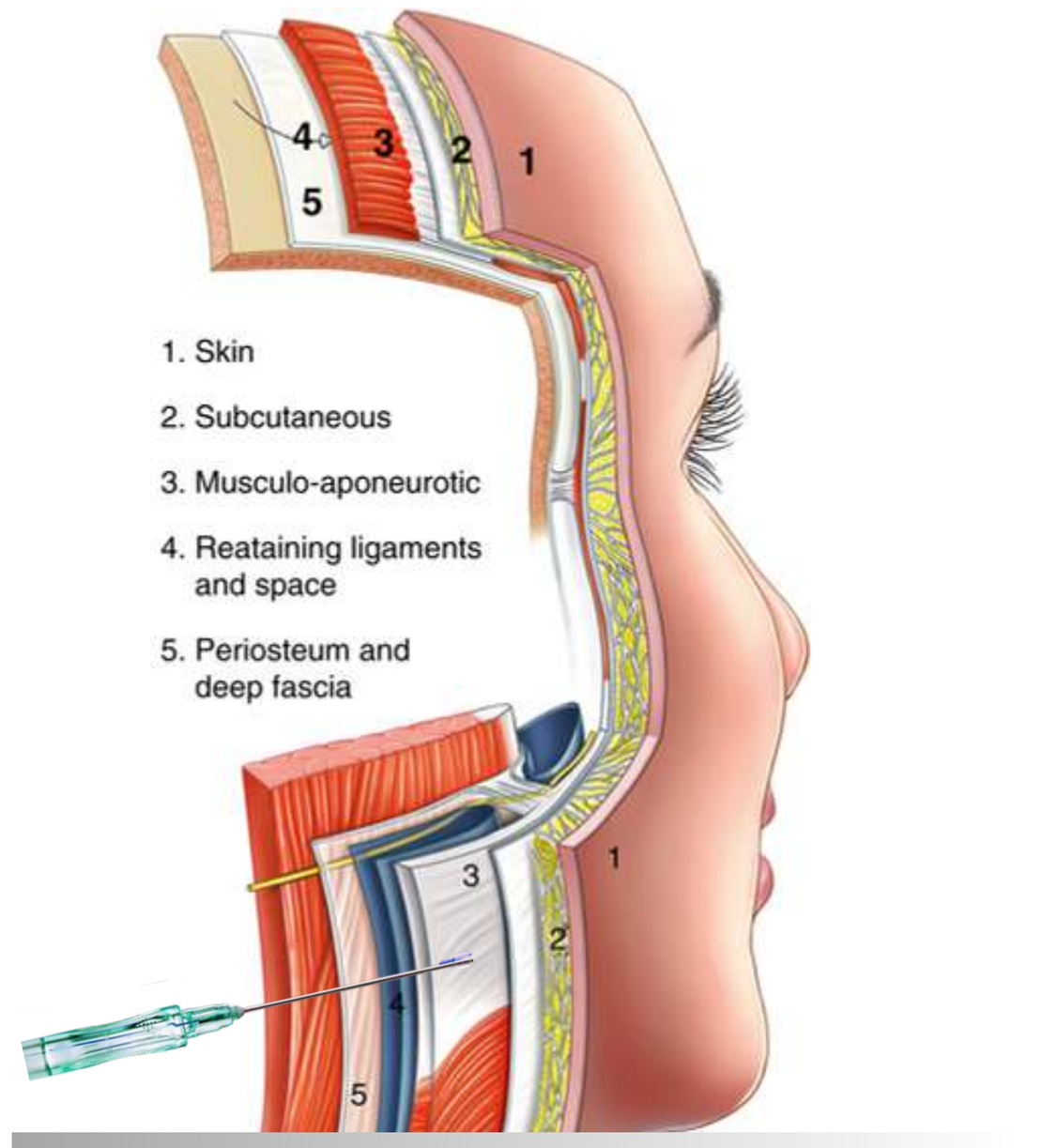


Fig 8. For SMAS Thread Lifting, it should be placed exactly in the SMAS

5. Bone: The Silent Support That Shrinks with Age

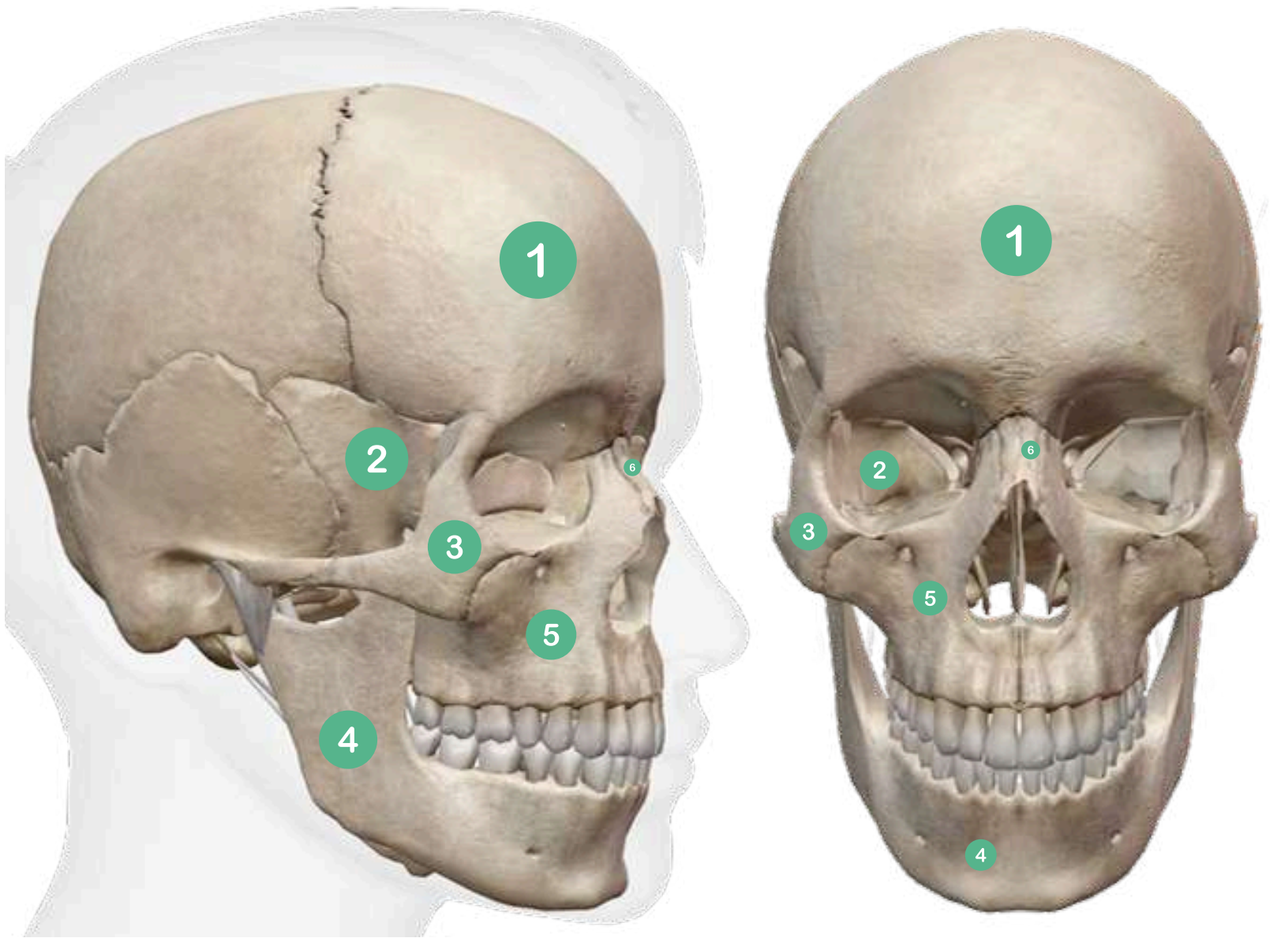


Fig 9. Facial Bones: 1-Frontal bone 2-Sphenoid bone 3- Zygomatic bone 4-Mandible bone 5- Maxillary bone 6-Nasal bone

Bone resorption plays an underappreciated role in facial aging. Age-related changes include:

- **Orbital rim expansion**, causing a hollowed-eye appearance
- **Maxillary retrusion**, which flattens the midface and deepens nasolabial folds
- **Mandibular angle reduction**, contributing to jowl formation and loss of jawline definition

These skeletal changes reduce the foundation upon which soft tissues are draped. This results in:

- Loss of projection (cheekbones, chin)
- Skin sagging due to lack of support

While thread lifting cannot replace bone, it **compensates for bony recession** by lifting and re-suspending tissues that are no longer well-supported by underlying bone.

Layer	Age-Related Changes	Thread Lifting Relevance
Skin	Thinner, reduced collagen and elasticity	Threads stimulate collagen & improve dermal structure
Fat	Volume loss (deep), descent (superficial)	Threads reposition migrated fat pads
Ligaments	Laxity of zygomatic, mandibular, masseteric ligaments	Threads reinforce these anchoring points
SMAS	Thinning, reduced suspension	Threads placed along SMAS provide long-lasting lift
Bone	Resorption of midface, mandible, orbit	Threads help restore contour despite bony changes

Table 1. A Layered Overview of Aging: Clinical Table

Clinical Implications for Thread Lifting

- Practitioners must **analyze the patient's aging pattern** across all layers.
- Treatment should be tailored: some patients may need **lifting only**, others a combination of **lift + volume + skin** resurfacing.
- Threads must be **strategically placed** according to ligament position, fat pad displacement, and SMAS depth.
- Pre-procedure markings should consider **fat pad borders and vector directions** for effective repositioning.

A successful thread lift is not only about the "threads" but about the strategy: understanding what needs to be lifted, where, and why.

Refrences

1. Gierloff M, Stoetzer M, et al. Aging changes of the midfacial fat compartments: A computed tomographic study. Plast Reconstr Surg. 2012.PubMed Link
2. Mendelson B, Wong CH. Changes in the facial skeleton with aging: Implications and clinical application in facial rejuvenation. Aesthetic Plast Surg. 2008. PubMed Link
3. Savoia A et al. Outcomes in thread lift for facial rejuvenation. Dermatol Ther. 2014. PubMed Link



1.2.2 The Layers of the Skin & Their Role in Thread Lifting

Successful thread lifting depends not only on understanding **facial aging** but also on mastering the **anatomical layers of the skin**. Every thread must be placed with precision—within the correct layer—to achieve effective lifting, optimal collagen stimulation, and minimize complications. This section provides a detailed review of the **skin's structure**, with practical insight into how each layer plays a role in thread lifting procedures.

1. Overview of Skin Layers

The skin is composed of three primary layers, each with distinct roles and structural characteristics:

Layer	Components	Clinical Relevance
Epidermis	Keratinocytes, melanocytes, no blood vessels	Surface barrier; not directly involved in thread placement
Dermis	Collagen, elastin, fibroblasts, blood vessels	Target layer for biostimulation (collagen, elastin)
Hypodermis (Subcutaneous Layer)	Adipose tissue, lymphatics, blood vessels	Ideal depth for thread placement and anchoring for lifting

Table 1. Overview of Skin Layers

In thread lifting, threads are typically inserted into the subcutaneous fat layer or just above the SMAS, depending on the goal—lift or stimulation.

2. The Dermis: Skin Quality & Biostimulation

The dermis provides tensile strength and elasticity to the skin. It is composed primarily of:

- **Collagen fibers (Type I & III)**
- **Elastin fibers**
- **Ground substance (including hyaluronic acid)**

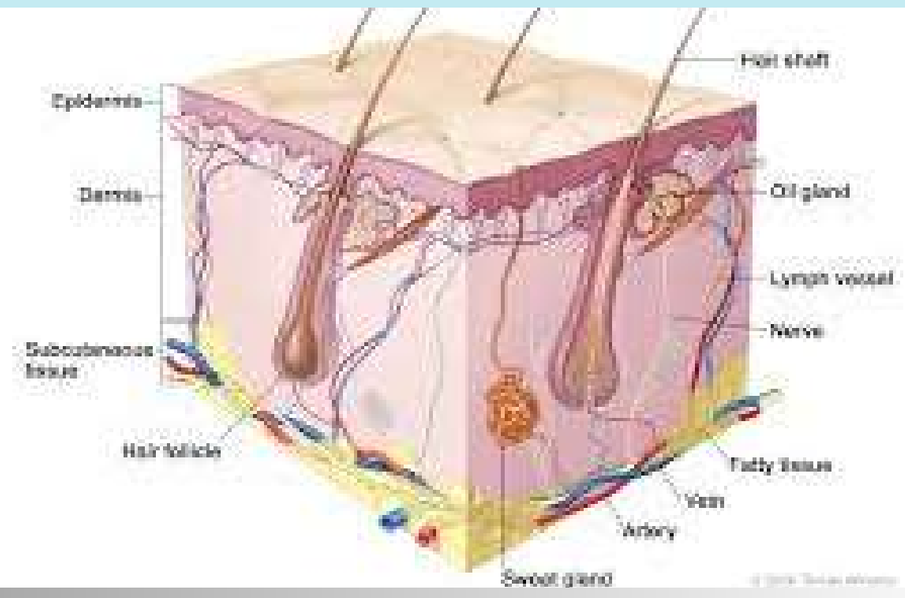


Fig 1. Overview of Skin Layers

- Threads (especially mono threads) placed **in or just under the dermis** can stimulate fibroblasts to produce new collagen.
- This is ideal for **fine line reduction, skin tightening, and texture improvement,** especially in areas like the **periorbital region, neck, and nasolabial folds.**

💡 **Superficial threads (e.g., mono, screw) should be placed at this level to avoid dimpling and visible ridges.**

3. Subcutaneous Layer: The Ideal Threading Plane

The **hypodermis**, or subcutaneous fat layer, is **the most common and safest plane** for thread placement. It contains:

- Adipose tissue
- Blood vessels and lymphatics
- Loose connective tissue

Clinical Role:

- Creates natural vector-based lifting without entering the deeper facial muscles
- Creates natural vector-based lifting without entering the deeper facial muscles

⚠️ Going too superficial increases the risk of thread visibility or dimpling. Too deep may cause inadequate lift or risk injury to deeper structures.

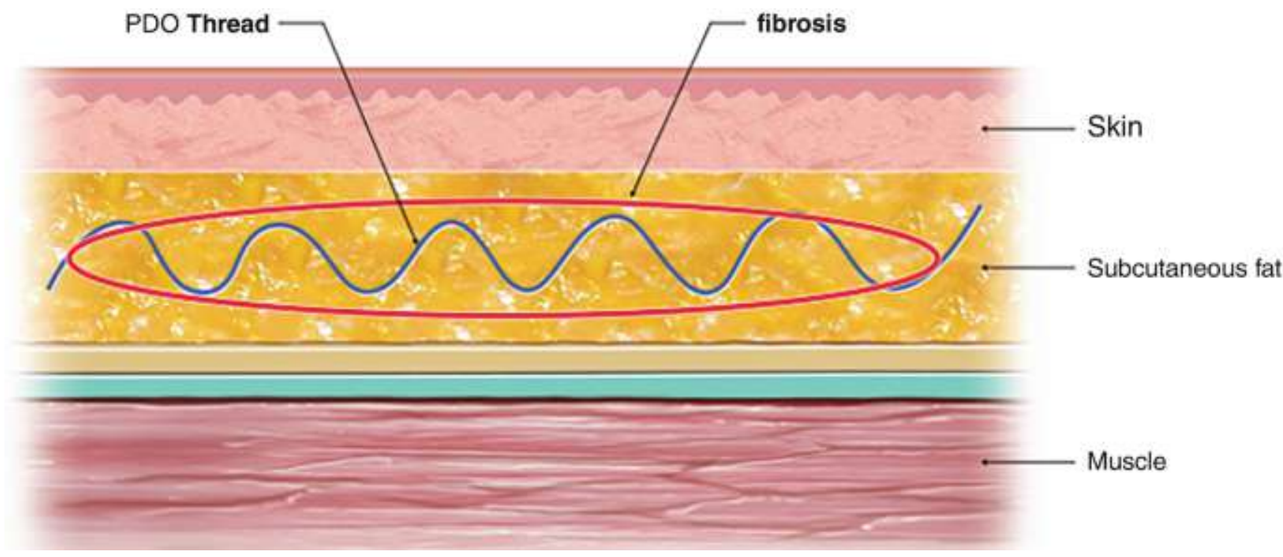


Fig 2. A picture showing fibrosis after PDO thread insertion in Subcutaneous fat

4. SMAS: The Deep Suspension Layer

The **superficial musculoaponeurotic system (SMAS)** lies beneath the subcutaneous tissue and integrates facial muscles and skin. Though not a "skin" layer per se, it is **an essential anatomical target** in thread lifting.

Key Properties:

- Dense fibrous layer connecting mimic muscles to overlying skin
- Provides structural support and defines facial contours
- Commonly targeted in surgical facelifts

Clinical Role:

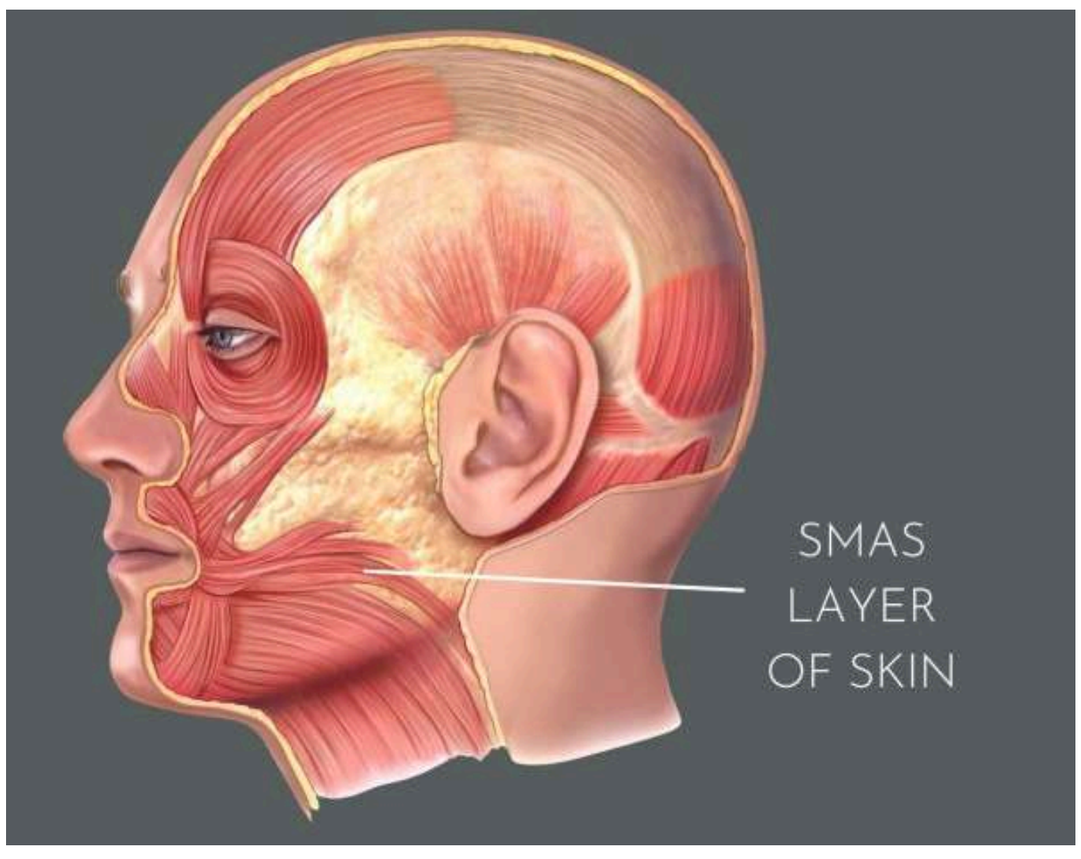
- Inserting barbed threads **into or adjacent to SMAS** provides **a stronger and longer-lasting lift**, especially in the **midface and jawline**
- Thread types such as **molded or bidirectional barbed threads** are effective at this level

5. Thread Depth by Thread Type

Placement varies based on area and goal. For example, the midface often requires deeper placement, while the forehead and neck demand more superficial approaches.

Thread Type	Placement Layer	Purpose
Mono threads	Deep dermis / superficial subcutis	Collagen stimulation, skin texture
Screw/twin threads	Mid-dermis to subcutis	Volumizing fine lines
Cog/barbed threads	Subcutis / SMAS	Lifting sagging tissue
Molded threads	SMAS or deep subcutis	Strong lift and structural support

Table 2. Ideal placement layer and purpose of each type of threads



🧠 Knowledge of SMAS thickness and location (which varies by facial region) is critical for safe and effective threading.

6. Risk Zones: Where Not to Thread

Understanding **danger zones** in the facial layers helps prevent complications:

- Superficial dermis: High risk of thread visibility, ridging, or extrusion
- Periorbital area (thin skin): Use shorter, fine threads placed shallowly

Always aim to stay within the **subcutaneous fat layer** unless the indication and anatomy justify a different depth.

7. Practical Pearls for Thread Placement

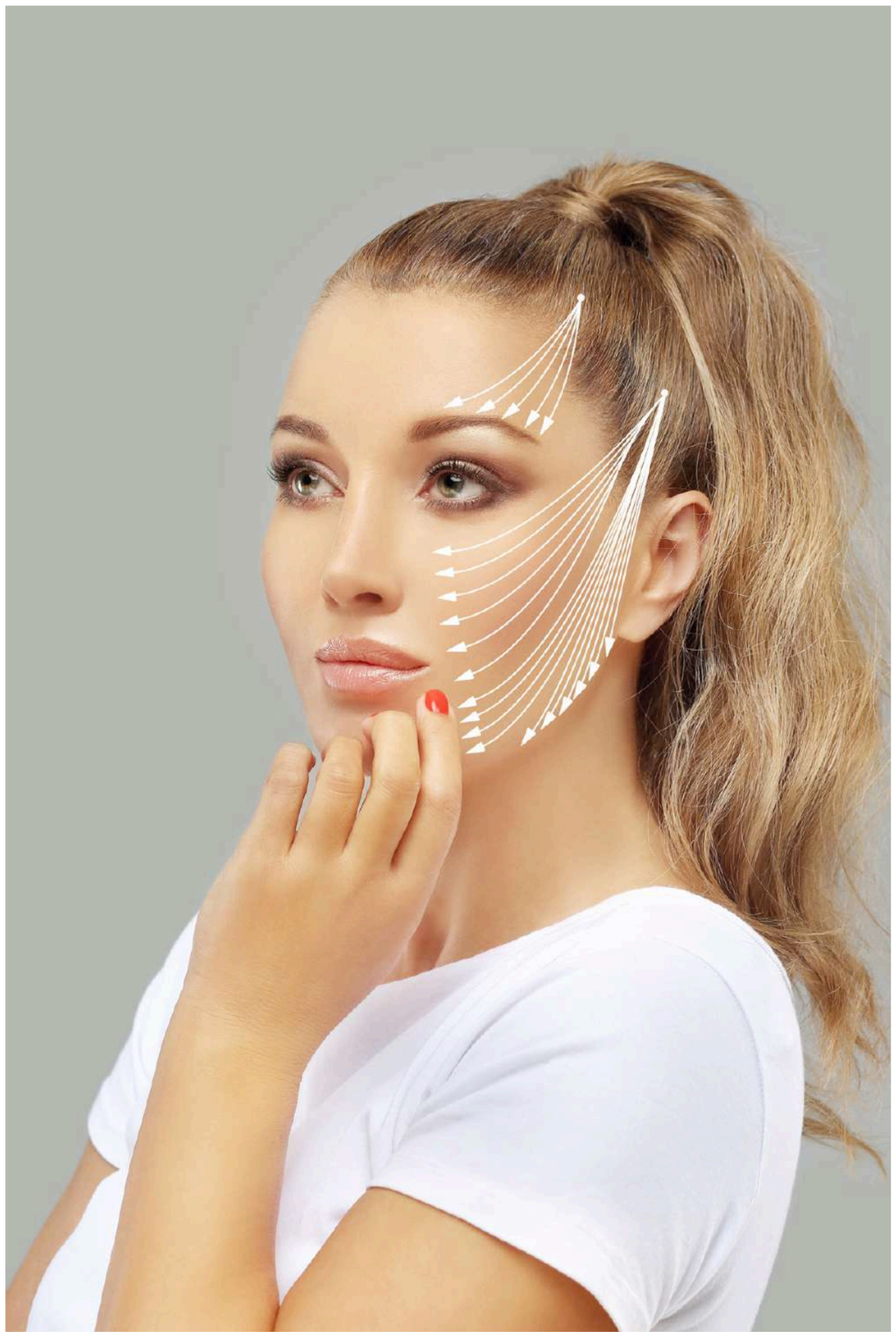
✓ Use **palpation and anatomical landmarks** to determine insertion depth

✓ In thin-skinned patients, select **blunt cannulas and deeper planes**

✓ Avoid superficial tension that could lead to **dimpling or puckering**

✓ For biostimulation goals, **monos should be inserted in parallel** patterns for even collagen induction

✓ Always aspirate before inserting to avoid accidental vessel entry



Refrences

1. Kwon HJ, Kang SH, et al. The histologic effect of polydioxanone thread embedding for skin rejuvenation. Dermatol Surg. 2017. PubMed Link
2. Beer K, Demir CY. The anatomy of the SMAS layer and thread lifting implications. J Clin Aesthet Dermatol. 2021.
3. Savoia A et al. Thread lifting: Indications, techniques, and outcomes. J Cosmet Dermatol. 2020.PubMed Link

1.2.3 Key Anatomical Landmarks for Safe and Effective Placement

One of the most critical components of successful thread lifting is understanding and respecting **key anatomical landmarks**. Accurate thread placement depends on the practitioner's ability to map out safe and effective **entry points**, **vector lines**, and **anchoring zones** while avoiding important structures such as **nerves**, **blood vessels**, and **glands**.

This section will walk through the most relevant anatomical zones for thread lifting, outlining **landmarks, insertion techniques**, and **high-risk areas** across various facial regions.

1. Principles of Anatomical Mapping in Thread Lifting

Before any thread is inserted, practitioners must:

- Assess the patient's **facial proportions and sagging vectors**
- Identify **ligament positions, fat compartments,** and **bony landmarks**
- Plan insertion **vectors** based on both anatomical support and aesthetic goals

🧠 Threads should follow natural lifting directions—generally from lateral to medial, superior to inferior.

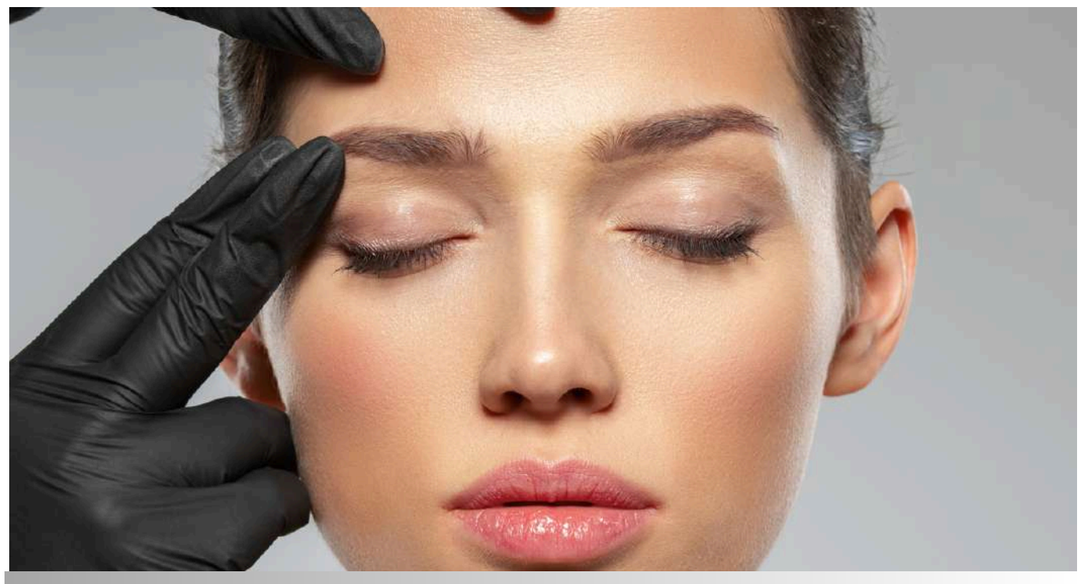


Fig 1. Assess the patient's facial proportions before treatment

2. Common Entry and Anchor Points (By Facial Region)

A. Midface

- **Primary Goal:** Lift the malar fat pad and reduce nasolabial folds
- **Common Entry Point:** 1–2 cm above the zygomatic arch in the temporal region
- **Vector Direction:** Toward the nasolabial fold or oral commissure
- **Anchor Zone:** Temporal fascia (firm and immobile)

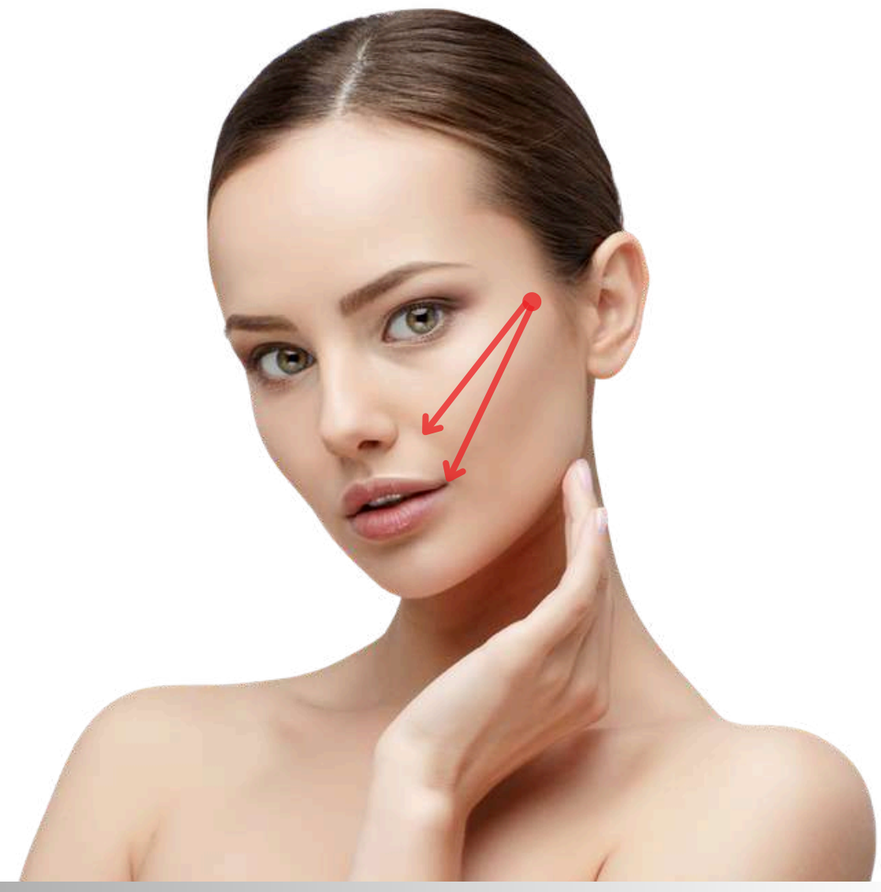


Fig 2. Midface Entry Point & Vectors

⚠️**Avoid the Zygomaticofacial artery and nerve, located near the mid-cheek.**

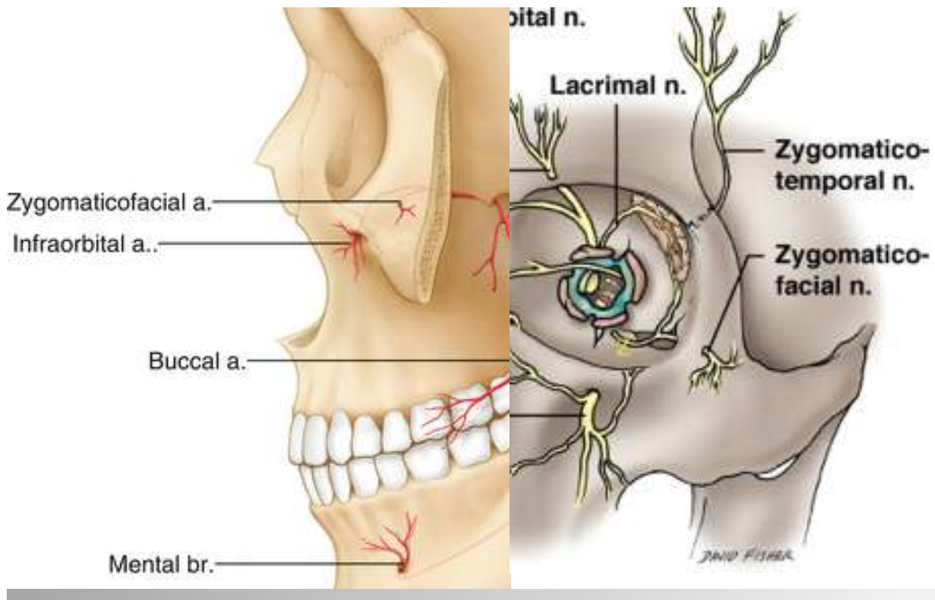


Fig 3. Avoid the Zygomaticofacial artery and nerve in Midface Lifting

B. Jawline and Lower Face

- **Primary Goal**: Define the jawline, lift jowls, and reduce marionette lines
- **Common Entry Point:** Preauricular or lateral cheek area near the tragus
- **Vector Direction:** Toward the mandibular angle or marionette zone
- **Anchor Zone:** Lateral cheek fascia or masseteric cutaneous ligament

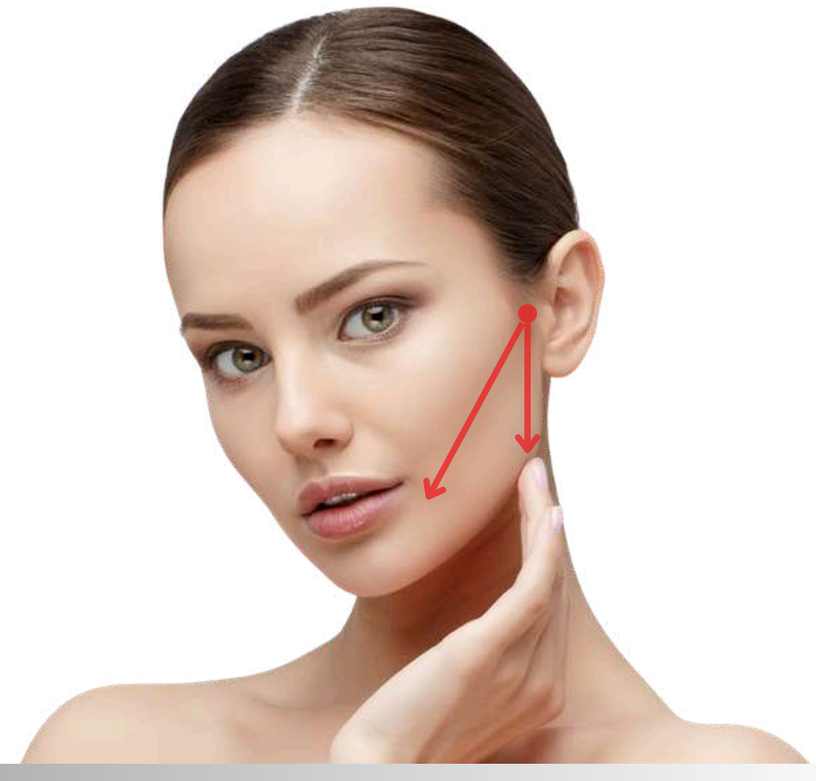


Fig 4. Jawline and Lower Face Entry Point and Vectors

⚠️ **Important to avoid facial artery (crosses over mandible) and marginal mandibular nerve (travels superficial near the lower border of mandible).**

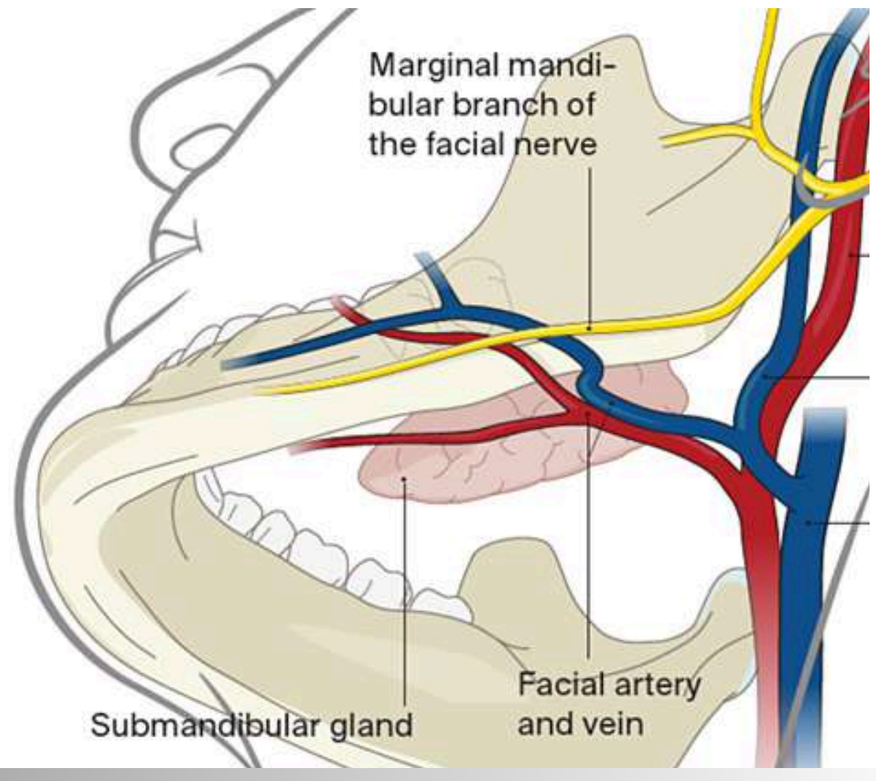


Fig 5. Avoid the Facial Artery and Marginal Mandibular nerve in Jawline Lifting

C. Neck

- **Primary Goal:** Reduce mild laxity and improve neck contour
- **Entry Points:** Submental or retroauricular (behind the ear)
- **Vector Direction:** Transverse or criss-cross across the neck
- **Anchor Zone:** Platysma muscle or retromandibular fascia

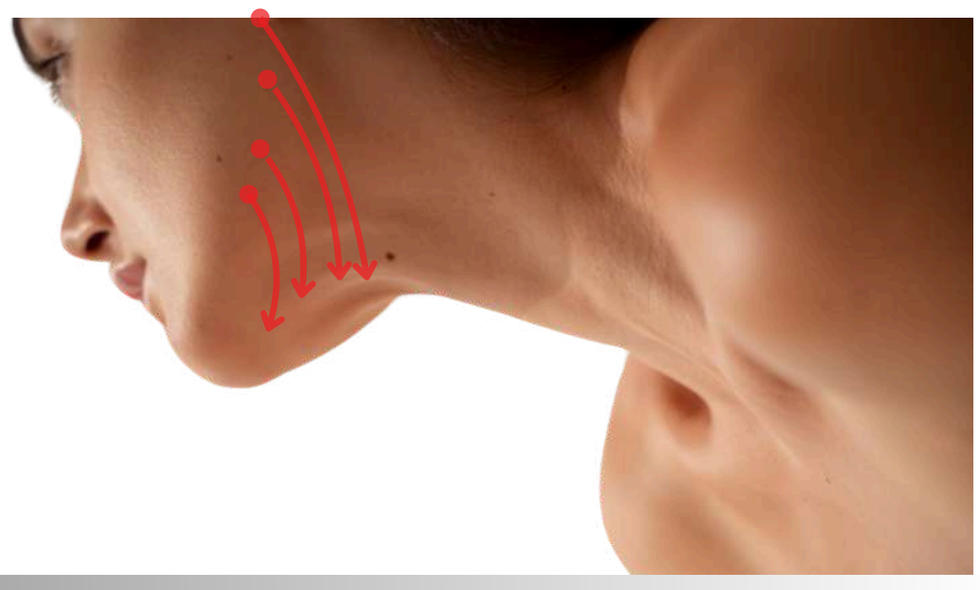


Fig 6. Neck Lifting Entry Points and Vectors (Vectors can be criss-cross or transverse ocross the neck)

⚠️ **Neck skin is thin and vascular—avoid external jugular vein and platysmal bands too superficially.**

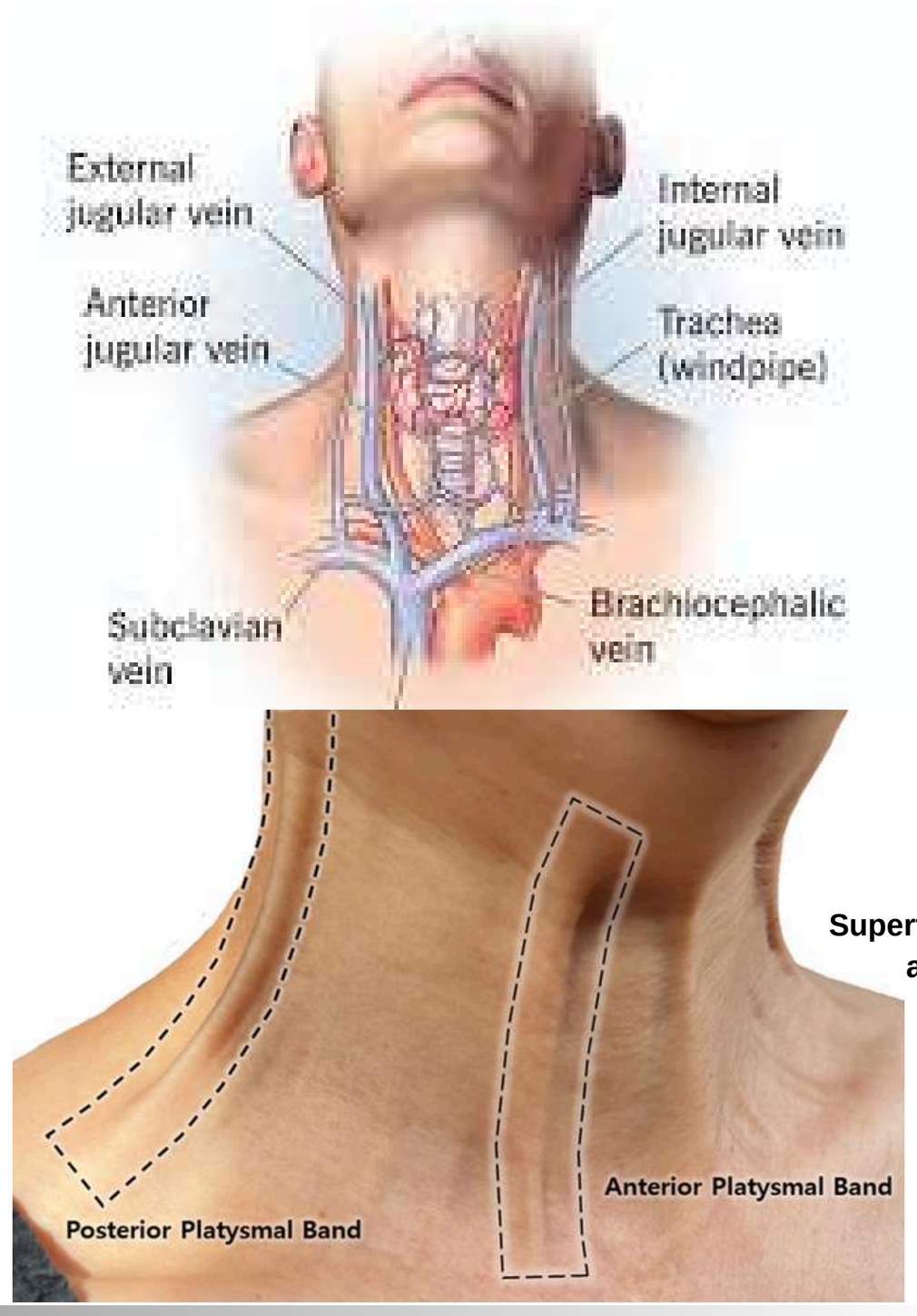


Fig 7. Pay attention when treating neck area due to many vessels and nerves and platysmal band in this area

D. Eyebrow / Fox Eye Lift

- **Primary Goal:** Lift the lateral brow or temple area
- **Entry Point:** Temporal scalp (2–3 cm behind the hairline)
- **Vector Direction:** Toward the lateral orbital rim or tail of the eyebrow
- **Anchor Zone:** Deep temporal fascia

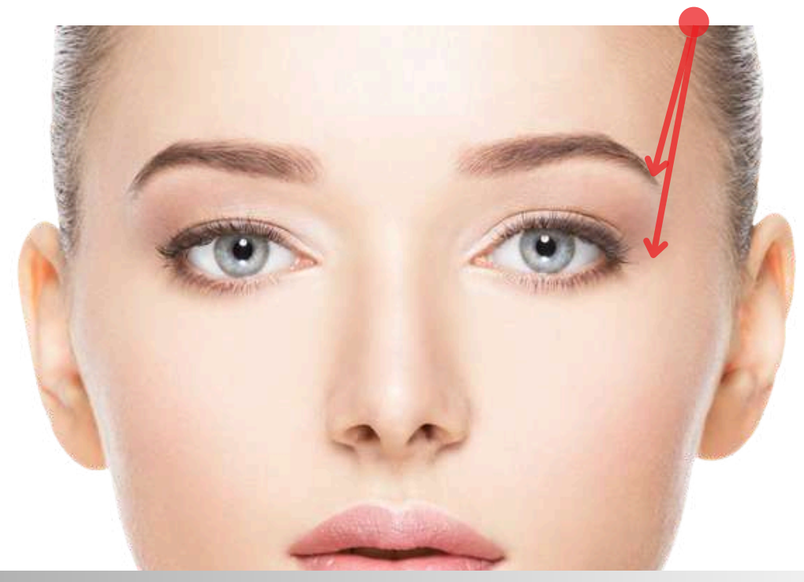


Fig 8. Eyebrow / Fox Eye Lift Entry Point and Vectors

⚠️ **Avoid superficial temporal artery and vein, located anterior to the ear and prone to bruising.**

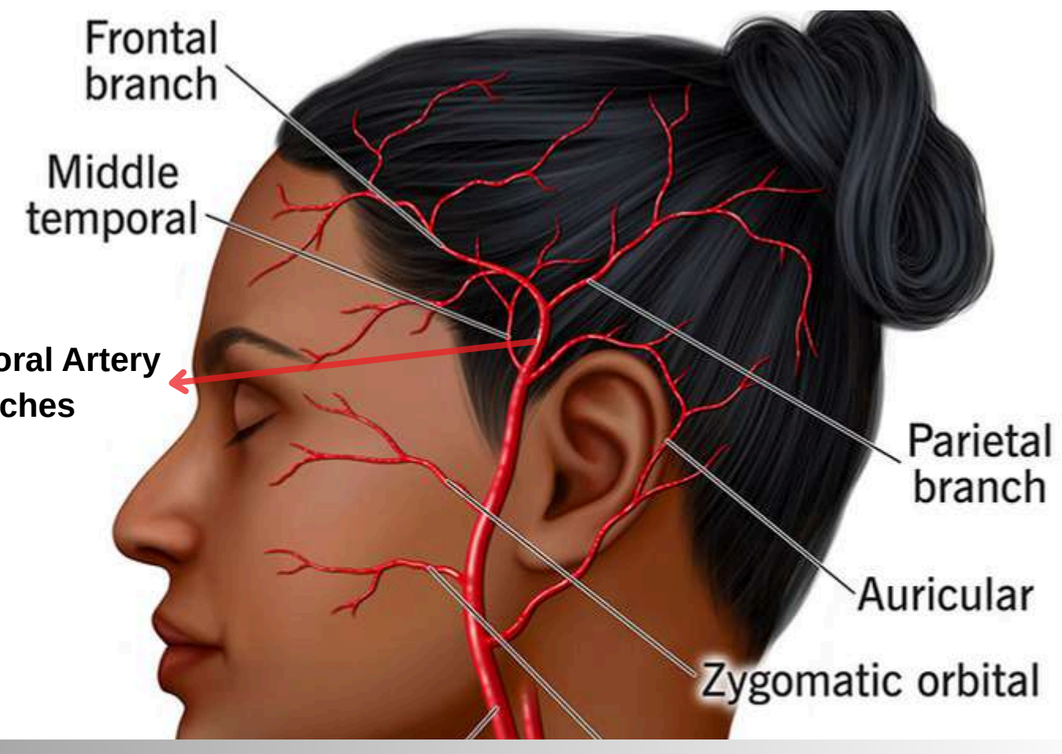


Fig 9. Pay attention to Superficial temporal artery and vein when performin Fox eye lift

E. Nose (Non-Surgical Thread Rhinoplasty)

- **Primary Goal:** Tip projection, columella support, nasal bridge contour
- **Entry Point:** Tip or dorsum of the nose
- **Vector Direction:** Along the nasal bridge or through the columella
- **Anchor Zone:** Nasal spine or deep tip cartilage



Fig 10. Non-Surgical Thread Rhinoplasty Entry Points and Vectors

3. Ligament Zones as Natural Anchors

Certain retaining ligaments serve as natural stabilizers for thread placement:

Ligament	Location	Role in Thread Lifting
Zygomatic ligament	Along cheekbone	Anchoring lateral cheek threads
Mandibular ligament	Jawline	Defines jowl borders; anchor for jawline lift
Masseteric cutaneous ligament	Over masseter muscle	Good for lateral lift
Orbicularis retaining ligament	Periorbital region	Avoid placing through—may cause dimpling

Table 1. Facial Retaining Ligaments

⚠️ **Avoid angular artery and be cautious in thin-skinned patients due to superficial thread visibility.**

📍 **Using ligaments as anchor points provides better tension and longer-lasting lift.**

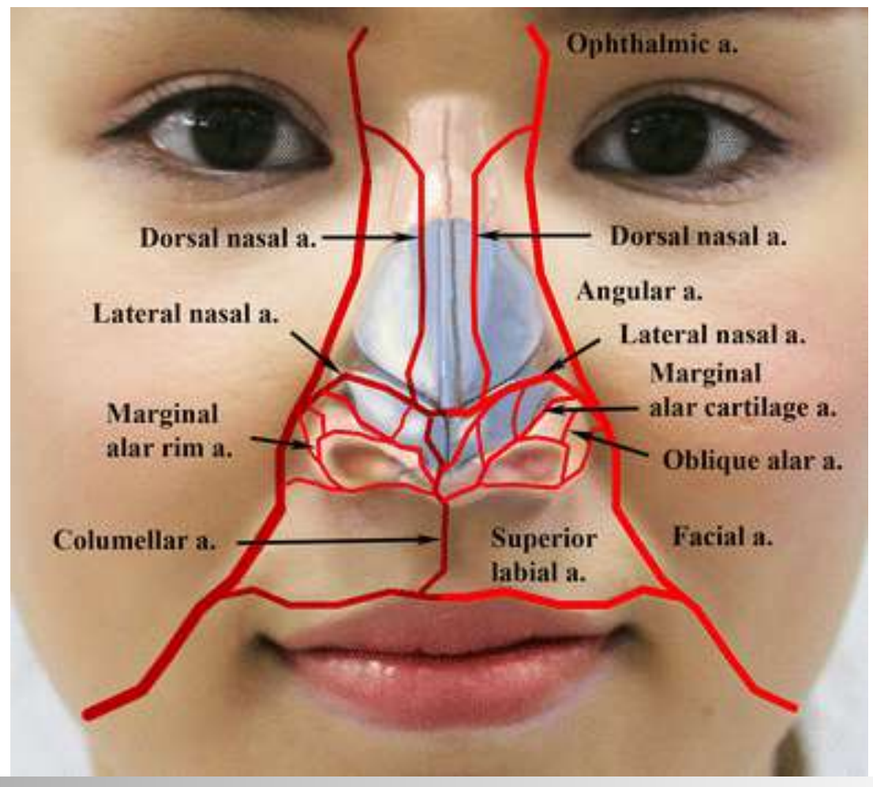


Fig 11. Be cautious of Angular Artery when performing nose thread lifting

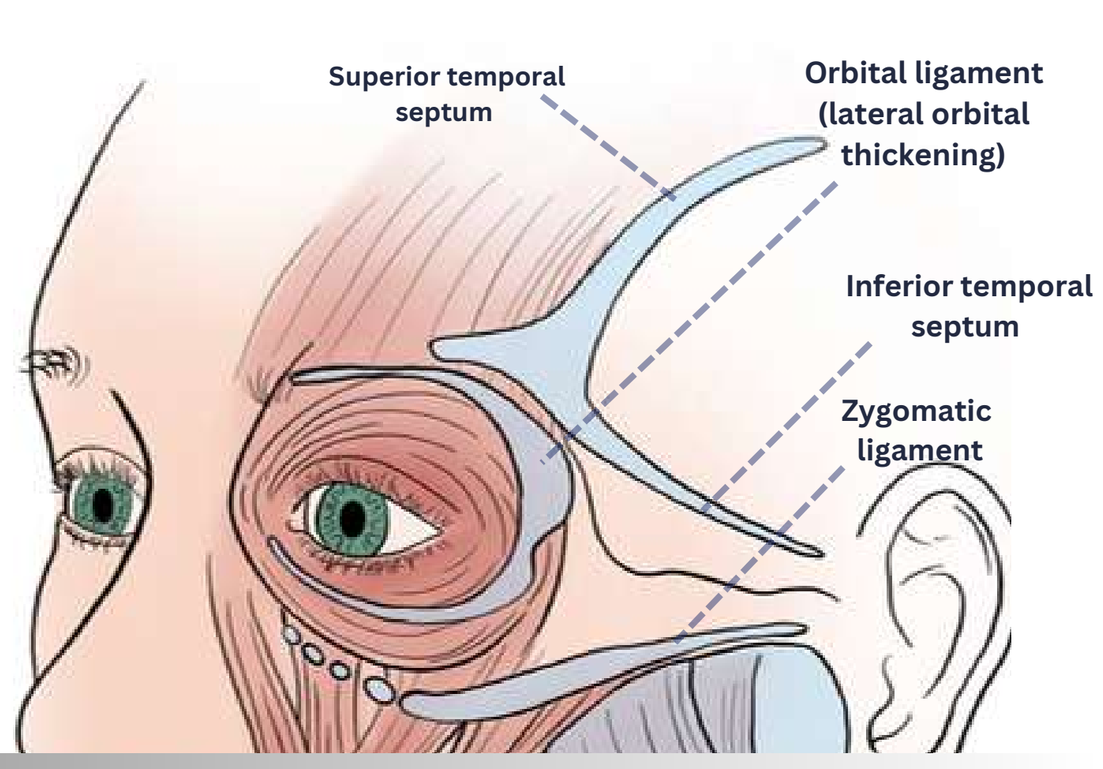


Fig 12. Retaining Ligaments can be used as anchor points for thread lifting

❌ 4. Danger Zones to Avoid

Avoiding complications begins with respecting key high-risk areas:

Danger Zone	Structures at Risk	Clinical Tip
Parotid gland	Facial nerve branches	Stay superficial in preauricular region
Mandibular notch	Facial artery and nerve	Do not insert deeply near mandibular border
Temporal region	Superficial temporal artery	Use blunt cannulas and deep fascia for entry
Infraorbital area	Infraorbital nerve and vessels	Use short mono threads only
Perinasal area	Angular artery, thin skin	Use minimal tension and depth

Table 2. Danger Zones to Avoid



Fig 13. Facial Danger Zones in Thread Lifting

5. Practical Guidelines for Vector Planning

Begin vector design by identifying ptotic zones (jowls, midface, neck)

✓ Use lifting vectors that oppose gravitational descent

✓ Vectors should intersect at or near ligamentous anchor zones

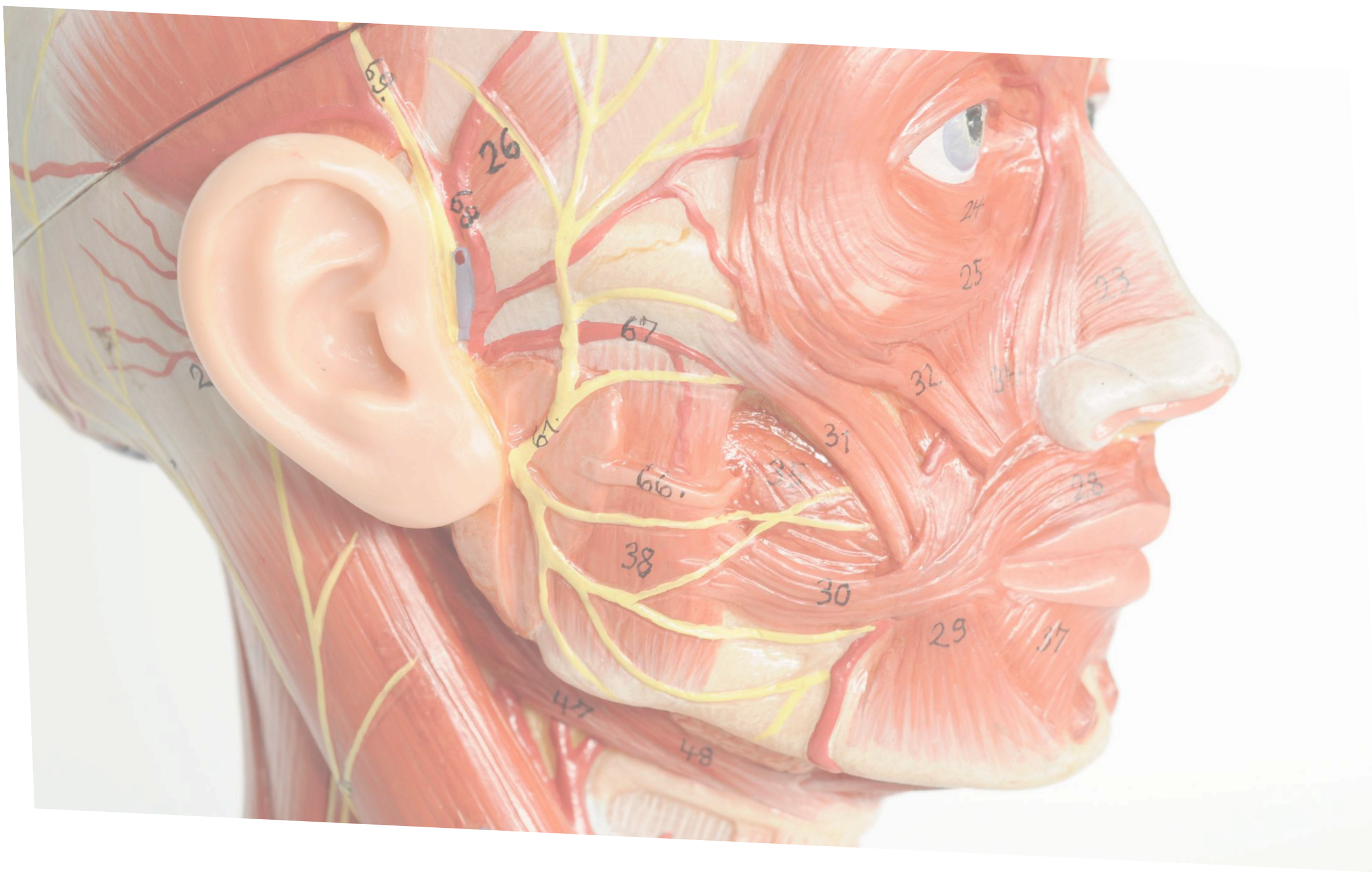
✓ Avoid crossing vectors unless performing mesh-style threading (e.g. in the neck or cheeks)

✓ Mark patient in the upright position to account for gravitational pull

✏️ Pre-procedure markings should be clearly visible throughout the procedure. Use long-lasting surgical skin markers.

Refrences

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2. Cotofana S, Lachman N. Anatomy of the facial danger zones: a review. Aesthet Surg J. 2019. PubMed Link
3. Kang SH et al. Safe anatomical planes and danger zones for thread lifting. J Cosmet Dermatol. 2021. PubMed Link



1.2.4 The Role of Ligaments and Fat Pads in Facial Support

Facial structure is maintained by a delicate balance between **static retaining ligaments** and **dynamic fat compartments**. These elements are essential to youthful facial architecture and are also **primary targets in thread lifting procedures**. Understanding their position, function, and the way they change with age is vital for planning effective, long-lasting thread lift results.

1. Retaining Ligaments: The Pillars of Facial Support

Facial retaining ligaments are fibrous bands that connect the deep facial tissues to the overlying skin, maintaining tension, position, and

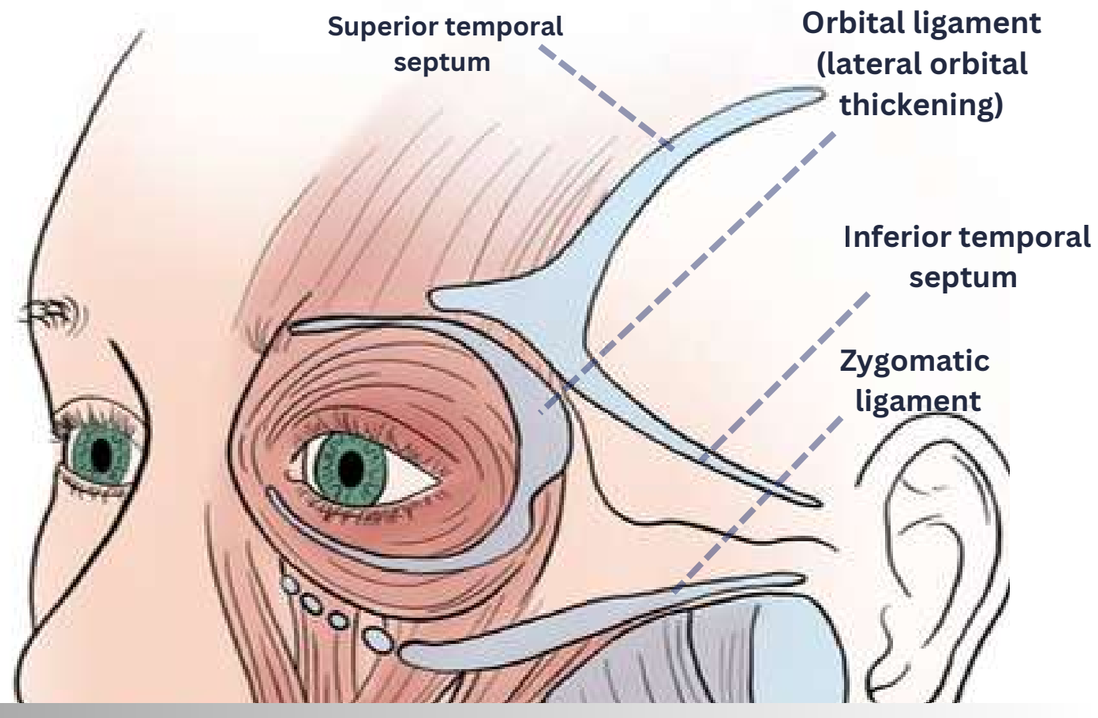


Fig 1. Retaining Ligaments can be used as anchor points for thread lifting

Ligament	Location	Thread Lifting Relevance
Zygomatic Ligament	Originates from the zygomatic bone, inserts into the dermis of the mid-cheek	Critical for midface suspension and cheek lift anchoring
Mandibular Ligament	Found near the mandibular septum, connecting the platysma to the skin	Important for lifting jowls and restoring jawline definition
Masseteric Ligament	Extends from the masseteric fascia to the skin overlying the masseter muscle	Strong anchor for lateral vector placement in jawline lift
Orbicularis Retaining Ligament	Surrounds the periorbital region	Must be avoided; threading here can cause dimpling or irregularity
Temporal Ligamentous Septum	Located in the upper face	Anchor point for brow lifts and lateral temple support

Table 1. Facial Retaining Ligaments & their use in Thread Lifting treatments

Using these ligaments as anchor zones improves thread fixation and reduces the risk of slippage or migration.

2. Facial Fat Pads: Mobile Volume Zones That Shape the Face

Facial fat is organized into **distinct compartments**, each with its own **vascular supply, mobility**, and **aging pattern**. These compartments lie both **superficially** (above SMAS) and **deeply** (beneath SMAS).

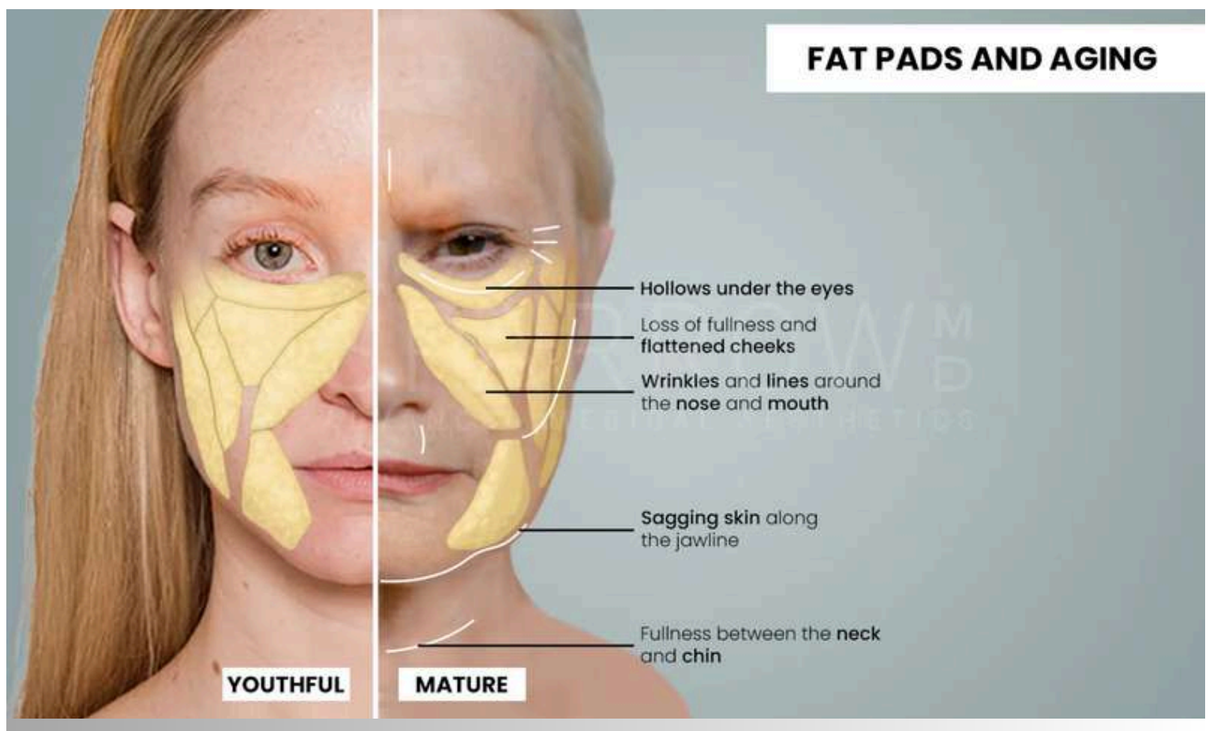


Fig 2. Effect of aging on Facial Fat Pads

▼ Aging Effects on Fat Pads:

- **Superficial fat pads** (e.g. nasolabial, jowl, malar) tend to **descend** with gravity
- **Deep fat pads** (e.g. deep medial cheek fat, suborbicularis oculi fat) primarily **atrophy**, causing hollowing

This descent and volume loss contributes to:

- Formation of **nasolabial folds, marionette lines, jowls**
- Loss of cheek projection and facial harmony

Thread lifting is especially effective for repositioning descended superficial fat pads, particularly in the midface and jawline.

3. Interplay Between Ligaments and Fat Compartments

The aging face undergoes "differential movement":

- Fat pads **descend and rotate** downward
- Ligaments stay **relatively fixed** but **elongate or lose tension**

This leads to:

- Deep folds forming where **mobile fat pads** slide over **anchored ligaments**
- Structural collapse of youthful facial angles

Thread lifting helps reverse this by:

- Re-establishing upward tension along key ligaments

- Elevating **descended fat compartments** along pre-marked vectors
- Recreating a **triangle of youth** by restoring midface volume and jawline sharpness

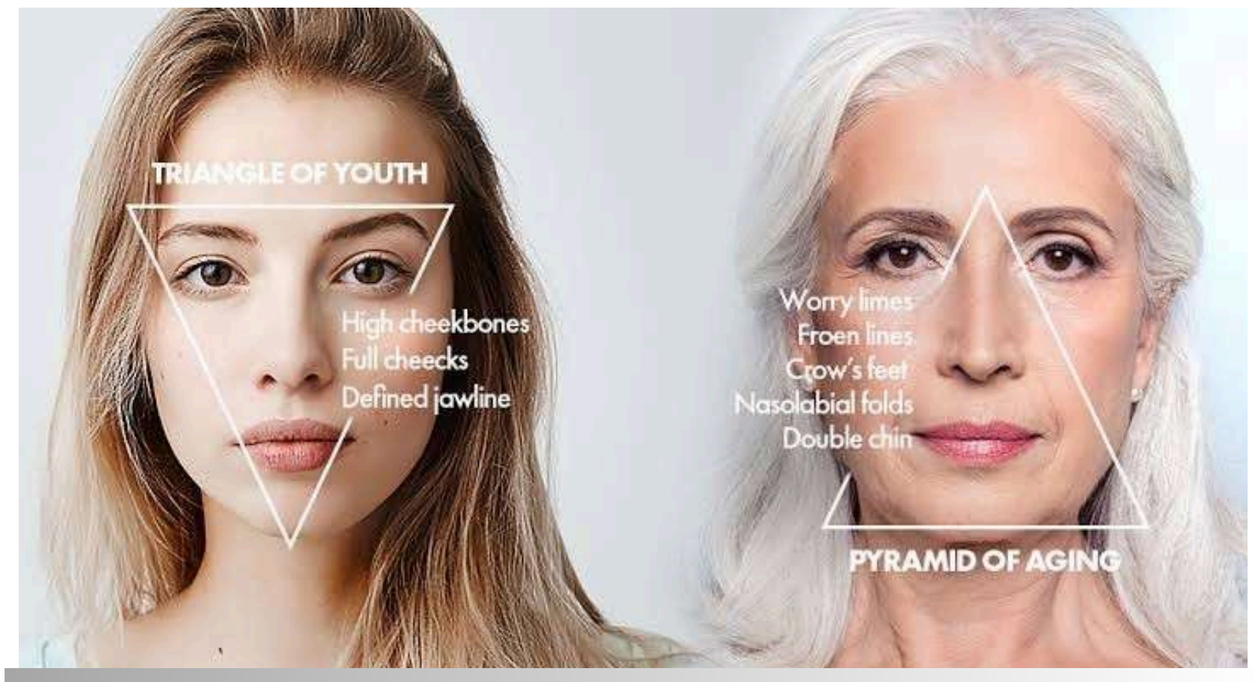


Fig 2. Triangle of Youth & Pyramid of Aging

4. Region-by-Region Guide: Ligament and Fat Pad Interactions

A. Midface

- **Ligament**: Zygomatic ligament
- **Fat Pads**: Malar fat pad (superficial), deep medial cheek fat (deep)
- **Clinical Goal**: Elevate cheek volume and soften nasolabial fold

B. Jawline & Lower Face

- **Ligaments:** Mandibular and masseteric ligaments
- **Fat Pads:** Jowl fat, pre-masseter space
- **Clinical Goal:** Define jawline, reduce jowling

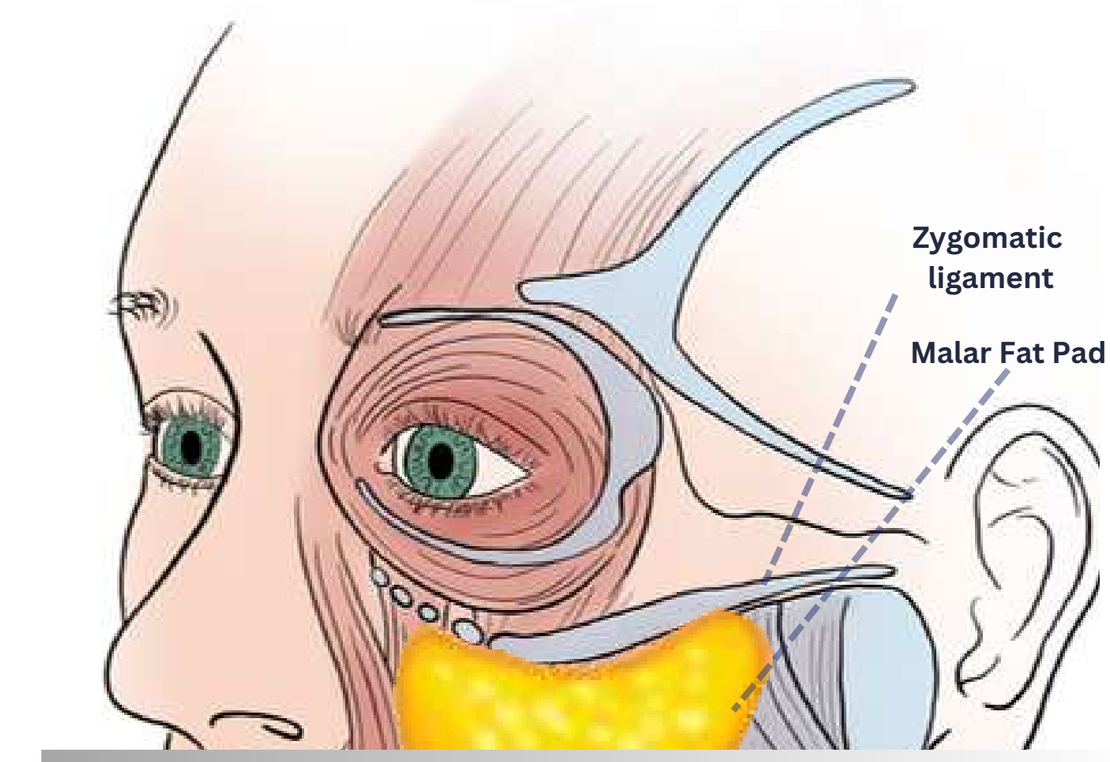


Fig 3. Zygomatic Ligament & Malar Fat Pad

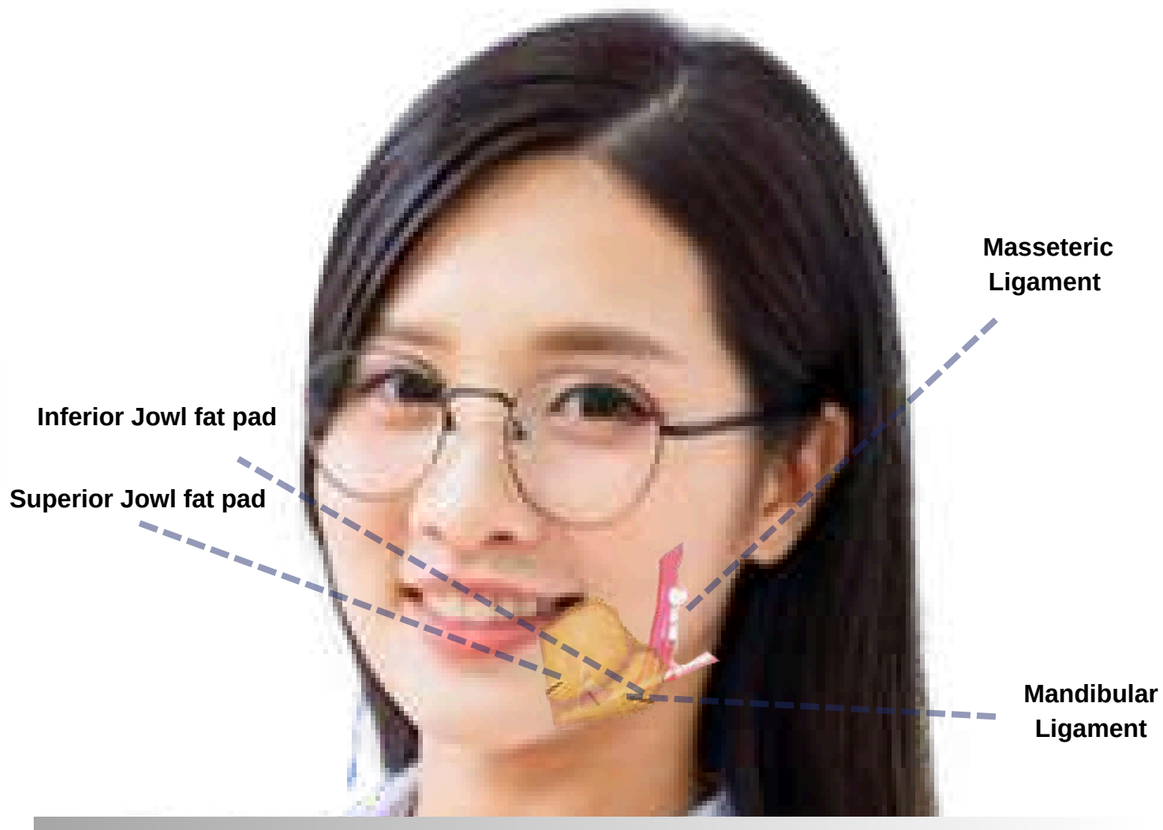


Fig 4. Mandibular & Masseteric Ligament + Jowl Fat Pads

C. Temple & Brow

- **Ligament**: Temporal ligamentous septum
- **Fat Pads**: Temporal fat, lateral brow fat
- **Clinical Goal**: Perform fox eye lift or brow elevation

D. Neck

- **Ligament:** Cervical retaining ligaments (less defined but functionally similar)

- **Fat Pads**: Submental fat pad
- **Clinical Goal**: Lift platysmal bands and tighten neck contour

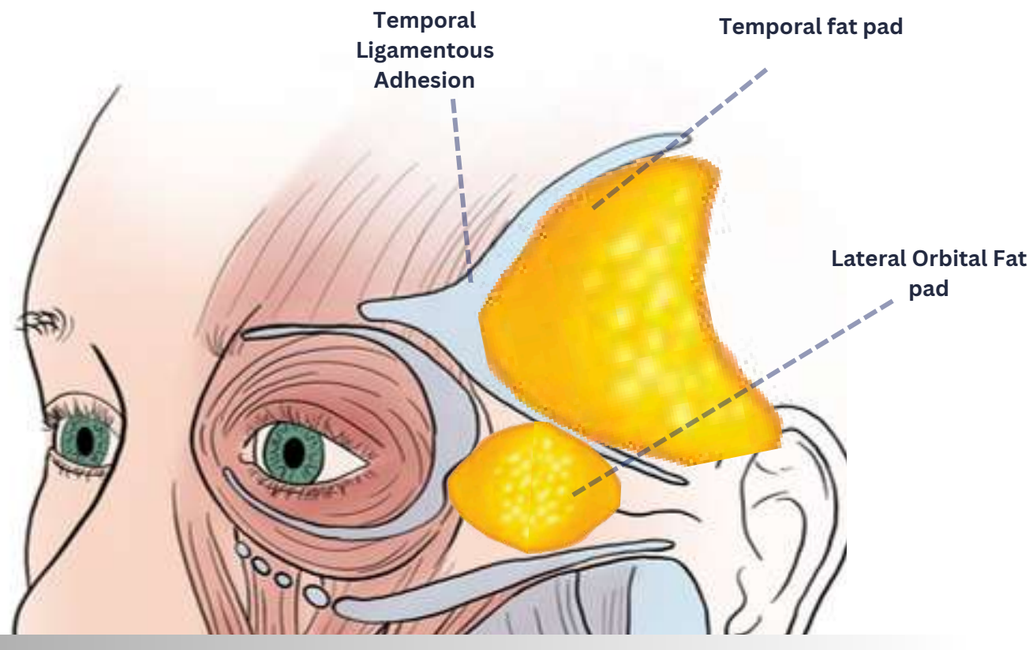


Fig 5. Superior part of Temporal fat pad, lateral orbital fat pad & Temporal Ligament

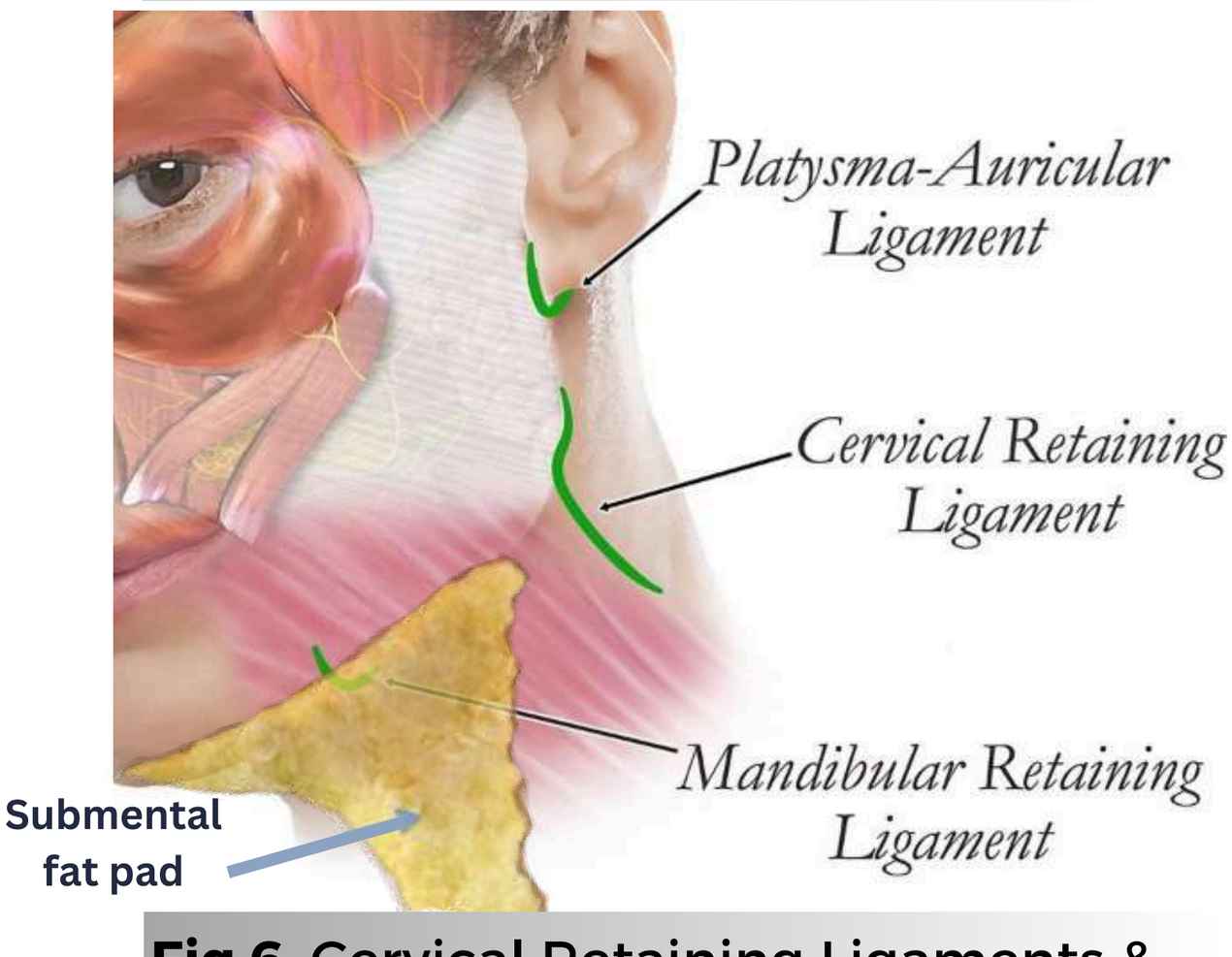


Fig 6. Cervical Retaining Ligaments & Submental fat pad

- **Vertical vectors:** Target the zygomatic and temporal ligaments for cheek and brow lifting
- **Oblique vectors**: Engage the mandibular ligament for jawline contouring
- **Horizontal/mesh-style vectors**: Used for neck tightening by crossing under the chin or jaw



Fig 7. Vectors can be oriented based on Ligaments to help achive better lifting results.

5. Vector Planning Based on Ligament Orientation

Ligament orientation can guide vector design:

Strategic placement ensures that threads both **lift the mobile tissues** and **anchor into stable structures**, resulting in a longer-lasting and more natural effect.

6. Clinical Mistakes to Avoid

- **Ignoring ligament location:** Leads to poor anchoring and thread migration
- **Crossing immobile zones with mobile vectors:** Can cause dimpling or unnatural folds
- **Superficial placement in fat pads without tension:** Results in minimal lift

Correct thread placement demands **layered anatomical knowledge**, not just technique.

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1. Mendelson B, Wong CH. Facial Anatomy for Filler Injection: Understanding the Layered Structure of the Face. Aesthet Surg J. 2012. PubMed Link
2. Cotofana S, et al. The Aging Face: A Review of Volume Changes and Their Treatment. Aesthet Surg J. 2016. PubMed Link

Chapter 2: Materials and Tools in Thread Lifting



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2.1 Types of Threads & Their Properties

	1st-generation Lifting Thread	2nd-generation Lifting Thread	3rd-generation Lifting Thread	4th-generation Lifting Thread
Shape				
Feature	Thin mono-thread	Thread in a "twister shape"	Cutting thread with cog	Bi-directional molding cog
Key effects	1. Improve fine wrinkles 2. Skin elasticity	1. Skin regeneration 2. Skin elasticity	1. Lifting 2. Improve fine wrinkles 3. V-Line 4. Skin regeneration 5. Skin elasticity	1. Lifting 2. Improve fine wrinkles 3. V-Line 4. Skin regeneration 5. Skin elasticity

Table 1. Types of Threads

Thread lifting has evolved significantly over the last two decades, with **Polydioxanone (PDO) threads** now taking the spotlight in modern aesthetic practices. However, the roots of thread lifting began with **Polypropylene threads**, which were popular around 20 years ago but are now largely replaced due to their **permanent nature** and complications. Today, PDO threads dominate the market due to their **biodegradability** and effectiveness, marking the **golden age of PDO threads** in aesthetic treatments.

Understanding the **characteristics**, **design types**, and **specific uses** of various thread types is crucial to selecting the best option for each patient. With so many product variations, practitioners need to understand each thread's **tensile strength**, **biostimulatory properties**, and **clinical application** to choose the most appropriate option. Below, we detail the general types of threads used in thread lifting, highlighting their properties and benefits.

1. Mono-Thread (Single Thread)

Mono-threads are smooth, **non-barbed** threads typically used for

Properties:

- **Absorption Time:** 6–8 months (PDO)
- **Biostimulatory Effects:** Moderate collagen stimulation
- **Strength:** Low to moderate tensile strength (not for strong lifting)
- **Usage:** Ideal for subtle tightening, skin rejuvenation, and collagen induction in areas like the neck, under eyes, and cheeks.

2. Cog Thread (Barbed Thread)

Cog threads are **barbed** threads that engage the tissue more securely than mono-threads, providing a **strong mechanical lift**. The barbs or **cogs** hook into the tissue, allowing the practitioner to pull and reposition the skin along predetermined vectors. These threads are ideal for **moderate to significant lifting** in the midface, jawline, and neck.

There are two types of **cog threads** commonly used:

- **Uni-Directional Cog Threads**: These have barbs that face in one direction. They are effective in situations where only one pull direction is needed.
- **Bi-Directional Cog Threads**: These threads have barbs that face in two opposite directions, providing a stronger, more secure lift. They are used for facial lifting and are commonly referred to as the most effective cog threads.

Properties:

- **Absorption Time:** 6–8 months (PDO)
- **Biostimulatory Effects:** Moderate collagen stimulation, enhanced by the mechanical tension applied
- **Strength:** High tensile strength, designed for significant lifting and structural support
- **Usage:** Ideal for **lifting sagging skin**, especially on the **jawline**, **cheeks**, and **neck**. Suitable for patients with **moderate to severe laxity.**

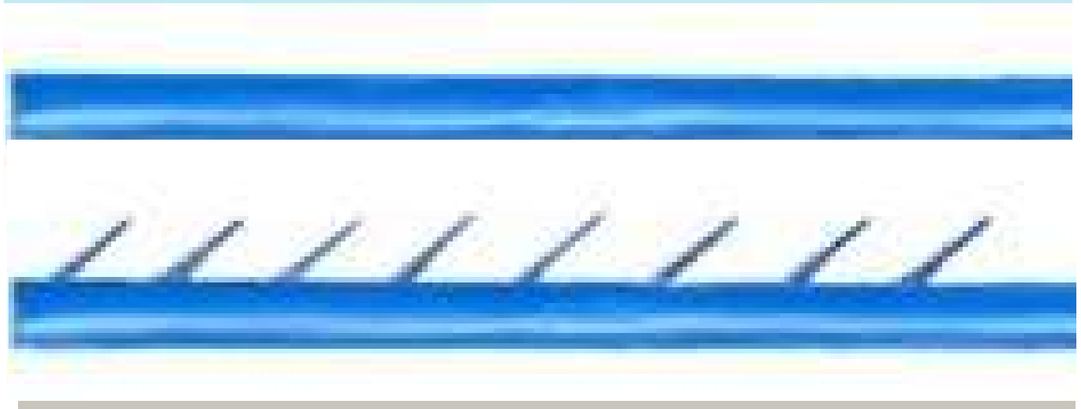


Fig 1. Mono-thread vs Cog thread

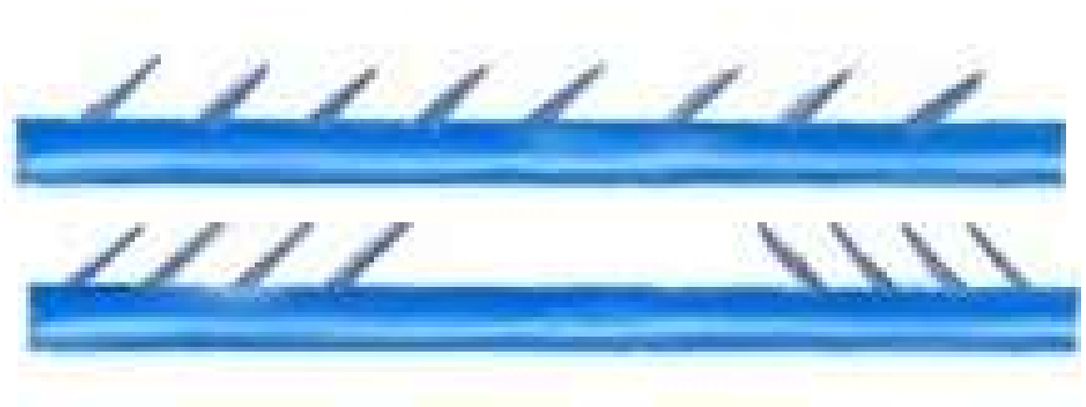


Fig 2. Uni-directional cog thread vs Bi- directional cog thread

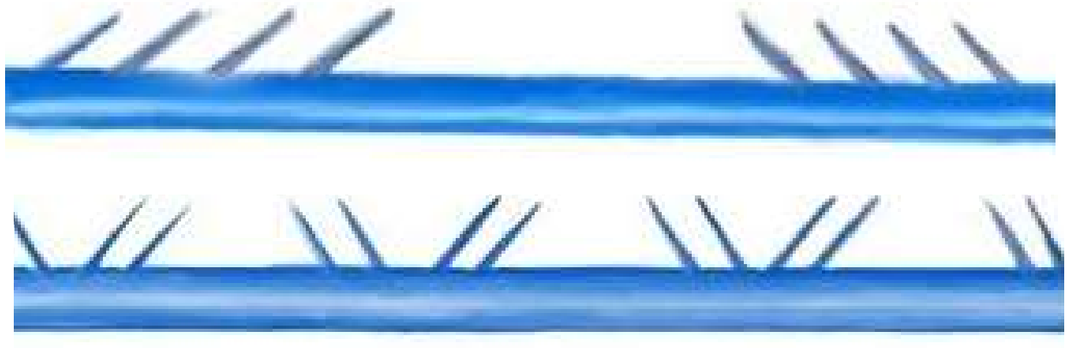


Fig 3. Bi-directional cog thread vs Zigzag type thread

3. Twister Threads

Twister threads are an evolution of the basic **mono-thread** and are designed to be **harder and thicker** than regular PDO threads. These threads are twisted into a spiral shape, increasing their ability to stimulate **collagen production** and **enhancing their volumizing effects**. When used in combination, Twister threads can provide results similar to **filler injections**, with the added benefit of stimulating **skin regeneration**.

Properties:

- **Absorption Time:**6–12 months (PDO)
- **Biostimulatory Effects:** Enhanced collagen and elastin production
- **Strength:** High tensile strength; offers a **moderate volume boost** compared to regular mono-threads
- **Usage:** Ideal for **volume restoration** in areas like the **cheeks**, **nasolabial folds**, and **under-eye region**.

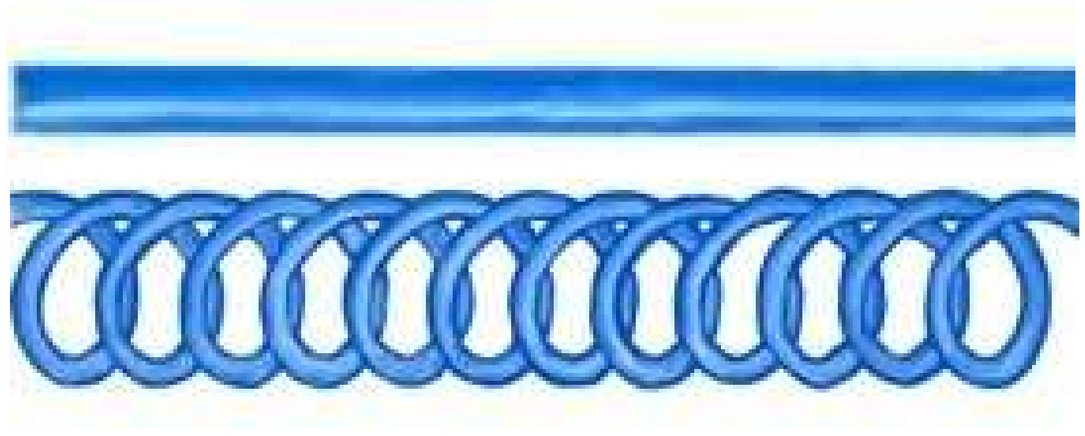


Fig 4. Simple type (Mono-thread) vs Twister type

4. Cutting vs. Molding Cog Threads

Cog threads are available in two main types based on their manufacturing process: **Cutting Cog Threads** and **Molding Cog Threads**.

- **Cutting Cog Threads**: These threads are designed with **labile cogs** that can easily latch onto tissues when pulled. While they are **effective for lifting**, they can have **lower tensile strength** because the cutting nature of the thread body weakens its structure as it absorbs.
- **Molding Cog Threads**: These threads are made by **molding** the body of the thread while simultaneously pressing the cogs. This process results in a **stronger, more durable thread** with **higher tensile strength** and **better lifting potential**. Molding threads are now favored for their **longer-lasting lifting effects** and improved **structural integrity**.

Properties:

- **Absorption Time:**6–12 months (PDO)
- **Biostimulatory Effects:** Moderate collagen production
- **Strength:** Cutting threads have moderate strength, while molding threads have **high tensile strength**
- **Usage:** Cutting threads are good for **moderate lift**, while molding threads are used for **stronger, more sustained lifting** and **better support** in areas like the **jawline** and **midface**.

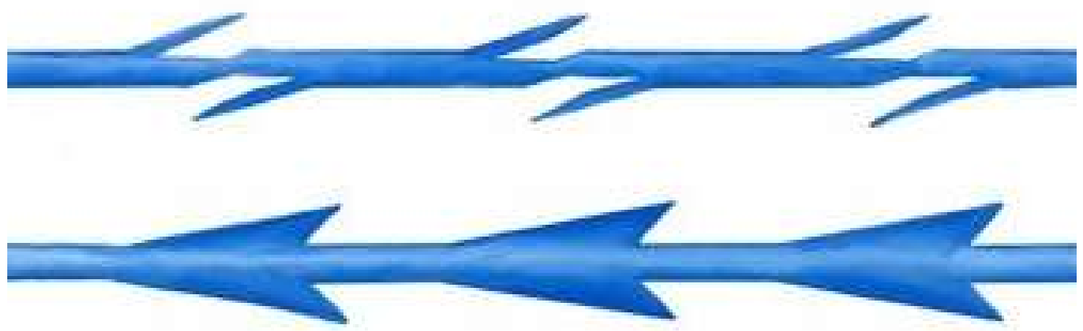


Fig 5. Cutting thread vs Molding thread

5. Long vs. Short Threads

Thread length plays a significant role in how and where the threads are used. **Long threads** are typically used for **large treatment areas**, providing strong lift over a broad region. They are used in **fixed-type lifting**, where the thread anchors at a distant point, such as the **temporal region**. **Short threads**, on the other hand, are designed for **localized areas** where a more focused lift is needed.

Properties:

- **Absorption Time:** 6–8 months (PDO)
- **Biostimulatory Effects:** Moderate
- **Strength:** Longer threads have a **greater lift potential** but **weaker grip** compared to short threads.
- **Usage:**
  - **Long Threads:** Used for **full-face lifting** or **area-wide lifting** such as on the **jawline** or **neck**.
  - **Short Threads:** Ideal for more **localized lifting** (e.g., **midface, eyes, lips**).

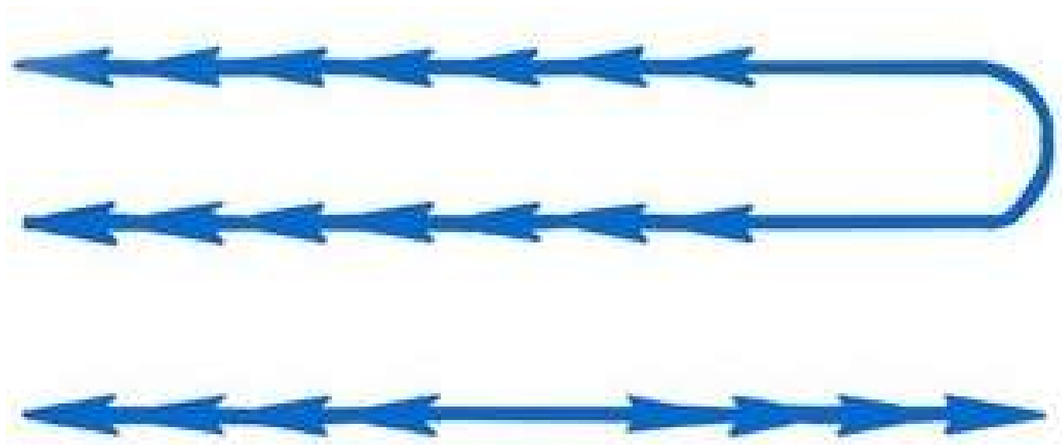


Fig 6. Long thread vs Short thread

6. Needle vs. Cannula Thread Placement

Thread placement can be done through either a **needle** or a **cannula**. Each method has distinct advantages and disadvantages:

- **Needle:** A sharp needle allows for **precise placement** and is particularly effective when threads need to be placed **deep**

in the tissue. However, it may cause more **discomfort** and **bleeding**.

- **Cannula**: A **blunt cannula** reduces trauma to the tissue, causing less bleeding and bruising, and is often preferred for **larger treatment areas**. However, it may be less precise and can be more difficult to maneuver.

Properties:

- **Needle:** Ideal for **precision placement** in **deeper layers** and **difficult areas** (e.g., **nasolabial folds**, **jawline**)
- **Cannula:** Better for **gentle**, **wider applications** with **minimal tissue disruption** (e.g., **neck**, **under-eye area**)

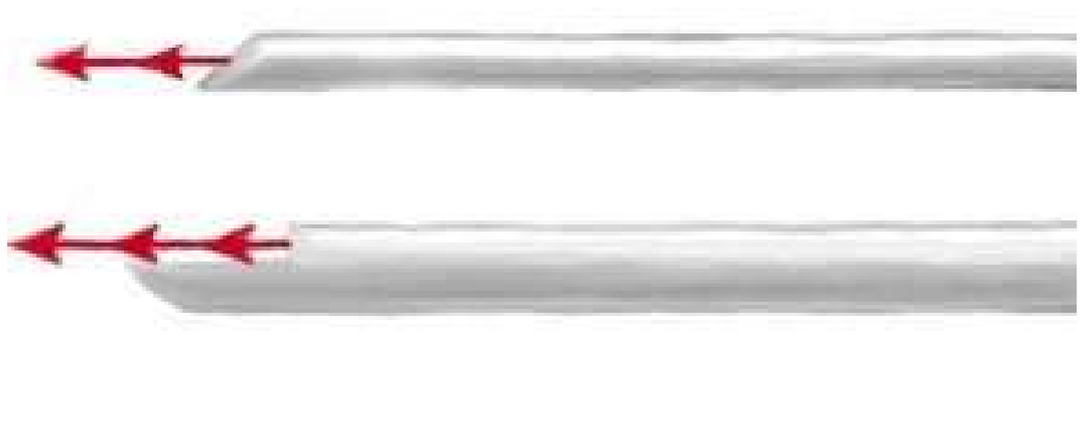


Fig 7. Needle vs Canula type thread

By understanding the various types of threads available and their specific properties, practitioners can customize treatments to meet the unique needs of each patient, ensuring the best possible outcomes.

2.1.1 PDO Threads: Types, Characteristics, and Uses

Polydioxanone (PDO) threads are the most commonly used and studied absorbable sutures in thread lifting. Originally developed for **cardiovascular surgery**, they have been adapted for aesthetic use due to their **biocompatibility**, **safety**, and **predictable biodegradation profile**. This section covers everything an aesthetic practitioner needs to know about **PDO threads**, including their structure, functions, types, and clinical applications.



1. What is PDO?

PDO (Polydioxanone) is a **synthetic, biodegradable polymer** from the polyester family. It is:

- **Monofilament or multifilament**
- **Completely absorbed by hydrolysis** over 6–8 months
- **Broken down into CO_2 and H_2O,** excreted naturally

Because of its long-standing use in surgical fields, PDO is considered **highly safe** and rarely causes allergic or immune reactions.

PDO threads were first introduced in aesthetic medicine in South Korea around 2010, becoming the cornerstone of modern thread lifting.



Fig 1. PDO Threads

2. Mechanism of Action

PDO threads work through two mechanisms:

Mechanical Lift:

- Barbed threads **grip the tissue**, and when pulled, they reposition and support sagging structures.
- Cog threads hold the lifted tissue in place through **tension and anchoring**

Biostimulation:

- The presence of PDO in tissue induces **controlled inflammation**, leading to:
  - Collagen (types I & III) synthesis
  - Increased **fibroblast activity**
  - **Elastin** and **hyaluronic acid** production
  - Enhanced **vascularization**

This dual action (immediate lifting + long-term collagen remodeling) results in improved:

- **Skin tone**
- **Elasticity**
- **Firmness**

Histological studies show increased collagen bundles around PDO threads as early as 2 weeks post-insertion, peaking at 8–12 weeks.

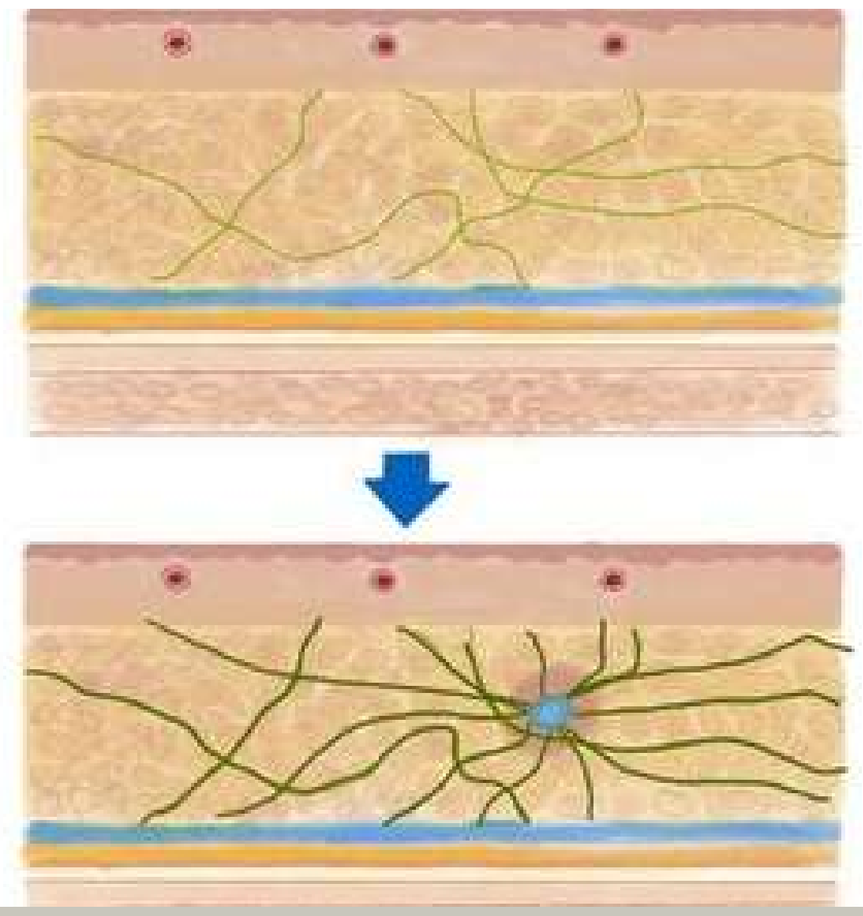


Fig 2. The presence of mono-threads in tissue induces controlled inflammation,

3. Types of PDO Threads

A. Mono Threads

- Smooth, no barbs
- Used for **collagen stimulation**, skin tightening, and fine lines
- Inserted in **mesh or parallel patterns**
- Common areas: periorbital, nasolabial, neck, forehead

B. Screw Threads

- One or two threads wrapped around the needle
- Creates **greater volume** and collagen production
- Best for **deep static wrinkles** or **sunken areas**

C. Cog Threads (Barbed)

- Have barbs that hook into tissue for **mechanical lifting**
- Can be **unidirectional, bidirectional,** or **molded**
- Provide **strong tissue repositioning**
- Common areas: midface, jawline, neck, brow

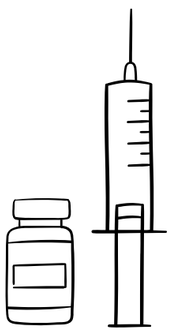
4. Clinical Indications for PDO Threads

Ideal areas for PDO use:

- **Midface**: Malar lift with cogs
- **Jawline**: Definition and jowl correction
- **Neck**: Mesh mono threads for tightening
- **Eyebrow (Fox Eye):** Lateral elevation using bidirectional cogs
- **Nasolabial folds**: Screw or mono threads for texture
- **Forehead & Glabella**: Fine lines treated with mono threads
- **Periorbital area**: Short mono threads for eye wrinkles

PDO threads can be combined with fillers, PRP, and botulinum toxin to address volume loss and muscle hyperactivity.





Type	Structure	Function	Placement Depth
Mono	Smooth	Collagen stimulation	Deep dermis or superficial su
Screw	Coiled	Volume + stimulation	Subcutis
Cog	Barbed	Lift + repositioning	Deep subcutis or SMAS

Table 1. Types of PDO Threads

5. Advantages of PDO Threads

✓ **Biodegradable** and completely absorbed
✓ **Low cost** and widely available
✓ Versatile for both **lifting and rejuvenation**
✓ Minimal risk of long-term complications
✓ **Flexible in texture**—suitable for thin-skinned areas
✓ Can be safely repeated after 6–12 months

6. Limitations and Considerations

✗ Shorter duration of results (~6–12 months) compared to PLLA or PCL
✗ Not ideal for **heavy tissue lifting** in patients with severe ptosis
✗ May require **multiple sessions** for collagen induction
✗ Overuse of mono threads may lead to fibrosis or lumpiness in thin skin
✗ Cogs may have reduced grip over time due to resorption

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2. Savoia A et al. Evaluation of PDO thread lifting techniques for facial rejuvenation. J Cosmet Laser Ther. 2014.PubMed Link
3. Woo KJ et al. Comparison of PDO and PLLA threads in facial rejuvenation. Aesthet Surg J. 2022.PubMed Link

2.1.2 PLLA Threads: Biodegradability and Longevity

Poly-L-lactic acid (PLLA) threads are a second-generation absorbable thread material used in aesthetic thread lifting. Known for their **extended longevity** and **strong biostimulatory effects**, PLLA threads have become increasingly popular for patients seeking **long-term facial rejuvenation** and collagen stimulation beyond the capacity of PDO threads.

In this section, we'll explore the **structure**, **mechanism**, **clinical uses**, and **advantages** of PLLA threads, with a focus on their role in combination lifting and tissue regeneration.

1. What is PLLA?

Poly-L-lactic acid (PLLA) is a **biocompatible**, **synthetic polymer** derived from lactic acid. It has been used for over a decade in medical products such as:

- Orthopedic implants
- Suture materials
- Injectable stimulators (e.g., Sculptra®)

When used as threads, PLLA offers:

- **Extended degradation time** of **12** to **18 months**
- **Stronger collagen stimulation** than PDO
- Gradual tissue thickening and tightening

PLLA threads are often preferred for patients seeking long-term structural support and biological rejuvenation, especially in aging or sun-damaged skin.



2. Mechanism of Action

Like PDO, PLLA threads provide both **mechanical lift** and **biological regeneration**, but the effects are longer lasting and more robust.

Mechanical Support:

- Most PLLA threads are **molded** or **bidirectional barbed**, allowing deep anchoring into tissue.
- This provides **stronger lifting**, particularly in areas with heavier tissue like the **jawline and cheeks**.

Collagen Stimulation:

- PLLA induces a **foreign body response**, promoting long-term stimulation of:
  - **Type I collagen**
  - **Elastin**
  - **Hyaluronic acid**

- The process begins **4–6 weeks post-procedure** and may continue for over a year, leading to:
  - Increased dermal density
  - Improved firmness
  - Subtle volumization

Compared to PDO, PLLA leads to a **slower but more sustained collagen response**, ideal for progressive facial rejuvenation.

3. Structural Features of PLLA Threads

- Typically made as **molded cog threads** (rather than cutting barbs), providing **stronger anchoring**
- **Thicker and more rigid** than PDO—better suited for deeper tissue planes
- Often used in **larger-gauge cannulas** (18–21G)
- **Slower hydrolysis rate**, which extends clinical benefits

Property	PDO	PLLA
Absorption Time	6–8 months	12–18 months
Stimulation Onset	2–4 weeks	4–6 weeks
Peak Collagen Production	8–12 weeks	12–20 weeks
Volume Effect	Mild	Moderate
Lifting Strength	Moderate	High

4. Clinical Indications for PLLA Threads

PLLA threads are especially suitable for:

- **Moderate to severe skin laxity**
- **Thin or photoaged skin** needing structural support
- **Patients aged 40–65** with collagen loss and tissue descent
- Areas requiring **longer-lasting lift and collagen induction**

Common treatment zones:

- **Jawline:** Sculpting and tightening
- **Midface/cheek:** Lift + dermal support
- **Neck:** Sagging skin with crepiness
- **Temple and brow:** Extended support in fox eye procedures
- **Chin and nasolabial folds:** Volume restoration and tightening



Fig 1. Common treatment zones of PLLA

5. Combination Protocols

PLLA threads are often used in combination with:

- **PDO mono threads:** Superficial collagen stimulation
- **Dermal fillers:** Immediate volume correction
- **Botulinum toxin:** Reduce dynamic wrinkles
- **Energy-based devices** (e.g., RF, ultrasound): For multi-layer tightening

Layering PLLA threads under PDO threads creates a **dual-layer treatment**—lift and rejuvenation.

6. Considerations & Limitations

❌ Higher cost than PDO

❌ Slightly more **rigid and difficult to maneuver**—requires experienced hands

❌ **Not ideal for thin or very delicate skin** (may cause visibility or discomfort)

❌ May result in **palpable firmness** during early months due to stronger fibrosis

❌ **Delayed onset** of visible skin improvement

Ideal for patients who want gradual, sustained rejuvenation and can wait 4–8 weeks for visible improvement.

Refrences

1. Park TH et al. Efficacy of poly-L-lactic acid thread for facial rejuvenation: A histologic study. J Cosmet Dermatol. 2019.PubMed Link
2. Lee DG et al. Comparison of PLLA and PDO threads in collagen induction and skin firming. Dermatol Surg. 2021.PubMed Link
3. Woo KJ et al. Aesthetic outcomes of long-lasting PLLA threads in non-surgical lifting. Aesthetic Plast Surg. 2022. PubMed Link



2.1.3 PCL Threads: When and Why to Use Them

Polycaprolactone (PCL) threads represent the **latest advancement** in absorbable suture materials used for thread lifting. Offering the **longest duration of action, exceptional biostimulatory effects**, and enhanced elasticity, PCL threads are ideal for patients who desire **maximized skin rejuvenation** and **extended longevity** in their results.

In this section, we'll explore the **composition, degradation profile, tissue interaction, indications**, and **advantages** of PCL threads, including how and when to integrate them into your clinical practice.

1. What is PCL?

Polycaprolactone (PCL) is a **synthetic, biodegradable polyester** known for its long degradation time and flexible properties. It has been used in:

- Medical sutures
- Orthopedic implants
- Controlled drug release systems

In aesthetic medicine, PCL is now formulated as both injectable stimulators and **thread lifting sutures** . These threads provide **mechanical lift** and induce **strong collagen, elastin, and hyaluronic acid production**, leading to skin thickening and rejuvenation that can **last up to 24 months.**

Among all absorbable threads (PDO, PLLA, PCL), PCL has the **slowest absorption rate** and the **strongest skin regenerative potential.**



2. Mechanism of Action

Mechanical Support:

- PCL threads often feature **molded or bidirectional barbs**, which offer superior anchoring and grip.
- Their flexibility allows smooth passage through tissue with minimal trauma.
- They create an **immediate elevation** of sagging tissues in the face and neck.

Progressive Biostimulation

- PCL stimulates:

- PCL stimulates:
  - **Type I and III collagen**
  - **Elastin synthesis**
  - **Hyaluronic acid production**

- The collagen response **builds slowly** over **3 to 6 months** and continues even after the threads dissolve.

PCL threads improve not only laxity but also **skin quality, hydration,** and **elasticity**, making them ideal for aging or photo-damaged skin.

3. Properties of PCL Threads

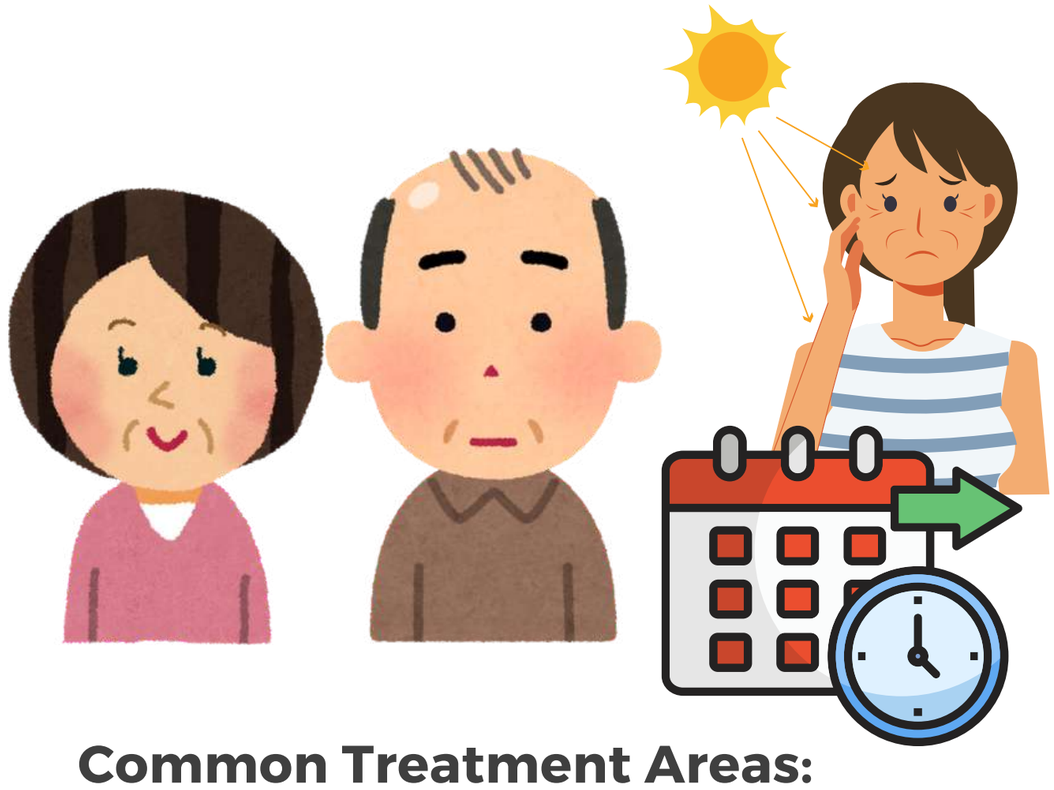
Property	PCL	PDO	PLLA
Absorption Time	18–24 months	6–8 months	12–18 months
Collagen Stimulatio	Very high	Moderate	High
Elastin Induction	Yes	Minimal	Mild
Volume Effect	Moderate	Mild	Moderate
Flexibility	High	Moderate	Low–moderate
Cost	High	Low	Moderate

The unique feature of PCL is its ability to **stimulate elastin and HA**, which are not significantly influenced by PDO or PLLA.

4. Clinical Indications for PCL Threads

PCL threads are suitable for patients who:

- Are **45 years or older**
- Have **thin, dehydrated, or sun-damaged skin**
- Require **long-term results** with minimal re-treatment
- Are concerned with both **lifting and skin regeneration**



Common Treatment Areas:

- **Jawline and lower face**: Long-lasting lift and contour
- **Neck and chin**: Improves crepiness and sagging skin
- **Cheeks**: Midface lift with skin thickening
- **Periorbital region**: Improves fine lines and firmness
- **Forehead and brow**: Fox eye with better collagen response

Ideal for patients who are not ready for surgery but want **stronger, more durable lifting results**.

5. How to Use PCL Threads in Clinical Practice

PCL threads are often used as:

- A **standalone treatment** for long-term results
- A **foundational lift**, followed by PDO mono threads for texture
- Part of **combination therapy** with:
- **Sculptra® or Radiesse®**
- **Microneedling RF or ultrasound**
- **Skin boosters for hydration**





For experienced injectors, PCL is an ideal choice for deep-layer anchoring and regenerative strategies

6. Limitations and Clinical Considerations

❌ Higher cost than PDO and PLLA
❌ **Requires greater insertion precision due to stiffness**
❌ **Onset of effects is slower** (visible changes begin around 6–8 weeks)
❌ **Not recommended for very thin or extremely delicate skin**, due to potential for palpability
❌ May cause **firmness or mild nodularity** early in the healing process

Careful patient selection and post-procedure education are essential to manage expectations.

Refrences

1. Kim HJ et al. Efficacy of polycaprolactone threads in facial rejuvenation: A clinical and histologic study. J Cosmet Dermatol. 2021.PubMed Link
2. Kim J et al. Histologic changes after PCL thread insertion for facial rejuvenation in humans. Dermatol Surg. 2020.PubMed Link
3. Woo KJ et al. Comparative outcomes of PDO, PLLA, and PCL threads for facial lifting. Aesthetic Plast Surg. 2022. PubMed Link

2.1.4 Choosing the Right Thread for Each Treatment Area

In thread lifting, there's no one-size-fits-all solution. Each facial and neck zone has **unique anatomical features**, including skin thickness, fat distribution, ligament support, and underlying vascular structures. Choosing the **correct thread type, length, and material** for each zone is vital to deliver **natural-looking, symmetrical, and long-lasting results**.

This section guides you through practical selection strategies based on region-specific needs and patient-specific factors.

1. Midface and Cheeks

Aesthetic Goal:

- Elevate sagging malar fat pads
- Soften nasolabial folds
- Restore midface volume and cheek contour

Recommended Threads:

- **Cog (barbed) threads:** For lifting effect
- **Bidirectional or molded cogs:** Provide strong, self-anchoring lift
- **Mono or screw threads:** For fine lines and dermal texture

Technique Tips:

- Place threads along **zygomatic arch vectors,** anchoring into **temporal fascia**
- Insert at the **subcutaneous or SMAS level**
- Use 2–4 threads per side **in fan-like** vectors targeting the nasolabial fold and upper cheek

For volume loss, consider combining with fillers or screw threads in the deep medial cheek.



Fig 1. Midface Thread Lifting

2. Jawline and Lower Face

Aesthetic Goal:

- Define mandibular contour
- Lift jowls and correct marionette folds
- Tighten loose skin near the jaw angle

Recommended Threads:

- **Molded or large cog threads (**PDO, PLLA, or PCL)
- Long barbed threads (90–120 mm depending on face size)
- Anchor in **preauricular fascia** and thread toward the **mandibular border**

Technique Tips:

- Use **parallel threads** running along the mandibular angle
- For jowls, thread should pass beneath the jowl fat pad for optimal elevation
- Combine with **lipolytic injections** or RF if fatty tissue is excessive

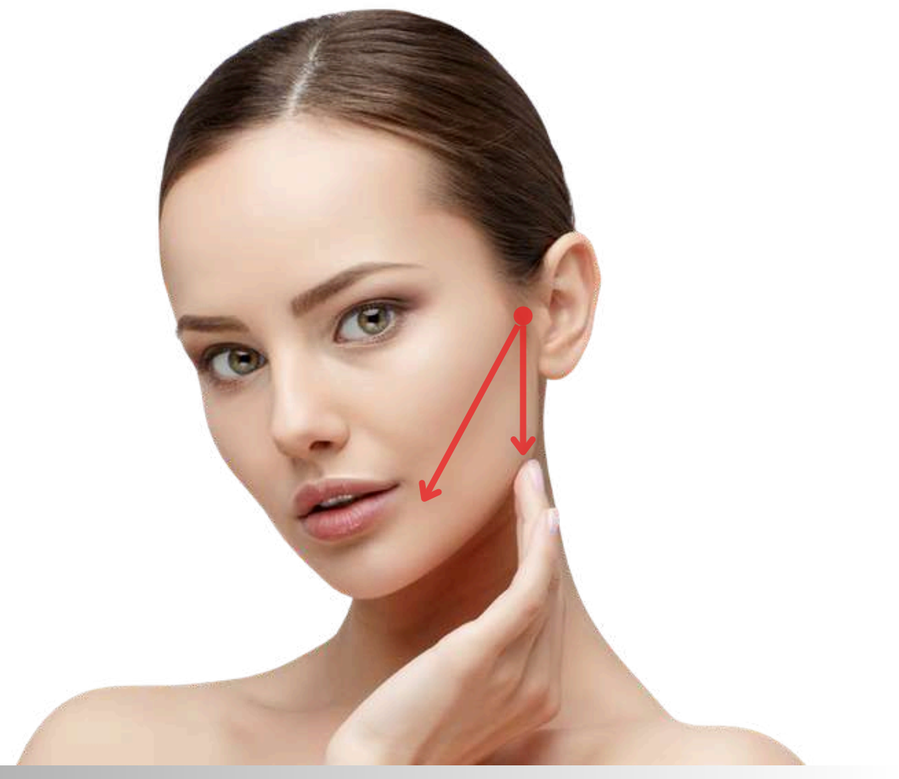


Fig 2. Jawline and Lower Thread Lifting

⚠️ Avoid deep placement near the **marginal mandibular nerve** and **facial artery notch**.

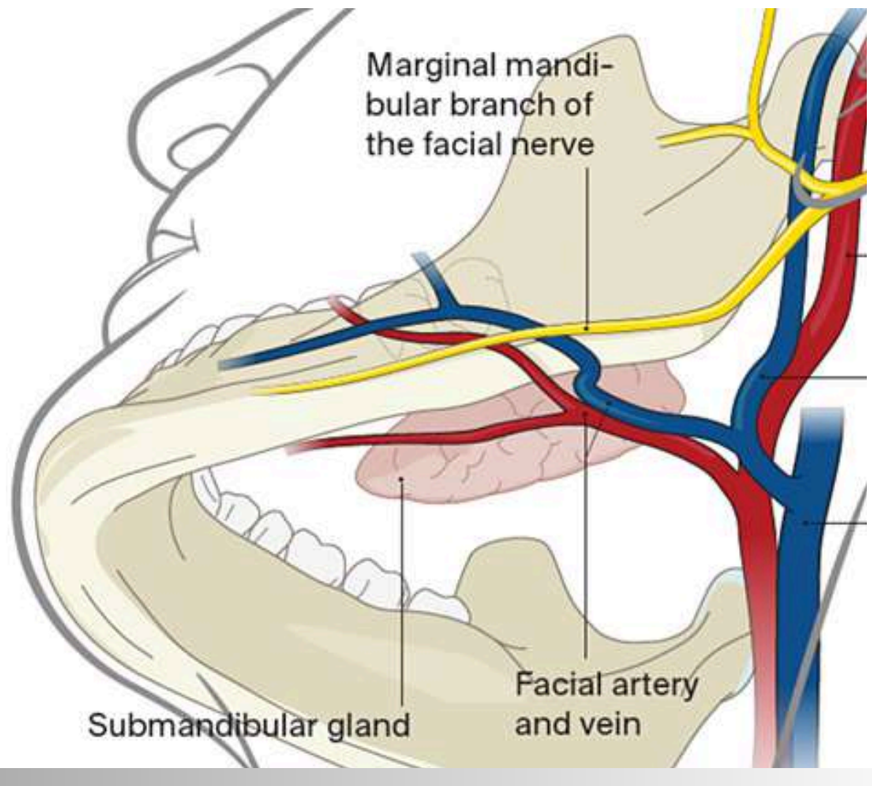


Fig 3. Avoid the Facial Artery and Marginal Mandibular nerve in Jawline Lifting

3. Brows and Temple (Fox Eye Lift)

Aesthetic Goal:

- Elevate the tail of the eyebrow
- Open the lateral eye and lift the temple
- Achieve a "cat eye" or "fox eye" look

Recommended Threads:

- **Short bidirectional cog threads**
- Use **PDO** for more flexibility or **PCL** for longer duration
- Entry point: **temporal scalp**, about 2–3 cm behind hairline

Technique Tips:

- Anchor into the **deep temporal fascia** for stability
- Insert toward the lateral canthus and upper lateral orbital rim
- Combine with botulinum toxin in the glabella for more dramatic effect

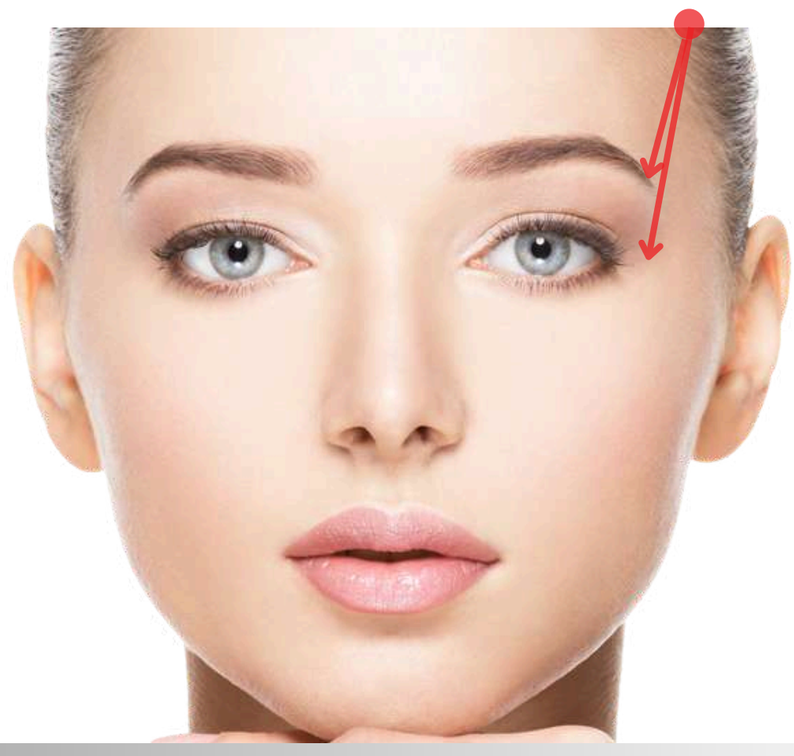


Fig 4. Eyebrow / Fox Eye Lift Thread Lifting

For patients with thick skin or strong lateral brow depressors, use stronger cog threads (PLLA or PCL)

4. Neck and Submental Region

Aesthetic Goal:

- Tighten horizontal neck bands
- Lift submental sagging
- Smooth platysmal banding

Recommended Threads:

- **Mono or mesh-pattern PDO threads** for skin tightening
- **Cog threads** in criss-cross patterns for structural lifting
- Entry points: **retroauricular, submental**, or **mandibular angle**

Technique Tips:

- Avoid placing threads too superficially (risk of thread visibility)
- Use **parallel vertical threads** for platysma correction
- Combine with **energy-based treatments** or **lipolysis** for enhanced results

⚠️ Avoid deep insertion near the **external jugular vein** and **carotid triangle**.

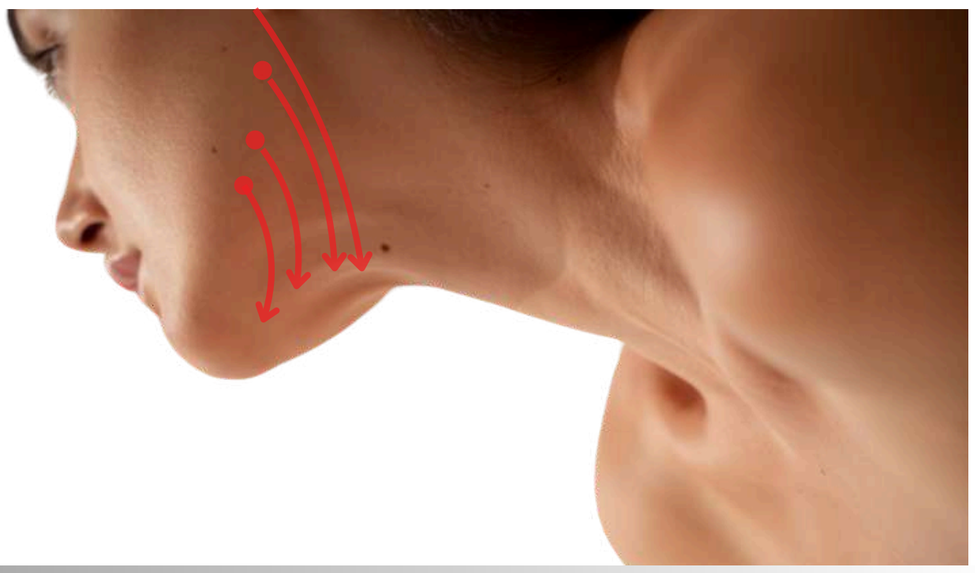


Fig 5. Neck Thread Lifting

5. Nasolabial Folds and Marionette Lines

Aesthetic Goal:

- Reduce the depth of nasolabial and marionette creases
- Reposition cheek and jowl tissues upward

Recommended Threads:

- **Screw or twin PDO threads** to stimulate collagen and mild volume
- **Cog threads** placed from lateral cheek toward nasolabial fold
- Use mono threads in a **mesh pattern** for skin quality improvement

Technique Tips:

- Do not insert threads directly into deep folds (risk of dimpling)

- Always support from **lateral to medial**, lifting the drooping tissue
- Combine with **filler** for more advanced folds

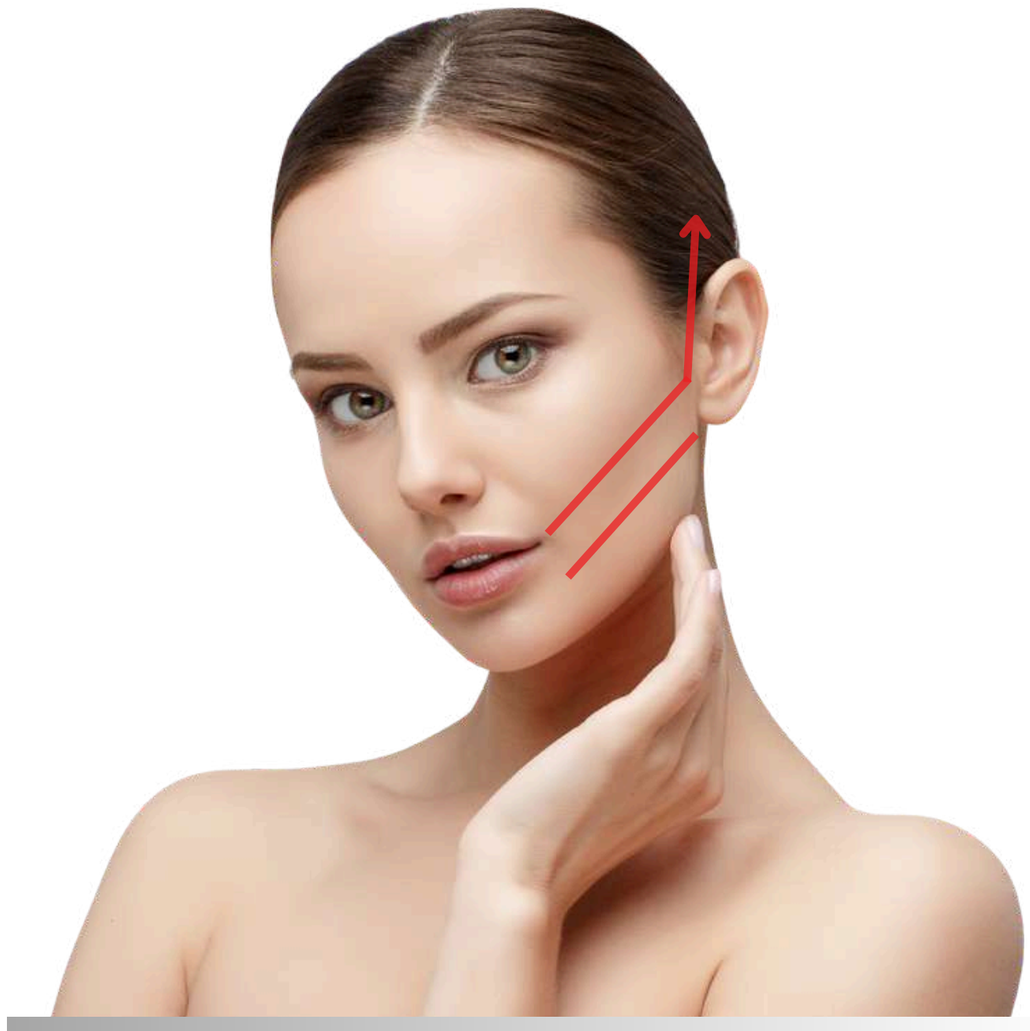


Fig 6. Vectors of marionette line lifting.

💡 Screw threads are excellent in this area when volume loss is mild but noticeable.

6. Nose (Thread Rhinoplasty)

Aesthetic Goal:

- Lift nasal tip
- Define nasal bridge
- Support columella

Recommended Threads:

- **Rigid, short cog threads** for tip projection
- **Smooth or screw** threads for dorsal contouring
- Entry point: nasal tip or dorsum (depending on goal)

Technique Tips:

- Use **vertical stacking** of cog threads for tip lift
- For bridge definition, insert threads along the **nasal dorsum in a linear plane**
- Avoid over-tensioning or superficial placement



Fig 7. Non-Surgical Thread Rhinoplasty Entry Points and Vectors

⚠️ Careful insertion is essential to avoid the **angular artery** and minimize the risk of vascular compromise.

7. Key Factors in Thread Selection

Factor	Consideration
Skin Thickness	Use flexible threads in thin skin (PDO); use PCL/PLLA in thicker skin
Tissue Laxity	Mild laxity: mono or screw; moderate to severe: cog or molded threads
Anatomical Dept	Deep plane lifting requires molded or bidirectional barbed threads
Age	Younger patients (30–40): use PDO; older patients (45+): consider PLLA or PCL
Budget & Expectations	PDO offers lower cost with quicker results; PCL lasts longer but is costlier

Refrences

1. Cotofana S et al. Layer-specific thread placement and anatomical safety zones. Aesthet Surg J. 2021.PubMed Link
2. Lee DG et al. Thread lifting indications by facial area: A systematic review. J Cosmet Dermatol. 2020.PubMed Link

2.2 Essential Tools and Equipment for Thread Lifting

Successful and safe thread lifting requires not only deep anatomical knowledge and refined technique but also the use of **appropriate tools and equipment**. Every item—from the **thread itself to the antiseptic solution**—plays a critical role in ensuring precision, minimizing complications, and optimizing results.

This section offers a comprehensive overview of the tools you need in your clinic to confidently and professionally perform thread lifting procedures.

1. Threads (Core Product)

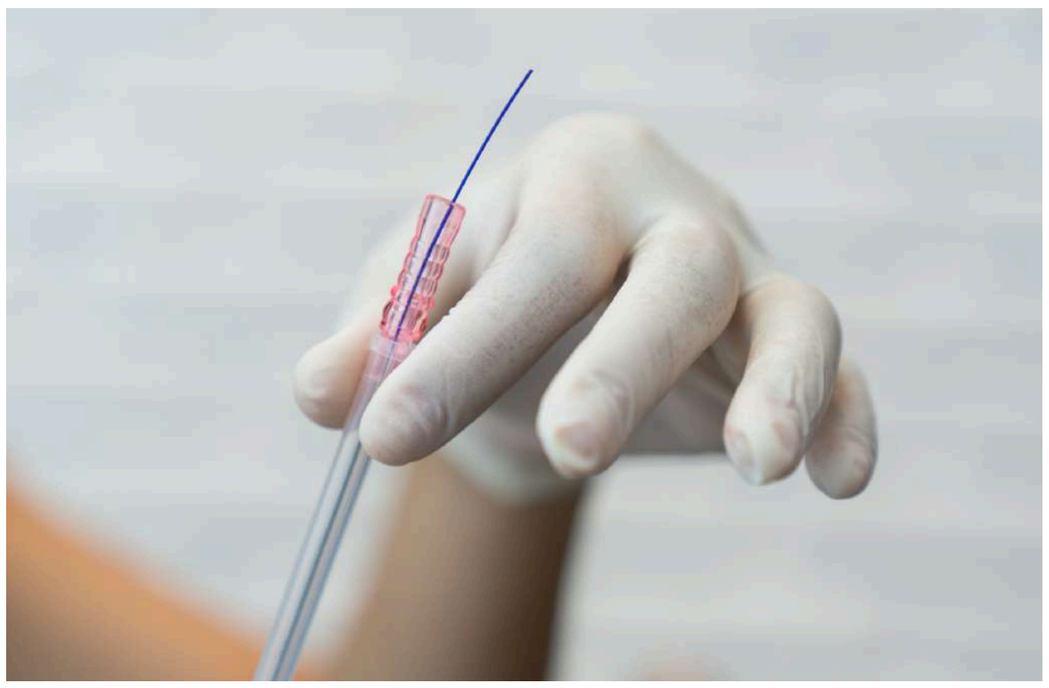
The foundation of any thread lift is the thread itself. Choose based on:

- **Type**: Mono, cog, screw, molded
- **Material**: PDO, PLLA, PCL
- **Size**: Length (30–150 mm), gauge (25G–18G), and barb configuration

Common packaging includes:

- **Sterile blister packs**
- Threads pre-loaded on **needles** or **cannulas**

💡 Keep a variety of thread types in stock to adapt to different facial zones and aging patterns.



2. Cannulas and Needles

A. Sharp Needles

- Used for pre-threading insertion, mainly with mono threads
- Must be inserted at the **correct depth** to avoid vascular damage

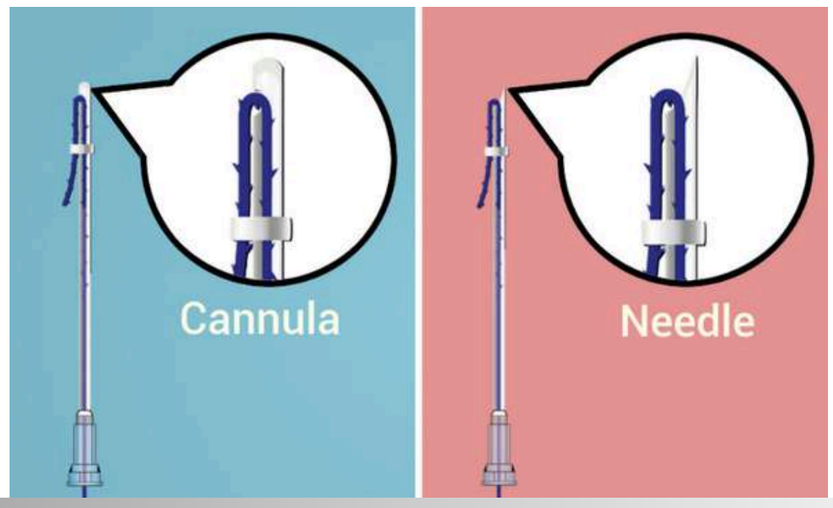


Fig 1. A schematic picture showing difference betweeen Cannula and Needle

B. Blunt-tip Cannulas

- Essential for **cog and barbed thread insertion**
- Decrease trauma, reduce bruising, and improve comfort
- Common gauges: **18G, 19G, 21G, 23G, and 25G**
- Length: Varies from **50 mm to 100 mm** depending on treatment area

lunt cannulas are especially important in high-risk areas like the **midface, jawline**, and **temple**.

3. Marking Tools

Accurate marking is vital to define:

- Entry and exit points
- Vector directions
- Anchor zones



Fig 2. Acurate marking is a vital step of thread lifting

Recommended tools:

- **Surgical skin markers** (fine-tip, non-toxic)
- **Measuring calipers or flexible rulers**
- **Anatomical vector templates** (optional, for training use)



Fig 3. Recommend tools to use for thread lifting

✏️ Always mark patients in the **upright seated position** to assess true tissue descent.

4. Skin Preparation and Disinfection

Clean skin is critical to reduce infection risk. Use:

- **Chlorhexidine solution or 70% isopropyl alcohol**
- **Sterile gauze pads**
- **Antibacterial face cleanser** for oily skin
- **Betadine swabs** (for patients without allergies)



Ensure **double cleansing** and avoid re-contaminating skin during the procedure.

⚠️ Avoid alcohol near the eyes or mucosal areas—use saline or mild antiseptic there instead.



Fig 4. Avoid alcohol near the marked areas

5. Anesthesia Supplies

Thread lifting requires **adequate anesthesia** to ensure patient comfort and precision. Depending on the area, prepare:

- **Topical anesthetic cream** (e.g., lidocaine 5%) – apply 20–30 minutes before
- **Injectable lidocaine 1–2%,** with or without epinephrine – for local blocks or tumescent anesthesia
- **Insulin syringes** (30–32G) for infiltration
- **Dental blocks** – for nasolabial, midface, and perioral zones





💡 Pre-anesthetize **all entry points and thread paths** to minimize patient discomfort.

6. Ancillary Tools and Materials

These help maintain efficiency and safety during the procedure:

Item	Purpose
Sterile gloves	Prevent contamination
Sterile drapes	Isolate field and enhance visibility
Syringes & needles	For anesthesia and saline infiltration
Gauze, cotton swabs	Wiping and absorption
Hemostats or tweezers	For grasping thread tails
Mirror or phone camera	For patient discussion and consent

Prepare all items on **a sterile tray** before beginning.



Fig 5. Preapare all the needed items on a sterile tray to decrease risk of infection.

7. Post-Treatment Materials

To support healing and comfort post-procedure, have these items prepared:

- **Cooling packs:** Reduce bruising and swelling
- **Antibiotic ointment** (optional, for entry points)
- **Sterile adhesive bandages or micropore tape** (if threads are exposed)
- **Post-care instruction sheet:** Includes do's, don'ts, and follow-up timeline







Give patients a soft cold pack to use in the first **24 hours** to minimize swelling.

8. Emergency and Safety Supplies

Be prepared to manage rare complications such as vascular compromise or allergic reactions:

- **Hyaluronidase** (if thread was combined with fillers)
- **Epinephrine auto-injector**
- **Steroid and antihistamine injections**
- **Saline solution** (for flushing)
- **Surgical scissors** or blade (for thread removal if needed)



Fig 6. Always have a emergecny crash kit at your disposal

🚨 A fully stocked **emergency crash kit** should always be accessible in your clinic.

Refrences

1. Lee DG, Kang SH. Instruments and tools required for thread lifting: A practical guide. J Cosmet Dermatol. 2020. PubMed Link
2. Savoia A et al. Clinical protocol and equipment setup for safe facial thread lifting. Dermatol Ther. 2016. PubMed Link



2.2.1 Needles vs. Cannulas: When to Use Each

A critical decision in thread lifting involves selecting the **delivery method** for inserting threads—**sharp needles** or **blunt-tip cannulas**. Each option has its own indications, advantages, and limitations depending on the **thread type**, **facial region**, **anatomical depth**, and **desired effect**.

In this section, we'll explore the key differences between needles and cannulas and provide **clinical guidance** on when to use each to maximize safety and efficacy.

1. What's the Difference?

Feature	Sharp Needle	Blunt Cannula
Tip Design	Sharp, cuts through tissue	Rounded, glides around structures
Tissue Disruption	Higher	Minimal
Pain & Bruising	More common	Less common
Risk of Vessel Injury	Higher	Lower
Control of Depth	Direct and rigid	Flexible but may require more experience
Entry Point	May create more trauma	Requires pilot hole with needle

💡 Cannulas are often preferred for larger threads and in vascular areas, while needles may be better suited for superficial or precise placement.

2. When to Use Sharp Needles

Sharp needles are typically used for mono and screw threads, which are inserted superficially to stimulate collagen production. They are also found pre-loaded with smaller threads in sterile packs.

✅ **Indications:**

- **Periorbital region** (fine lines)
- **Forehead and glabella**
- **Perioral and smile lines**
- **Neck mesh technique**
- Cases requiring **very short threads** or where extreme precision is needed

⚠️ **Limitations:**

- **Higher risk of bruising and discomfort**
- **May cause bleeding or post-inflammatory dimpling**

- **Cannot be used near high-risk vascular zones without increased caution**

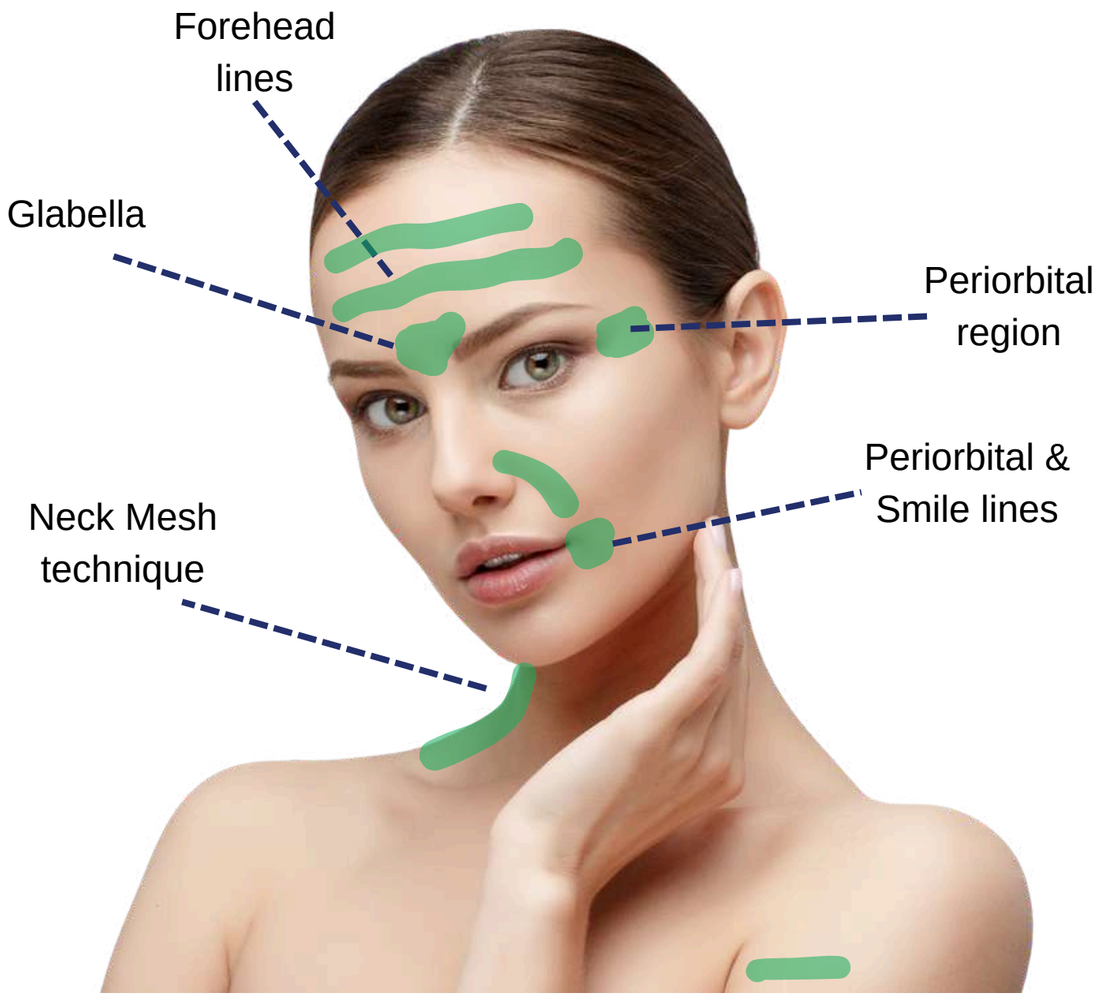


Fig 1. Areas suitable to use Needle Thread Lifting

✏️ Use sharp needles with proper mapping and always in **non-vascular, superficial layers.**

3. When to Use Blunt-Tip Cannulas

Cannulas are the **gold standard** for inserting **barbed (cog) threads**, particularly in deeper layers. They **minimize trauma**, **reduce complications**, and allow **multi-vector threading** through a **single** entry point.

✅ **Indications:**

- **Midface lifting (**malar fat pad repositioning**)**
- **Jawline and jowl contouring**
- **Fox eye / brow lift**
- **Neck lift using cogs or molded threads**
- **High-risk areas with** critical vessels (e.g., temporal region)

Advantages:

- **Reduced pain and bruising**
- **Safer insertion around nerves and vessels**
- **Easier passage in fibrotic or older skin**

Cannulas are especially important in **elderly patients** or those with known **vascular fragility**.

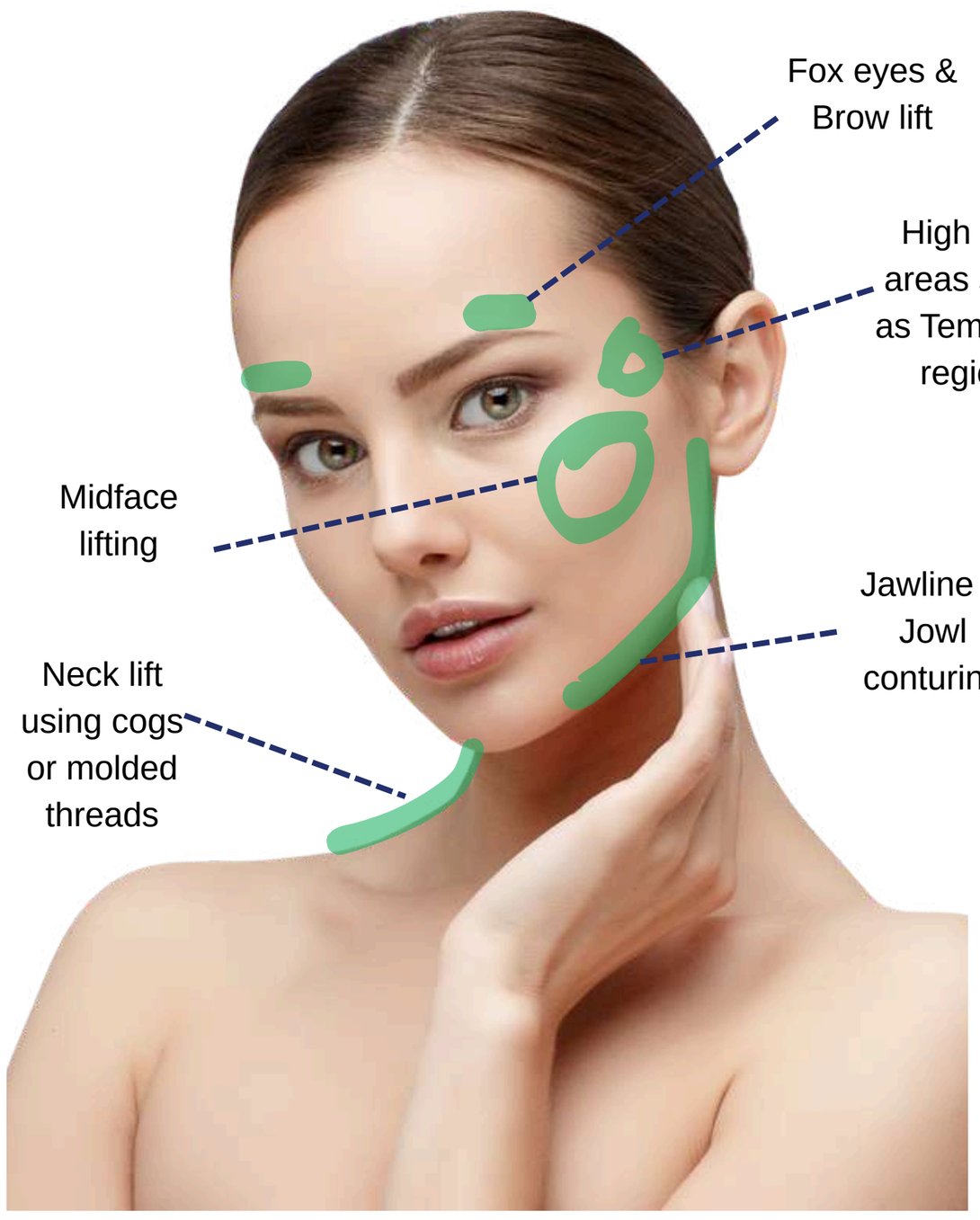


Fig 2. Areas suitable to use Cannula Thread Lifting

4. Cannula Gauge and Size Recommendations

Cannula Gauge	Thread Type	Best Use Areas
25G – 27G	Mono, Screw	Forehead, eye area, neck
21G – 23G	Cog (thin skin)	Midface, brow, nasolabial
18G – 20G	Cog/Molded (firm grip)	Jawline, jowls, thick skin

MODEL	NEEDLE GAUGE	NEEDLE SIZE
Mono	26G	90mm
	27G	38mm
		50mm
	29G	38mm
		50mm
		60mm
	30G	25.4mm
		38mm
Eye Thread L Cannula	30G	25.4mm
Screw	27G	38mm
	29G	38mm
Cog 12D	19G	100mm
	21G	100mm
Cog 12D L Blunt	21G	100mm
	21G	60mm
Cog 12D W Blunt	19G	100mm
	18G	100mm
Molding L Blunt	19G	100mm
	18G	100mm
Nose thread L Blunt	19G	50mm
Double Arm Molding	290mm	
	340mm	

Wider gauge cannulas are used with stronger barbed or molded threads for deeper lifting in high-tension areas.

5. Entry Techniques

For Cannulas:

- Requires a **pilot hole** with a sharp 18G or 21G needle
- Insert cannula through the hole at a shallow angle
- Feel for minimal resistance; redirect if excessive pressure is felt

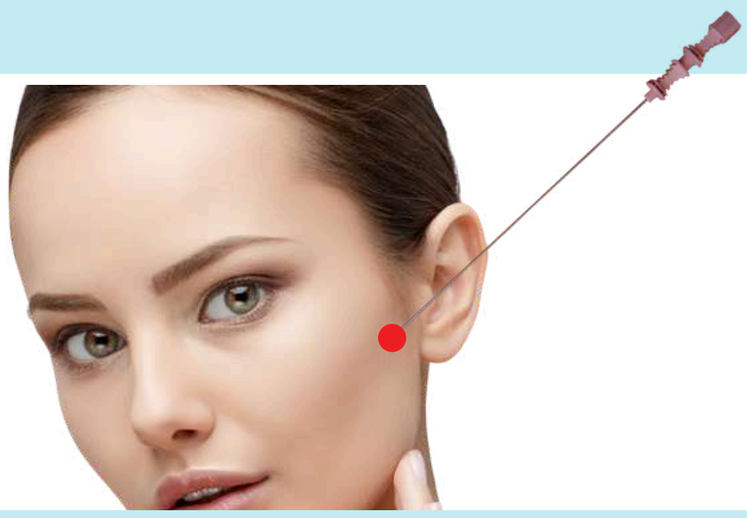


Fig 3. Use a puncture needle to make a pilot hole for cannulas

For Needles:

- Insert directly at marked angle and depth
- Advance steadily to avoid tissue trauma
- Withdraw carefully to avoid thread displacement



Fig 4. Insert needles dirctly at the entry point

Always **anesthetize** the entry site thoroughly before pilot hole creation or needle insertion.

Blunt cannulas **reduce** the chance of **vascular accidents** but still require strong anatomical knowledge.

6. Complications to Watch For

Tool	Possible Complications	Prevention Tips
Needles	Bruising, hematoma, thread extursion	Use slow, controlled insertion; avoid superficial depth
Cannulas	Resistance, kinking, thread buckling	Confirm correct plane and prep tissue with light tunneling



Fig 5. Brusing after thread lifting



Fig 6. Hematoma formation



Fig 7. Thread extursion



Fig 8. Kinking

Clinical Takeaways

✓ Use **sharp needles** for **superficial** collagen stimulation with mono or screw threads
✓ Use **blunt cannulas** for lifting procedures involving **cog**, **molded**, or **long threads**
✓ In **sensitive** or **vascular** zones (**temple**, **periorbital**), always prefer **cannulas**
✓ Use **smaller gauges** for **thin** skin; **larger** for **jawline**, **cheek**, or **heavy tissues**
✓ Keep a **range** of **needle** and **cannula** sizes in your clinic to stay flexible

Refrences

1. Savoia A et al. Cannula vs. needle delivery in aesthetic thread lifting: Outcomes and safety. J Cosmet Laser Ther. 2021. PubMed Link
2. Woo KJ et al. Optimizing thread insertion techniques by facial zone: Sharp vs. blunt instruments. Aesthetic Surg J. 2022.PubMed Link

2.2.2 Anesthesia Supplies and Techniques

Anesthesia is a vital component of safe and comfortable thread lifting. While thread lifting is minimally invasive, **pain management is essential**—not only for patient satisfaction but also for practitioner precision and control. Proper anesthesia ensures **smooth thread insertion**, minimizes movement, and reduces post-procedure complications like bruising and vasovagal reactions.

This section covers the types of anesthesia used in thread lifting, how to apply them, and which tools are needed for each approach.

1. Types of Anesthesia in Thread Lifting

Type	Purpose	Use Case
Topical Anesthesia	Numbs the skin surface	Superficial mono/screw threads, delicate zones
Injectable Local Anesthesia	Blocks pain in specific areas	Most commonly used method
Nerve Blocks	Regional anesthesia for large areas	Jawline, midface, temple, or perioral lifts

💡 Choice depends on the area treated, thread type, and patient comfort level.

2. Topical Anesthesia

Topical creams containing **lidocaine** (2.5–5%) and **prilocaine** are commonly used as **pre-treatment** for **superficial threading**.

Supplies:

- **EMLA® cream or equivalent**
- **Occlusive dressing or plastic wrap**
- **Cotton swabs or applicator sticks**



Fig 1. Items required for topical anesthesia

Application:

1. **Clean skin with gentle antiseptic**
2. **Apply a thick layer of cream**
3. **Cover with plastic wrap to enhance penetration**
4. **Leave on for 20–30 minutes**
5. **Wipe off thoroughly before threading**

Do not rely solely on **topical anesthesia** for **cog thread placement**—it does not affect deeper tissues.

3. Injectable Local Anesthesia

Injectable anesthesia is required for:

- **Entry points**
- **Thread path numbing**
- **Patient comfort during deep tissue anchoring**

Supplies:

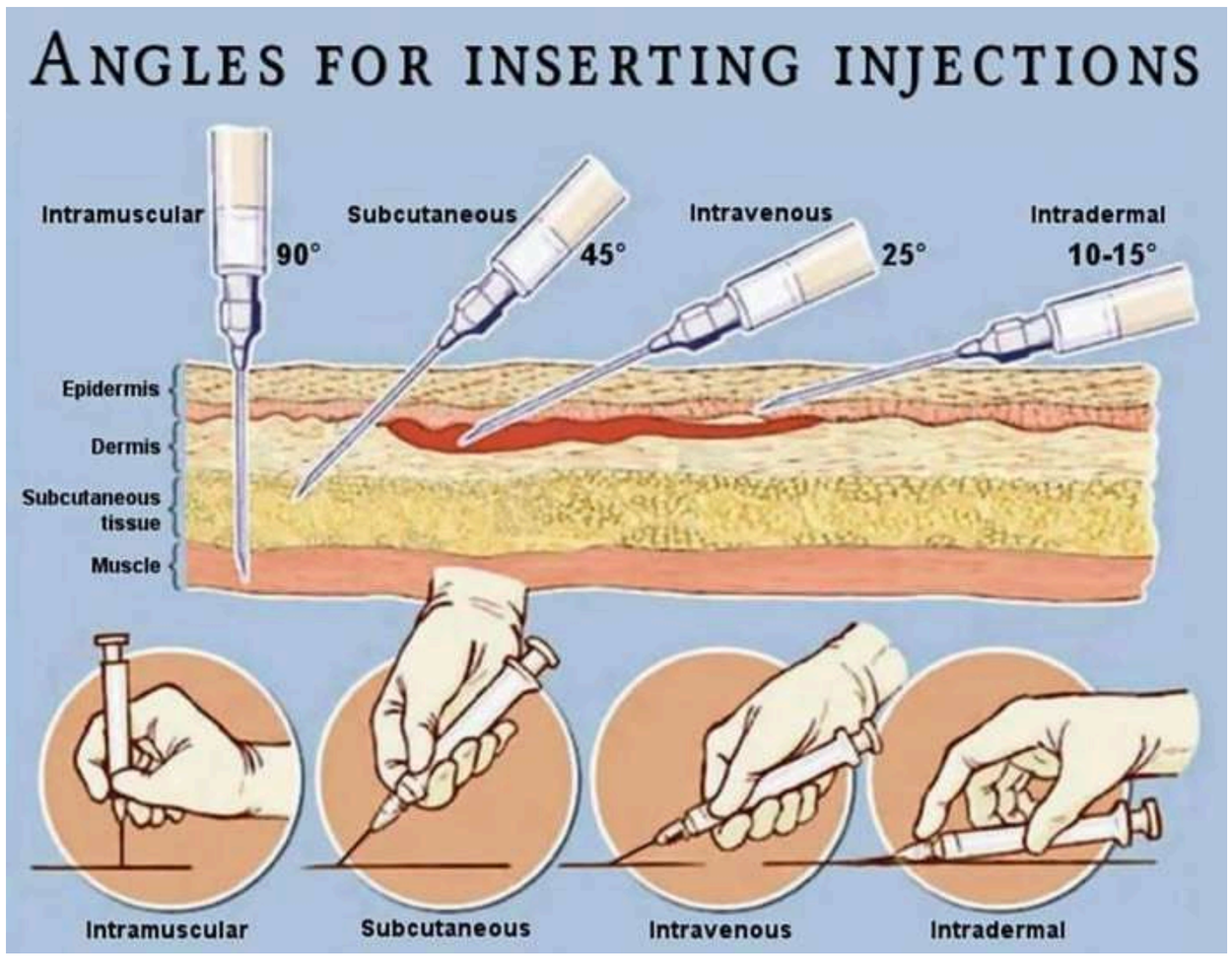
- **Lidocaine 1–2%,** with or without **epinephrine**
- **30G–32G needles** for **intradermal injection**
- **1 mL** or **3 mL syringes**
- Optional: **buffer** with **sodium bicarbonate** to **reduce stinging**



Fig 2. Injectable anesthesia needed tools

Injection Techniques:

- **Wheal technique** at entry points (intradermal)
- **Linear threading anesthesia** along the vector line (subdermal)
- Inject **slowly** to minimize discomfort and bruising



Epinephrine (1:100,000) can **reduce bleeding** and **bruising** by vasoconstriction, but should be avoided in **end-artery zones** (e.g., **nasal tip**, **glabella**).

4. Regional Nerve Blocks

Nerve blocks are ideal for:

- **Jawline threading**
- **Midface and nasolabial lifts**
- **Brow lifting (especially with PCL/PLLA threads)**

Supplies:

- **Lidocaine 2% (with or without epinephrine)**
- **27G short needle**
- **Small syringe (1–3 mL)**



Common Nerve Blocks:

Nerve	Location	Area Anesthetized
Infraorbital	Below infraorbital rim	Mid-cheek, upper lip, nasolabial fold
Mental	Below second premolar on mandible	Chin and lower lip
Supraorbital & Supratrochlear	Upper orbital rim	Forehead and brow
Auriculotemporal	In front of tragus	Temporal scalp and lateral face

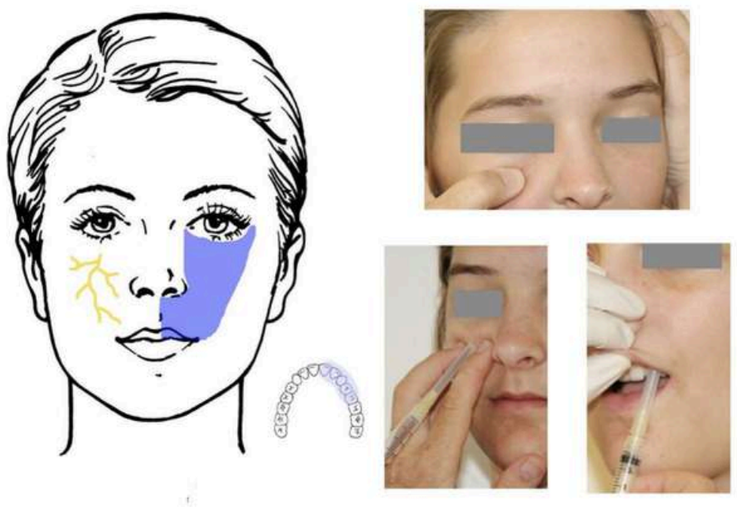


Fig 3. Infraorbital nerve block

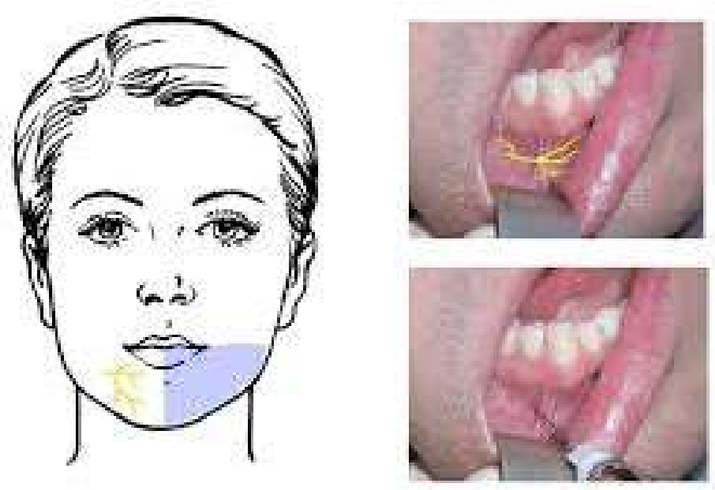


Fig 4. Mental nerve block



Fig 5. Supraorbital & Supratrochlear nerve block

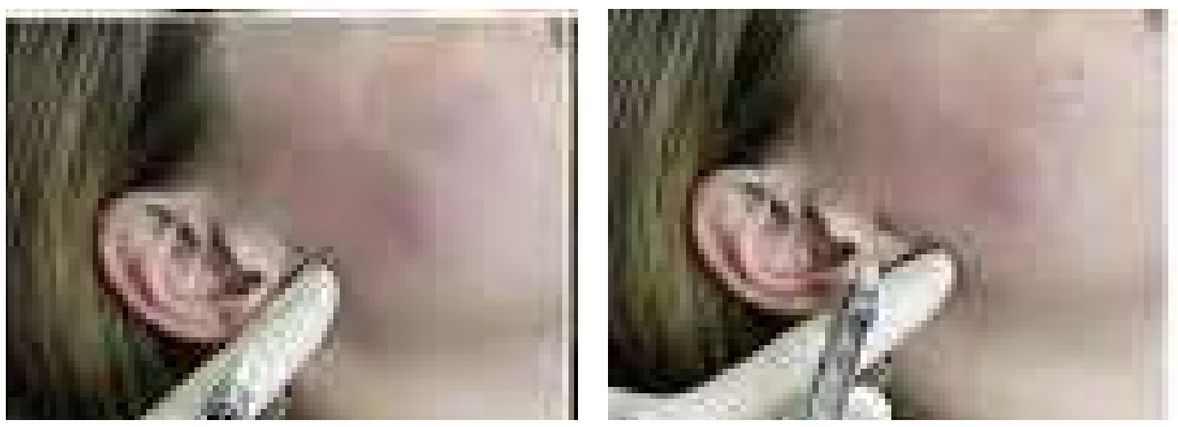


Fig 6. Auriculotemporal nerve block

Blocks require practice—inject slowly and **aspirate** to avoid vascular entry.

5. Tumescent Anesthesia (Advanced)

This involves injecting a **larger volume of diluted anesthetic** in the subcutaneous plane, creating a tumescent cushion for threading. Used in:

- **Neck lifts**
- **Jawline contouring**
- **Heavy-tissue patients**

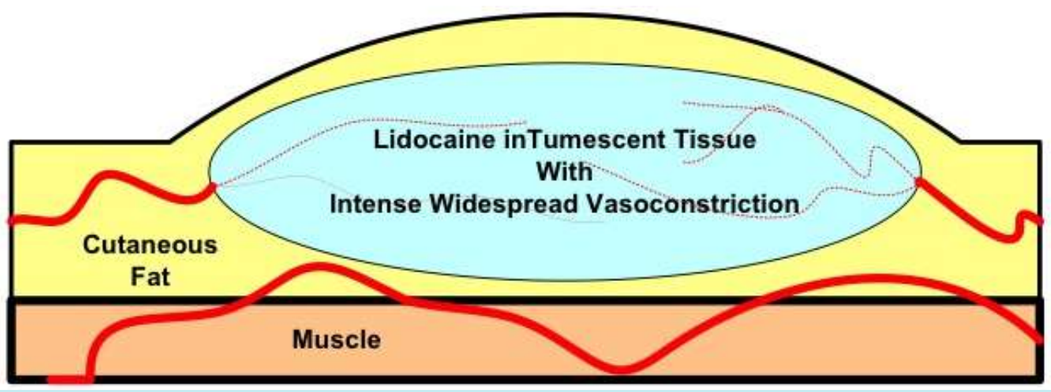


Fig 7. A schematic figure showing Tumescent Anesthesia

Solution Example

Lidocaine 0.1–0.2%

Epinephrine (optional)

Sodium bicarbonate (buffer)

Normal saline
To dilute and create volume

Tumescent anesthesia also helps reduce **pain, bleeding, and tissue resistance** during insertion.

6. Safety Tips

✓ Always **aspirate** before injecting
✓ Use **epinephrine cautiously**—avoid in terminal blood supply areas
✓ Avoid **excessive volume** near mobile areas like the lips and periorbital zone
✓ Document **all anesthetics used** in the patient chart
✓ Watch for **lidocaine toxicity symptoms** (tinnitus, dizziness, perioral numbness)

🚨 Maximum recommended dose of lidocaine without epinephrine is ~4.5 mg/kg; with epinephrine, up to 7 mg/kg.

Refrences

1. Kim J et al. Local anesthesia in facial aesthetics: Techniques and safety. J Cosmet Dermatol. 2020.PubMed Link
2. Kim HJ et al. Nerve blocks in nonsurgical facial rejuvenation. Dermatol Surg. 2021.PubMed Link

2.2.3 Post-Treatment Care Materials

Post-treatment care is a crucial step in thread lifting to **optimize healing, reduce downtime**, and **prevent complications** such as infection, swelling, bruising, or thread migration. Providing the right **post-care materials** and clear instructions can significantly improve patient satisfaction and treatment outcomes.

This section covers the essential items you should have ready for aftercare, as well as practical tips on how to guide patients through the healing process.

1. Immediate Post-Treatment Essentials

A. Cold Compress Packs

- Used to minimize **bruising, swelling,** and **discomfort**
- Should be applied intermittently for the **first 24–48 hours**
- Avoid direct skin contact—wrap in a clean gauze or cloth

B. Sterile Gauze and Tape

- To cover **entry points** if needed
- Prevents contamination and absorbs any minor bleeding
- Use **micropore tape** or **transparent film dressings** for delicate skin

C. Antiseptic Ointment

- Apply to insertion sites to prevent superficial infection
- Examples: Polysporin®, mupirocin, or chlorhexidine gel

D. Pain Management Supplies

- Most patients only need **oral OTC pain relievers**
- Recommended options: **Acetaminophen** (preferred) or **Ibuprofen** (if swelling is more intense)
- Avoid aspirin and anticoagulants unless prescribed

2. Optional but Useful Post-Care Products

Arnica Cream or Tablets

- Reduces **bruising** and **inflammation**
- Begin 24 hours before the procedure and continue for 3–5 days after

Bromelain Supplements

- Natural anti-inflammatory from pineapple extract
- May speed up reduction of swelling and bruising

Hydrating Serums

- Once the skin has healed (after 3–5 days), use **non-irritating serums** with hyaluronic acid to maintain hydration

Avoid active ingredients like retinol, AHA/BHA, or exfoliants for at least **1 week**..

3. Post-Care Instruction Sheet (What to Tell the Patient)

Patients must be given clear, written instructions. Key advice includes:

✅ **Do's**

- Sleep on your **back with head elevated** for 3–5 nights
- Use cold compresses for swelling
- Gently clean the face with mild cleanser
- Follow up in **7–10 days** or as directed

❌ **Don'ts:**

- No strenuous activity or facial massage for **7–10 days**
- Avoid makeup or skincare products near insertion points for **48 hours**
- Avoid dental work, saunas, and excessive facial movement (chewing, yawning) for 1 week
- Do not touch or manipulate the threads

Patients should report any signs of infection, visible threads, severe pain, or facial asymmetry immediately.

4. Emergency and Contact Instructions

Every patient should be provided with:

- A 24-hour **emergency contact number**
- Guidelines on what constitutes a complication (e.g., **signs of infection, thread extrusion, sudden swelling**)
- Instructions on what to do in case of **suture visibility** or **unexpected dimpling**

5. Post-Treatment Care Kit (What to Include)

Creating a ready-to-go aftercare kit adds professionalism and patient confidence. Suggested items:

Item	Purpose
Cold compress pack	Reduces swelling
Sterile gauze + tape	Covers insertion points
Antibiotic ointment	Prevents infection
Printed aftercare guide	Easy patient reference
Arnica gel sample	Minimizes bruising
Contact card	Emergency line and follow-up details

Patients appreciate a kit—it feels organized, professional, and gives them peace of mind.

Refrences

1. Savoia A et al. Post-procedure guidelines and complication prevention in thread lifting. J Cosmet Dermatol. 2020. PubMed Link
2. Kim J et al. Patient safety and comfort in thread lifting: From prep to post-care. Dermatol Surg. 2021. PubMed Link



Chapter 3: Patient Selection and Consultation



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3.1 Patient Assessment & Selection Criteria

3.1.1 Ideal Candidates for Thread Lifting

The success of any thread lifting procedure begins long before the threads are inserted—it starts with proper patient assessment. Not every patient who seeks a non-surgical facelift is a suitable candidate. The right patient selection leads to optimal results, high satisfaction, and minimal complications, while poor selection can lead to underwhelming outcomes, thread migration, or dissatisfaction.

This section provides a practical guide to evaluating patients, identifying ideal candidates, and determining when thread lifting is appropriate, complementary, or contraindicated.

1. General Profile of a Good Candidate

Patients who benefit most from thread lifting typically fall into the following categories:

✅ Age:

- **30 to 55 years** is the ideal age range
- Early signs of aging without advanced tissue sagging
- Good for **prevention** in younger patients and maintenance in older ones

✅ **Skin Laxity:**

- **Mild to moderate sagging**
- Visible softening of facial contours (jawline, cheeks, eyebrows), but not excessive drooping
- No severe hanging skin or redundant folds

✅ **Skin Quality:**

- **Moderate thickness** with good elasticity
- Not too thin (increased risk of thread visibility or dimpling)
- Not excessively heavy (too much fat may reduce lift)

✅ **Volume Status:**

- **No significant facial fat atrophy**
- Ideal candidates **don't need volume replacement alone** (in such cases, consider fillers first or in combination)



✅ **General Health:**

- No **active infections**, **autoimmune diseases**, or **uncontrolled chronic illnesses**
- Non-smokers or willing to pause smoking (smoking delays healing)

💡 Good candidates understand that thread lifting provides **subtle**, **natural-looking results**, not dramatic changes.

❓ 2. Important Questions to Ask During Consultation

Ask specific questions to evaluate physical suitability and emotional readiness:

- "What are your main areas of concern?"
- "Have you had any cosmetic treatments before?"
- "Do you prefer natural results or more dramatic change?"
- "Are you on any blood thinners or medications?"
- "Do you have any history of keloid or hypertrophic scarring?"
- "Are you willing to avoid exercise and dental work for a few days after the procedure?"

These questions reveal not just eligibility but also expectations and **risk factors**.

3. Clinical Assessment: Key Factors to Evaluate

Area	What to Assess	Clinical Implication
Midface	Ptosis of malar fat pad, cheek flattening	Good for cheek thread lift
Jawline	Jowling, skin descent over mandibular border	Ideal for jawline contouring
Brow /temple	Brow position, hooding	Fox eye lift or lateral brow support
Neck	Horizontal lines, skin crepiness	Mono threads or mesh cogs
Skin type	Elasticity, texture, dermal thickness	Determines thread type and depth

4. When Thread Lifting is Not Enough (or Not Suitable Alone)

Thread lifting may not be the best option in the following situations:

- **Severe facial sagging with excess redundant skin** → Surgical facelift preferred
- **Very thin skin** → Risk of thread visibility or irregularities
- Heavy subcutaneous fat (e.g., in lower face) → Consider lipolysis first
- Deep volume loss → Use dermal fillers or fat grafting in combination
- Unrealistic expectations → Delay treatment and re-educate the patient

5. Creating a Customized Treatment Plan

Each patient should receive an individualized plan based on:

✓ Areas of concern
✓ Degree of tissue descent
✓ Skin type and thickness
✓ Desired outcome (lift, texture, contour, etc.)
✓ Budget and willingness for combination treatments



Refrences

1. Savoia A et al. Thread lifting indications and patient selection: A practical approach. J Cosmet Dermatol. 2021. PubMed Link
2. Kang SH et al. Matching patient expectations with thread lifting indications. Dermatol Surg. 2020.PubMed Link

3.1.2 Contraindications – Absolute vs. Relative

While thread lifting is considered a safe and minimally invasive procedure, not all patients are eligible. Identifying contraindications is essential to avoid complications, protect patient safety, and maintain ethical standards. Contraindications fall into two categories: absolute (treatment should never be performed) and relative (treatment may proceed with caution or after resolving underlying issues).

This section outlines both categories and helps you make informed clinical decisions.

1. Absolute Contraindications

These are conditions where thread lifting must not be performed under any circumstance due to high risk of serious complications or treatment failure.

Condition	Reason
Active skin infections (acne, abscess, herpes)	Risk of infection spreading along thread path
Autoimmune diseases (e.g., lupus, scleroderma)	Impaired wound healing, risk of immune flare-up
Bleeding disorders (e.g., hemophilia) or patients on **uncontrolled anticoagulants**	Risk of hematoma, severe bruising
Allergy to thread materials (PDO, PLLA, PCL)	May trigger local or systemic allergic reaction
Uncontrolled diabetes or hypertension	Poor healing, increased risk of infection
Pregnancy or breastfeeding	Lack of safety data; hormonal changes affect healing
Recent facial surgery (<6 months)	Healing not complete; altered anatomy increases risk



⚠️ In any of the above cases, the procedure should be postponed or avoided entirely.

2. Relative Contraindications

These are conditions or factors where thread lifting may be considered, but with special precautions, modifications, or after resolving the underlying issue.

Condition	Clinical Consideration
Very thin or atrophic skin	Higher risk of thread visibility or puckering; use mono threads only, deeper placement
Heavy facial fat or thick skin	May require lipolysis or energy-based devices first; barbed threads may not lift well
Psychological instability or body dysmorphia	Risk of dissatisfaction regardless of results; consider referral to mental health professional
History of keloid or hypertrophic scarring	Avoid deep threading; minimal tension placement
Active acne or rosacea in the treatment area	Postpone treatment until condition is controlled
Smokers	Delayed healing and poor skin quality; counsel to stop smoking pre- and post-treatment
Recent filler in treatment area (<2 weeks)	Wait 2–4 weeks to avoid disrupting filler placement
Patients on low-dose aspirin	Continue with caution; increased risk of bruising—avoid if combined with other blood thinners

🧠 Relative contraindications require an individualized plan and thorough informed consent discussion.



3. Comprehensive Contraindication Table

Category	Condition	Action
Absolute	Active infection	Delay until resolved
Absolute	Autoimmune disease	Avoid procedure
Absolute	Bleeding disorder	Avoid unless medically managed
Absolute	Allergy to thread material	Contraindicated
Absolute	Pregnancy	Postpone
Relative	Thin skin	Use smaller threads, deeper plane
Relative	Thick facial fat	Combine with debulking procedures
Relative	Mental health issues	Proceed only after clearance
Relative	Active acne	Postpone until resolved
Relative	Smoking	Counsel to stop; monitor healing closely

4. Practical Screening Tips

- Include a **medical questionnaire** as part of your consultation
- Ask about **chronic diseases**, medications, and previous aesthetic procedures
- Always perform a **skin exam** and assess **mental readiness**
- In uncertain cases, consult the patient's **primary care provider or specialist**

💬 Never feel pressured to treat a patient if you are unsure. Delaying or referring is often the safest choice.

Refrences

1. Kang SH et al. Safety considerations and contraindications in thread lifting. J Cosmet Dermatol. 2021. PubMed Link
2. Savoia A et al. Clinical guidelines for thread lifting: Indications and contraindications. Aesthetic Plast Surg. 2020.PubMed Link

3.1.3 Factors That Affect Results – Skin Type, Thickness, and Elasticity

The final outcome of a thread lifting procedure is not only dependent on thread type or practitioner technique—it's also heavily influenced by the patient's individual skin characteristics. Skin type, thickness, and elasticity directly affect thread visibility, anchoring strength, collagen response, and longevity of results.

This section provides a practical guide to assessing these skin-related factors and tailoring your treatment plan accordingly.

1. Skin Type: Texture and Quality

These are conditions where thread lifting must not be performed under any circumstance due to high risk of serious complications or treatment failure.

🧴 Oily or Sebaceous Skin:

- **More prone to larger pores and thicker dermis**
- Responds well to **deep placement of threads**
- Less risk of thread visibility
- Healing may be slightly **slower** due to sebaceous activity

🌵 Dry or Thin Skin:

- Common in older patients or those with sun-damaged skin
- Increased risk of **thread visibility, dimpling, or extrusion**
- Best treated with fine **mono threads or blunt cannula placement**
- May require **biostimulatory support (e.g., PRP, skin boosters)**

👩‍🦰 Sensitive or Reactive Skin:

- More prone to redness, swelling, and **post-procedural irritation**
- Use **minimal trauma techniques** (short cannulas, **fewer threads**)
- Avoid threads near inflammatory zones



Fig 1. Oily or Sebaceous Skin

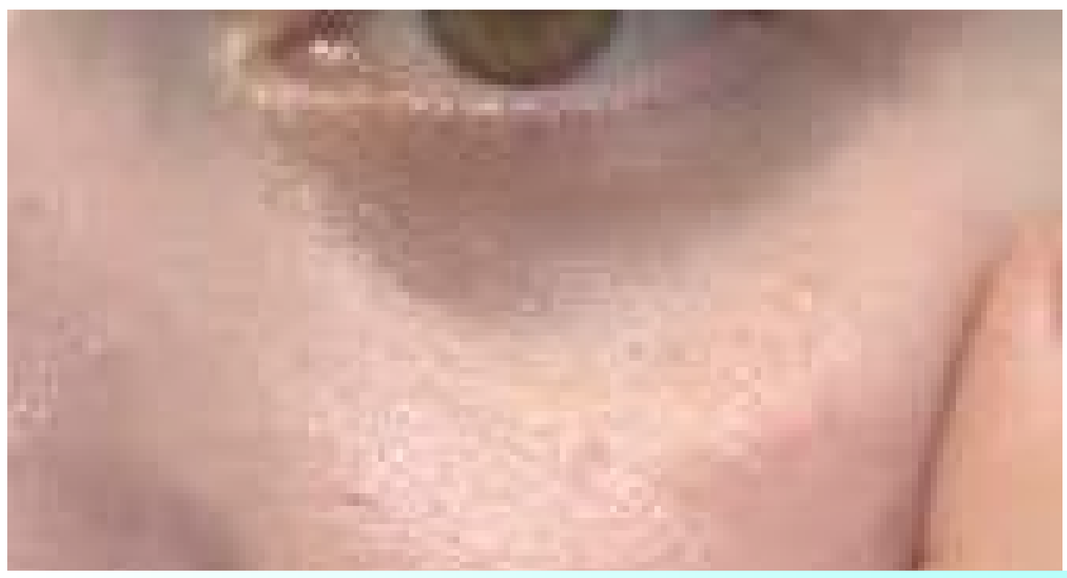


Fig 2. Dry or Thin Skin



Fig 3. Sensitive or Reactive Skin

A detailed pre-treatment skin analysis (texture, hydration, oil level) helps predict tolerance and guide product selection.

2. Skin Thickness

Skin thickness varies by **patient**, **age**, and **facial region**, and must guide the **thread type**, **gauge**, and **depth** of placement.

🔍 **How to Assess:**

- **Pinch test**: Pinch and roll skin between fingers—thin skin folds easily and feels delicate.
- **Ultrasound or calipers**: For precise measurement (ideal in medical spas and clinics)



Fig 4. Ultrasound can be used for skin thickness assessment

Clinical Relevance:

Skin Type	Risk	Thread Choice
Thin skin	Thread visibility, dimpling	Use mono or blunt cannula cogs at deeper level
Normal skin	Best response	Suitable for all thread types
Thick skin	Thread slippage or poor lift	Requires stronger cog or molded threads

⚠️ Placing barbed threads too superficially in thin skin often leads to **puckering or early extrusion**.

3. Skin Elasticity: Recoil and Lift Capacity

Elasticity is the skin's ability to **retract after stretch**. Poor elasticity reduces lifting potential and collagen response.

collagen response.

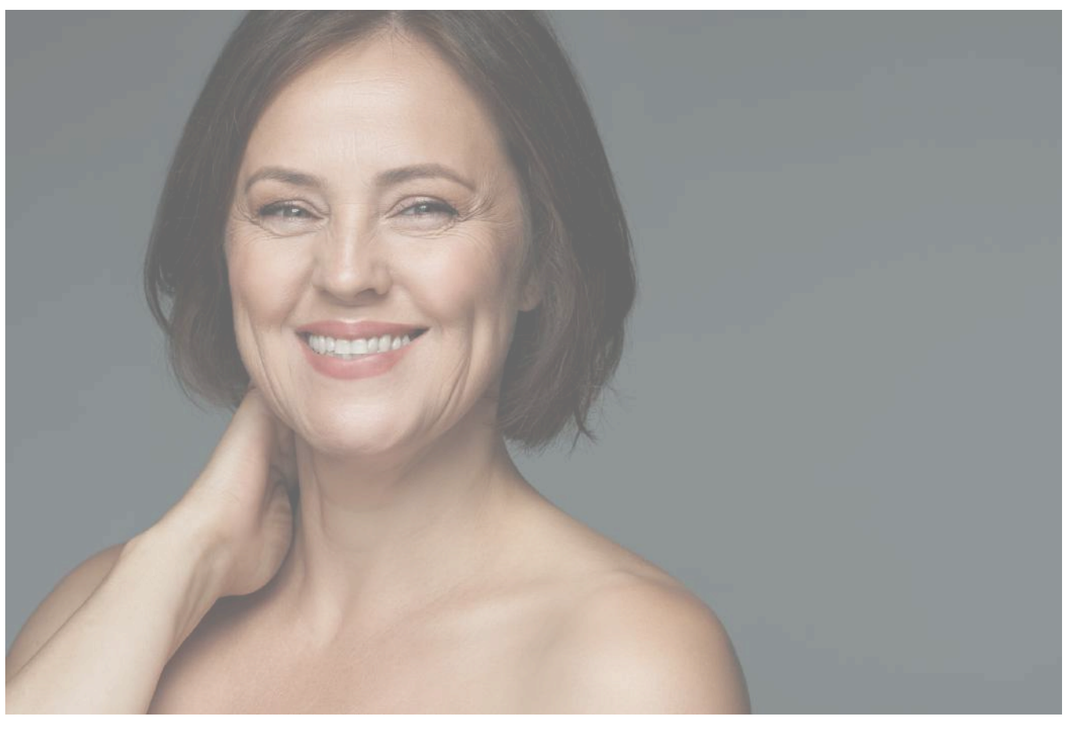
💡 **Signs of Good Elasticity:**

- Skin snaps back quickly after gentle pull
- Visible improvement when lifting with fingers



❗ **Signs of Poor Elasticity:**

- Skin remains wrinkled or sagging after lifting
- Associated with age >55, smoking, sun damage, or rapid weight loss



How to Improve Before Treatment:

- Combine with **collagen induction** (e.g., RF microneedling, PRP)
- Pre-treat with **skin boosters** or **hyaluronic acid mesotherapy**
- Use **PDO mono threads** in **mesh** patterns to prep for deeper lifts



Fig 5. PDO Threads in Mesh pattern

📌 Patients with poor elasticity may need a staged approach—**biostimulation first**, lifting threads later.

4. Adapting Thread Technique to Skin Factors

Factor	Recommended Adaptation
Thin skin	Blunt cannulas, deep placement, mono threads
Thick skin	Molded or large-gauge cog threads
Dry skin	Combine with hydrating therapies (skin boosters, PRP)

Oily skin	Monitor for post-op congestion or prolonged swelling
Poor elasticity	Biostimulation protocols before or after lift

5. Summary Tips for Practitioners

✓ Always perform a **tactile skin assessment** in consultation
✓ Use **blunt cannulas** when treating thin or atrophic skin
✓ Consider **thread layering** (mono + cog) in poor-quality skin
✓ Discuss **realistic outcomes**—skin limitations affect final lift
✓ Offer **skin-prep treatments** to optimize collagen production pre-lift

Refrences

1. Cotofana S et al. Clinical implications of skin thickness and elasticity in aesthetic thread lifting. Aesthet Surg J. 2021. PubMed Link
2. Savoia A et al. The role of skin quality and collagen density in thread lift success. J Cosmet Dermatol. 2020.PubMed Link



3.1.4 Combination Treatments – When to Combine Threads with Fillers, Toxins, or PRP

Thread lifting works exceptionally well on its own in properly selected patients, but in many cases, **optimal facial rejuvenation is achieved through combination treatments**. Combining threads with **fillers**, **botulinum toxin**, or **platelet-rich plasma (PRP)** allows for a **multi-dimensional approach**—addressing sagging, volume loss, dynamic wrinkles, and skin texture simultaneously.

This section outlines **how, when**, and **why** to combine threads with other modalities for superior aesthetic outcomes.

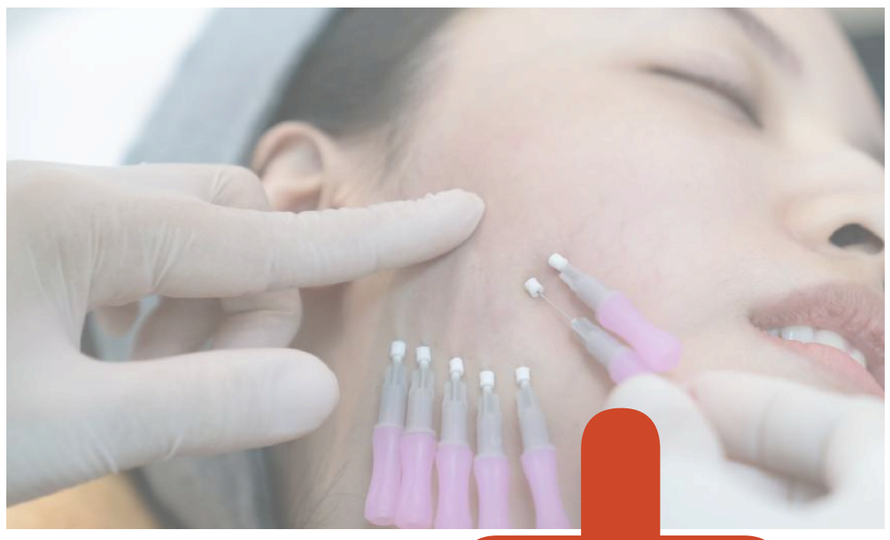
1. Why Combine Threads with Other Treatments?

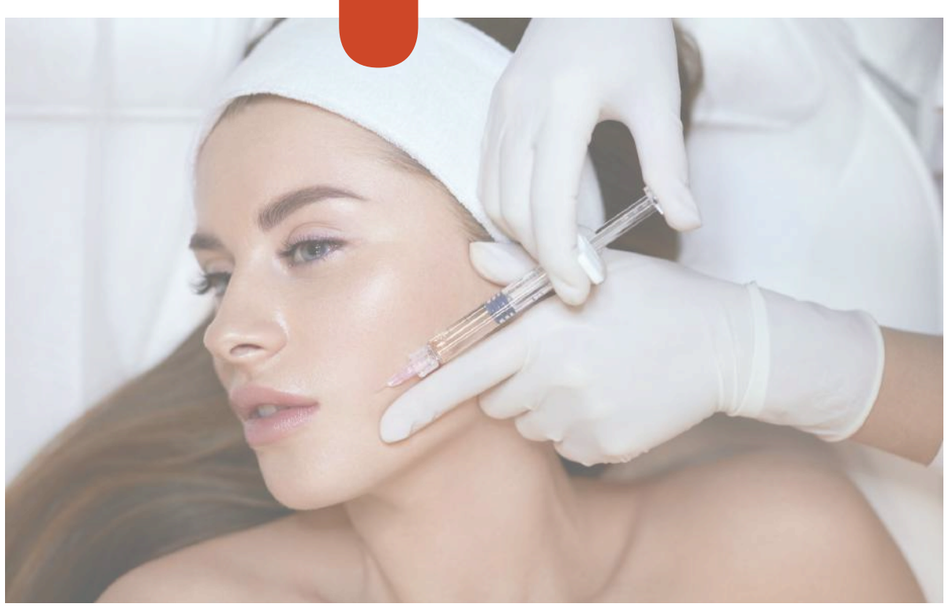
Thread lifting improves **skin position and collagen remodeling**, but it has limitations:

Limitation	Solution
Does not restore lost volume	Use **fillers** (e.g., cheeks, temples)
Limited effect on dynamic wrinkles	Use **botulinum toxin** (e.g., forehead, crow's feet)
May not improve skin tone or hydration	Use **PRP or mesotherapy** for skin rejuvenation

💡 Think of threads as the "**lift**", fillers as the "**structure/volume**", and PRP/toxin as the "**refinement**."

2. Combining Threads + Fillers





Purpose:

- Fillers correct **volume loss**, particularly in areas like the **cheeks**, **temples**, **nasolabial folds**, and **chin**
- Threads reposition tissue, and filler completes contouring

When to Combine:

- In patients with **moderate midface sagging** + **volume loss**
- **Pre- or post-thread lift**, depending on filler type and area

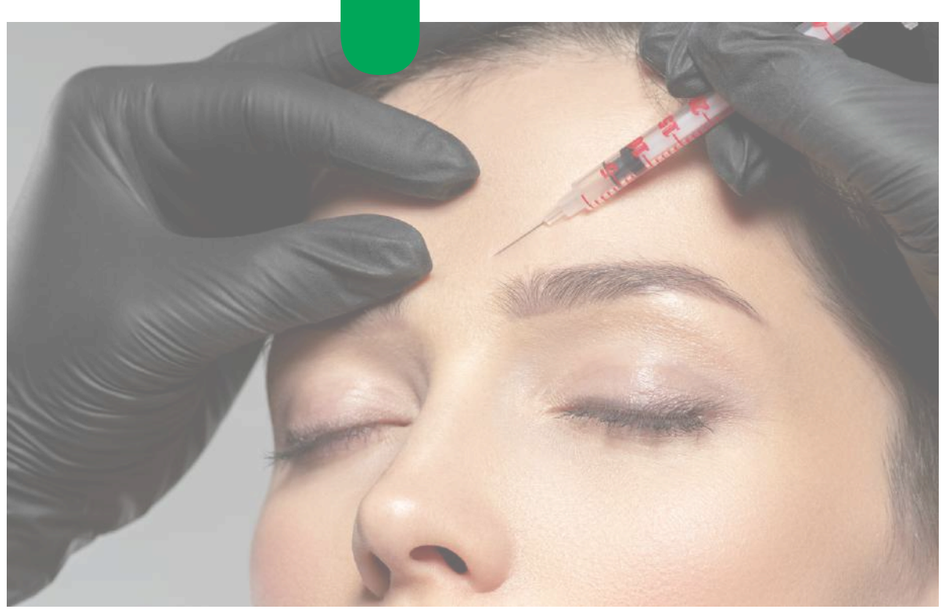
Best Practices:

- **Hyaluronic acid (HA)** fillers are safest to combine
- Inject **after thread placement** in most cases to avoid disrupting filler
- If **filler** is placed **first**, wait at least **2–4 weeks** before threading

⚠️ Avoid injecting filler directly into areas with cog threads—may cause irregularity or interfere with anchoring.

3. Combining Threads + Botulinum Toxin





Purpose:

- Botulinum toxin **reduces dynamic muscle movement**, preventing **thread displacement** and **expression-induced asymmetry**
- Also helps refine areas where threads cannot be used (e.g., glabella)

When to Combine:

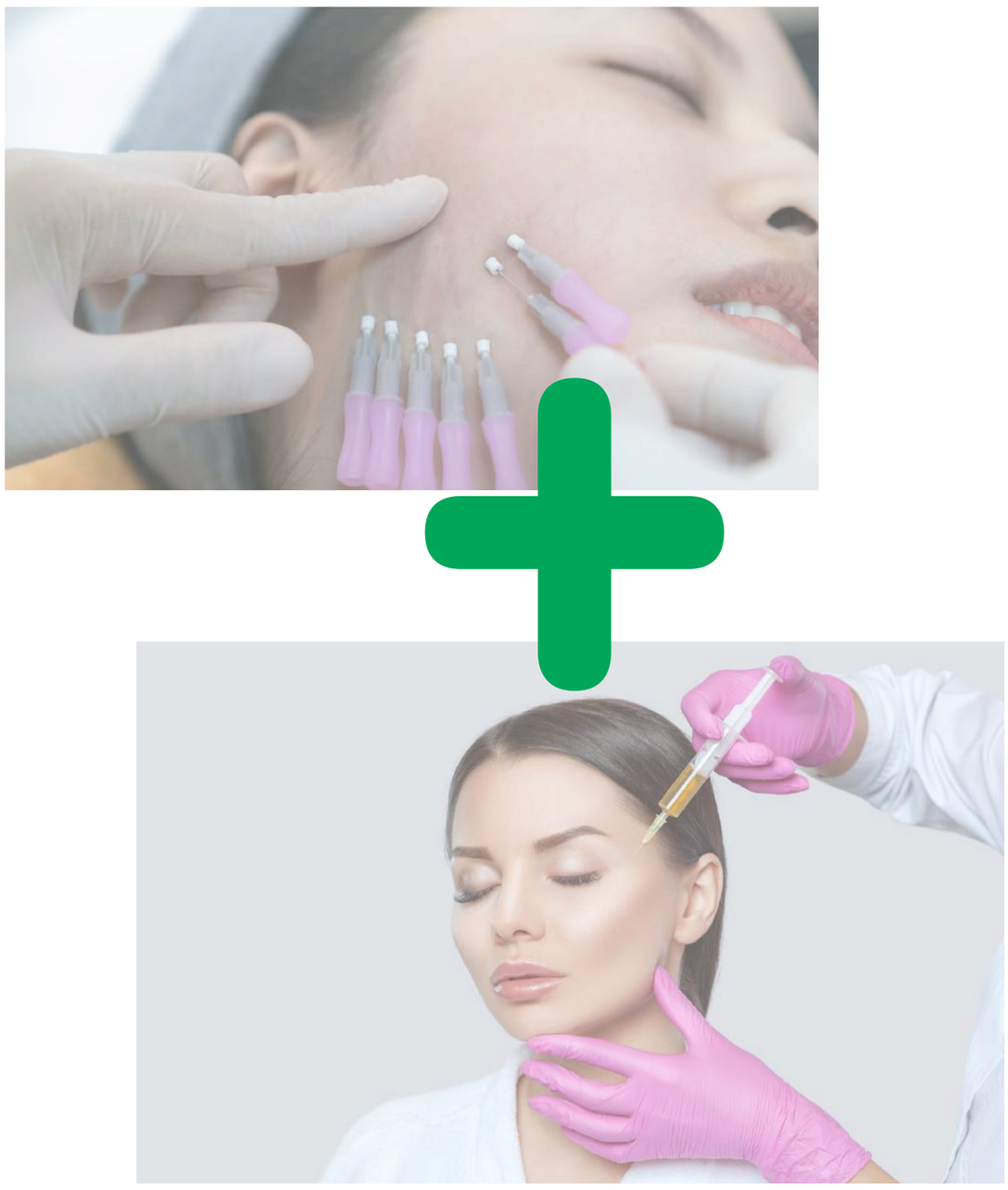
- Before or shortly after thread lift
- Especially beneficial for:
  - Forehead
  - Glabella
  - Crow's feet
  - Masseter hypertrophy

Best Practices:

- Inject botulinum toxin **5–7 days before** thread lift to allow **muscle relaxation**
- Alternatively, **inject lightly after** if needed, **avoiding high doses**
- In **jawline** lifts, toxin in the **platysma improves tension** and **defines results**

Toxin allows threads to "set" better in patients with strong facial expression.

4. Combining Threads + PRP or Skin Boosters



Purpose:

- Improves **skin quality, hydration,** and **collagen production**
- Especially helpful in **thin skin, sun-damaged skin,** or **older patients**

When to Combine:

- **PRP or HA boosters** can be done **2–3 weeks before** or **after threading**
- Avoid same-day application due to swelling or irritation

Best Practices:

- PRP: Inject with microneedling or mesotherapy technique
- Skin boosters: Use superficial multi-point injections (e.g., forehead, neck)

This combo creates both **immediate lift** and **long-term skin rejuvenation**.

5. Combination Treatment Planning by Region

Facial Region	Thread Use	Add-On Treatment	Purpose
Midface	Cog threads	HA filler (malar area)	Volume and lift
Jawline	Cog or molded threads	Masseter toxin or PRP	Tension and definition
Nasolabial folds	Thread vector lift	Filler (deep fold)	Tissue support + volume
Neck	Mono mesh threads	PRP or skin booster	Texture and collagen
Forehead /Brow	Cog threads	Botulinum toxin	Lift + smoother lines

6. Key Safety Guidelines

✓ Avoid overlapping treatment areas with multiple products on the same day

✓ **Plan treatment stages**: threads first, then filler/toxin after several days

✓ Always document **injection zones, product types**, and **timing**

✓ Watch for **vascular risk zones** (e.g., glabella, nose) when combining with fillers

✓ **Educate the patient** about expected healing timelines for each modality

Refrences

1. Savoia A et al. Synergistic effects of combining threads with botulinum toxin and fillers. J Cosmet Dermatol. 2020. PubMed Link
2. Cotofana S et al. Multi-modality facial rejuvenation: Threads, toxins, fillers, and PRP. Aesthet Surg J. 2021.PubMed Link



3.1.5 The Consultation Process & Managing Patient Expectations

A successful thread lifting experience starts with a well-structured consultation. While technical skills are essential, **clear communication**, **patient education**, and **expectation management** often determine overall satisfaction. In this section, we'll walk through how to conduct an effective consultation, evaluate goals, and guide patients toward realistic, informed decisions.

1. The Purpose of the Consultation

A thorough consultation allows the practitioner to:

- Assess **candidacy** for thread lifting (clinical, emotional, and behavioral)
- Understand the patient's goals
- Set realistic expectations
- Educate the patient about the procedure, results, and recovery
- Reduce risk of dissatisfaction or complaints

💡 Patients are more likely to be satisfied when they understand what **can and cannot** be achieved with thread lifting.

2. Step-by-Step: How to Conduct the Consultation

A. Visual & Physical Assessment (with Patient Seated Upright)

- Identify areas of **sagging** or **volume loss**
- Perform the "**lift test**" by gently lifting skin manually
- Evaluate **skin thickness**, **elasticity**, and **facial symmetry**
- Note **prior aesthetic treatments** (fillers, toxin, energy-based devices)



B. Listen to Patient Concerns

Ask:

- "What bothers you most about your appearance?"
- "What are your expectations from this treatment?"
- "Are you looking for subtle enhancement or dramatic change?"

Use these answers to determine if **the patient's goals match what threads can deliver.**

C. Medical History Review

- Chronic diseases, medications, allergies
- Previous adverse reactions to cosmetic treatments
- History of bleeding, keloids, or autoimmune disorders

Medical clearance may be needed in complex cases.

3. Patient Education: What to Explain Clearly

✅ What Thread Lifting Can Do:

- Lift sagging midface, jawline, brows, or neck
- Improve facial contour and symmetry
- Stimulate collagen production over time
- Deliver **natural-looking**, **subtle rejuvenation**

❌ What It Can't Do:

- Replace a surgical facelift
- Fill deep volume loss (needs filler)
- Dramatically change facial proportions
- Completely smooth deep wrinkles

⚠️ "Thread lifting gives a refreshed look, not a reconstructed one."

4. Informed Consent Process

Consent should include:

- Purpose and expected results
- Procedure details and duration
- Recovery time and aftercare instructions
- Risks: bruising, swelling, asymmetry, thread migration, infection
- Need for possible touch-up or combination treatments

✅ Provide a written consent form and verbal explanation
✅ Encourage the patient to ask questions
✅ Take before photos with their permission
📋 Documentation protects both the patient and the practitioner.

5. Setting Realistic Expectations

Use visuals, charts, or patient cases to show:

- Real before-and-after results
- The timeline of improvement (immediate lift + long-term collagen response)
- Temporary changes: mild swelling, bruising, puckering, asymmetry
- The possibility of needing follow-up or layered treatments

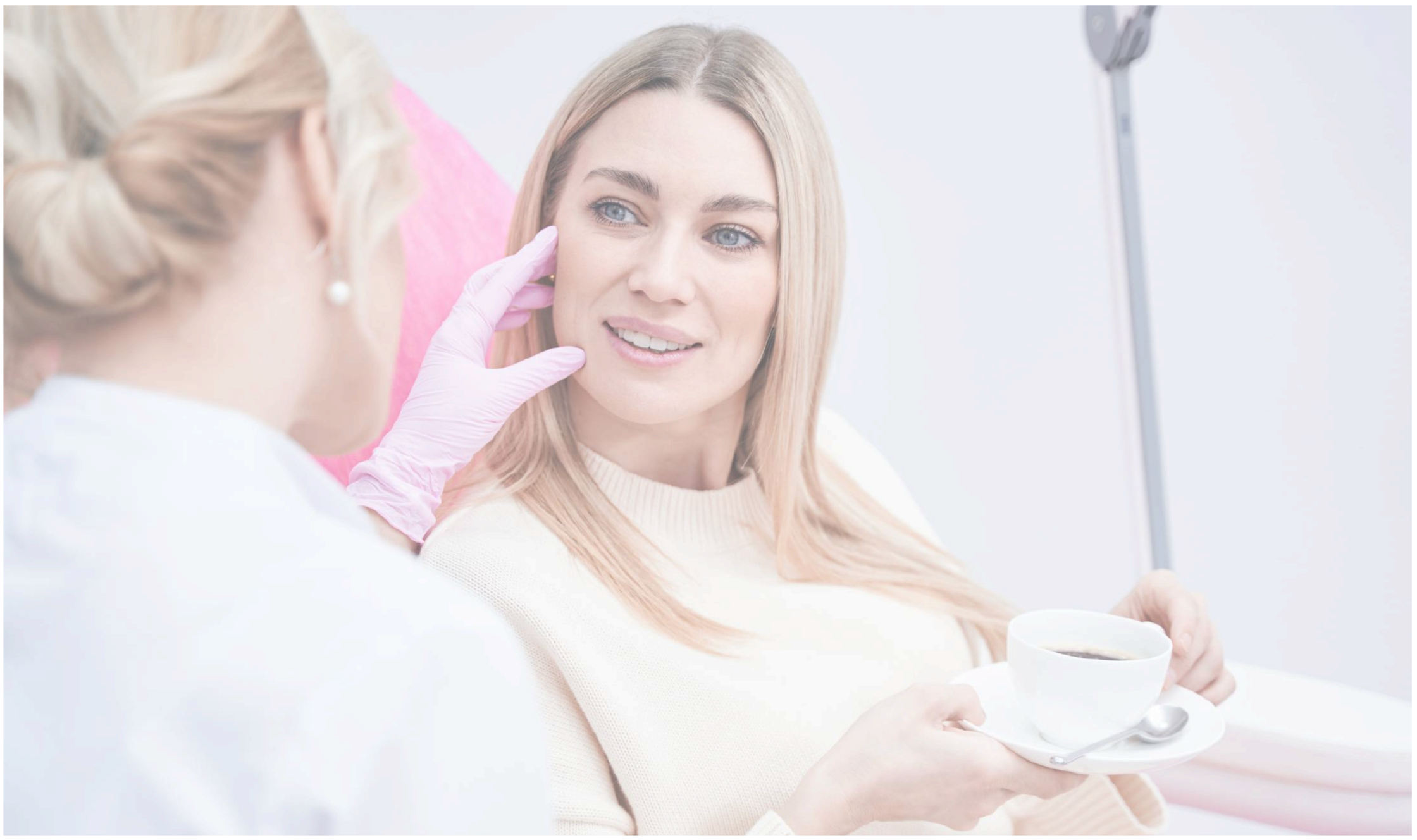
6. Sample Phrases to Use

✓ “This treatment gives a natural, refreshed look—not a dramatic change.”
✓ “We’re lifting the tissues, but we’re not removing excess skin like in surgery.”
✓ “Results improve gradually as collagen builds over the next 6–12 weeks.”
✓ “It’s a great tool for early to moderate sagging, especially if combined with other treatments.”

Language that balances honesty with enthusiasm builds long-term trust.

Refrences

1. Savoia A et al. Patient education and consultation strategies in aesthetic thread lifting. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Managing patient expectations in non-surgical facial lifting. Aesthetic Surg J. 2020.PubMed Link



Chapter 4: Anesthesia & Preparation for Thread Lifting



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4.1 Anesthesia & Preparation for Thread Lifting

Thread lifting is a minimally invasive procedure, but ensuring patient comfort is essential for success. Proper anesthesia can significantly impact the quality of the procedure, ensuring minimal discomfort and optimal outcomes. Understanding the various anesthesia techniques and their application helps ensure a pain-free experience for the patient, enhances surgical precision, and allows for a smooth recovery. This section covers the commonly used anesthesia methods in thread lifting, their application, step-by-step administration, and how to prevent and manage complications.

4.1.1 Anesthesia Techniques Overview

Selecting the right anesthesia technique for thread lifting depends on factors like the patient's comfort, the complexity of the procedure, and the target area. The most commonly used methods in aesthetic practices today are topical anesthesia, injectable anesthesia, and tumescent anesthesia.

Anesthesia Type	Application	Advantages	Considerations
Topical Anesthesia	Applied directly to the skin surface (cream, gel, spray).	Non-invasive, minimal discomfort, quick onset	Less effective for deep tissues, limited for sensitive areas.
Injectable Anesthesia	Injected into the skin or subcutaneous layer (Lidocaine, Bupivacaine).	Reliable, deep numbing, longer-lasting effect	Requires needle injection, may cause slight discomfort.
Tumescent Anesthesia	Involves a dilute solution of anesthetic injected into the subcutaneous tissue.	Provides deeper numbing and reduced bleeding, long-lasting	Can cause swelling, requires precise administration.

4.1.2 Topical Anesthesia

Overview:

Topical anesthesia is the most non-invasive option for numbing the skin. It is typically used for smaller, superficial areas where deep anesthesia is not required. This method is ideal for treating delicate areas like the under-eye region, nasolabial folds, or fine wrinkle lines.

Application:

1. **Cleanse the skin**: Apply an antiseptic solution (e.g., chlorhexidine) to clean the treatment area.
2. **Apply topical anesthetic**: Generously apply the topical anesthetic (e.g., lidocaine cream, EMLA, or lidocaine gel) over the target area.
3. **Cover with plastic wrap**: This enhances the absorption of the anesthetic and prevents it from rubbing off.
4. **Wait for absorption**: Allow 15–30 minutes for the anesthetic to take effect before proceeding with the thread lifting.

Benefits:

- **No needles involved.**
- Minimal recovery time—patients can resume normal activities almost immediately.
- **Non-invasive**, easy to apply in clinic.

Limitations:

- Less effective for deeper tissues and thicker skin.
- Requires longer waiting time for full numbing.
- May not provide sufficient relief for more sensitive regions, such as the jawline or neck.



Fig 1. Topical Anesthesia

Refrences

1. Bertozzi, N., et al. (2021). Topical anesthetics in aesthetic procedures: A comparative review of efficacy. J Cosmet Dermatol. PubMed Link

4.1.3 Injectable Anesthesia

Overview:

Injectable anesthesia is the most common method for providing numbing in thread lifting, particularly for larger treatment areas or more sensitive zones. Lidocaine or Bupivacaine is typically used for these procedures, offering reliable, deep numbing that lasts for the duration of the treatment.

Application:

1. **Assess patient's sensitivity**: Ask the patient to indicate any known sensitivities or previous reactions to anesthesia.
2. **Prepare the syringe**: Draw the appropriate anesthetic (e.g., Lidocaine 1%) into a small syringe.
3. **Mark the treatment area**: Mark entry points on the skin according to the planned vector of thread placement.
4. **Inject the anesthetic**: Inject the anesthetic solution into the dermis or subcutaneous tissue at the predetermined entry points.
5. **Wait for numbing**: Allow **5–10** minutes for the anesthesia to take full effect. Ensure that the entire treatment area is fully numb.



Benefits:

- Provides deep and consistent numbing for larger treatment areas.
- Quick onset and effective for most facial regions.
- Long-lasting numbing effects throughout the procedure.

Limitations

- Involves needle injections, which can cause discomfort at the injection sites.
- Small risk of vascular injury or hematoma at the injection sites.

Refrences

1. Wang, Z., et al. (2020). Efficacy and safety of injectable local anesthesia in aesthetic procedures. Aesthetic Surgery Journal. PubMed Link

4.1.4 Tumescent Anesthesia

Overview:

Tumescent anesthesia is a specialized technique that involves the infusion of a diluted solution of anesthetic (usually Lidocaine 1%, saline, and epinephrine) into the subcutaneous tissue. It is particularly effective for larger areas or when significant tissue lifting is needed, such as in the neck or jawline.



Fig 1. Tumescent solution can be made from Saline Solution + Lidocaine 1% + Epinephrine 1:100,000

Application:

1. **Prepare tumescent solution**: Mix Lidocaine 1%, saline, and epinephrine (1:100,000) to create a dilute solution.
2. **Cleanse the skin**: Apply an antiseptic solution to the treatment area.
3. **Inject the solution**: Using a large gauge needle or cannula, inject the tumescent solution into the subcutaneous tissue in a fan-like pattern, starting from the medial point and moving outward.
4. **Allow for absorption**: Wait **10–20 minutes** for the anesthesia to fully take effect, and the treated area to become visibly swollen and firm.
5. **Proceed with treatment**: The area should now be fully anesthetized and firm, allowing for easy insertion of threads.

Benefits:

- Provides deep numbing with minimal bleeding due to the vasoconstrictive effect of epinephrine.
- Reduces tissue swelling during the procedure, facilitating a more precise thread placement.
- Long-lasting numbing that may continue for several hours.

Limitations

- May cause temporary swelling that can last up to 24 hours.
- Requires larger volume of anesthetic solution, which may lead to fluid retention.
- Skill and experience are essential to avoid over-infiltration or uneven distribution of the solution.

Refrences

1. Hasselmann, J. (2019). Tumescent anesthesia in aesthetic procedures: A review of outcomes and safety. Dermatol Surg. PubMed Link



4.1.5 Step-by-Step Guide for Safe Anesthesia Administration

Proper anesthesia administration is essential for both patient comfort and procedural safety. Follow the steps below to ensure safe, effective anesthesia delivery during thread lifting:

1. Pre-Treatment Preparation:

- **Evaluate patient history**: Assess allergies, prior reactions to anesthesia, medical conditions (e.g., heart conditions, vascular issues), and medications.
- **Discuss anesthesia options**: Explain the benefits and limitations of each anesthesia type and answer any patient questions.
- **Mark the treatment area**: Carefully map out the vectors for thread placement to avoid misalignment during injection.



2. Choose the Anesthesia Method:

- **For superficial areas**, apply **topical** anesthesia.
- **For larger or deeper areas**, choose between **injectable** or **tumescent** anesthesia.

3. Administer Anesthesia:

- **Topical**: Apply to the skin and allow sufficient absorption.
- **Injectable**: Use a **small gauge needle** for **precise placement** of the anesthetic solution. Inject at **entry points** and along the vectors of thread placement.
- **Tumescent**: Inject the solution **slowly** to avoid over-infiltration and tissue swelling.

4. Monitor Patient Comfort:

- Continuously check the patient for any **discomfort** or **numbness** during the procedure. If the patient feels discomfort, apply more anesthetic.
- Allow time for full numbing—**do not rush the procedure**.

5. Proceed with the Procedure

- Once the area is fully numbed, proceed with thread insertion and lifting.

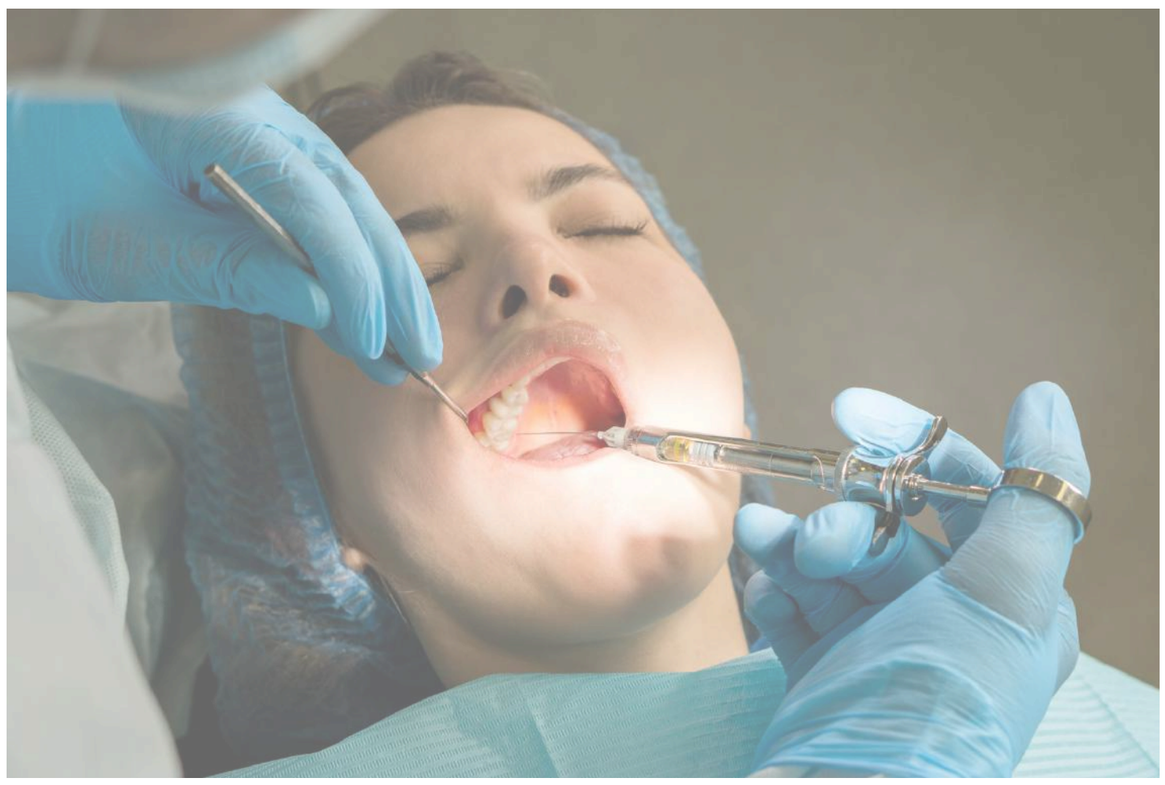
Refrences

1. Kochhar, A., et al. (2023). Minimally Invasive Techniques for Facial Rejuvenation Utilizing Polydioxanone Threads. Clin Plast Surg. PubMed Link



4.1.6 Preventing and Managing Anesthesia-Related Complications

Although anesthesia-related complications are rare, they can occur. Prompt recognition and treatment of these complications are crucial for maintaining patient safety and comfort.



Complication	Cause	Prevention	Management
Inadequate Numbing	Incorrect dosage or distribution	Ensure correct dosage and placement	Reassess anesthesia and administer additional doses if needed
Hematoma (Bruising)	Vessel puncture during injection	Use **blunt cannulas** where possible	Apply **cold compresses** and elevate treated area
Infection	Contamination during administration	**Sterile technique** and **disinfect the skin**	Initiate **antibiotic therapy** immediately
Vascular Injury	Accidental puncture of blood vessels	Know **vascular anatomy** and avoid large vessels	Apply **pressure** and monitor for signs of tissue necrosis
Allergic Reaction	Rare reaction to anesthetic agents	**Review medical history** for allergies	Discontinue anesthesia, administer **antihistamines** or **epinephrine** if needed

4.2 Pre-Procedure Preparation

4.2.1 Marking the Treatment Area (Vectors & Entry Points)

Proper marking is a critical yet often underestimated step in thread lifting. It acts as a roadmap for the entire procedure, guiding thread direction, determining lifting vectors, and ensuring symmetry and natural-looking outcomes. Inadequate or incorrect markings can lead to misplacement, poor lift, asymmetry, or thread migration.

This section provides a step-by-step guide to facial marking, including how to identify correct vectors, entry and exit points, and anchor zones.

1. General Principles of Marking

✓ Always mark the patient while they are **seated upright**, not lying down

✓ Use **fine-tip sterile skin markers**

✓ Clean skin first, mark, then re-clean with alcohol pads before the procedure

✓ Use a mirror to involve the patient and confirm treatment zones

Gravity affects facial tissue differently in upright vs. supine positions. Always mark upright to simulate real lift direction.



Fig 1. Mark your patients upright to avoid gravity effect

2. Understanding Vectors in Thread Lifting

Vectors are directional lines that guide thread placement to reposition tissue toward a youthful, lifted orientation. They must align with natural anatomical tension lines and ligament supports.

Region	Common Lifting Vector	Target Tissue Shift
Midface	Zygomatic arch → nasolabial fold	Cheek fat pad
Jawline	Preauricular area → mandibular border	Jowls

Brows	Temporal scalp → lateral brow	Tail of brow
Neck	Behind ear → under jawline	Platysmal sagging

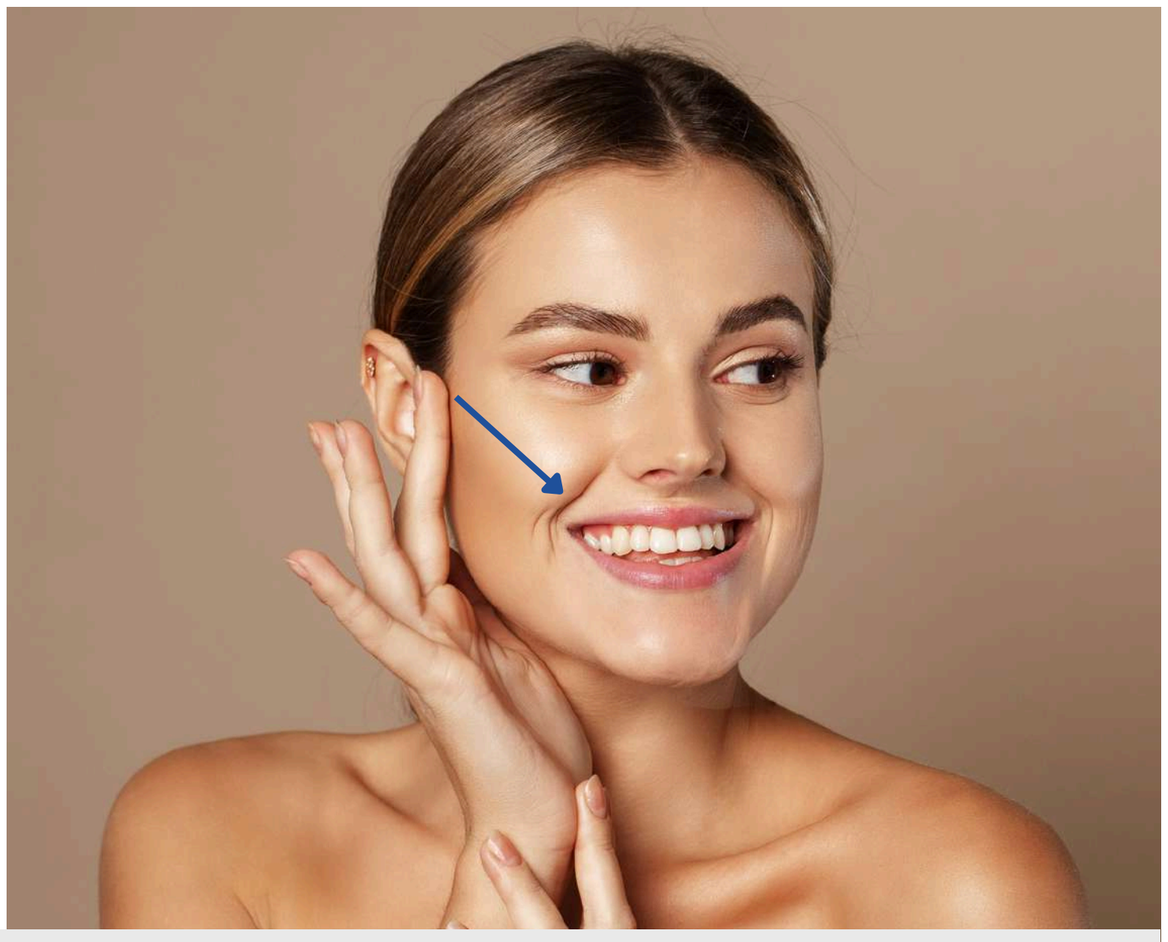


Fig 2. Midface lifting vector

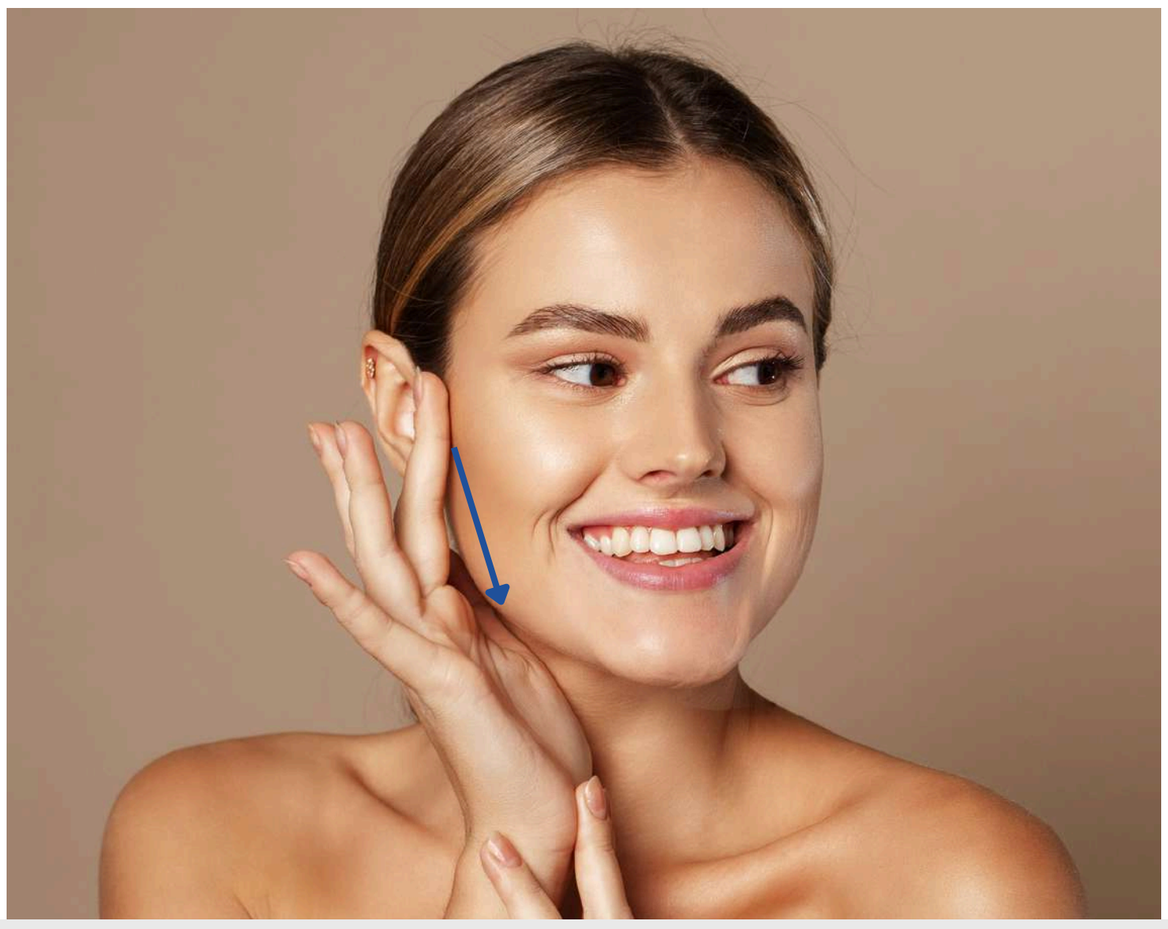


Fig 3. Jawline lifting vector

Following correct vectors prevents unnatural or over-pulled results.

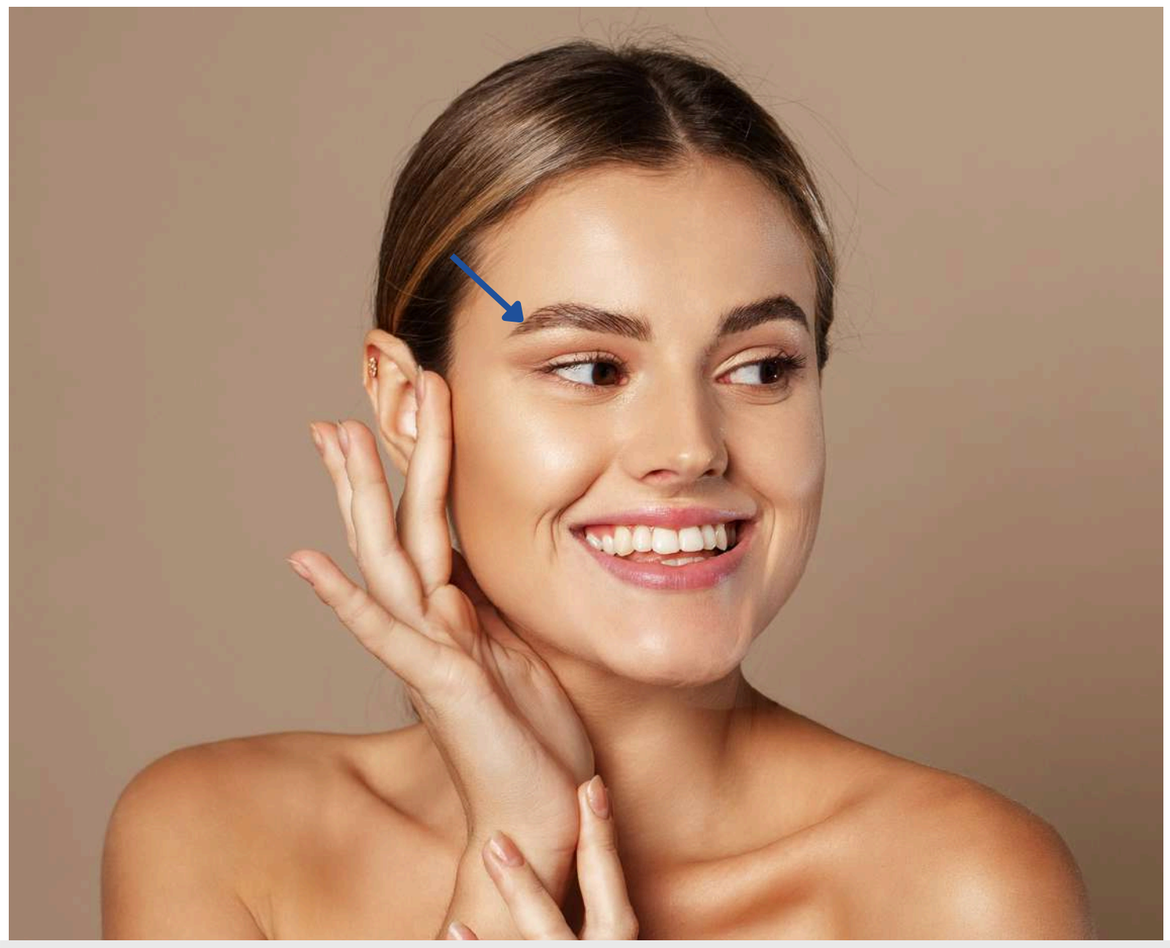


Fig 4. Brows lifting vector



Fig 5. Neck lifting vector

3. Marking Entry and Exit Points

Entry Points:

- Small dot where the cannula or needle will first penetrate the skin
- Should lie within firm, anchor-capable areas (e.g., temporal fascia, preauricular region)

Exit Points:

- **Mark the intended end-point** of the thread vector
- In cog threads, this may not be visible externally, but planning ensures accuracy
- Can be extended slightly beyond the sagging tissue if multiple threads are layered

Key Tip:

- **For bidirectional threads**, entry is **at the center**, with tension directed in both directions
- For **unidirectional threads**, entry is at one end with a pull toward the anchor

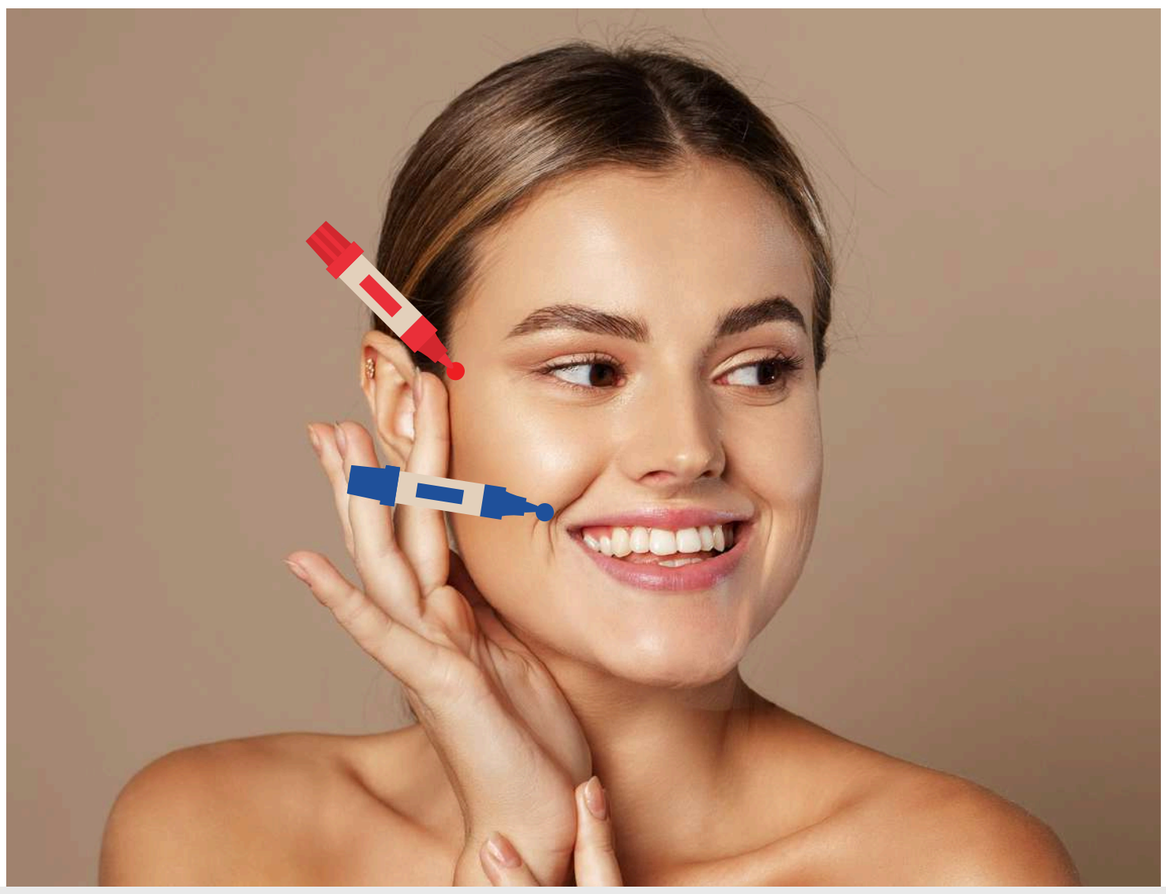


Fig 5. Always mark the entry and exit points before treatment

4. Step-by-Step Marking Guide (Example: Midface Lift)

1. Seat the patient **upright** and **cleanse** the skin

2. Ask the patient to **gently lift the cheek with two fingers**—observe the natural direction of lift

3. Draw a line from the **temporal hairline** to just lateral to **the nasolabial fold**

4. Mark entry point 1–1.5 cm **behind** the **hairline**

5. Draw **parallel** or **fan-shaped vectors** depending on **the degree of ptosis** (usually 2–4 threads per side)

6. Confirm with the patient in the mirror

7. Repeat symmetrically on the other side

Use light pressure when drawing lines—avoid scratching or traumatizing the skin.

5. Common Marking Patterns by Region

Midface:

- **Fan shape**: Temporal scalp → malar region (2–4 threads)
- **Anchor**: Temporal fascia



Fig 6. For Midface lifting, a fan shaped marking for 2-4 threads can be marked.

Jawline:

- **Parallel lines from preauricular or subauricular zone → mandibular border**
- **Anchor**: Masseteric fascia or SMAS layer

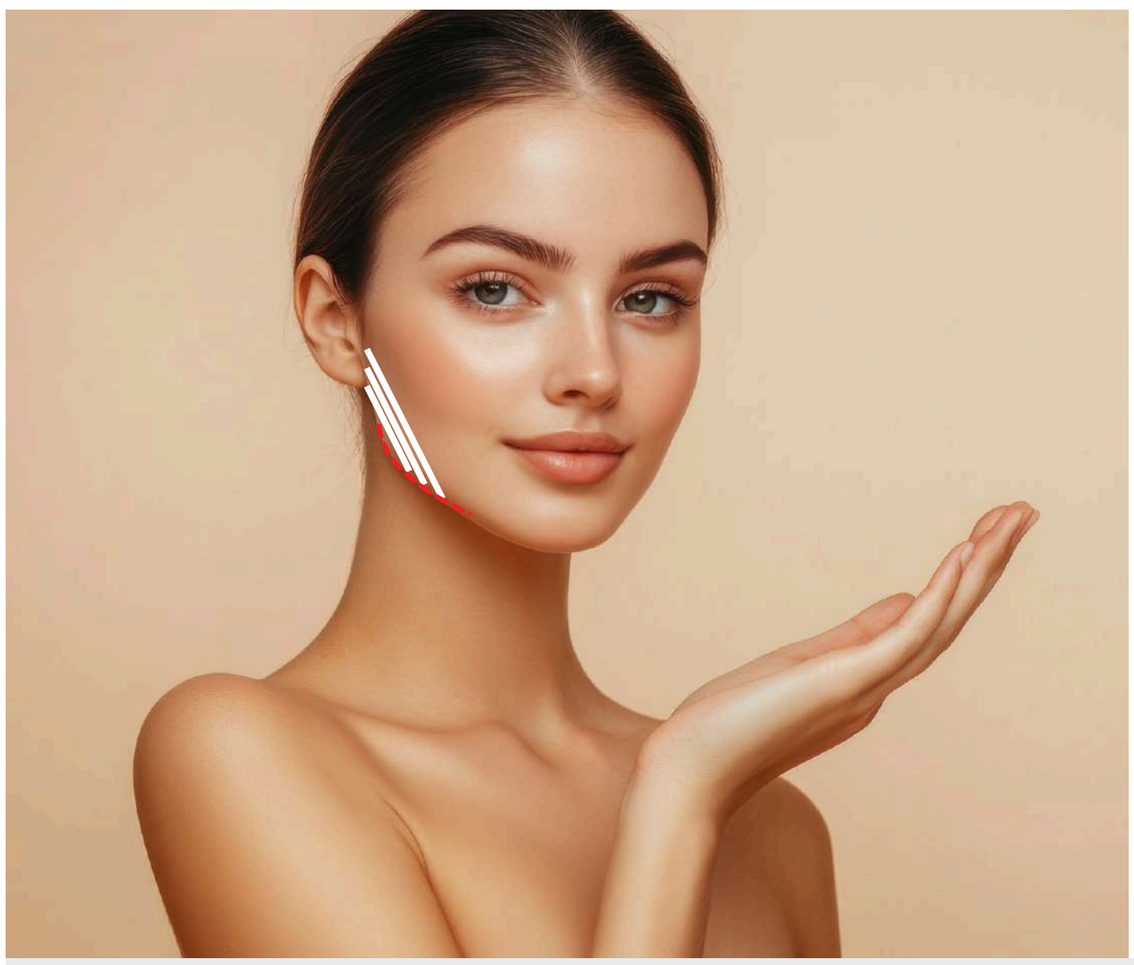


Fig 7. For Jawline lifting, parallel lines can be marked

Brow Lift (Fox Eye):

- **Straight or slightly angled line from temporal hairline → lateral brow**
- **Anchor**: Deep temporal fascia



Fig 8. For Brow lifting, a straight or slightly curved line can be marked

Neck:

- **Crisscross mesh for mono threads**
- **Diagonal lift with cogs from mastoid or retroauricular area**



Fig 8. For Neck lifting, crisscross mesh for threads and diagonal lift with cogs can be marked

6. Marking Tips for Accuracy & Safety

✓ Use **anatomical landmarks** (e.g., tragus, zygomatic arch) for symmetry

✓ Avoid crossing **known vascular danger zones**—e.g., facial artery notch, supratrochlear artery

✓ Use **reference tools** like thread templates or rulers if needed

✓ **Take pre-marking photos** for documentation and symmetry checks

Refrences

1. Cotofana S et al. The importance of vector design and entry points in facial thread lifting. Aesthetic Plast Surg. 2020.PubMed Link
2. Savoia A et al. Thread lifting planning: A vector-based approach. J Cosmet Dermatol. 2021. PubMed Link



4.2.2 Patient Positioning & Skin Disinfection

Proper patient positioning and skin disinfection are critical to the safety and success of any thread lifting procedure. These steps not only ensure better access, visibility, and precision during treatment but also minimize the risk of infection, bruising, and thread misplacement.
This section covers how to optimally position your patient based on treatment area, and how to thoroughly disinfect the skin to create a sterile, safe field for thread insertion.

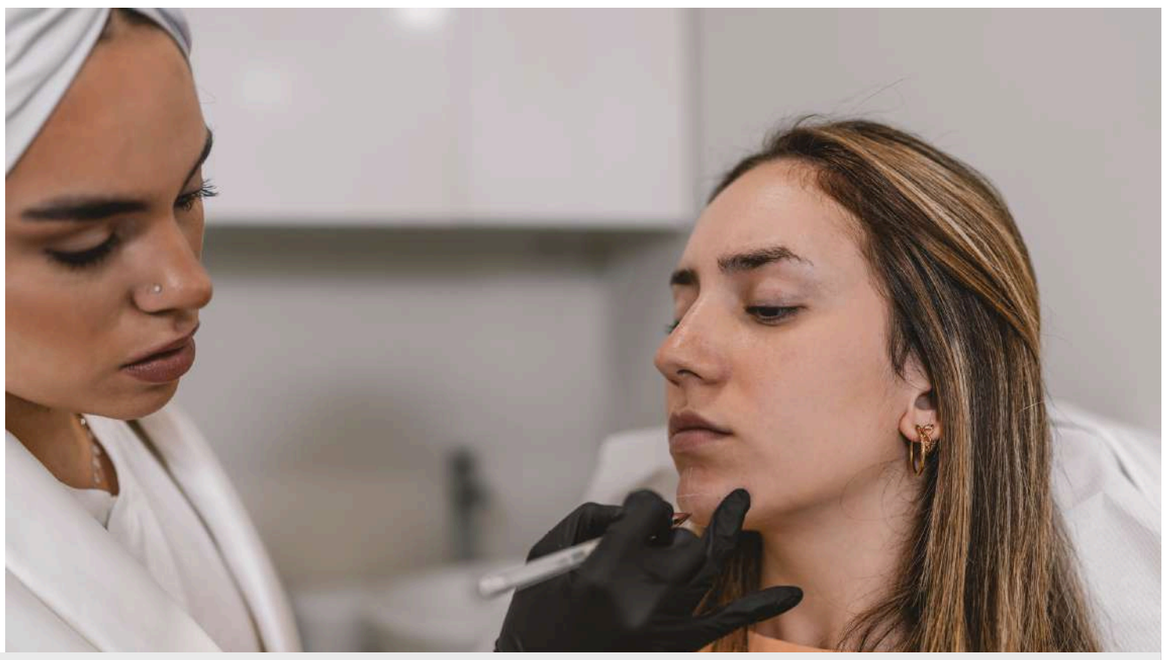


Fig 1. For marking your patients have them seated in an upright position (90˚)

- Always perform markings while the patient is fully upright
- Gravity allows accurate visualization of sagging tissues
- Enables real-time confirmation of vector direction and symmetry

1. Patient Positioning: Principles and Best Practices

General Guidelines:

- Positioning depends on **the area being treated**, **the technique used**, and the **type of thread**
- Patient should be **relaxed** and **supported**, but the **facial tissues must fall naturally**
- Use **adjustable chairs** and **head supports** to maintain **alignment** and **prevent movement**

A. Marking Position – Seated Upright (90°):



B. Treatment Position – Semi-Reclined (~30–45°):

- Most thread procedures are performed in a semi-reclined position

- This angle provides:
  - Comfort for the patient
  - Stability for the practitioner's hand movements
  - Better access to lateral zones (e.g., jawline, temporal scalp



Fig 2. For treatment position your client in a semi-Reclined (~30–45˚)

C. Neck and Submental Area – Neck Extended, Head Slightly Tilted Back:

- For neck threads or platysmal bands:
  - Use a cushion under the shoulders to slightly extend the neck
  - Ensure the mandibular angle is exposed without straining the neck

💡 Use soft towels, gel pads, or disposable headbands to stabilize the head during cannula or needle insertion.

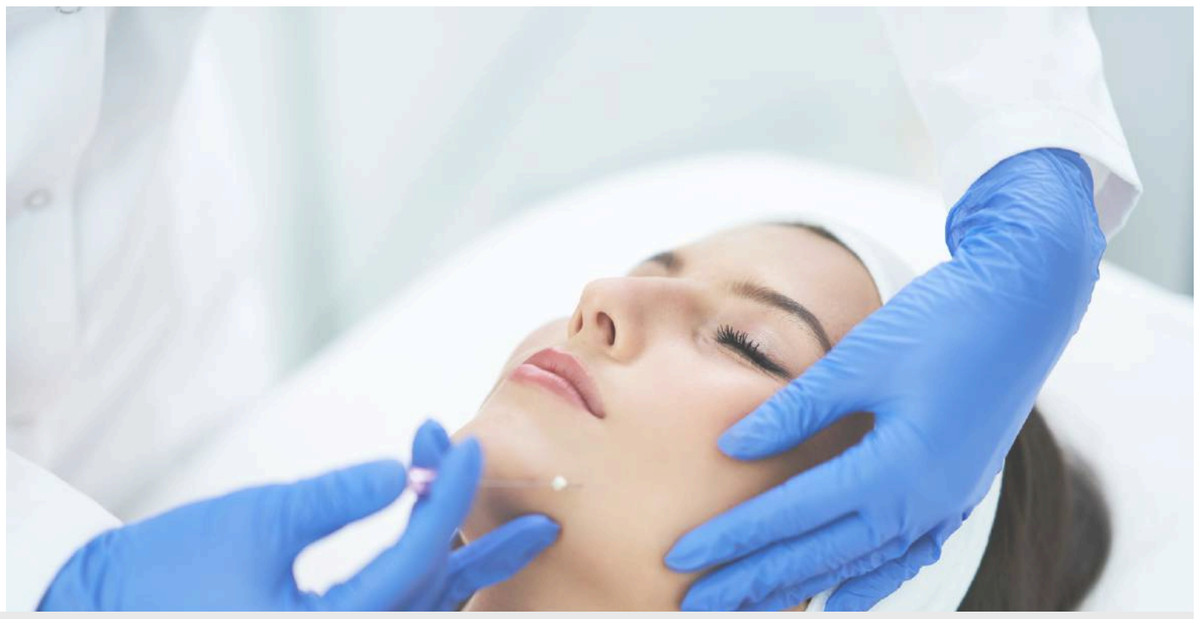


Fig 3. For treating the submental area and neck area have your patients slightly titl their head back

2. Skin Disinfection: Step-by-Step

Thorough skin cleansing reduces the risk of post-procedural infection, **abscess**, or **thread extrusion**. **Disinfection** should always follow marking.

Tools:

- **Chlorhexidine** (preferred), **or 70% isopropyl alcohol**
- **Sterile gauze or cotton pads**
- Optional: **Betadine for highly vascular or acne-prone skin**
- **Sterile gloves and mask for** the practitioner

Disinfection Protocol:

- **After marking**, re-clean the skin using gentle circular motion—start in the center and move outward.

2. Use a **new pad** for each facial zone (e.g., right cheek, left cheek, neck).
3. Avoid excess alcohol near **eyes, lips**, or **mucosal areas**—use **sterile saline** in these zones.
4. Allow the antiseptic to **fully dry** before thread insertion.
5. Use **sterile drapes** or towels to isolate the treated field and keep hair away from the face.

⚠ Wet skin can cause the thread to slip or increase the risk of infection—**always wait until completely dry** before starting.

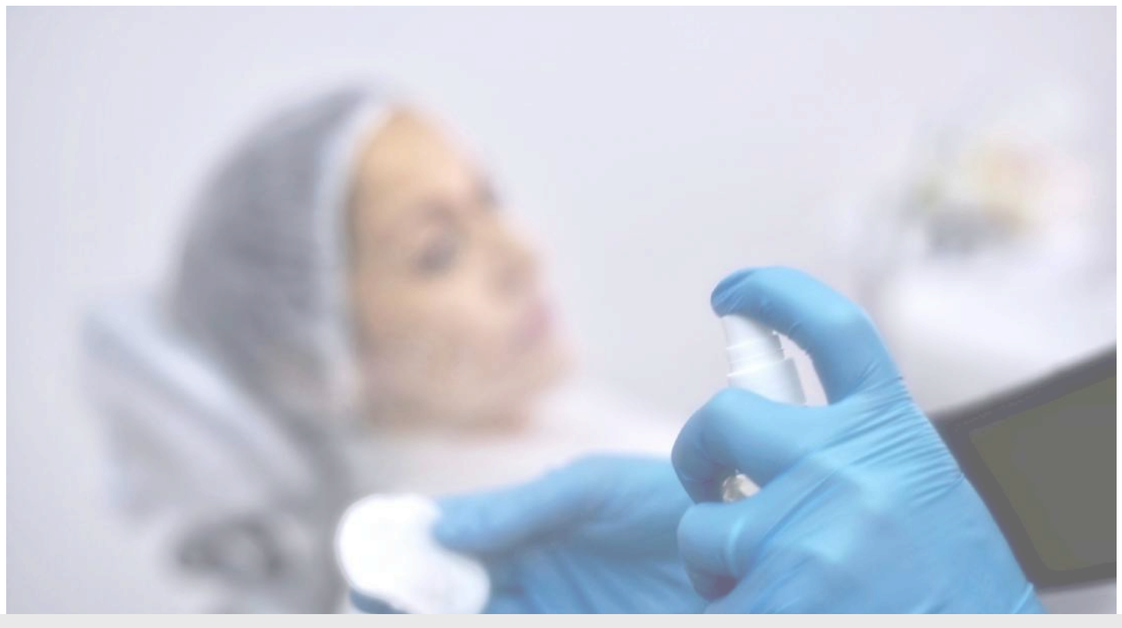


Fig 4. After marking, re-clean the skin using chlorhexidine or alcohol

3. Infection Control & Safety Tips

✓ **Use sterile gloves**, change gloves if contamination occurs

✓ Avoid reusing gauze or touching the patient's skin without re-sanitizing hands

✓ Keep **thread packs sealed** until the moment of insertion

✓ **Do not re-mark** skin after disinfection unless using sterile pens

✓ All tools and supplies must be placed on **a sterile field**

Establish a consistent prep routine to maintain safety, efficiency, and confidence—especially when performing multiple areas.



Refrences

1. Savoia A et al. Sterility and infection prevention in thread lifting. J Cosmet Dermatol. 2021. PubMed Link
2. Cotofana S et al. Clinical safety protocols in nonsurgical facial procedures. Aesthet Surg J. 2020. PubMed Link

4.2.3 Safety Protocols & Aseptic Technique

Thread lifting is a minimally invasive procedure, but it still involves penetration of the skin and manipulation of subdermal tissues. As such, **following strict safety protocols** and **aseptic technique** is essential to prevent **infection**, **cross-contamination**, and **procedure-related complications**.

This section outlines the standard precautions and sterile technique required during thread lifting procedures to ensure the highest levels of patient safety and clinical professionalism.

1. Core Principles of Aseptic Technique

Aseptic technique involves creating an environment free from harmful microorganisms. It is a combination of **clean hands**, **sterile instruments**, **controlled environment**, and **careful handling of threads and needles**.

✅ **Key Concepts:**

- Treat **the patient's face** as a sterile field after disinfection
- Handle only **sterile tools with sterile gloves**
- Avoid touching **non-sterile items** once the procedure begins
- Use **barrier protection** (mask, gloves, drapes, head covers)



Fig 1. Make sure to keep your treatment field sterile

A small breach in sterility can lead to post-op infections, nodules, abscesses, or extrusion of threads.

2. Personal Protective Equipment (PPE)

Item	Purpose
Sterile gloves	Protect both practitioner and patient
Surgical mask	Prevent respiratory droplet contamination
Hair cover or cap	Minimize shedding of particles
Disposable gown or coat	For procedures involving multiple threads
Face shield (optional)	Added protection in close facial work

Have all PPE donned before setting up the sterile tray or handling threads.

3. Creating a Sterile Field

Steps:

1. Disinfect the treatment area thoroughly.

2. Use **sterile drapes** to isolate the face and cover surrounding areas (ears, hairline).

3. Set up a **sterile tray** with:
   - Thread packs (opened only when ready to use)
   - Cannulas or needles
   - Gauze, antiseptic, and local anesthetic syringes

4. Keep thread packs and needles away from **any non-sterile surface**.

5. Only touch the thread, cannula, or needle with sterile gloves or sterile forceps.

⚠️ Avoid laying threads directly on the skin or using fingers to push threads—use proper instruments.

4. Aseptic Handling During the Procedure

✓ **Best Practices:**

- Change gloves if they become contaminated (touching non-sterile items, face, phone, etc.)
- Re-sanitize gloved hands with alcohol-based sanitizer between patients
- Use sterile gauze or swabs to wipe thread exit points or blood
- Discard used needles or cannulas immediately into a sharps container
- Never reuse tools or attempt to "clean" a contaminated thread—discard and replace

5. Infection Prevention Tips

✓ Use antibiotic ointment at entry points after the procedure

✓ Advise patients to avoid touching their face, applying makeup, or washing the treated area for 12–24 hours

✓ Monitor for early signs of infection:

- Redness, swelling, or warmth beyond 48 hours
- Discharge or foul odor from thread points
- Fever or general malaise

Instruct patients to contact the clinic immediately if symptoms appear.

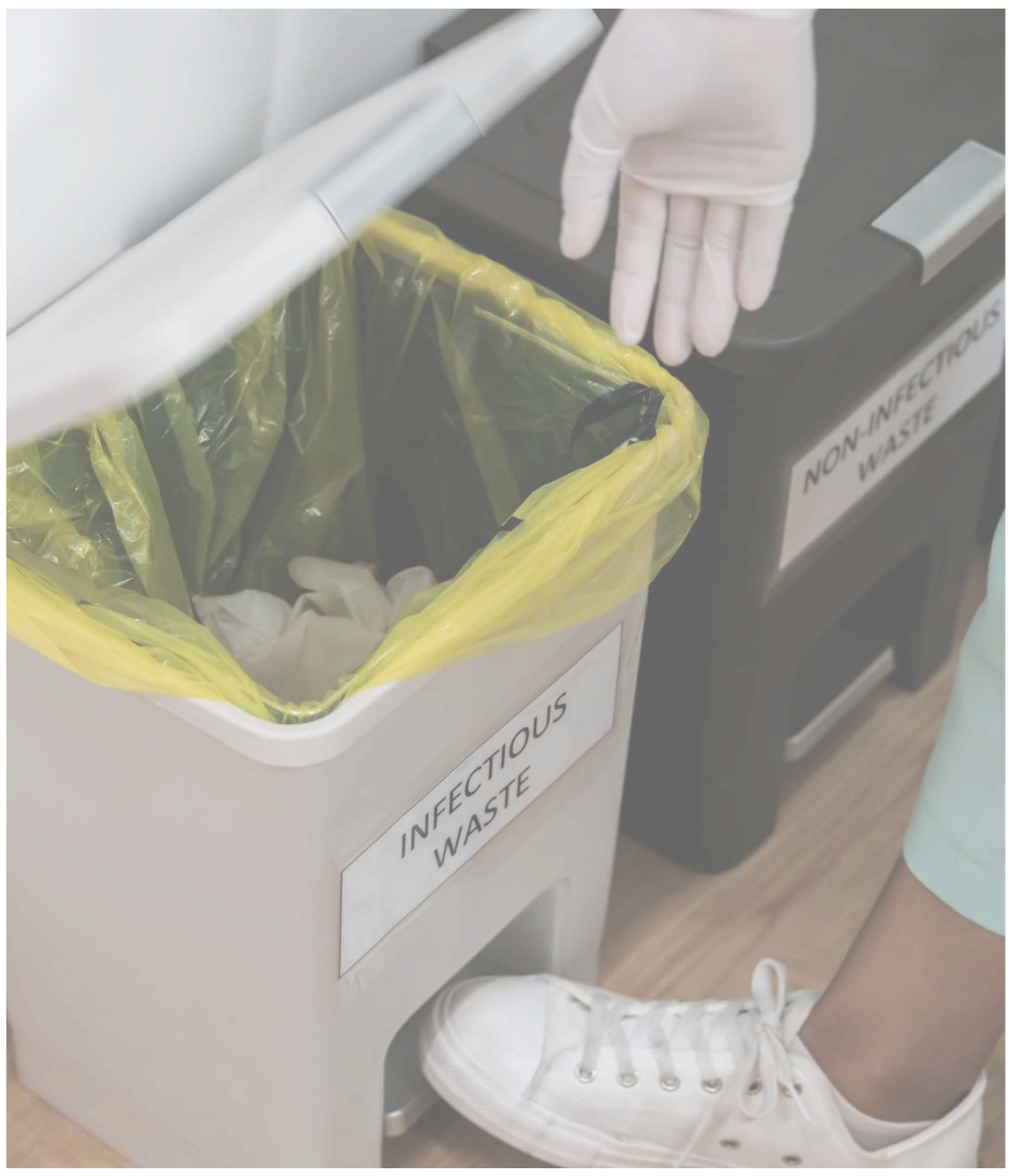
🚨 Early management with oral antibiotics can prevent abscess formation and long-term scarring.



Fig 2. Use antibiotic ointment at entry points after the procedure

6. Waste Management and Clean-Up

Item	Disposal
Used threads & needles	Sharps container
Gauze, gloves, PPE	Medical waste bin (biohazard if soiled)
Unused but opened	Discard if sterility is compromised
Surface disinfection	Use chlorine-based or hospital-grade disinfectants after each case



Refrences

1. Savoia A et al. Aseptic technique and infection control in thread lifting. J Cosmet Dermatol. 2021.PubMed Link
2. World Health Organization. Injection safety and aseptic technique guidelines.WHO Document

Chapter 5:
Basic Thread Lifting Techniques



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5.1 Fundamentals of Thread Placement

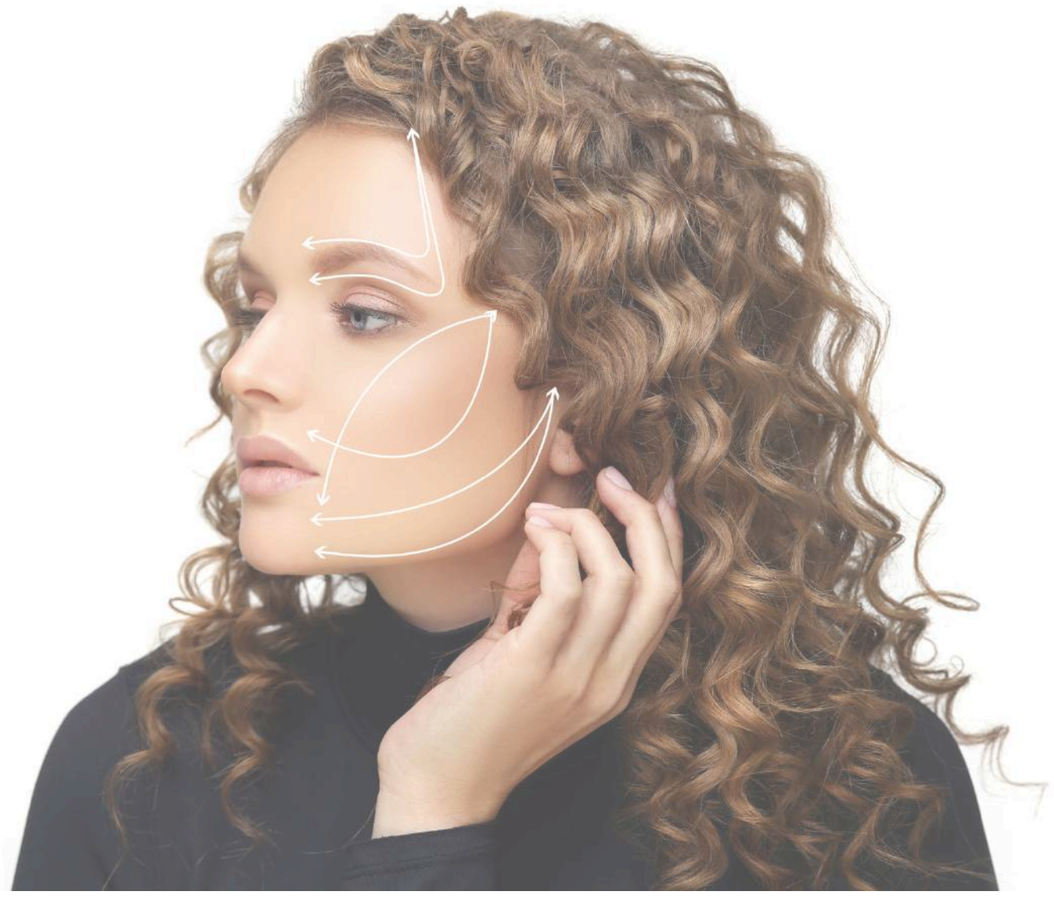
Successful thread lifting begins with understanding the **fundamentals of thread placement**—the foundation upon which all other techniques are built. Proper placement involves selecting the correct **depth, vector direction, entry and exit points**, and ensuring **anchoring and tension** are optimized for the treatment zone.

In this section, we'll **cover the core principles** that apply to all thread lifts, regardless of the area or thread type.

1. Goals of Thread Placement

- **Lift and reposition soft tissue** to counteract sagging
- **Stimulate collagen production** through subdermal trauma
- **Support weakened areas** of facial structure (e.g., cheeks, jawline)
- **Improve contour** and define natural anatomical borders (e.g., mandibular angle, cheekbone)

💡 Every thread you place should serve a specific purpose in either lifting, supporting, or stimulating the tissue.



2. Understanding the Right Planes of Insertion

Thread effectiveness depends largely on correct **depth of insertion**, which varies depending on **thread type** and **treatment area**.

Thread Type	Ideal Plane of Insertion	Notes
Mono	Superficial subcutaneous or intradermal	Avoid too deep—risk of loss of stimulation effect
Screw	Subdermal fat layer	Best for localized collagen stimulation

Cog (barbed)	Deep subcutaneous / near SMAS	For anchoring and lift
Molded	Just above SMAS or within SMAS	Requires precise placement and tension

⚠️ Too superficial = thread visibility and dimpling; too deep = poor lift and migration.

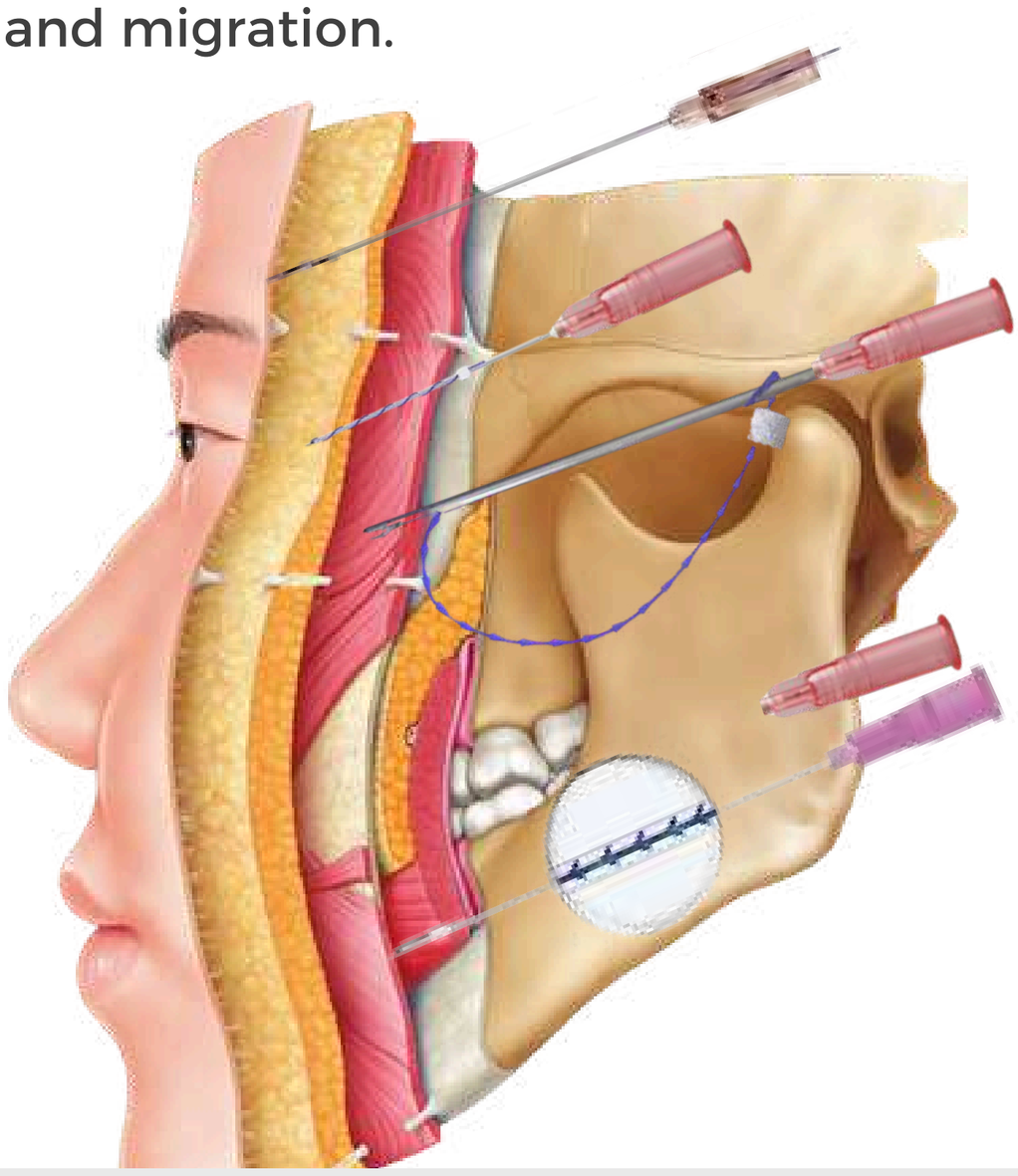


Fig 1. Best facial layer for inserting different threads

3. Vector Planning and Lift Direction

Each thread should follow a **planned vector line**—a directional path that opposes tissue sagging.

Common Lift Directions:

- **Midface:** Lateral to superior (zygomatic to temporal)
- **Jawline:** Posterior to anterior (preauricular to chin)
- **Neck:** Lateral and upward (behind ear to under chin)
- **Brow:** Superior-lateral (temple to brow tail)

✓ Use **natural tension lines** and **ligament locations** as guides

✓ Fan or parallel thread arrangements help support broader areas

✓ Avoid criss-crossing threads unless performing mesh for mono stimulation



Fig 2. Common lift directions

4. Entry and Exit Point Technique

Entry Point:

- Should be in **anchoring zones** with firm connective tissue (e.g., temporal fascia, preauricular SMAS)
- Use a **pilot hole** (with 18G–21G needle) for cannula-based threads
- Always anesthetize this point before entry

Thread Path:

- Insert along vector with steady pressure
- Minimize redirection mid-way unless using flexible cannulas

Exit Point (if applicable):

- Often not needed with cannulas
- If required (e.g., long mono threads), exit gently and cut flush to skin



Fig 3. Use gauge 18-21G needle to make entry hole then insert along the vector to reach the exit point

5. Tension, Anchoring & Fixation

✓ Barbed threads must be **anchored securely** at one end

✓ Avoid placing threads loosely—no lift will occur

✓ After insertion, apply **gentle upward** tension to engage barbs

✓ Massage along thread path to smooth surface and set lift

🧠 In some protocols, barbed threads are left without exit—allowing tissue to "grip" the barbs naturally.

6. Avoiding Common Mistakes

Mistake	Consequence	Solution
Too superficial	Thread visibility, dimpling	Go deeper; use blunt cannula
Too deep	No lift, possible nerve injury	Stay within correct anatomical layer
Incorrect vector	Asymmetry or unnatural look	Reassess markings before inserting
Poor tension	No visible improvement	Use stronger anchor or redo insertion

Inadequate planning	Wasted threads	Always mark and measure before beginning

Refrences

1. Kang SH et al. Anatomical and technical foundations of thread lifting. J Cosmet Dermatol. 2020. PubMed Link
2. Cotofana S et al. Facial planes and optimal thread placement. Aesthet Surg J. 2021. PubMed Link



5.1.1 Understanding Vectors & Tension Lines

In thread lifting, **vectors** and **tension lines** are the architectural foundation for achieving **predictable**, **natural-looking**, and **symmetrical results**. Without proper vector planning, even technically well-placed threads can result in asymmetry, insufficient lift, or poor longevity of results.

This section breaks down how to identify correct lifting vectors, align them with natural facial anatomy, and apply controlled tension to achieve safe and effective results.

1. What Are Vectors in Thread Lifting?

Vectors refer to the planned **direction of thread insertion** relative to gravity and tissue descent. They determine:

- Where the thread enters and exits
- The direction in which tissue will be lifted
- The strength and longevity of the lift

🎯 **Think of vectors as "pull lines" that reverse the direction of facial aging.**

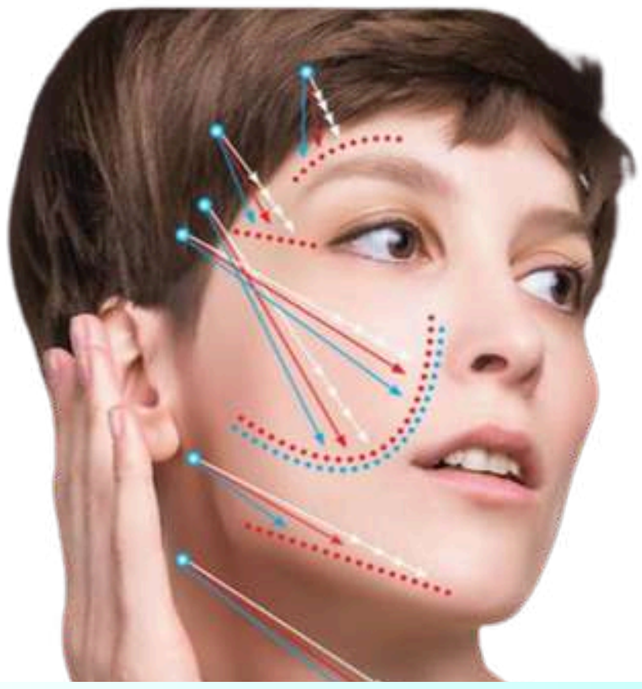


Fig 1. Vectors refer to the planned direction of thread insertion relative to gravity and tissue descent

2. What Are Tension Lines?

Tension lines (or lines of maximum tension) are the **natural anatomical pathways** where the skin and underlying tissues respond most efficiently to lifting. These lines follow:

- Retaining ligaments
- Fascial planes
- Direction of gravity-induced sagging

They provide **anchorage points** for cog threads and indicate where lift can occur without over-stretching the skin.

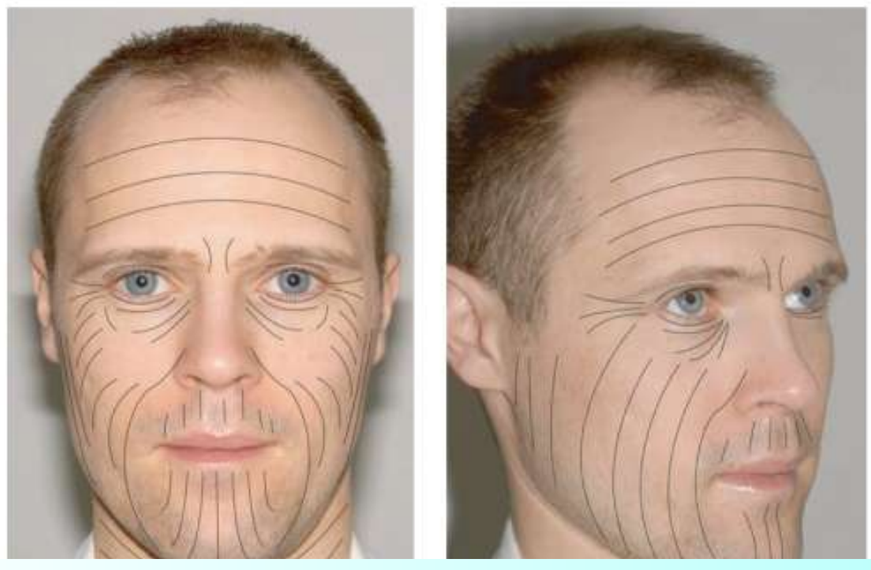


Fig 2. Tension lines

3. Common Vector Directions by Region

Region	Primary Vector Direction	Notes
Midface	Superolateral (zygomatic arch to nasolabial fold)	Lifts cheek and softens folds
Jawline	Horizontal or slightly superolateral	Defines mandibular contour, reduces jowls
Brow (Fox Eye)	Superolateral (temple to lateral brow)	Lifts eyebrow tail
Neck	Lateral or criss-cross upward	Supports platysma and tightens under chin
Forehead	Vertical (for mono threads only)	Smooths horizontal wrinkles

Vectors should not cross each other unless deliberately layering mono threads in a mesh pattern for collagen stimulation.

4. Matching Vectors to Facial Aging Patterns

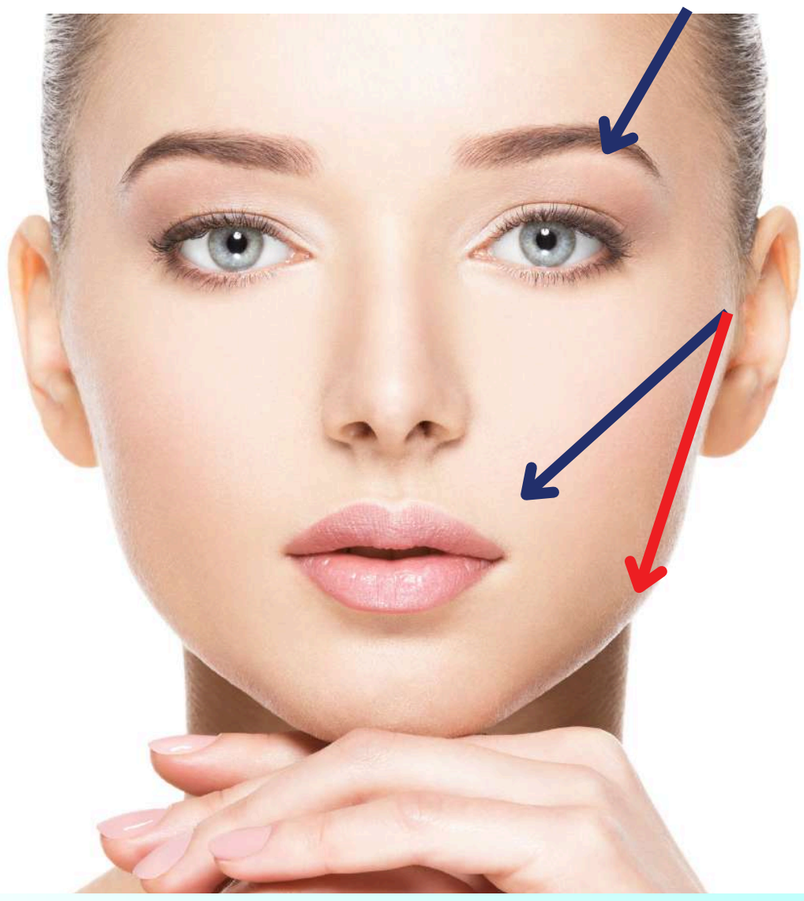


Fig 3. Common vector directions

Example 1: Midface Descent

- **Cause:** Malar fat pad ptosis
- **Vector:** From temporal scalp downward to mid-cheek
- **Thread Type:** Cog threads
- **Effect:** Cheek elevation, nasolabial fold reduction



Fig 4. Midface Descent thread lifting treatment

Example 2: Jowling at Jawline

- **Cause:** Descent of lower facial fat compartments
- **Vector:** From preauricular or subauricular zone toward chin
- **Thread Type:** Cog or molded threads
- **Effect:** Tightens mandibular border

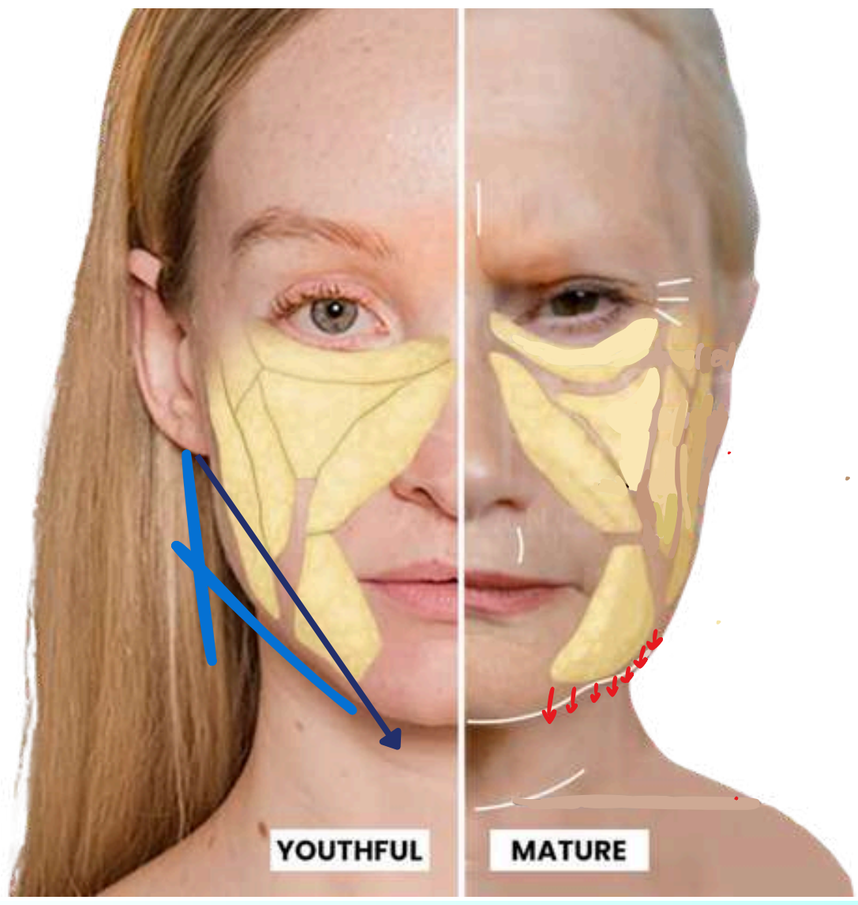


Fig 5. Jowling at Jawline due to descent of lower facial fat pad can be treated by thread ligtinh

Example 3: Brow Ptosis (Fox Eye)

- **Cause:** Loss of lateral brow support
- **Vector:** From deep temporal fascia toward lateral canthus
- **Thread Type:** Cog threads, possibly layered
- **Effect:** Lifts tail of brow and opens eye contour

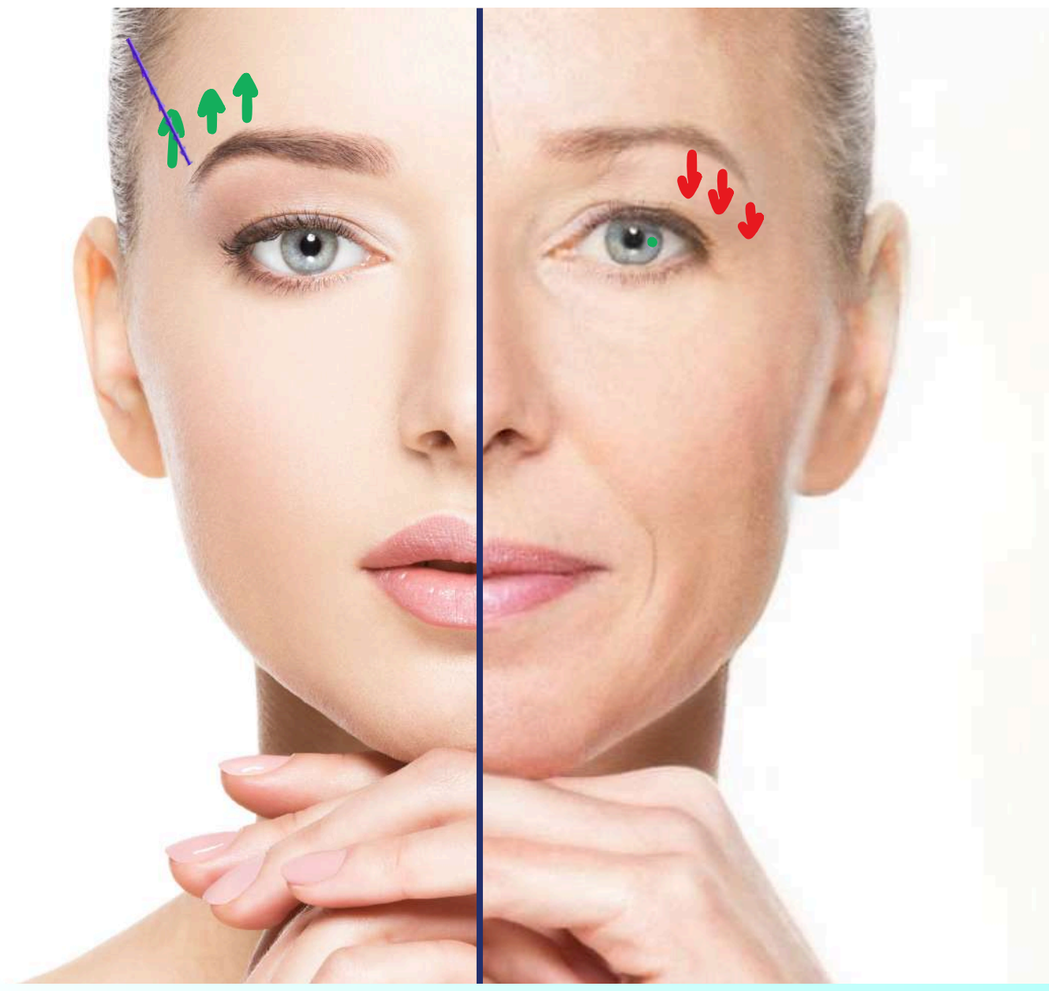


Fig 6. Brow ptosis occurs due to loss of lateral brow support and can be treated by thread lifting using cog threads

5. Key Tips for Vector Planning

✓ **Mark the patient sitting upright** to see the natural direction of sag

✓ Always **test the lift manually** with your fingers before choosing the vector

✓ **Align vectors with ligament supports** (e.g., zygomatic, mandibular, temporal ligaments)

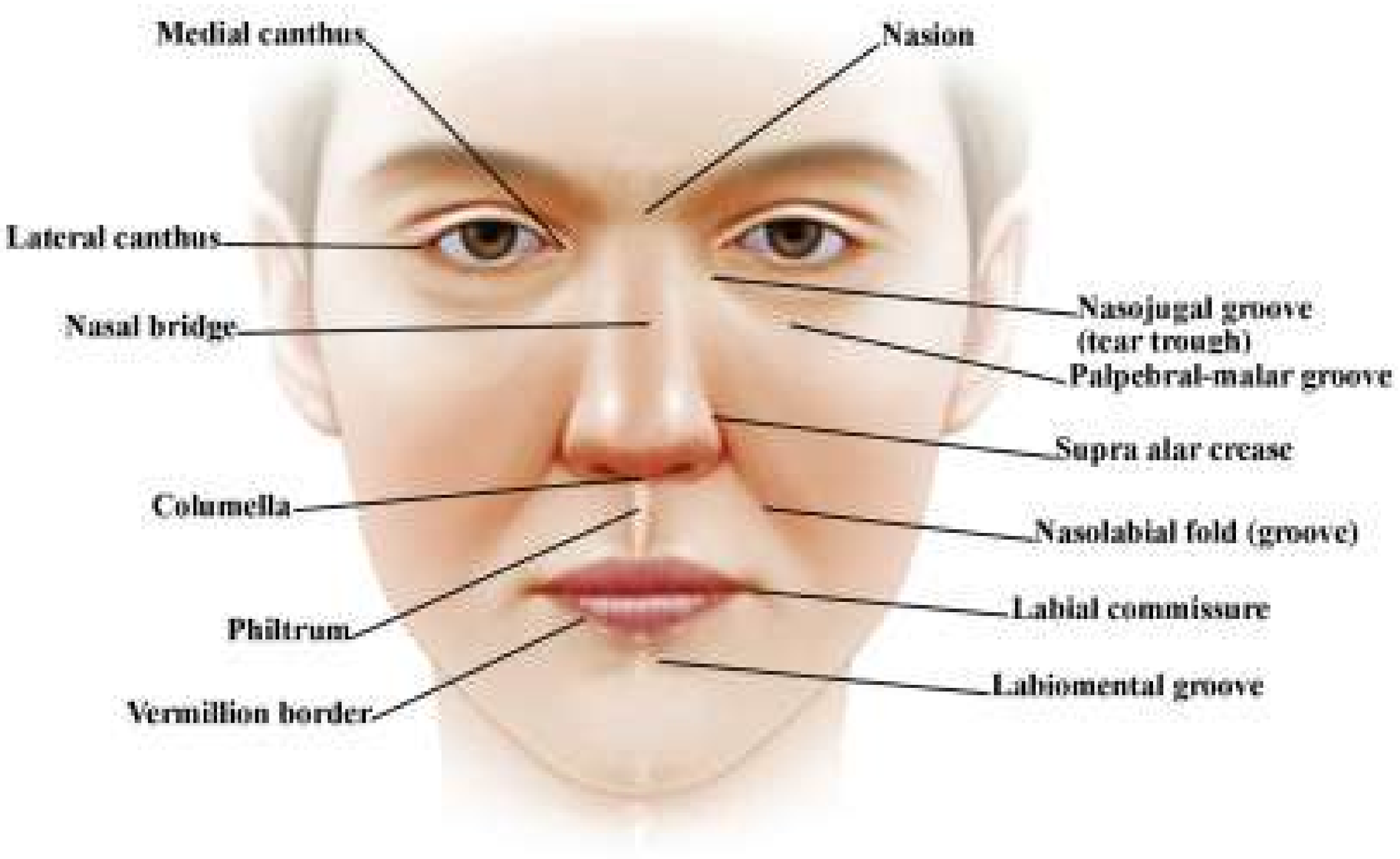
✓ Use **symmetrical mirror-image vectors** on both sides of the face

✓ Combine **shorter vectors** in fan or parallel patterns for better coverage

Lift where the face falls." Don't fight anatomy—follow it.

6. Common Mistakes to Avoid

Mistake	Result	Fixs
Vector too vertical	Unnatural, tight look	Adjust to diagonal or superolateral
Asymmetrical vector angle	Facial imbalance	Re-measure and match on both sides
Thread path across mobile areas (e.g., lips)	Migration or breakage	Redirect to stable regions
Placing thread across a ligament	Buckling or irregular lift	Stay above or beside ligaments, not through them



Refrences

1. Cotofana S et al. Facial aging vectors and thread lifting: Aligning technique with anatomy. Aesthet Surg J. 2020. PubMed Link
2. Savoia A et al. Vector-based planning in non-surgical lifting procedures. J Cosmet Dermatol. 2021. PubMed Link

5.1.2 Entry Points and Exit Points – How to Determine Them

The accuracy of your entry and exit points directly influences the effectiveness, safety, and symmetry of your thread lifting procedure. These points determine how and where the thread is inserted, its anchorage, the lifted vector, and the final outcome. Incorrect placement can result in poor lifting, irregular tension, or even complications like thread migration or nerve irritation.

In this section, we'll explore how to select ideal entry and exit points based on anatomy, vectors, thread type, and treatment goals.

1. Understanding Entry Points

The entry point is where the thread enters the skin, usually using a needle (sharp) or cannula (blunt) through a pilot hole.

Key Characteristics:

- Located in a firm, anchor-capable area (e.g., temporal fascia, preauricular skin)
- Should be placed at the origin of your lifting vector
- Must be accessible and easy to control during insertion
- Anesthetized and marked precisely before disinfection

A good entry point allows for smooth advancement of the thread with minimal redirection.

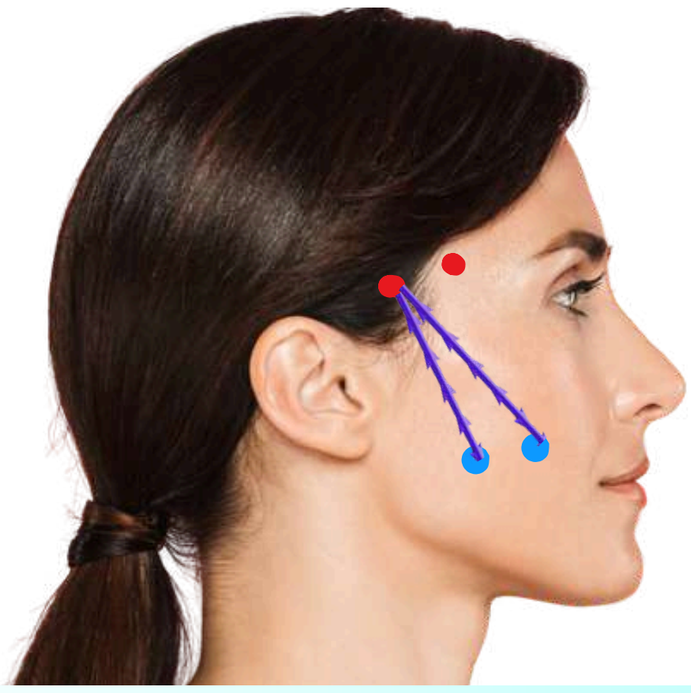


Fig 1. The red dot indicated entry points, the blue dots indicated exit points

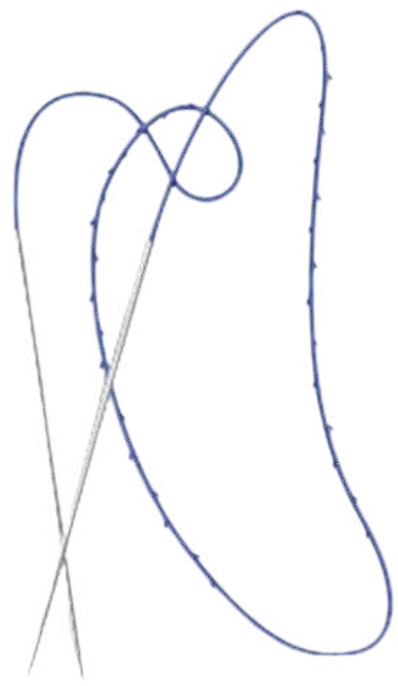
2. Understanding Exit Points

The exit point is where the thread ends—or in some techniques, where it comes out of the skin before being trimmed and retracted.

When Needed:

- For **sharp needle techniques** (mostly mono or screw threads)
- When placing **long threads** or using **bi-directional** barbed threads
- When using **double-needle molded threads** (entry in the middle, exits both ends)





When Not Needed:

- **Blunt cannula cogs** usually don't require an external exit—threads are fully internal
- When barbs are unidirectional and the tail is trimmed flush at the entry point

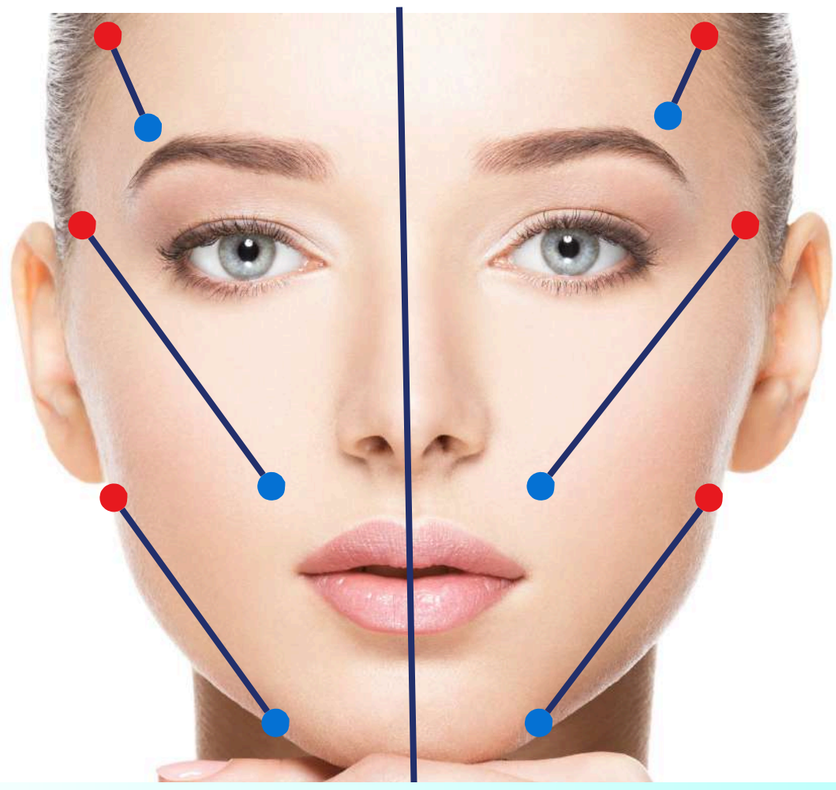


Fig 2. Make sure to maintain symetry between two sides of the face for thread treatment

3. How to Determine Entry and Exit Points by Area

Facial Region	Entry Point	Exit Point	Notes
Midface	Temporal scalp or lateral zygoma	Near nasolabial fold	Avoid placing entry near temples in thin skin
Jawline	Preauricular crease	Mandibular border near chin	Choose firm anchor in preauricular zone
Brow (Fox Eye)	Deep temporal fascia	Lateral brow tail	Stay superficial near eyebrow
Neck	Retroauricular region	Submental or midline neck	Use mono mesh or long cogs

4. Spacing and Symmetry Guidelines

- Maintain symmetry between sides—match both entry and exit points carefully
- For barbed threads, allow 1–2 cm between threads to prevent tissue overlap or puckering
- Avoid entry points near scarred, thin, or acne-prone skin

🧠 Use a flexible ruler or thread marking template to measure spacing before starting.

5. Practical Tips for Safe Point Selection

✓ **Entry points should be:**

- In **stable anatomical zones**
- Free of **major vessels or nerves**
- Within **reach of your hand** during cannula control

✓ **Exit points (if used) should:**

- Be **well outside facial danger zones**
- Avoid tension zones like nasolabial fold apex or marionette line curve
- Be **easy to massage flat** after insertion

✓ **For cog threads, use a slight upward angle from entry to end to optimize lift**

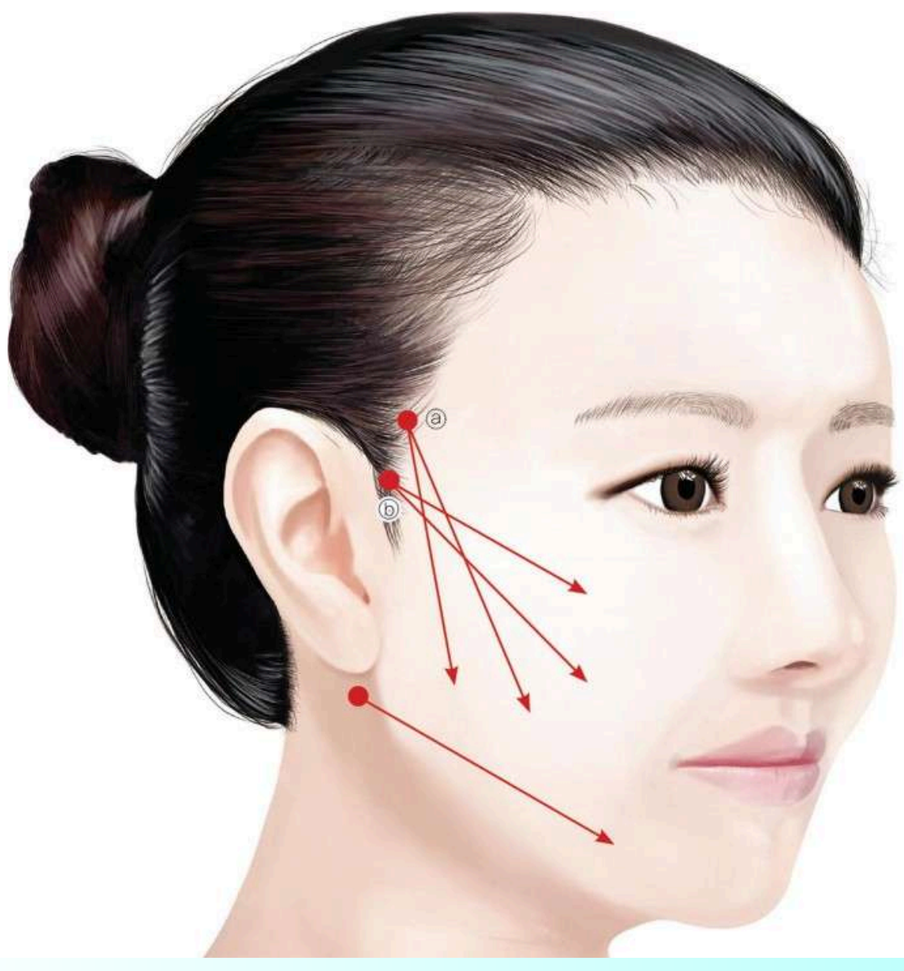


Fig 3. Mark both entry and exit points before numbing so natural anatomy and ptosis are visible.

6. Avoiding Common Mistakes

Error	Problem	Prevention
Entry point in mobile skin	Thread migration or extrusion	Choose firmer zone (e.g., temporal fascia)
Poor alignment with vector	Asymmetrical lift or thread bending	Double-check markings upright before numbing
Entry/exit over thin skin	Thread visibility or dimpling	Adjust depth or shift point laterally
Too close to major vessel	Risk of bruising or hematoma	Palpate danger zones; use ultrasound if needed

Refrences

1. Cotofana S et al. Facial access points for safe thread lifting: An anatomical review. J Cosmet Dermatol. 2020.PubMed Link

5.1.3 Fixation Techniques for Maximum Lift

Fixation—the method by which threads are **anchored and stabilized in the tissue**—is a critical step in thread lifting. Without proper fixation, even perfectly placed threads can fail to produce the desired lift or may shift, migrate, or result in asymmetry.

This section will cover the **different fixation methods**, when to use them, how to test for thread engagement, and **techniques for maximizing lift** while preserving natural facial movement.

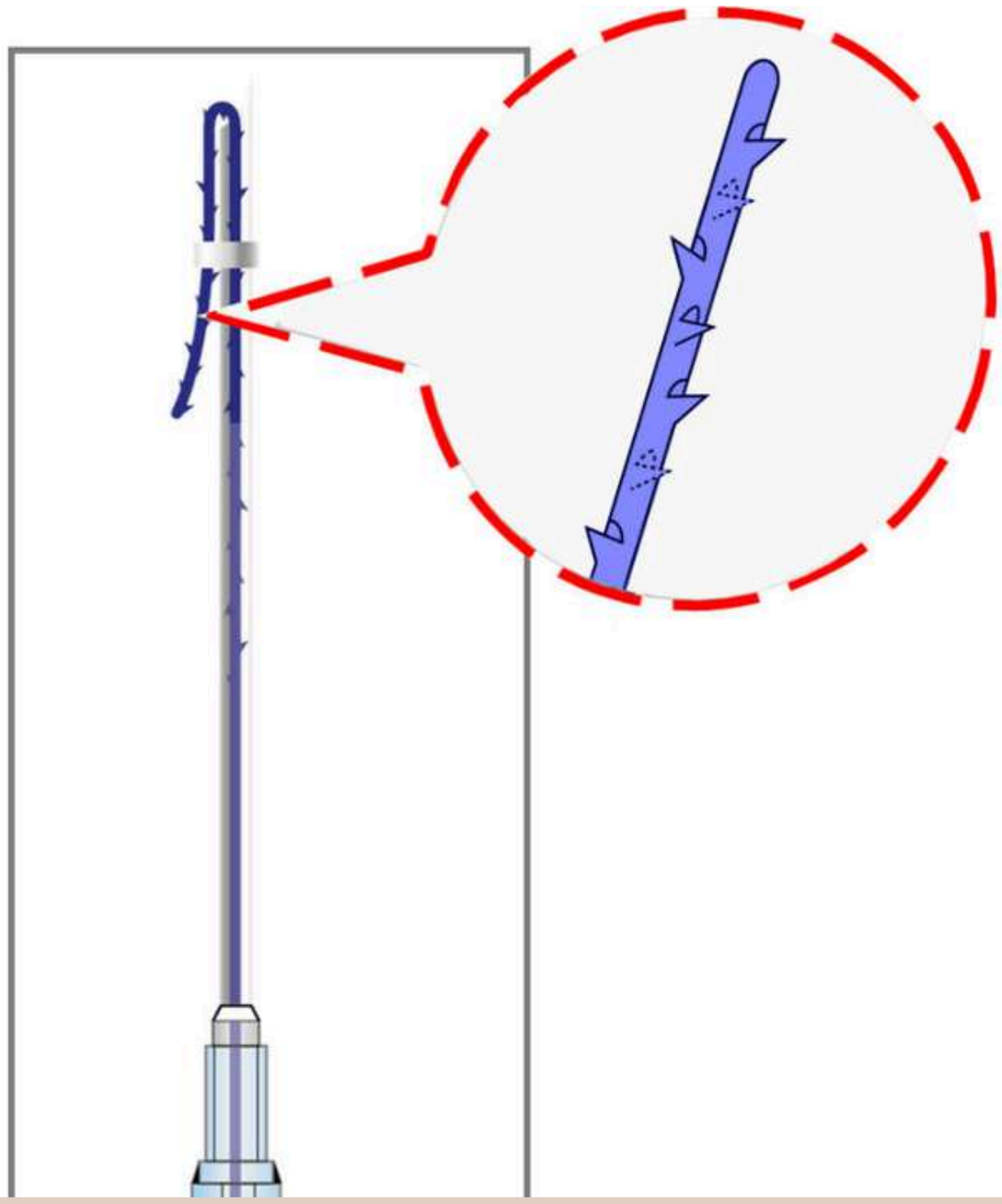


Fig 1. Most cog threads are anchored by their barbs, which grip the tissue as the thread is pulled

1. What Is Fixation in Thread Lifting?

Fixation refers to the anchoring of a thread in a stable tissue zone (e.g., fascia or deep fat pads), ensuring:

- The barbs or cones on the thread **grip and hold the tissue**
- The thread **remains in place** over time without migration
- The **lifted tissue is supported** with upward vector tension

Without secure fixation, the lifting effect may be weak, uneven, or short-lived.

2. Methods of Fixation

A. Natural Fixation (Barb Engagement)

- **Most cog threads are anchored by their barbs**, which grip the tissue as the thread is pulled
- No suturing or knotting is required
- Requires proper **tensioning** and **massage** to activate the barbs

B. Fixed Point Anchoring (Temporal or Preauricular Fascia)

- Entry point placed in a **firm anatomical anchor** (e.g., deep temporal fascia)
- Threads are inserted and tensioned toward mobile tissue
- Effective in brow lifts, midface, and jawline

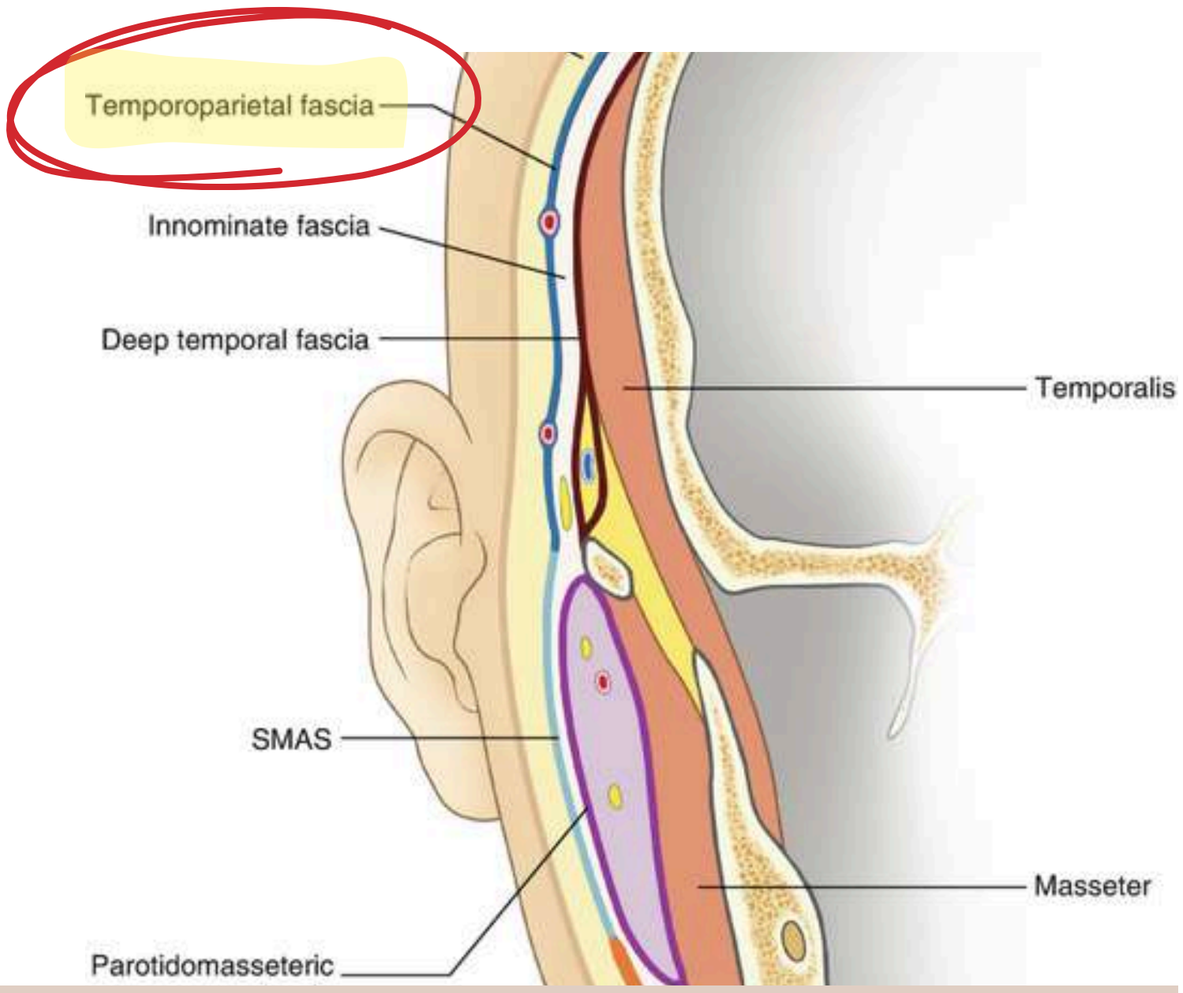


Fig 2. Fixation technique can be done by making entry points in firm areas such as the temporal fascia and then moving twoard mobile areas

C. Loop or "U-turn" Technique

- Thread is inserted through a **single entry point**, looped under the skin, and exits nearby
- Provides **double support** in mobile areas (e.g., nasolabial folds, marionette lines)
- Often used for mono or screw threads

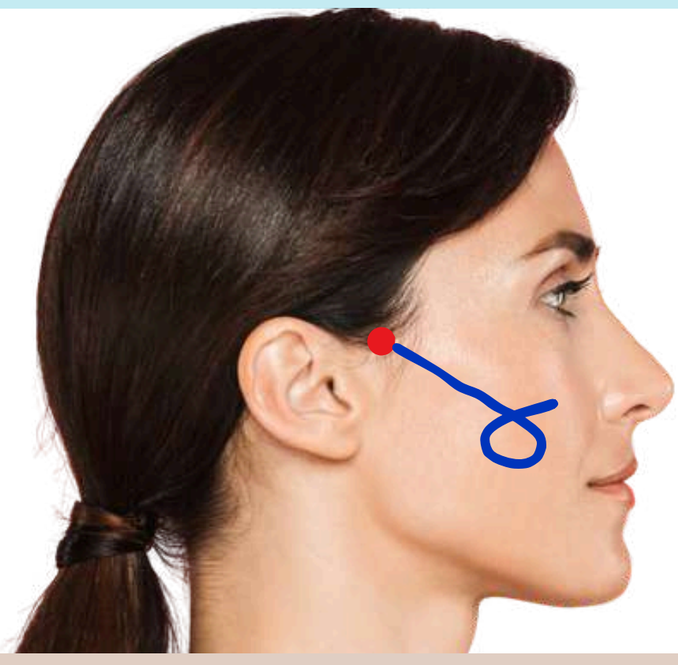


Fig 3. Loop technique can be performed by inserting thread through an entry point then looped under the skin and exiting nearby

D. Bi-Directional Thread Fixation

- Threads with **barbs in both directions** are inserted from the midline outward
- Tension is applied on both ends, pulling tissue toward the center
- No fixed point needed—rely on **balanced tissue anchorage**

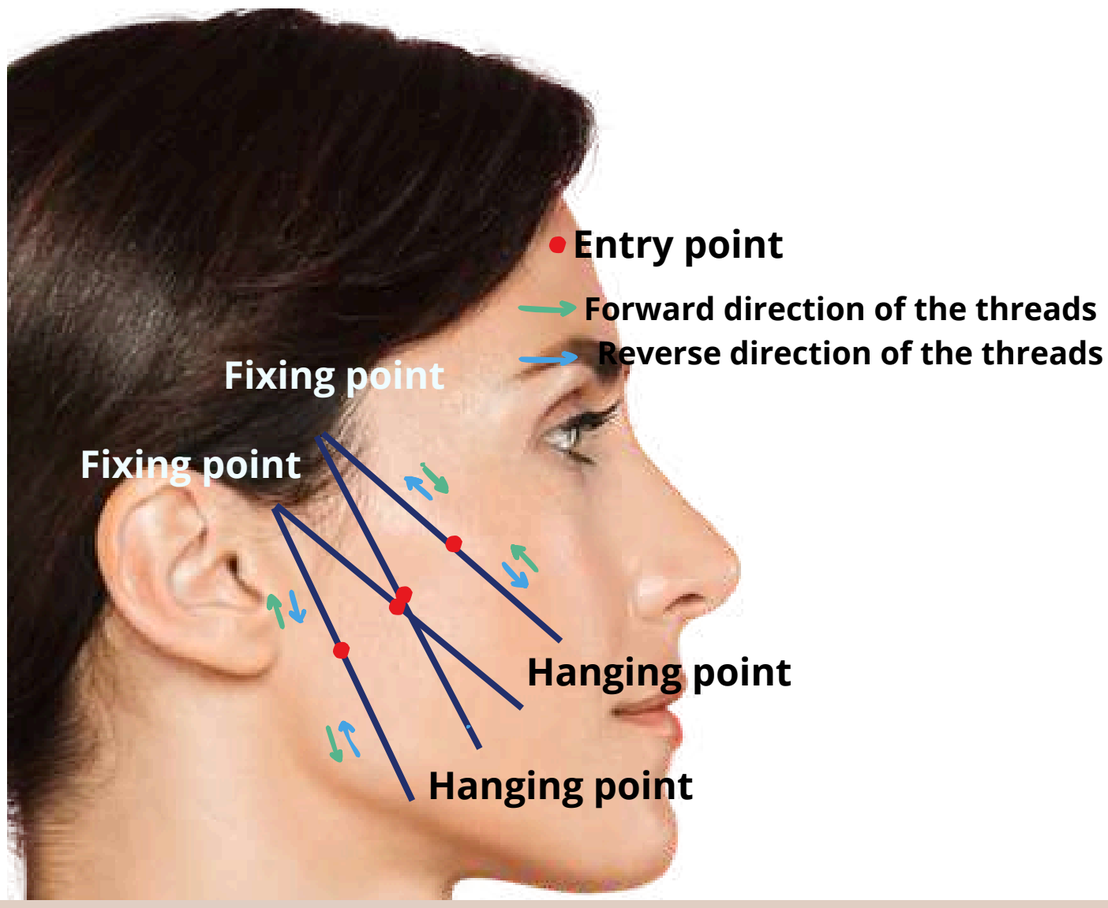


Fig 4. Bi-directional thread fixation

3. Key Steps for Achieving Strong Fixation

✓ **Step-by-Step:**

1. After full thread insertion, **grasp the tail gently** with sterile gauze or forceps
2. Apply **controlled upward tension** along the vector to engage the barbs
3. You may feel or hear a **slight tissue "click" or tug**
4. Confirm lift visually by observing:

- Smoother jawline
- Elevated cheek pad
- Lifted brow tail

5. Once engaged, **massage gently** along the thread path to flatten dimples and allow tissue to mold

Be careful not to over-tension—too much pull can cause dimpling, thread snapping, or asymmetry.

4. Symmetry and Tension Matching

✓ Lift one side first, then compare to the untreated side

✓ Match tension carefully to avoid **imbalanced lift**

✓ Allow **tissue relaxation time** after lifting the first side (1–2 minutes) before repeating on the opposite side

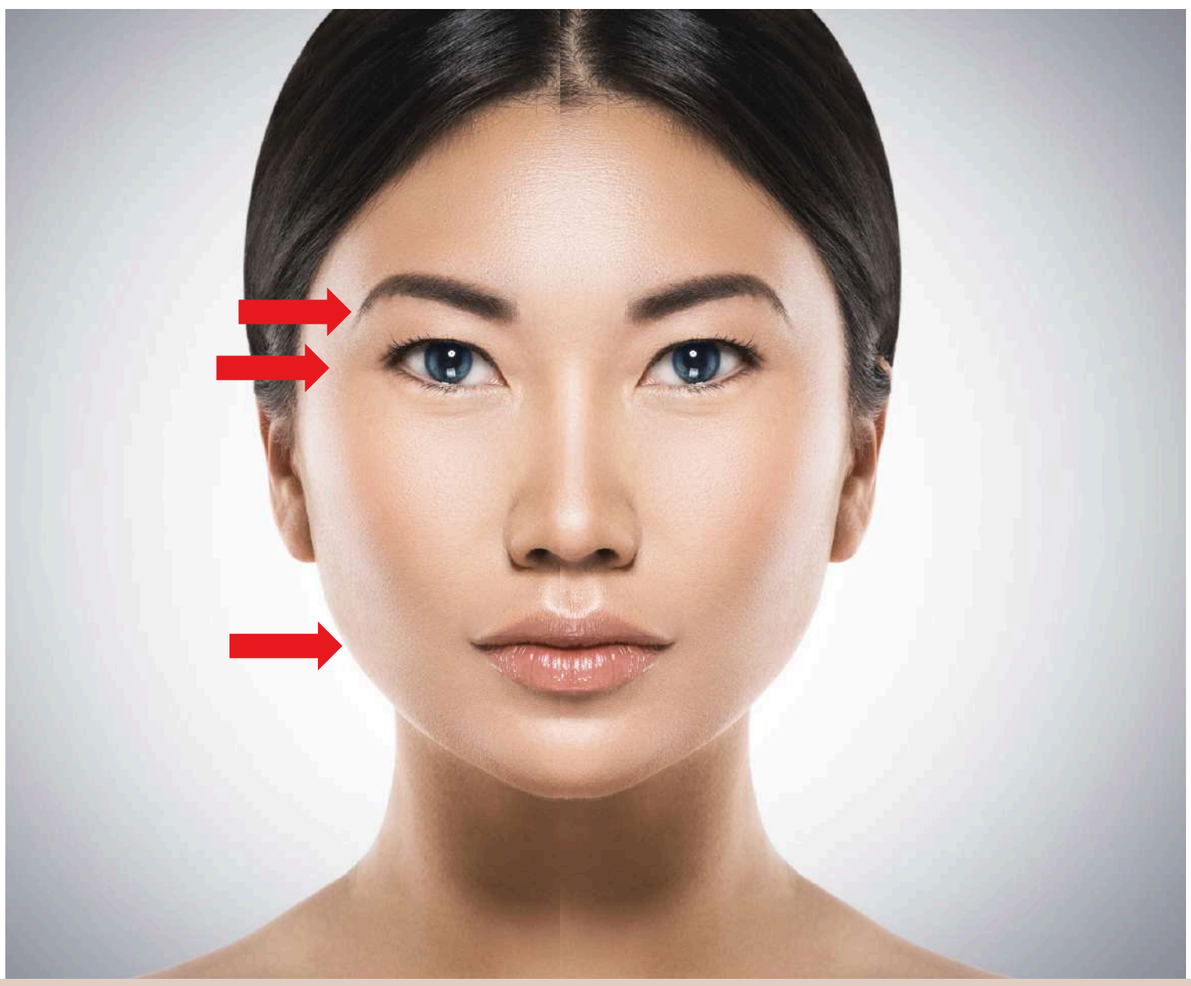


Fig 5. Use visual landmarks (e.g., eyebrow height, jawline curve) for real-time comparison.

5. Fixation Errors and How to Avoid Them

Problem	Cause	Fix
Poor lift	Barbs not fully engaged	Re-tension or reinsert thread
Asymmetry	Uneven pull on one side	Adjust tension, re-measure vector
Thread slippage	Anchoring in mobile or soft tissue	Anchor into fascia or stable zone
Excess dimpling	Over-tension or superficial placement	Massage gently, monitor for resolution
Thread extrusion	Too shallow or mobile entry site	Trim and monitor, avoid thin zones

6. Post-Fixation Protocol

- Gently massage outward (never downward) to smooth irregularities
- Apply cold compress to reduce swelling
- Trim and bury thread tails as needed—flush to skin surface
- Avoid immediate manipulation (e.g., talking, chewing, laughing) for a few hours

Refrences

1. Kang SH et al. Thread fixation dynamics in facial lifting procedures. Aesthet Surg J. 2020.PubMed Link
2. Savoia A et al. Clinical outcomes based on different thread fixation techniques. J Cosmet Dermatol. 2021. PubMed Link



5.1.4 Insertion Depths – SMAS vs. Subdermal Layer

One of the most critical components of thread lifting is placing threads at the correct depth. The chosen depth of insertion directly affects the **efficacy**, **longevity**, **comfort**, and **safety of the procedure**. In this section, we explore the differences between **subdermal**, **subcutaneous**, and **SMAS**-level insertions, along with guidance on how to choose the appropriate plane based on **thread type**, **treatment area**, and **patient anatomy**.

1. Why Insertion Depth Matters

✓ A thread that is too superficial may become visible, cause dimpling, or extrude

✓ A thread that is too deep may miss the lifting layer, leading to ineffective results or nerve/vessel injury

✓ Correct placement ensures

- Strong anchoring
- Effective lift
- Minimal complications
- Proper collagen stimulation (especially for mono threads)

Depth = Function: your thread works only when it's in the right anatomical plane.

2. Key Anatomical Layers (Facial Cross-Section)

From superficial to deep:

1. Epidermis
2. Dermis
3. Subcutaneous fat
4. Superficial musculoaponeurotic system (SMAS)
5. Deep fat pads and muscles
6. Periosteum / bone

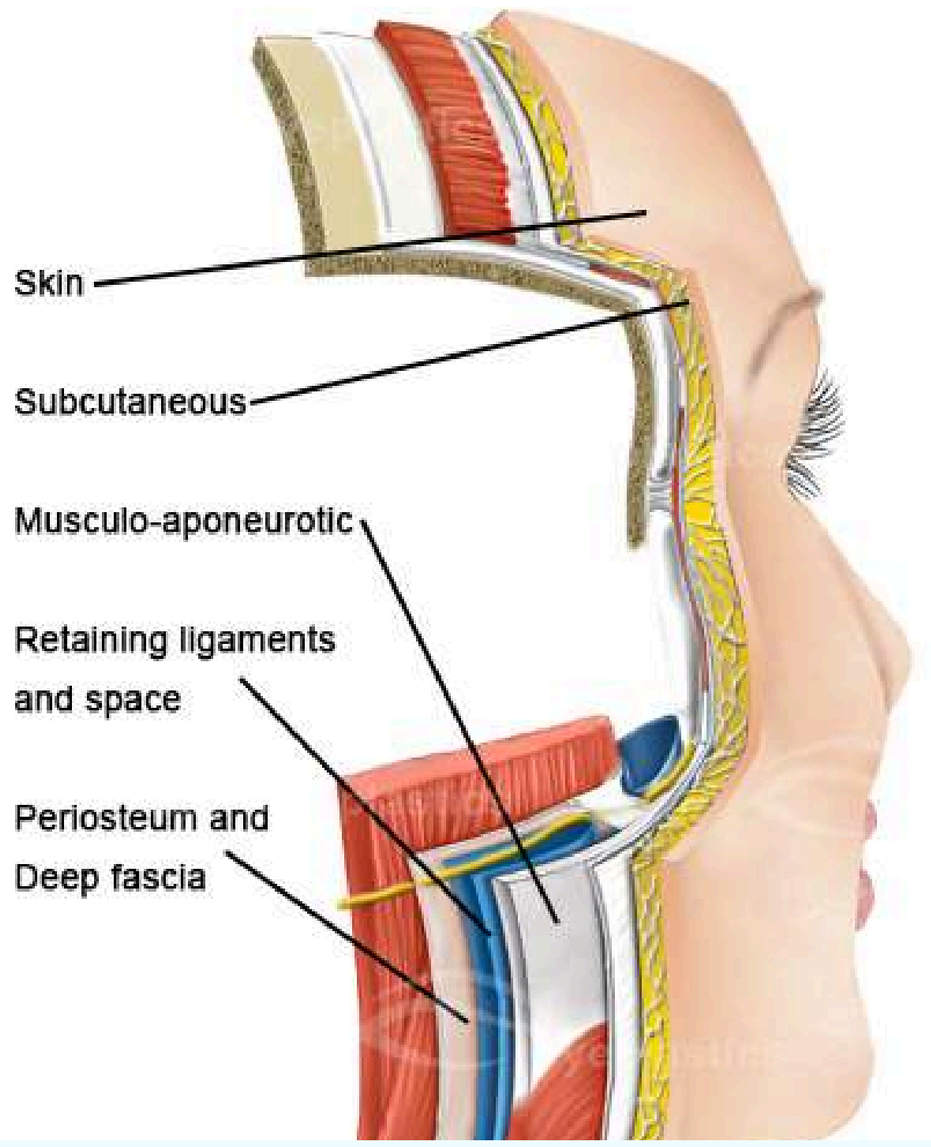


Fig 1. Facial Cross-section

3. Thread Type and Ideal Insertion Depth



Thread Type	Insertion Layer	Purpose	Notes
Mono threads	**Intradermal or superficial subcutaneous**	Collagen stimulation	Avoid deep placement—won't stimulate dermis
Screw threads	**Mid-dermis to superficial fat layer**	Volumization + collagen	Slightly deeper than mono
Barbed (cog) threads	**Deep subcutaneous or just above SMAS**	Lifting and anchoring	Must grip fibrous tissue
Molded threads	**Near or within SMAS layer**	Strong lift	Use with caution—advanced skill required

Table 1. Different threads ideal Insertion Layer

📌 Cog and molded threads must be deep enough to anchor but superficial enough to avoid nerve injury.

4. Determining the Right Depth by Area

⚠️ Use blunt cannulas to help guide your threads into the correct plane with minimal trauma.

Region	Insertion Layer	Purpose
Midface	Subcutaneous to SMAS	Deep enough to lift cheek fat
Jawline	Just above SMAS	Anchors well and defines jaw contour
Brow	Subcutaneous	Avoid deeper layers to prevent nerve trauma
Neck	Superficial subcutaneous (mono) or deep subdermal (cog)	Avoid platysma unless experienced

Table 2. Determining the right depth of thread insertion by area

5. Technique Tips for Layer Control

✓ Use the "**resistance feel" test**—you'll feel a subtle resistance when you're in the correct plane

✓ In **thicker skin**, insert more horizontally

✓ In **thin skin areas** (e.g., periorbital, neck), stay superficial

✓ Always **visualize anatomy**—draw a cross-sectional map in your mind as you insert

✓ If using **sharp needles**, be extra cautious about going too deep

6. Risks of Incorrect Depth

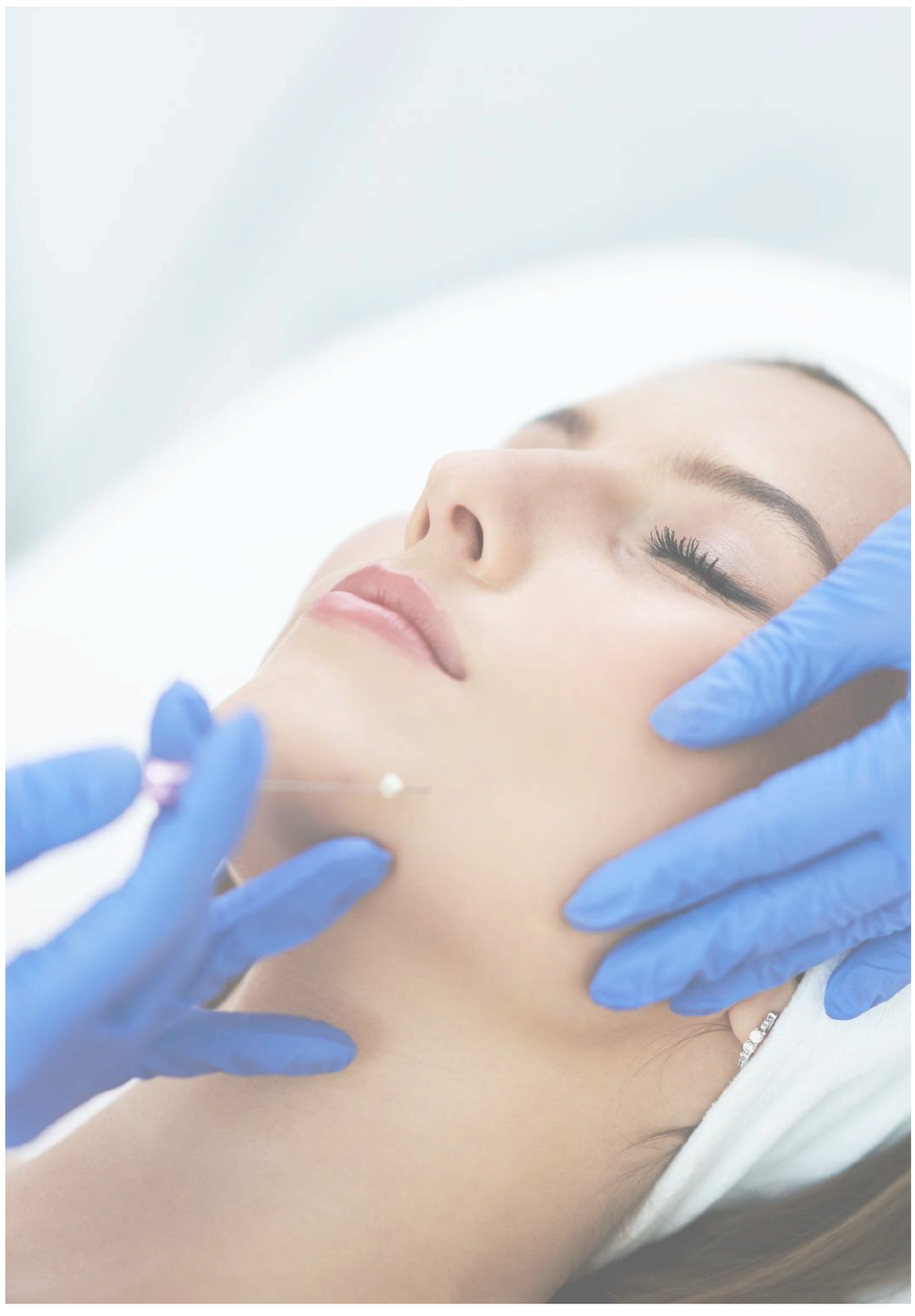
Too Shallow	Cause
Thread visibility or puckering	No lift achieved
Skin dimpling	Thread migration or extrusion
Early loss of effect	Risk of nerve or vessel injury
Increased bruising	Asymmetry due to poor anchoring

Table 3. Risks of Incorrect Depth of Thread Insertion

When in doubt, insert slowly and feel the glide—over time, tactile feedback becomes second nature.

Refrences

1. Cotofana S et al. Anatomical layers and depth control in facial thread lifting. Aesthet Surg J. 2021.PubMed Link
2. Savoia A et al. SMAS vs. subcutaneous insertion planes in thread lift outcomes. J Cosmet Dermatol. 2020.PubMed Link



5.1.5 Step-by-Step Guide to Basic Thread Lifting

This section provides a **practical, structured protocol** for performing a basic thread lifting procedure. Whether you're treating the midface, jawline, or brow, following a clear and consistent method ensures **safety**, **symmetry**, and **predictable results**—especially for beginners. This guide assumes you're using **barbed (cog) threads** with a blunt cannula, which is the standard approach in most non-surgical lifts.

1. Pre-Procedure Checklist

Before starting:

✓ Confirm informed consent is signed

✓ Review medical history and contraindications

✓ Take pre-procedure photos frontal and oblique)

✓ Reassess the treatment plan and vectors

✓ Have all equipment and supplies prepared:

- Threads (correct type and length)
- Antiseptics and anesthetics
- Cannula or needle
- Sterile gauze, gloves, drapes
- Marker and mirror

Preparation ensures the procedure runs smoothly and minimizes patient anxiety.

3. Thread Type and Ideal Insertion Depth

- Mark **the lifting vectors** based on patient anatomy and aesthetic goals
- Identify and **mark entry points** in firm anchor zones
- If needed, **mark exit points** (for double-needle or mono threads)
- Use a **mirror** to confirm alignment with the patient



Fig 1. Always mark the patient's based on their anatomy and aesthetic goals

📌 Mark while patient is upright. Do not redraw after disinfecting unless using sterile pens.

3. Anesthesia

- Administer **local infiltration anesthesia** at entry points and along vector paths
- For large areas, use **nerve blocks** or tumescent anesthesia
- Wait until anesthesia is fully effective before proceeding

Avoid excessive volume—too much can distort the tissue and misguide thread placement.

4. Inserting the Thread

🔹 **Step-by-Step (Blunt Cannula Technique):**

1. **Make pilot hole** at the entry point using a sharp 18G–21G needle
2. **Insert the cannula** with gentle, steady pressure into the subcutaneous plane
    - Feel for the correct depth (smooth gliding with mild resistance)
    - Follow the marked vector
3. **Advance the cannula** to the endpoint slowly, without forcing
4. Once at the endpoint, **hold the cannula still and withdraw the inner thread slowly**
5. **Apply upward tension** on the thread to engage barbs in tissue
6. **Gently massage** the thread path to smooth out dimples and secure the lift
7. Cut **the excess tail** and press the entry point for a few seconds with gauze

⚠️ Do not reinject or rethread through the same path if resistance is met—use a new path to avoid tissue trauma.



5. Number of Threads and Placement

Area	Typical Threads per Side	Thread Length
Midface	2–4 cog threads	60–90 mm
Jawline	2–3 cog threads	90–110 mm
Neck	4–6 mono threads	50–70 mm
Brow (Fox Eye)	1–2 cog threads	50–70 mm

Table 1. Number & Length of Thread needed for each area

💡 The number of threads depends on the degree of sagging and tissue thickness.

6. Immediate Aftercare

- Apply **cold compress** for 10–15 minutes
- Advise patient to **refrain from touching or washing face** for 12 hours
- Provide **written post-procedure instructions**:
  - No facial massage, dental work, or strenuous activity for 7 days
  - Sleep on back, head elevated
- Avoid excessive facial movement (chewing, yawning)

📅 Schedule a follow-up in 7–10 days to monitor healing and outcomes.



Fig 2. Always schedule appointments with your patients. to monitor their treatment

7. Signs of Successful Lift

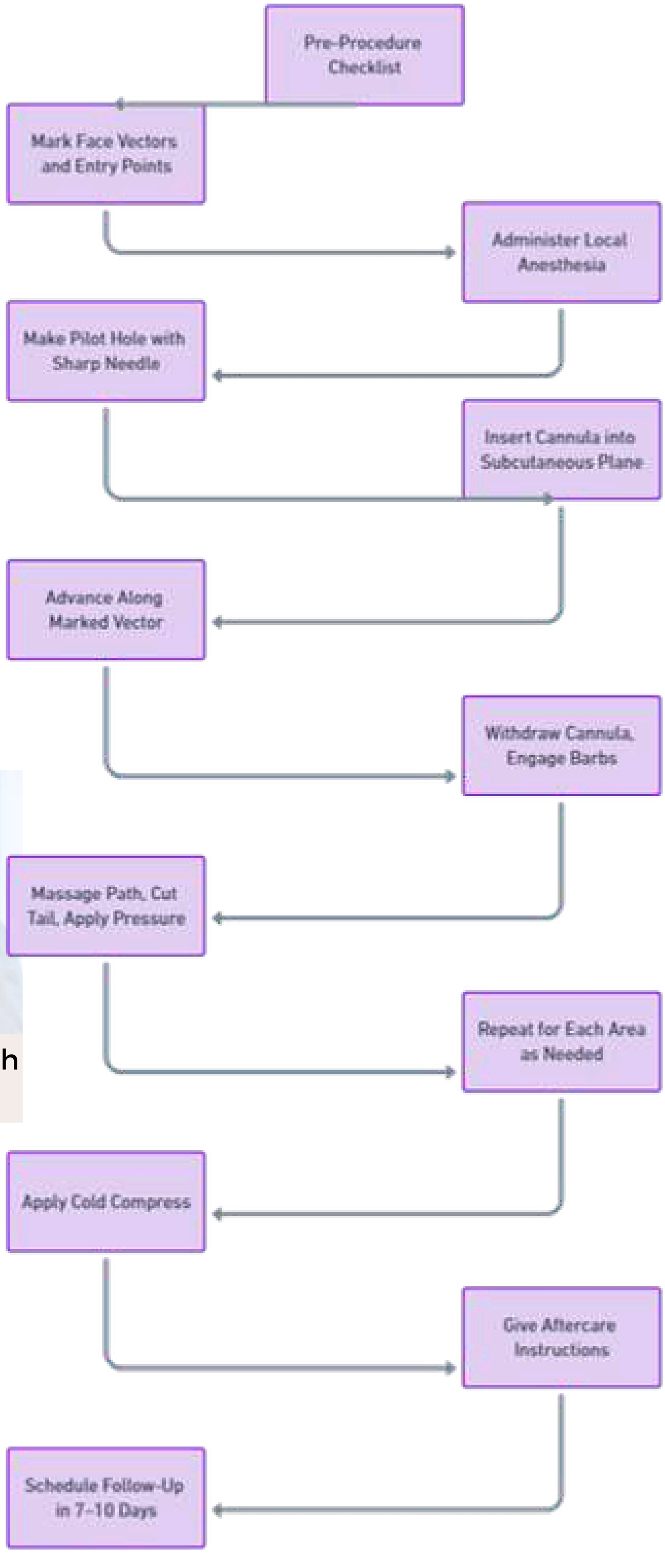
✓ Symmetry between both sides

✓ Smooth contours without dimpling or puckering

✓ Threads not visible or palpable

✓ Patient reports no pain or tightness beyond mild discomfort

✓ Early improvement in sagging, with full results expected in 4–6 weeks



Refrences

1. Kang SH et al. Step-by-step protocol for non-surgical thread lift procedures. J Cosmet Dermatol. 2020. PubMed Link
2. Savoia A et al. Clinical recommendations for thread lifting in aesthetic practice. Aesthet Surg J. 2021.PubMed Link



5.2 Thread Lifting for Each Part of the Face

5.2.1 Thread Lifting for Midface Rejuvenation

The **midface** is one of the most common areas treated with thread lifting. As aging progresses, the **malar fat pad descends**, **the nasolabial folds deepen**, and the **cheek loses volume and support**. A well-executed midface thread lift can restore a more youthful contour, soften expression lines, and create a natural lift without the heaviness sometimes seen with excessive fillers.

This section provides a complete guide to performing a **safe and effective midface lift using** barbed threads.

1. Aging in the Midface: What Are We Correcting?

✓ Descent of **malar and submalar fat pads**

✓ Prominence of **nasolabial folds**

✓ Flattening or hollowness of the **cheekbones**

✓ General **loss of cheek projection and support**

💡 Thread **lifting repositions these fat compartments upward to restore natural cheek volume and support.**



Fig 1. Aging signs in the midface area

2. Recommended Thread Types

Thread Type	Recommended Gauge & Length	Purpose
Barbed (Cog) Threads	19G–21G, 90–110 mm	Main lifting threads for midface
Molded Threads	18G–19G, 100 mm	For stronger lifting in heavier tissues
Mono Threads	25G–30G, 50 mm	Supportive collagen boost

Table 1. Recommended thread types for middface treatment

📌 Use 2–4 threads per side depending on tissue laxity.

3. Marking the Midface Vectors

🔹 **Entry Point:**

- 1–1.5 cm behind the zygomatic arch in the temporal hairline
- In the deep temporal fascia, a strong anchoring zone

🔹 **Vector Direction:**

- Superolateral vector from temple to nasolabial fold
- Secondary vector toward the malar projection point
- Fan-shaped pattern for broader coverage

🔹 **Exit Point:**

- Usually at the mid-cheek or near the nasolabial fold, not visible externally

Mark with the patient upright and ask them to smile—observe dynamic movement for optimal positioning.

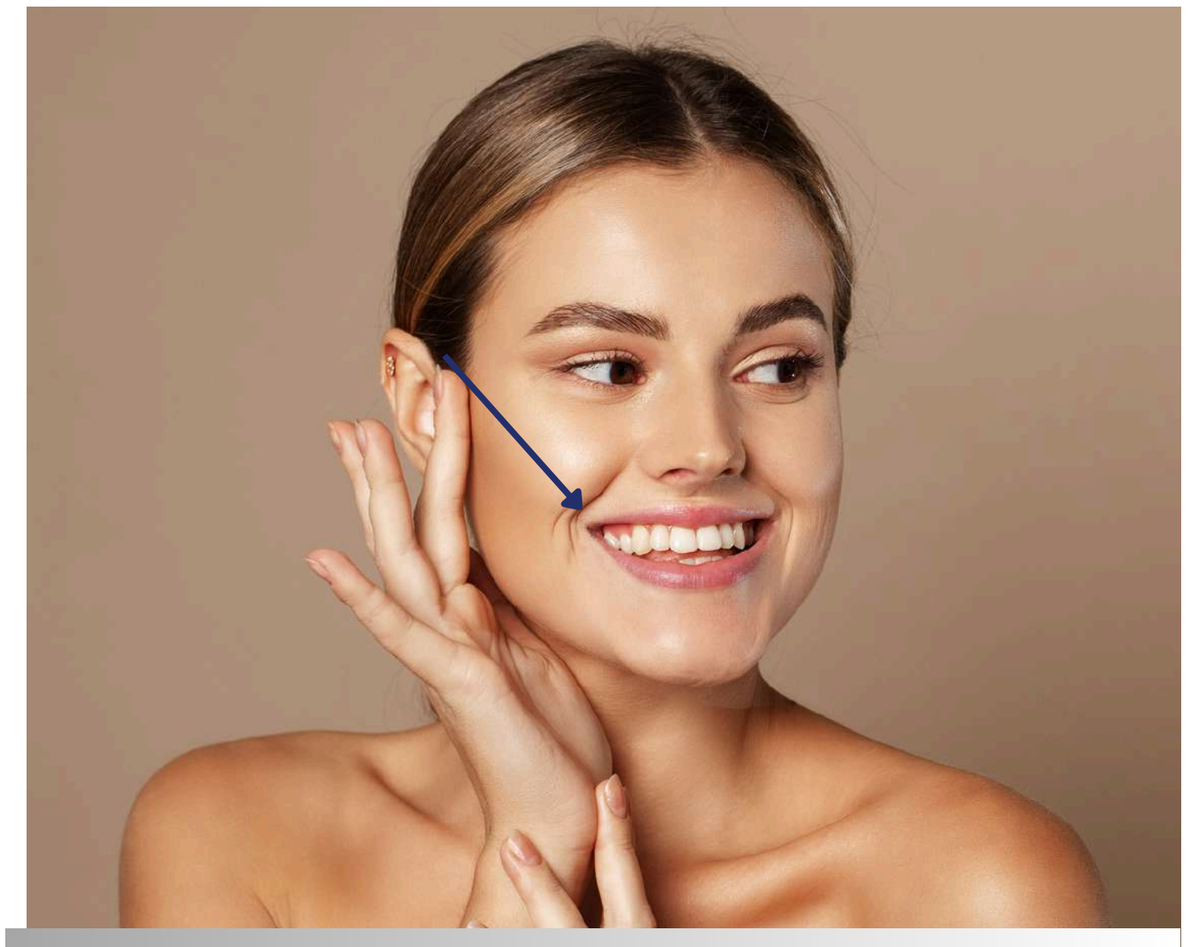


Fig 2. Midface lifting vector

4. Anesthesia Protocol

- Local infiltration at entry point (lidocaine 1–2%)
- Linear infiltration along thread path using 30G needle

Optional: Infraorbital nerve block for broader numbness

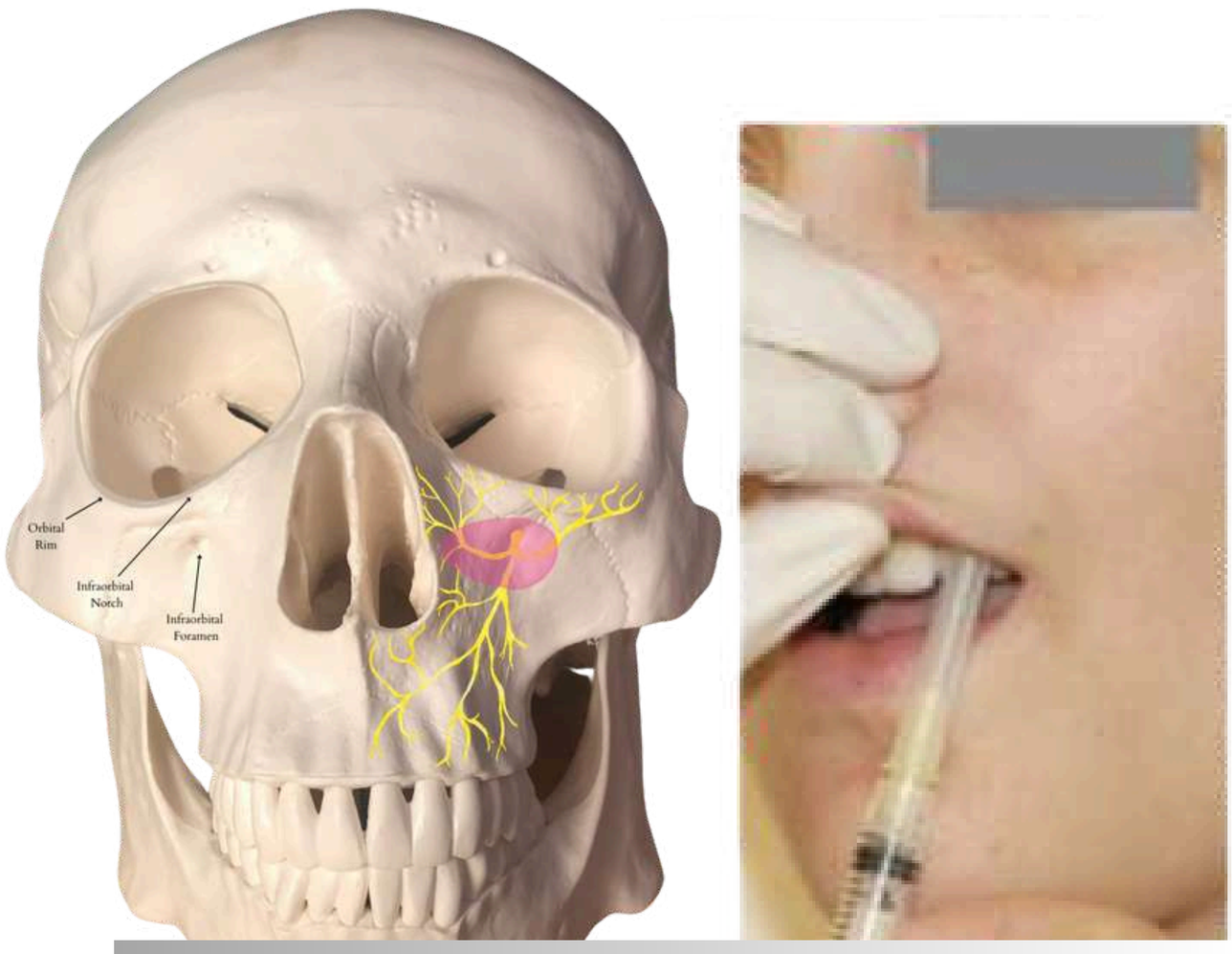


Fig 3. Infraorbital nerve block

- **Infraorbital Nerve Block**

5. Insertion Technique (Blunt Cannula)

Step-by-Step:

1. Create **pilot hole** at entry with **18G sharp needle**
2. Insert **blunt cannula** through the hole, advancing in the subcutaneous plane
3. Follow the pre-marked vector to the malar or fold area

4. Withdraw cannula while leaving the thread in place
5. Apply **upward tension** to engage barbs
6. Massage the vector line gently to smooth out tissue

📌 Avoid excessive redirection—glide smoothly to minimize trauma.

6. Post-Insertion Protocol

- Check for **symmetry** between both sides
- Monitor for **puckering or visible thread tails**
- Apply **cool compress** immediately
- Provide aftercare instructions as outlined earlier

7. Expected Outcomes

✓ Improved malar projection
✓ Reduced nasolabial fold depth
✓ Smoother mid-cheek contour
✓ Subtle, natural lift that enhances youthful appearance

🧬 **Collagen remodeling enhances and maintains results over 3–6 months.**

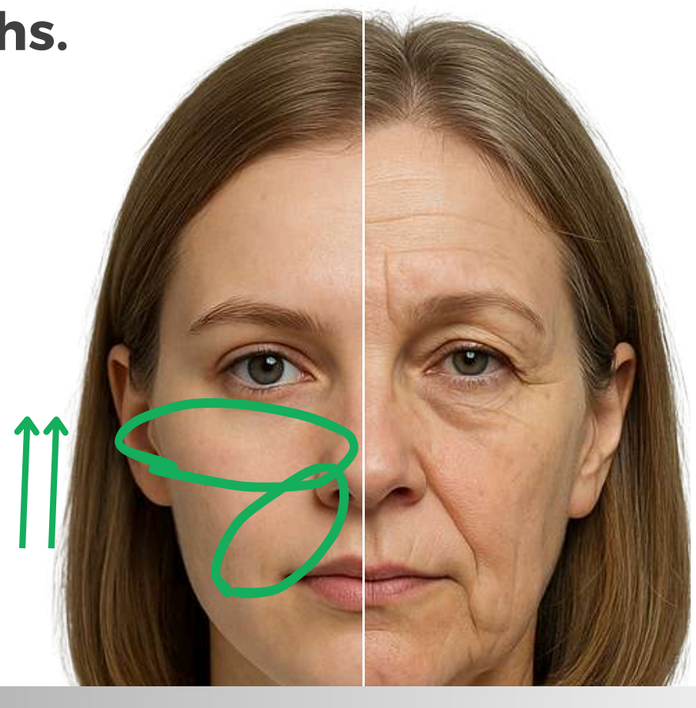


Fig 4. Expected outcomes of Midface lifitng

8. Common Mistakes in Midface Threading

Mistake	Result	Solution
Too superficial	Dimpling or thread visibility	Use deeper plane
Entry too close to hairline	Weak anchor	Use temporal fascia
Poor vector angle	No lift or unnatural results	Reassess markings upright
Over-tensioning	Asymmetry or discomfort	Use gentle traction and massage

Table 2. Common mistakes in midface thread lifting

Refrences

1. Savoia A et al. Midface lifting with barbed threads: Vector design and anatomical landmarks. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial anatomy for effective midface thread lifting. Aesthet Surg J. 2020.PubMed Link

5.2.2 Lower Face & Jawline Contouring

One of the most requested areas for thread lifting is the lower face, particularly the jawline. As we age, soft tissue descends, jowls appear, and the mandibular border loses definition. Thread lifting can provide a subtle, yet highly effective non-surgical jawline contouring, helping to tighten the lower face, sharpen the jawline, and reduce the appearance of sagging.

This section provides a step-by-step approach to jawline thread lifting, including anatomy-based planning, thread selection, and technique optimization.

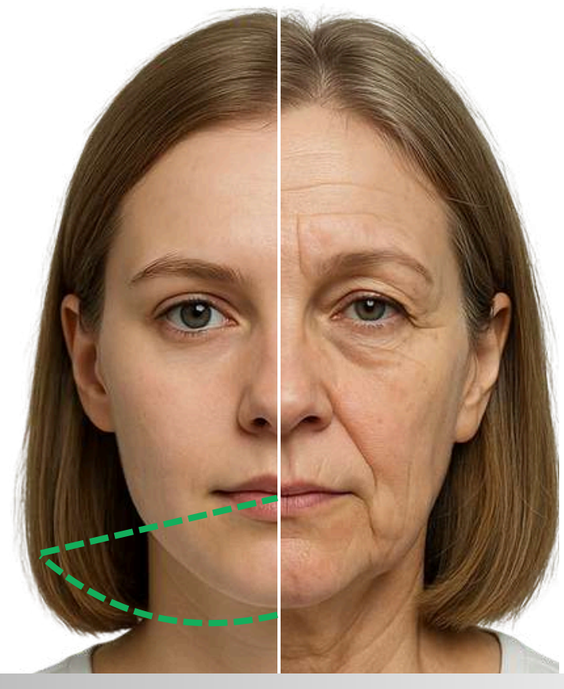


Fig 1. Aging signs in the Lower Face & Jawline area

1. Aging in the Lower Face: What We're Correcting

Before starting:

✓ Descent of jowl fat pads
✓ Loss of mandibular definition
✓ Skin laxity along the jawline and submental region
✓ Onset of marionette lines

💡 Jawline threads help re-establish a crisp mandibular contour by lifting and anchoring sagging tissue upward and posteriorly.

2. Recommended Thread Types

Thread Type	Gauge & Length	Use
Cog threads (barbed)	19G–21G, 100–120 mm	Primary lifting threads
Molded or bidirectional threads	18G–19G	For heavy or thick tissue
Mono threads (optional)	25G–30G, 50–70 mm	Mesh reinforcement or skin tightening

Table 1. Recommended thread tyoes for Lower face & Jawline

3. Marking the Jawline Vectors

🔹 **Entry Point:**

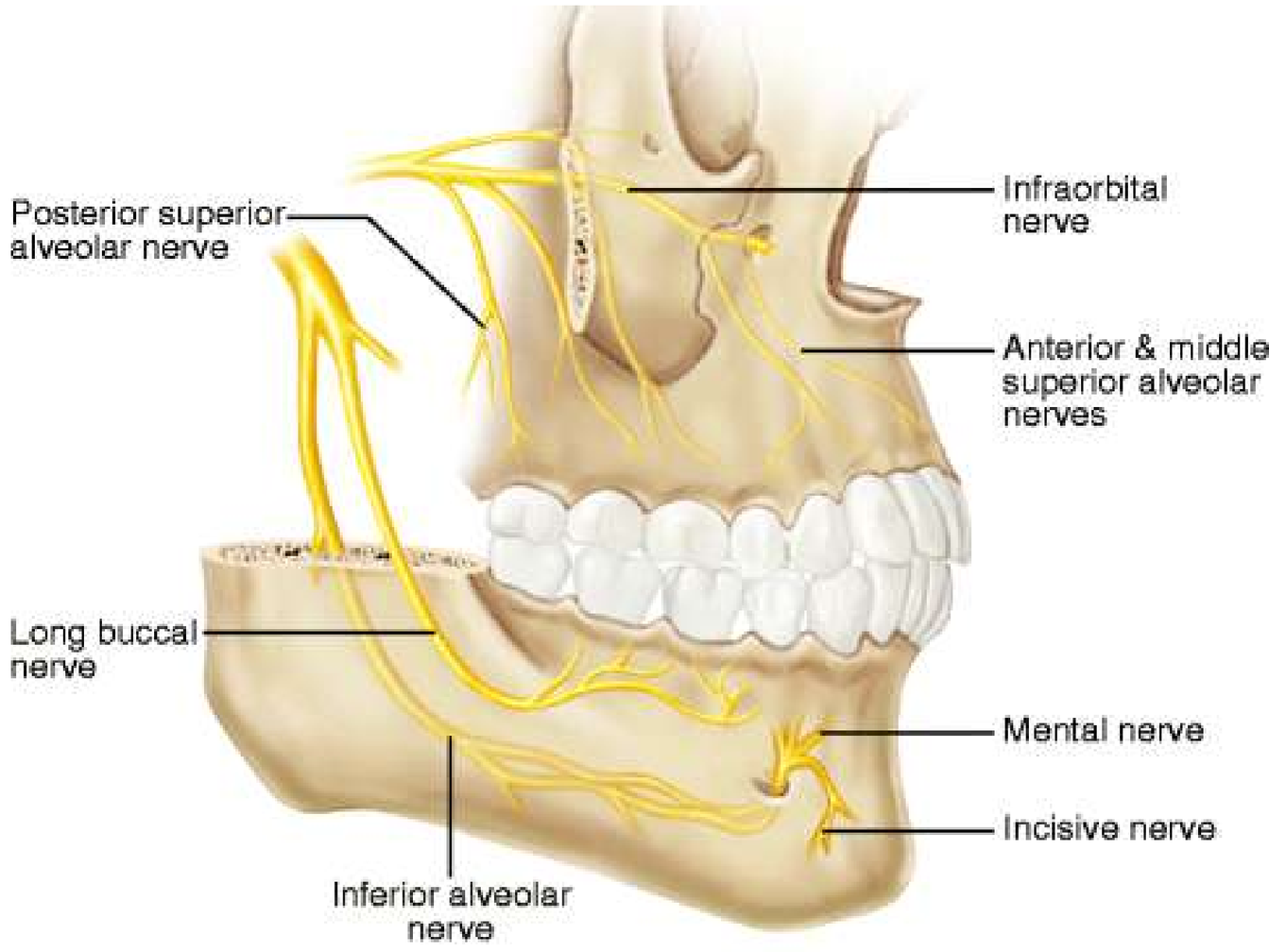
- Located at the **preauricular or subauricular zone**, near the mandibular angle
- Should be in firm, stable anchoring fascia (parotid fascia or masseteric region)

◆ Vector Direction:

- Posterior to anterior along the mandibular border
- Slight superior curve helps support the jowls
- Threads should run parallel or slightly diverging in a fan pattern toward the chin and lower jowl

◆ Exit Point:

- Typically near the marionette line, labiomandibular fold, or mental crease



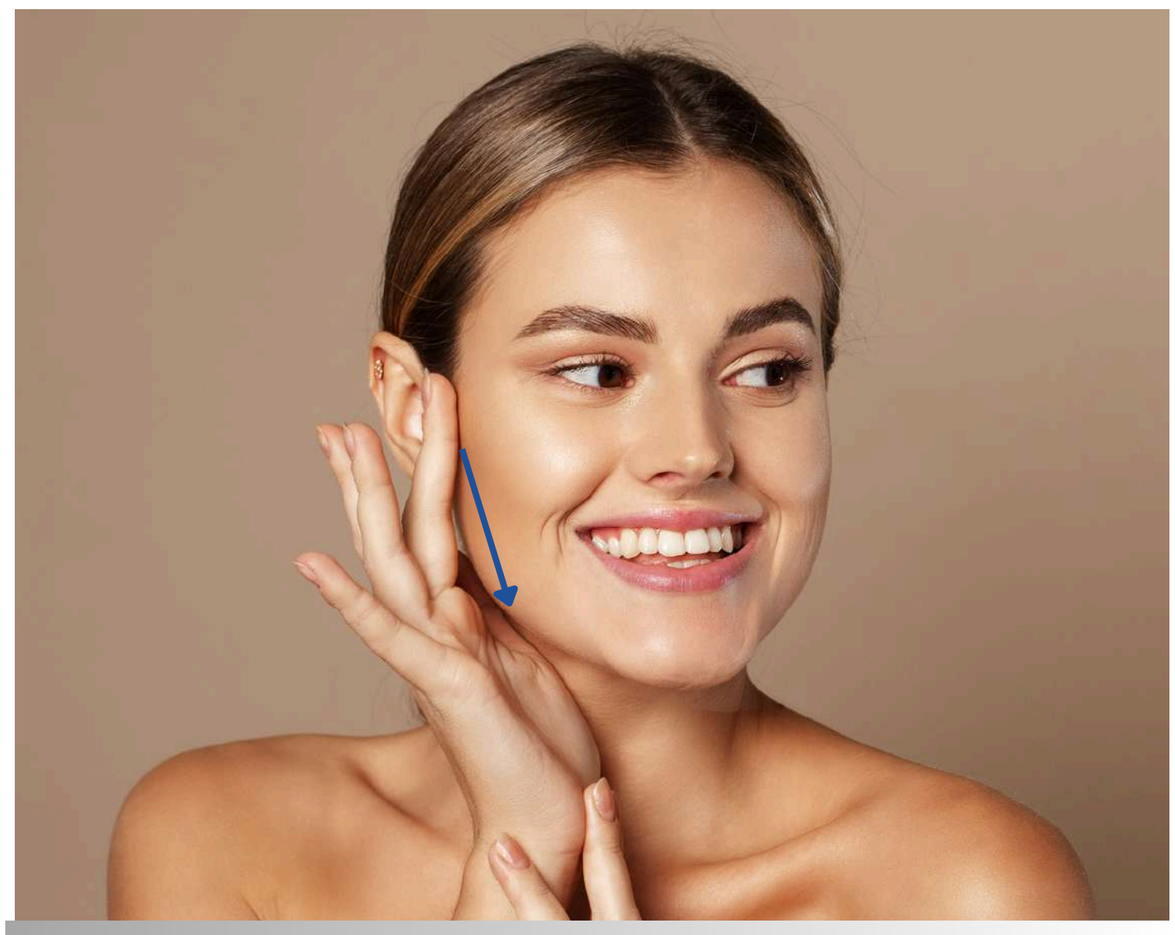


Fig 2. Jawline lifting vector



Fig 3. Mental nerve blcok

4. Anesthesia Protocol

- Local infiltration at entry and along vector
- Optional: Mental nerve block (to anesthetize lower lip and chin)
- Use care near the marginal mandibular nerve

5. Insertion Technique

Step-by-Step:

1. Create pilot hole at the marked entry point
2. Insert the blunt cannula into the subcutaneous plane
   - Depth: between **superficial fat and SMAS**, avoiding marginal mandibular nerve

3. Advance along the marked jawline vector
4. Upon reaching the endpoint, withdraw the cannula slowly, leaving the thread in place
5. Apply firm, upward tension on the thread tail
6. Massage from posterior to anterior to set the lift

⚠️ Always stay above the mandibular border—do not enter too deeply to avoid nerve trauma.

6. Assessing the Lift

✓ The jawline should appear straighter and smoother
✓ The jowl should be visibly repositioned
✓ The marionette area may soften, but may still need filler or mono threads for complete correction
✓ Confirm bilateral symmetry before final trimming

7. Post-Treatment Tips

- Instruct patient to avoid wide jaw movements for **48–72 hours**
- Avoid dental work, massage, or chewing gum
- Consider **follow-up mono threads** after **2–4 weeks** for additional skin tightening in the jowl or chin area

8. Common Mistakes in Jawline Threading

Mistake	Result	Solution
Placing thread too low	No lift or nerve risk	Stay along mandibular border
Weak tension or anchoring	Sagging recurs	Reinforce with second thread or better fixation point
Poor vector angle	Jowl not lifted properly	Use superior-posterior lift angle
Excess threads or overlap	Bumps, irregularity	Keep spacing between vectors

Table 2. Common mistakes in Jawline thread lifting

5.2.3 Neck Rejuvenation with Threads

The neck is one of the most challenging yet rewarding areas to treat with thread lifting. With age, the skin of the neck becomes lax, crepey, and may show platysmal banding and submental sagging. While severe cases may require surgical intervention, many patients benefit from non-surgical thread-based neck rejuvenation, especially when combined with collagen stimulation techniques.

This section outlines how to use both mono and cog threads to improve skin texture, lift sagging, and restore a youthful neck contour.

1. Neck Aging: What We're Treating

- ✓ Horizontal lines and crepey skin due to dermal thinning
- ✓ Loss of elasticity and skin firmness
- ✓ Mild to moderate submental laxity or "turkey neck"
- ✓ Early platysmal banding (vertical cords)

💡 Neck thread lifting targets both skin tightening and tissue repositioning, depending on the technique used.



Fig 1. Aging signs in the neck area

2. Recommended Thread Types

Thread Type	Gauge & Length	Use
Mono threads	27G–30G, 50–70 mm	Collagen stimulation & superficial tightening
Screw threads	25G–27G, 50 mm	Volume and tone in thin, crepey areas
Cog threads (blunt cannula)	19G–21G, 90–110 mm	Lifting submental and lower neck sagging
Mesh patterns	Multiple mono threads	Horizontal/vertical latticework for skin support

Table 1. Recommended threads for Neck rejuvenation

3. Marking the Neck

◆ **Mono Thread Grid (For Skin Tightening):**

- Horizontal rows along neck rings
- Vertical lines down the midline and along platysmal bands
- Entry points spaced ~1.5–2 cm apart

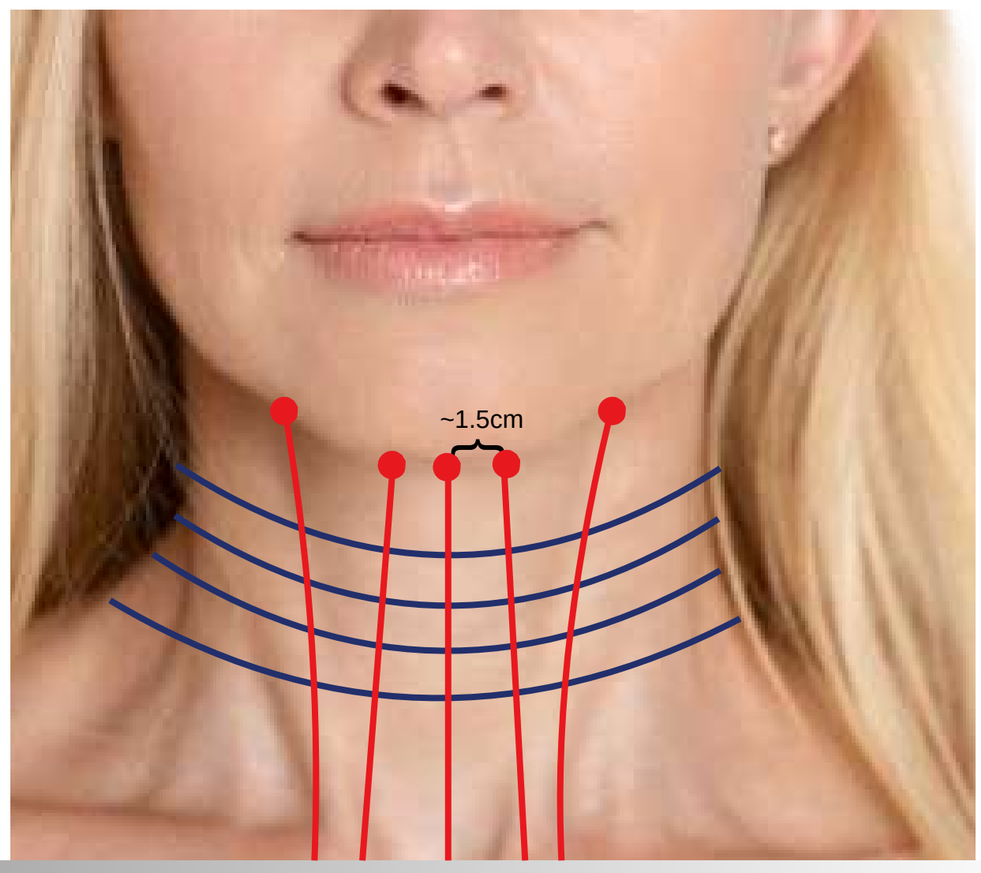


Fig 2. Neck lifting vector - Mono Thread grid

◆ **Cog Thread (For Submental Lift):**

- Entry point: Retroauricular (behind ear) or mastoid region
- Vector: Toward submental midpoint or mandibular border
- Avoid excessive downward or medial insertion to prevent bunching

📌 Use a combination approach: cogs for lifting, monos for collagen and texture improvement.

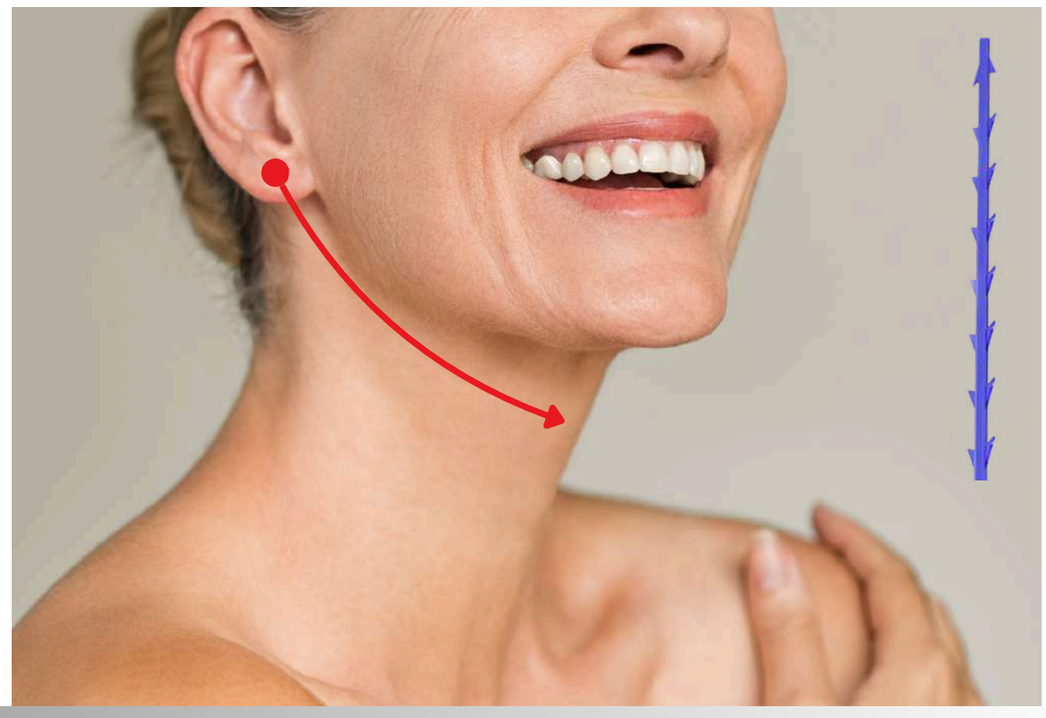


Fig 3. Neck lifting vector - Cog Thread for submental lift

4. Anesthesia Protocol

- Infiltrate entry points and thread paths with lidocaine 1%
- Optional: Tumescent anesthesia for neck mesh work
- Be cautious near the anterior neck and platysma—avoid deep injection

5. Insertion Techniques

A. Mono Thread Mesh (Skin Tightening):

1. Use 27G mono threads in a criss-cross or lattice pattern
2. Insert superficially in the subdermal plane using sharp needle
3. Space threads ~1.5 cm apart both horizontally and vertically
4. Treat **neck bands, wrinkles, and areas of thinning skin**

B. Cog Thread Submental Lift (For Sagging):

1. Create entry at retroauricular anchor
2. Insert cog thread with blunt cannula in deep subcutaneous plane
3. Advance toward submental region, keeping a gentle curve
4. Apply posterior-superior tension and massage to secure

Avoid placing threads too superficially to prevent visibility or extrusion, especially in thin-skinned patients.

6. Treatment Goals & Expected Results

✓ Tighter neck skin with improved texture (mono/screw threads)

✓ Improved cervicomental angle and reduced submental sag (cog threads)

✓ Softening of horizontal neck lines and platysmal band visibility

✓ Gradual improvement over 2–3 months with collagen remodeling

7. Common Challenges in Neck Threading

Issue	Cause	Solution
Thread visibility	Superficial placement	Use deeper plane or smaller threads
Neck asymmetry	Improper vector tension	Use mirror and re-check tension bilaterally
Early relapse	Poor anchoring	Reinforce with additional vectors or combination treatment
Patient dissatisfaction	Unrealistic expectations	Explain modest outcomes and delayed effect

Table 2. Common Challenges in Neck Threading

8. Combination Therapies for Best Results

- **PRP or mesotherapy** for skin quality
- **Botulinum toxin** for platysma relaxation (platysmal banding)
- **Skin boosters** or **RF microneedling** before or after threads

- Consider **lipolysis** in patients with excess submental fat before threading

Refrences

1. Savoia A et al. Thread lifting for neck rejuvenation: Mesh and vector-based techniques. J Cosmet Dermatol. 2021. PubMed Link
2. Cotofana S et al. Anatomy-based approaches to thread lifting in the submental and cervical region. Aesthet Surg J. 2020. PubMed Link



5.2.4 Eyebrow & Forehead Lift with Threads

Thread lifting for the eyebrow and forehead region has gained popularity in recent years, especially with trends like the “fox eye” lift or cat eye aesthetic. This technique focuses on elevating the lateral brow, improving eyelid hooding, and subtly lifting the upper third of the face. While results are typically more subtle than surgical brow lifts, they can significantly enhance the overall facial expression and contour.

This section explains how to perform safe and effective brow and forehead thread lifts with a focus on anatomical safety and technique precision.

1. Aesthetic Goals in Eyebrow Lifting

✓ Elevate the lateral brow tail for a more open, youthful eye

✓ Smooth out mild upper eyelid hooding

✓ Improve brow symmetry and balance

✓ Provide a subtle “lift” to the upper face and temple

💡 The goal is not an over-pulled look—but a natural elevation along the correct vector.



Fig 1. Aesthetic Goals in Eyebrow Lifting

2. Recommended Thread Types

Thread Type	Gauge & Length	Use
Barbed (Cog) threads	19G–21G, 50–90 mm	Main lifting effect (brow tail)
Mono threads	27G–30G, 50 mm	Fine forehead lines or mesh lift
Double-needle threads	Various	Create a U-loop for fixed-point elevation

Table 1. Recommended threads for eyebrow lifting

3. Marking the Vectors

🔹 **Entry Point:**

- In the temporal scalp, 1–2 cm behind the hairline
- Anchored in the deep temporal fascia

◆ **Vector Direction:**

- Superolateral: from temporal hairline → lateral brow tail
- Optional additional threads: temple → upper orbital rim for more support
- Avoid extending thread too close to the orbital rim to prevent visibility

◆ **Exit Point (if needed):**

- Lateral brow region or upper eyelid margin (if using sharp threads)

Always mark with the patient upright. Brow shape and symmetry

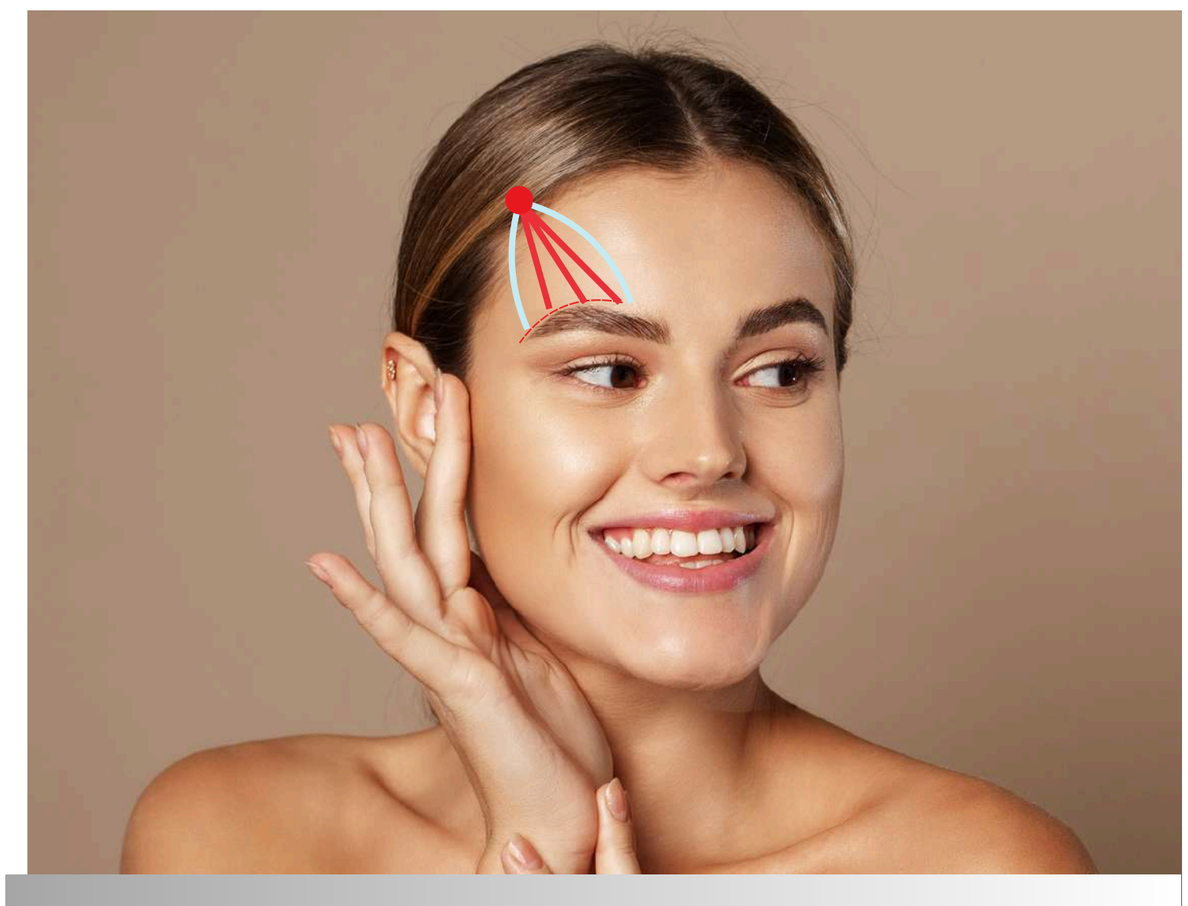


Fig 2. Eybrow lifting vectors

4. Anesthesia Protocol

- Local infiltration at the temporal entry point and along the brow line
- **Supraorbital and supratrochlear nerve blocks** can be used for full comfort
- Use care to avoid **vascular compromise** in the temple and periorbital zone

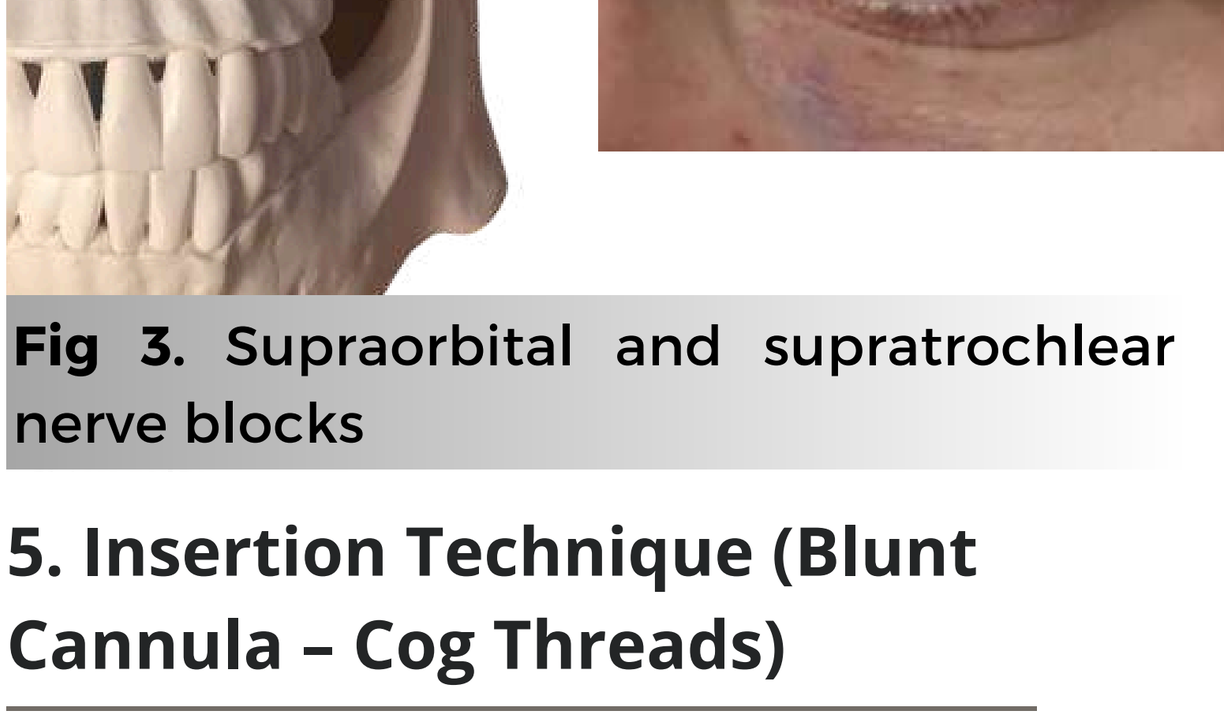


Fig 3. Supraorbital and supratrochlear nerve blocks

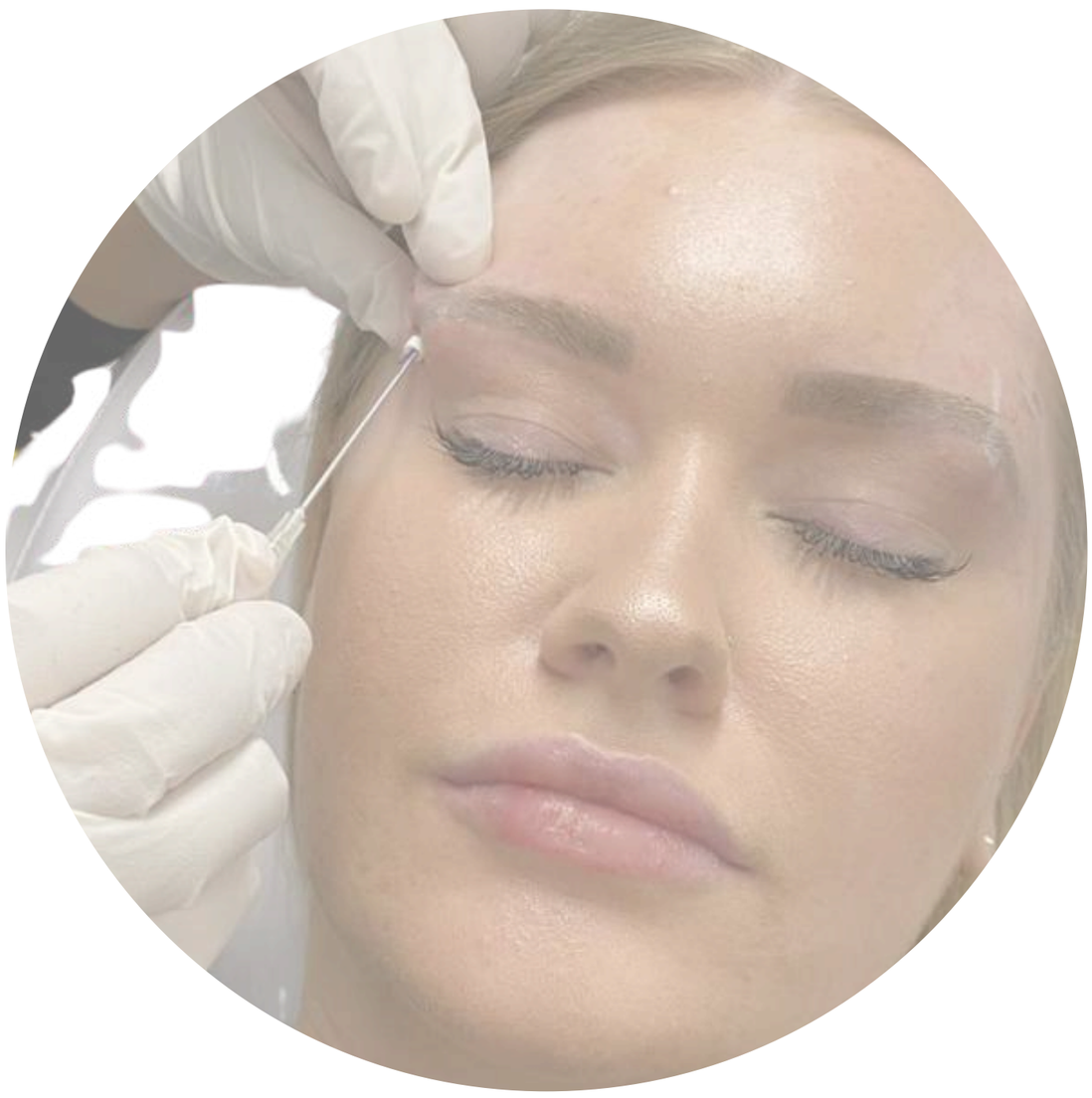
5. Insertion Technique (Blunt Cannula – Cog Threads)

Step-by-Step:

1. Make a pilot hole at the temporal scalp
2. Insert blunt cannula into subcutaneous plane, directing it superolaterally to lateral brow
3. Advance gently, avoiding the orbital rim and major vessels

4. Once at the desired end point, withdraw cannula and leave the thread in place
5. Apply firm upward tension, lifting the brow tail
6. Gently massage along the thread vector to smooth the result
7. Trim excess and press the entry point with sterile gauze

💡 Thread should remain in the subcutaneous or fibrous fat layer—not intramuscular or too superficial.



6. Double-Needle or Loop Technique (Optional)

- Threads with two needles at each end are inserted through one entry point and looped around the lateral brow
- This technique provides a stable fixation and more noticeable lift
- Requires advanced skill and precise anatomical knowledge

7. Expected Results

✓ Subtle to moderate lift of the lateral eyebrow
✓ Improvement in brow symmetry
✓ Open and refreshed upper eye appearance
✓ Best seen in mild to moderate eyebrow drooping (ptosis)

8. Common Mistakes and How to Avoid Them

Mistake	Issue	Solution
Entry too close to orbital rim	Thread visibility, bruising	Use temporal scalp as anchor
Incorrect vector	Brow looks uneven or over-pulled	Mark while upright; follow brow curvature
Over-tightening	Asymmetry, puckering	Pull gently and check symmetry before cutting

Thread placed in muscle	Pain or twitching	Stay in subcutaneous fat or fibrous layer

Table 2. Common mistakes in eyebrows thread lifting

9. Ideal Combination Treatments

- Botulinum toxin to relax depressor muscles (glabellar complex, orbicularis oculi)
- PRP or skin boosters to improve brow skin texture
- Temple fillers to restore lateral support before threading
- Upper eyelid threads or blepharoplasty for significant hooding (advanced cases)

Refrences

1. Savoia A et al. Thread lifting for lateral brow repositioning: Techniques and outcomes. J Cosmet Dermatol. 2021. PubMed Link
2. Cotofana S et al. Facial anatomy and thread lifting in the periorbital region. Aesthet Surg J. 2020.PubMed Link



5.3 Mistakes in Basic Thread Lifting

5.3.1 Common Mistakes in Basic Thread Lifting & How to Avoid Them

Even experienced practitioners may occasionally face suboptimal results or complications in thread lifting. Many of these issues are due to avoidable technical errors, poor planning, or anatomical misjudgments. By understanding the most frequent mistakes, you can proactively prevent them, improve your outcomes, and maintain patient satisfaction.

This section outlines the most common errors in basic thread lifting and offers practical solutions to ensure safe, effective, and symmetrical results.

1. Inserting Threads Too Superficially

What Happens:

- Thread becomes visible or palpable under the skin
- Leads to dimpling, rippling, or skin tethering
- Can cause early extrusion or patient discomfort

How to Avoid:

- Confirm correct depth: **subcutaneous** or **deep dermis** for mono threads, above **SMAS** for cogs
- Use **blunt cannulas** for better control of depth
- Avoid **treating thin-skinned** areas without proper planning



Fig 1. By inserting threads too superficial they can become visible or palpable

2. Placing Threads Too Deep

What Happens:

- Threads miss the lifting plane, resulting in no visible effect
- Increased risk of nerve injury or vascular trauma
- Threads may migrate or create asymmetry

How to Avoid:

- Visualize anatomy during insertion—know where fat layers, SMAS, and nerves are
- Use tactile feedback: correct planes glide smoothly but with slight resistance
- In sensitive areas (e.g., jawline), stay superficial to deep fascia, not within muscle



Fig 2. By inserting threads too deep it can lead to no effect result or neurovascular injury

3. Incorrect Vector or Angle

What Happens:

- No lift or an unnatural lift (e.g., pulling tissues in the wrong direction)
- Facial asymmetry or distorted contours
- Wasted threads with poor aesthetic outcome

How to Avoid:

- Always mark vectors while patient is upright
- Follow natural facial tension lines and ligament supports
- Re-check mirror symmetry before beginning insertion

4. Inadequate Anchoring or Fixation

What Happens:

- Threads lose grip and slide after insertion
- Lift doesn't last or appears uneven
- Threads may migrate or cause lumpiness

How to Avoid:

- Anchor in firm tissue zones: temporal fascia, preauricular area, or retroauricular region
- Use barbed threads and apply firm but gentle tension
- Always massage along the vector to help barbs engage fully

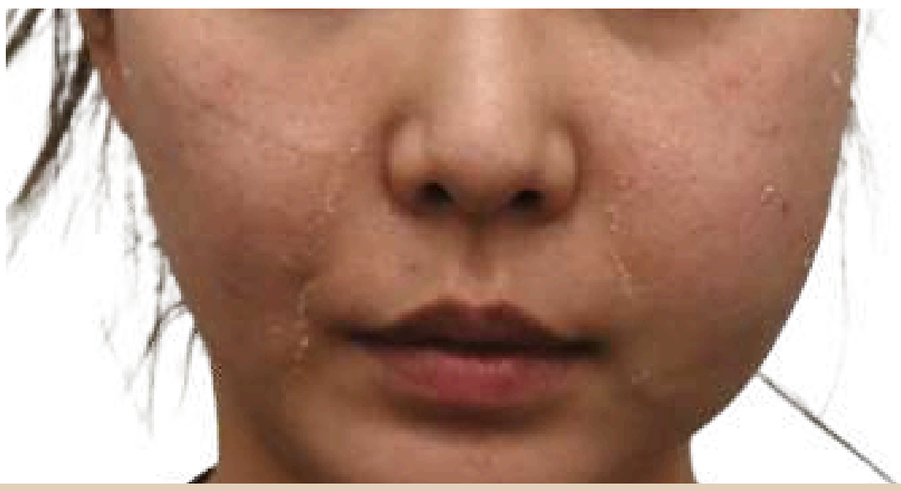


Fig 3. Incorrect vector or angle can lead to unatrual lift, asymetry and etc.

5. Over-Tensioning Threads

What Happens:

- Causes dimples, puckering, or skin bunching
- Patient may feel tightness or experience asymmetrical expression
- Can lead to thread snapping or tearing in thin tissue

How to Avoid:

- Apply gradual traction, not forceful pulling
- If puckering occurs, pause and massage gently outward
- Leave some slack in areas with frequent movement (e.g., around the mouth)

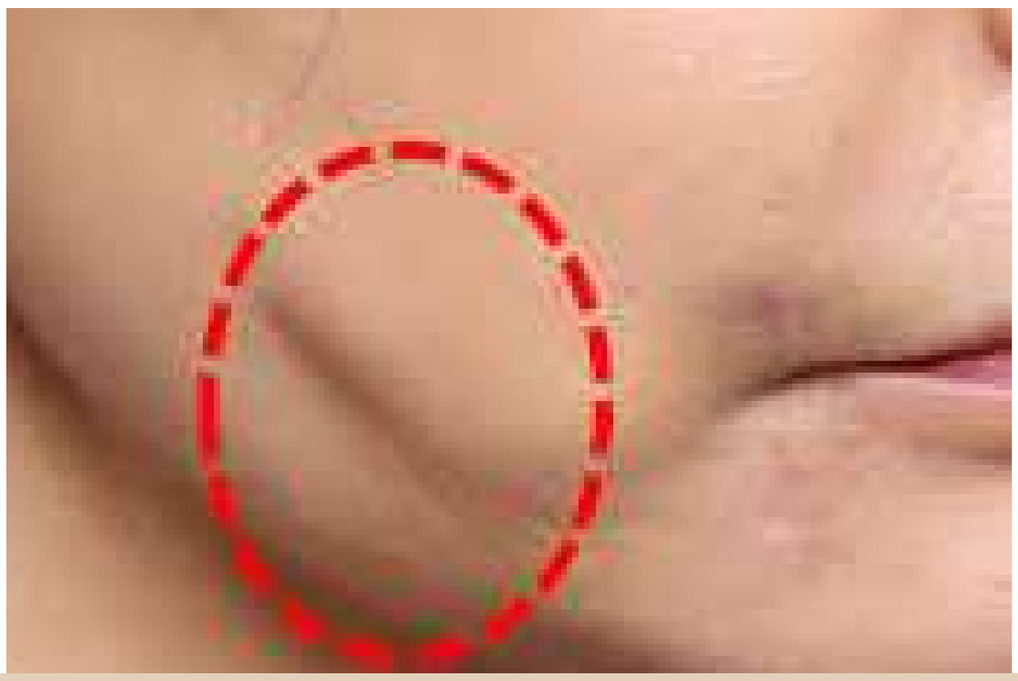


Fig 4. Over-Tensioning can lead to dimmpling, puckering, or skin bunching

6. Treating the Wrong Patient

What Happens:

- Patient is unhappy due to unrealistic expectations
- Results are minimal because of advanced sagging or poor skin quality
- Increased risk of complications and dissatisfaction

How to Avoid:

- Choose patients with mild to moderate laxity
- Educate patients: thread lifting is not a facelift
- Combine with fillers, toxins, or skin boosters when needed

7. Not Planning Entry/Exit Points Properly

What Happens:

- Threads exit too close to visible zones
- Risk of thread extrusion or scarring
- Misaligned vectors or inconsistent results

How to Avoid:

- Plan entry points in firm anchor zones, away from mobile areas
- Avoid high-tension exits near lips, nose, or eyes
- Always mark both sides simultaneously for symmetry



Fig 5. Make sure to educate your patients to have reallistic expectations, and choose best treatment options for them..

Refrences

1. Cotofana S et al. Facial anatomy and thread lifting in the periorbital region. Aesthet Surg J. 2020.PubMed Link

5.3.2 Thread Visibility & Migration Issues

Thread visibility and migration are among the most common concerns in aesthetic thread lifting—especially for newer practitioners. These complications occur when threads are placed incorrectly in depth, angle, or location, or when tissue dynamics and facial anatomy aren't fully respected.

In this section, we'll explore the causes, prevention strategies, and management options for both thread visibility and migration.

1. What Is Thread Visibility?

Thread visibility refers to the thread or part of the thread becoming noticeable beneath the skin, either as:

- Linear ridges
- Lumps or bumps
- Shadows or unnatural contours

This issue most commonly arises when threads are:

- Placed too superficially
- Inserted in thin-skinned areas (e.g., under eyes, forehead)
- Improperly tensioned or anchored



Fig 1. A case of thread visibility following barbed thread lifting

2. What Is Thread Migration?

Thread migration occurs when a thread moves from its original placement, either due to:

- Poor fixation
- Overactive facial movement
- Incorrect insertion vector
- Inadequate tensioning or weak anchoring

Migration can lead to:

- Asymmetry
- Lack of lift
- Thread extrusion
- Patient discomfort

Migration and visibility are avoidable with proper planning, technique, and post-care instructions.

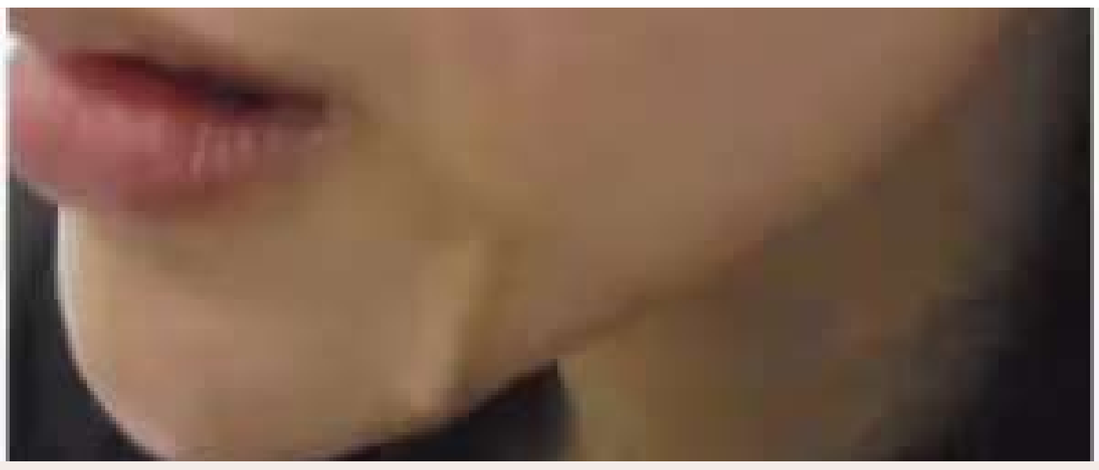


Fig 2. A case of thread extursion

3. Causes of Thread Visibility

Cause	Explanation
Superficial placement	Thread lies too close to the dermis, especially in mono threads
Thin or atrophic skin	Common in elderly patients or periorbital areas
Poor thread quality	Low-density or old threads may not blend into tissue
Overlapping or clustered threads	Creates volume irregularity or congestion

4. Causes of Thread Migration

Cause	Explanation
Incorrect vector angle	Thread doesn't follow natural skin tension lines
Loose anchoring	Barbs not fully engaged in stable tissue
Excess movement post-treatment	Talking, chewing, or facial massage too soon
Poor technique	Insertion path inconsistent or thread not trimmed properly

5. Prevention Strategies

Preventing Visibility:

- Choose correct depth: subcutaneous for mono, above SMAS for cogs
- Avoid threading very thin skin unless using extremely fine threads
- Space threads at least 1.5–2 cm apart
- Use blunt cannulas in high-risk areas to glide under skin uniformly

Preventing Migration:

- Anchor threads into deep fascia or SMAS, not mobile tissue
- Apply proper vector tension to engage barbs
- Educate patients about aftercare (no excessive facial movement, sleeping on back)
- Don't over-thread—less is more in mobile areas

6. Management of Visibility or Migration

Complication	Management Option
Mild visibility	Wait and observe – may resolve as swelling subsides
Thread lump	Gentle massage, consider dissolving (for absorbable threads)

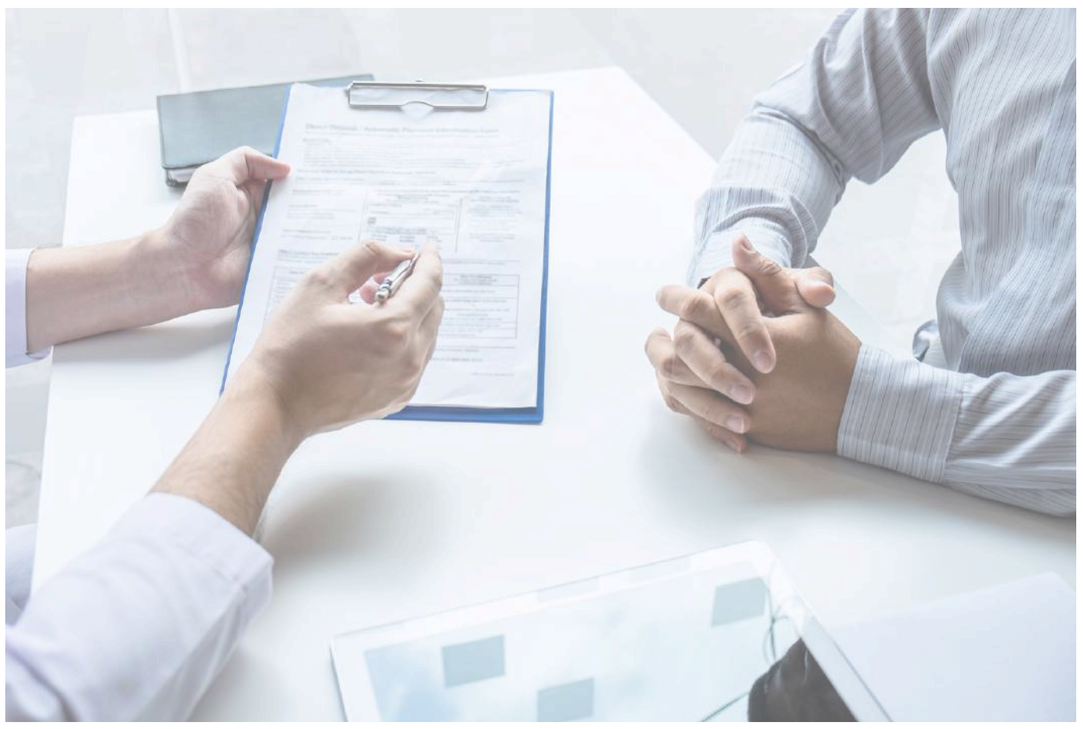
Thread near surface	Minor nick or needle removal under sterile conditions
Migration with discomfort	Remove via entry point with sterile forceps
Significant asymmetry or no lift	Replace thread properly at correct depth and angle

⚠️ Do not attempt removal unless trained—refer to an experienced injector or minor surgery specialist if unsure.

7. Patient Communication

If visibility or migration occurs:

- Stay calm and reassure the patient—it's usually temporary or manageable
- Explain why it happened and how it will be addressed
- Emphasize that results continue to evolve over 6–12 weeks
- Offer a review appointment in 7–10 days



Refrences

1. Savoia A et al. Complications in thread lifting: Management of visibility and displacement. J Cosmet Dermatol. 2021. PubMed Link
2. Cotofana S et al. Thread lifting anatomy and complications: How to prevent and treat thread migration. Aesthet Surg J. 2020 PubMed Link



5.3.3 Managing Pain, Swelling, and Bruising

While thread lifting is minimally invasive, it still involves penetration of the skin and subcutaneous tissue, which can lead to post-procedure discomfort, bruising, and swelling. Proper prevention, early recognition, and effective management of these common side effects are essential for ensuring patient comfort, satisfaction, and optimal healing.
This section outlines evidence-based and practical approaches to managing pain, bruising, and swelling after a thread lift procedure.

1. Pain Management

Why It Happens:

- Tissue trauma during cannula or needle insertion
- Barbed threads engaging subcutaneous tissue
- Inflammation from collagen stimulation process\

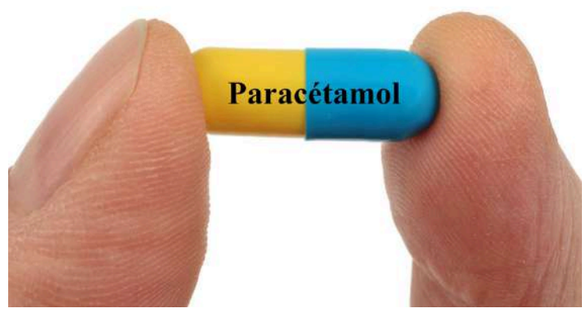
Prevention:

- Use **adequate local anesthesia** (nerve blocks or linear infiltration)
- Insert threads using **gentle**, **steady technique**
- Avoid excessive **redirection** or pressure during threading
- Use **blunt cannulas** to reduce tissue trauma

Management:

- Prescribe or recommend paracetamol (acetaminophen) post-treatment
- Avoid NSAIDs (like ibuprofen) for the first 24–48 hours to prevent bruising
- For moderate discomfort, a short course of non-opioid analgesics may be appropriate

Pain usually resolves within 24–72 hours. Persistent pain may signal inflammation, infection, or thread placement issues.



2. Swelling (Edema)

Why It Happens:

- Local tissue trauma
- Mild inflammatory response
- Improper massage or manipulation post-procedure

Prevention:

- Apply **cold compress** immediately after the procedure for 10–15 minutes
- Limit the number of threads per area to avoid congestion
- Use **fine cannulas or needles** to reduce trauma
- Advise patient to **sleep with head elevated** the first 2 nights

Management:

- **Cold packs** 2–3 times daily for the first 48 hours
- Consider **oral antihistamines** or **short-term corticosteroids** in cases of significant swelling (with caution)
- Monitor for **asymmetrical swelling**, which may suggest hematoma or migration

Most swelling peaks at 24–48 hours and subsides within 5–7 days.





3. Bruising (Ecchymosis)

Why It Happens:

- Minor blood vessel injury (e.g., facial vein branches, superficial capillaries)
- Sharp needle use or multiple passes
- Inadequate post-op care (e.g., facial massage, heavy activity)

Prevention:

- Use blunt cannulas when possible
- Avoid known **vascular danger zones**
- Infiltrate with lidocaine + epinephrine to minimize bleeding
- Ask about anticoagulant or supplement use (e.g., aspirin, ginkgo, vitamin E)

Management:

- Apply Arnica montana or vitamin K cream topically
- Use cold compresses early, then warm compresses after 48 hours to speed resolution
- Inform patients that bruises may change color and fade over 7–10 days

Patients prone to bruising may benefit from taking Arnica tablets (homeopathic) 2 days before and after the procedure.





4. Patient Aftercare Instructions (Summary)

Instruction	Time Frame
Apply cold compress	10–15 min immediately, then 3x/day for 2 days
Avoid touching/massaging face	First 72 hours

Sleep with head elevated	First 2–3 nights
Avoid strenuous activity, saunas, or steam	5–7 days
Avoid makeup or skincare over treated areas	24 hours
Report any pain that increases after 48 hours	Immediately (rule out infection or hematoma)

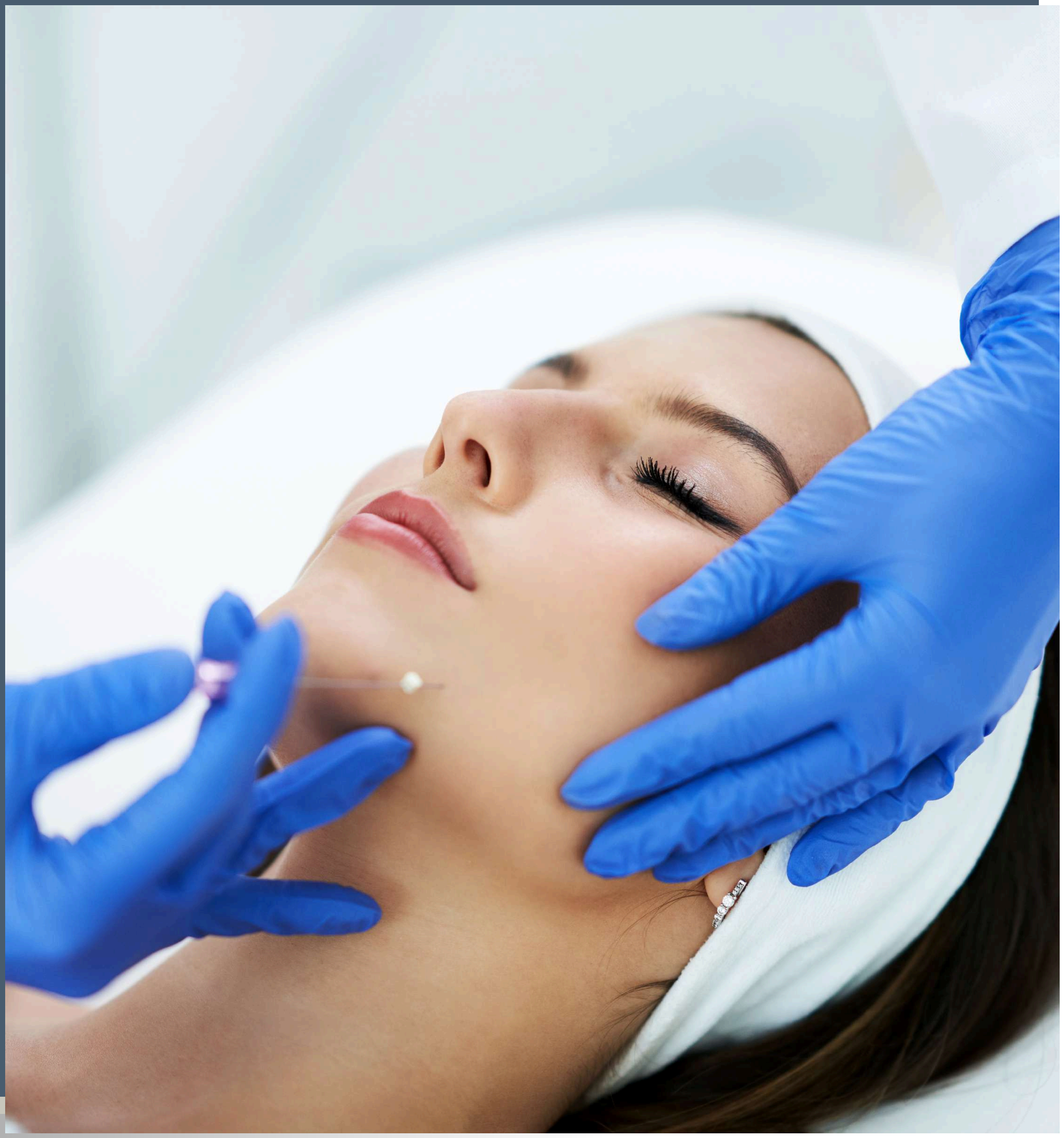
Refrences

1. Savoia A et al. Post-procedural care in thread lifting: A clinical review. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial thread lifting complications and management strategies. Aesthet Surg J. 2020.

PubMed Link



Chapter 6: Advanced Thread Lifting Techniques



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6.1 Mastering Advanced Thread Lifting: Indications & Approach

6.1.1 The Difference Between Basic & Advanced Techniques

As you progress in thread lifting, the ability to deliver more **targeted**, **comprehensive**, and **long-lasting results** becomes essential. Advanced thread lifting techniques are designed to treat complex cases, enhance multi-zone rejuvenation, and combine threads strategically with other modalities like fillers, toxins, and regenerative therapies.

This section introduces the indications, clinical mindset, and approach required to master advanced thread lifting techniques—bridging foundational skills with high-level clinical artistry.

1. Indications for Advanced Thread Lifting

Advanced techniques are ideal for patients who:

- Present with **moderate to significant tissue descent** but are not surgical candidates
- Have **multiple zones of laxity** (e.g., midface + jawline + neck)
- Have **heavier facial tissues** requiring stronger anchoring
- Desire **longer-lasting** and more **dramatic lifting outcomes**
- Have previously had basic thread lifts but require **enhanced or combination correction**

💡 Advanced threading is not just about stronger threads—it's about **strategic planning**, **layering**, and **precision execution**.



Fig 1. Advanced thread lifiting is ideal for paitients with Moderate tissue descent in multiple zones of the face

2. Differences Between Basic and Advanced Techniques

Aspect	Basic Threading	Advanced Threading
Patient	Mild laxity, single-zone	Moderate to severe laxity, multi-zone
Threads	Mono or single cog	Cog, molded, double-needle, layered

Vector Design	Single plane, basic vectors	Multi-plane, dynamic vector planning
Anchoring	Fixed or natural	Deep fascia anchoring, multi-point
Goals	Subtle lift	Structural support, facial reshaping
Adjuncts	Threads alone	Threads + fillers, PRP, botulinum toxin

Table 1. Basic VS Advanced Techniques

3. Tools & Materials Used in Advanced Techniques

- **Molded and bi-directional cog threads**
- **Double-needle threads** (U-loop or W techniques)
- **Longer threads (100–150 mm)** for extended vectors
- **Combination packs**: mono + cog for structure and stimulation
- Optional: **Ultrasound guidance** for thread placement in high-risk zones

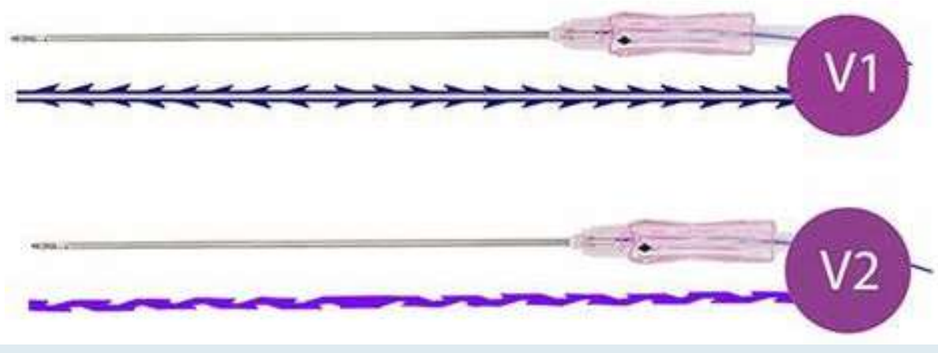


Fig 2. Molded & Bi-Directional Cog Threads

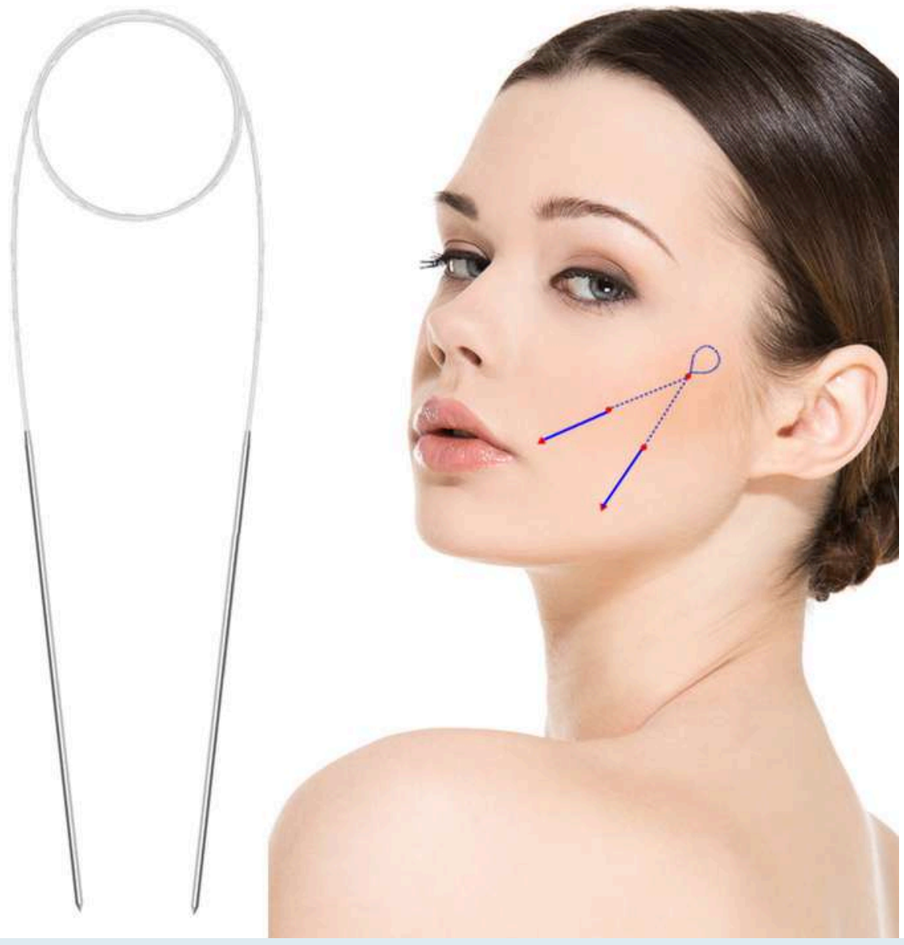


Fig 3. Double-needle threads



Fig 4. Ultrasound guidance in high risk areas

4. Clinical Approach to Advanced Thread Lifting

Step-by-Step Planning Strategy:

1. Comprehensive Facial Assessment:
   - Evaluate fat pad descent, ligament laxity, and skin thickness
   - Consider dynamic movement, especially in lower face
2. Multi-Zone Mapping:
   - Identify key areas: midface, jawline, neck, brow
   - Determine whether to treat **simultaneously or in staged sessions**

- Plan for **deep support threads** (cogs) **and superficial collagen threads** (monos)
- Combine horizontal lift with vertical support if needed

4. **Combination Therapy Planning**:
   - Consider **botulinum toxin** to reduce opposing muscle pull
   - Add **dermal fillers** to restore volume lost with age
   - Use **PRP or biostimulants** for skin regeneration and healing

📌 Think in 3D—not just about lift, but also **projection**, **balance**, and **long-term integration** with facial aging.

5. Ideal Patient Counseling Before Advanced Threads

✓ Be clear that **advanced threading is more complex** and may involve more downtime

✓ Manage expectations: **Natural results > dramatic lift**

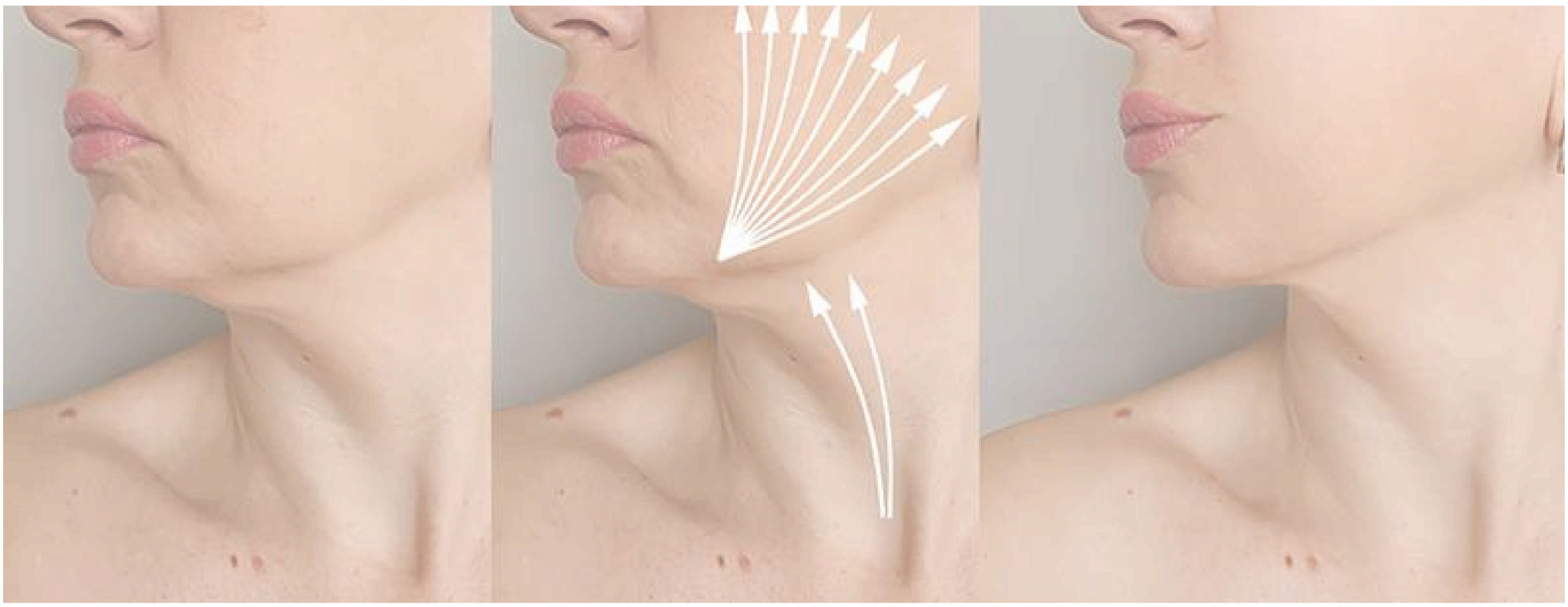
✓ Explain potential for **multi-step treatment plans**

✓ Provide informed consent for **combination procedures** (e.g., filler + thread in same session)

🧠 Advanced results require both technical precision and patient trust—communication is key.

Refrences

1. Savoia A et al. Post-procedural care in thread lifting: A clinical review. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial thread lifting complications and management strategies. Aesthet Surg J. 2020. PubMed Link



6.1.2 Combination Treatments – Threads + Fillers + Toxins + PRP

Advanced thread lifting is most powerful when used in synergy with other aesthetic tools. By combining threads with dermal fillers, botulinum toxin, and regenerative therapies like PRP, practitioners can enhance outcomes, correct multiple aspects of facial aging, and deliver longer-lasting, more natural-looking results.

This section explains how and when to combine threads with these adjunct treatments, including protocols, safety tips, and treatment sequencing.

1. Why Combine Threads with Other Modalities?

Thread lifting addresses tissue repositioning, but not all signs of aging are caused by sagging. Combination therapy allows for:

✓ Lift (threads)
✓ Volume restoration (fillers)
✓ Muscle modulation (botulinum toxin)
✓ Skin texture and regeneration (PRP, biostimulators)

💡 Facial aging is multi-dimensional—so your treatment plan should be too.

2. Combination Options & Goals

Treatment	Goal	Best Combined With
Dermal Fillers	Volume restoration in midface, temples, lips	Cog threads for lift
Botulinum Toxin	Muscle relaxation, preventing thread tension loss	Threads in brows, jawline, neck
PRP / Growth Factors	Skin quality, healing, collagen stimulation	Mono threads, post-cog lift
Biostimulants (e.g., PLLA, CaHA)	Long-term collagen production	Threads for laxity and texture

Table 1. Combination therapies with Thread Lifting







3. Treatment Sequencing Guidelines

A. Threads + Fillers

- Threads first to lift tissue
- Filler afterward to restore lost volume without exaggerating sagging
- Allow 2–4 weeks between procedures if done separately

📌 If volume is replaced before lift, threads may not glide properly or can migrate.

B. Threads + Botulinum Toxin

- **Botox 1 week before threading** to relax depressors (e.g., platysma, DAO)
- Can also be done **2 weeks** after threads if patient prefers single visit
- Especially helpful in **brow lifts** or jawline definition where dynamic muscles pull downward

C. Threads + PRP

- PRP can be injected **2–4 weeks after threads** to support healing and improve tissue quality
- PRP can also be used **before mono threads** as part of a skin revitalization program
- Consider adding **PRP microneedling** or **PRP mesotherapy** after mono mesh treatments

PRP enhances fibroblast activity around the thread, boosting collagen formation.

4. Clinical Case Examples

Case 1: Midface Lift + Volume Deficiency

- Cog threads for lifting cheek pad
- Filler in deep medial fat pad (e.g., using cannula) 2 weeks later
- Mono threads in tear trough region for collagen stimulation



Fig 1. Combination of Thread Lifting & Filler treatment for Midface Rejuvenation

Case 2: Lower Face Sagging + Muscle Pull

- Cog threads from preauricular to mandibular border
- Botox in Depressor Anguli Oris and platysma 5–7 days prior
- Optional filler in marionette or chin for balance

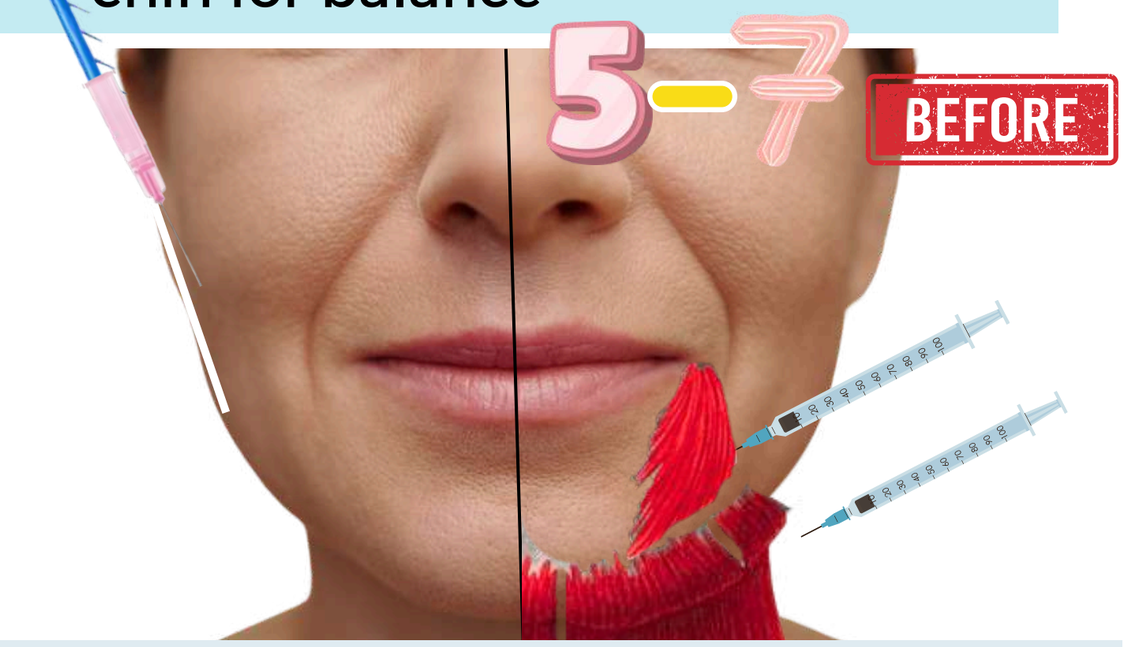


Fig 2. Combination treatment for Lower face sagging

Case 3: Neck Wrinkles + Skin Thinning

- Mono thread mesh
- PRP injection or microneedling 2 weeks later
- Consider CaHA for long-term biostimulation

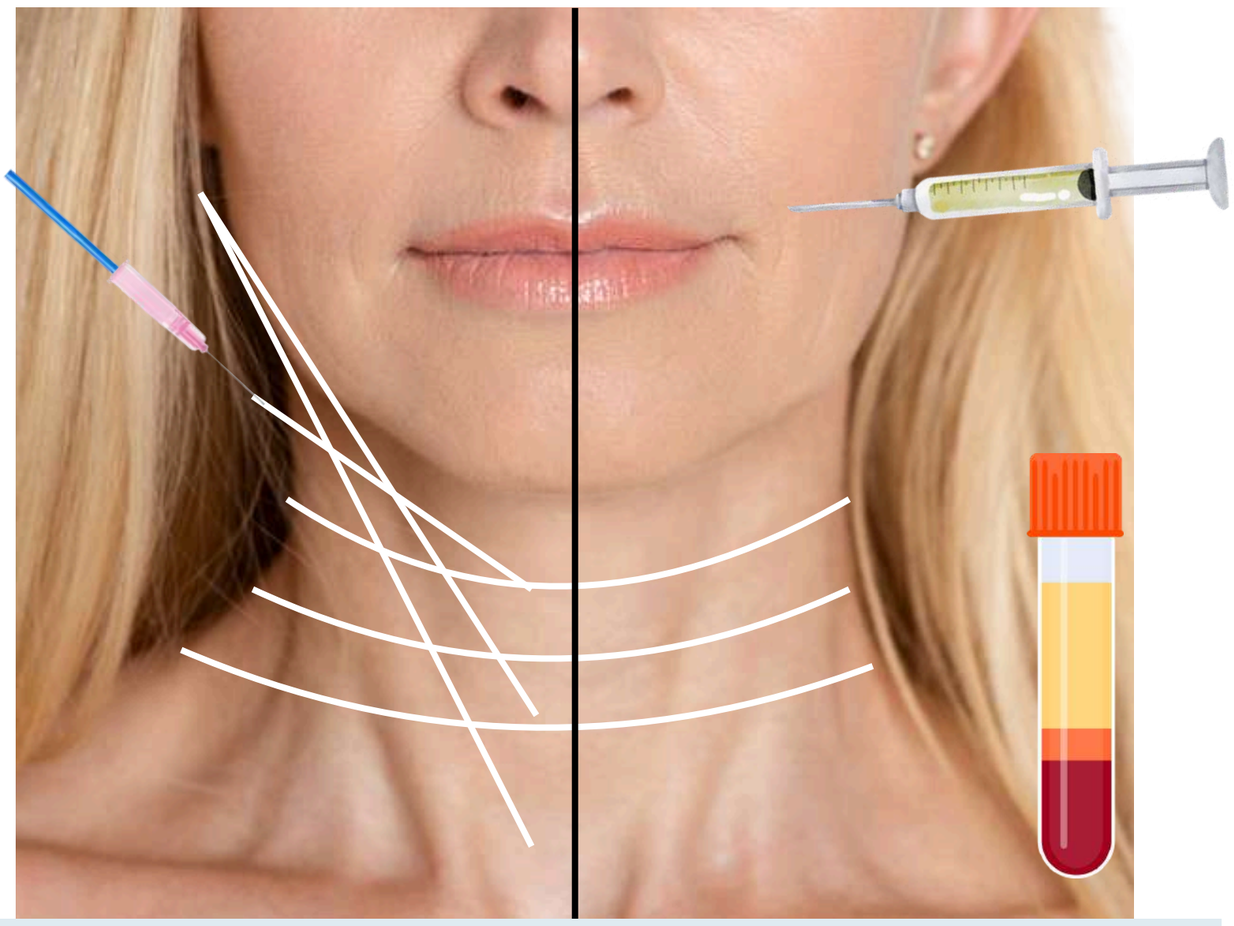


Fig 3. Combination Treatment for Neck Rejuventaion

5. Safety and Timing Tips

✓ Don't inject fillers in areas where threads will anchor—this can impair thread grip

✓ Avoid deep PRP or filler injections on the same day as thread placement

✓ Use cannulas for filler to reduce trauma post-threading

✓ Educate patients on staged plans for best results, rather than rushing in one session

🧠 When used skillfully, combination treatments create harmony—when rushed, they can create complications.

Refrences

1. Savoia A et al. Post-procedural care in thread lifting: A clinical review. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial thread lifting complications and management strategies. Aesthet Surg J. 2020. PubMed Link

6.2 Advanced Lifting Techniques by Region

6.2.1 Midface & Cheeks: Deep Lift Using Bi-Directional Cog Threads

The **midface** plays a central role in facial aesthetics. As aging progresses, the malar fat pad descends, the nasolabial folds deepen, and the cheeks lose volume and contour. Advanced thread lifting techniques for this area go beyond basic repositioning—they aim to restructure, layer, and support facial tissues across multiple planes.

This section explores advanced strategies for midface rejuvenation using bi-directional cogs, layered threading, and multi-vector lifting approaches.

1. Key Anatomical Considerations

✓ The malar fat pad is the primary target for elevation

✓ The zygomatic ligaments provide a strong anchoring point

✓ Laxity in the nasolabial compartment contributes to fold deepening

✓ The infraorbital foramen and malar septum must be avoided

💡 **Successful midface lifting involves respecting the fat compartment anatomy and avoiding over-pulling near mobile zones like the mouth and lower eyelid.**

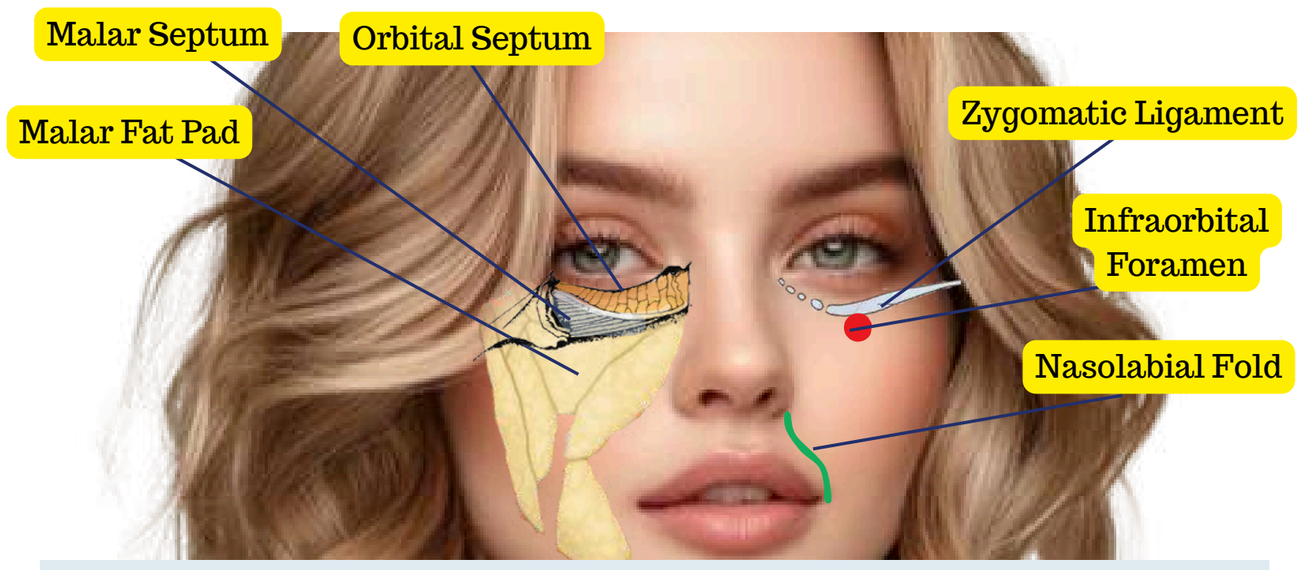


Fig 1. Key Anatomical Considerations in Midface Lifting

2. Recommended Thread Types & Techniques

Thread Type	Technique	Use
Bi-directional cog threads	Centered insertion, dual lift	Balanced elevation
Molded cog threads	Stronger lift for heavy tissues	Mid to lower cheek
Mono threads (optional)	Mesh pattern	Superficial skin tightening
Screw threads	Local volumization	Malar hollowing

📌 Use a **fan** or **multi-vector arrangement** for comprehensive midface coverage.

3. Advanced Vector Planning

🔹 **Entry Point:**

- Located in the temporal scalp or lateral zygomatic arch
- Use deep temporal fascia or zygomatic ligament area for anchoring

🔹 **Vectors:**

- Primary: Superolateral from temple to nasolabial fold
- Secondary: Lateral zygoma to medial cheek for volume repositioning
- Optional third vector: Infraorbital rim to tear trough area (requires caution)

🔹 **Technique Tip:**

- Use 2–3 threads per side, placed at slightly diverging angles to create a hammock-like lift effect.

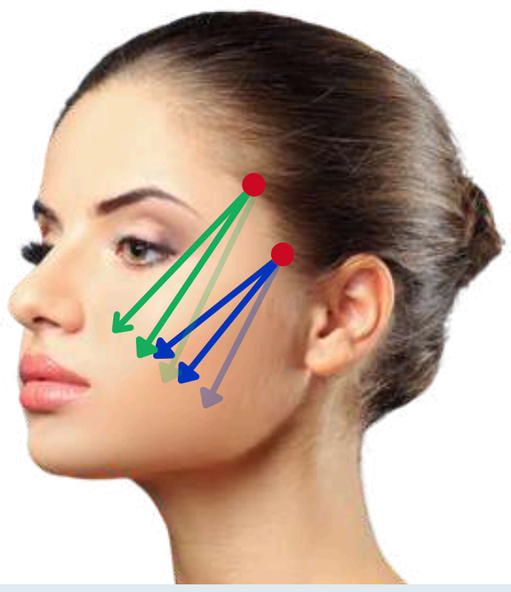


Fig 2. Vector planning for advanced midface lift.
The green line indicates superolateral from temple to nasolabial fold
The blue line indicates Lateral zygoma to medial cheek

4. Layered Insertion Strategy

A. Deep Plane Threads:

- Insert **barbed threads** into the **deep subcutaneous layer**, above SMAS
- Provides the main lift and structural repositioning

B. Superficial Threads:

- Place mono threads in a mesh pattern at the dermal-subdermal junction
- Aims to stimulate collagen and enhance skin quality

C. Combination:

- Use PRP or biostimulants between layers for regeneration
- Consider combining with fillers in the deep medial cheek or premaxillary space

5. Anesthesia & Technique

- Use **local infiltration** along vectors
- Consider **zygomaticofacial nerve block** for comfort
- Advance cannula slowly along vector, avoiding:
  - **Infraorbital foramen**
  - **Angular vessels near the nose**
  - **Thin skin near the lower eyelid**

6. Expected Outcomes

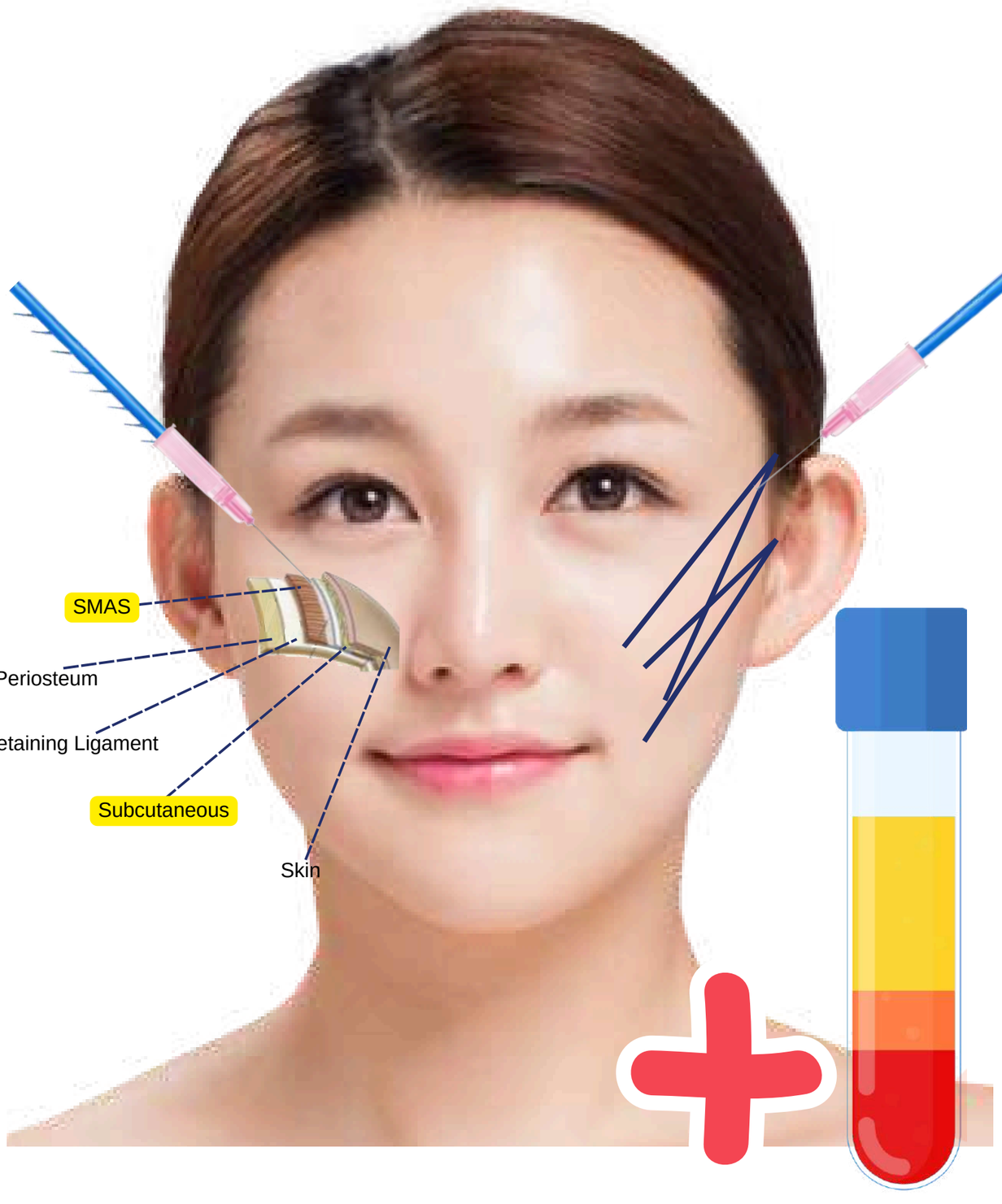
✓ Repositioned malar fat pad
✓ Softening of the nasolabial folds
✓ Enhanced cheek projection and shape
✓ Smoother transition from lower eyelid to midface
⏳ Results appear immediately and continue improving for up to 3 months.

7. Common Pitfalls in Advanced Midface Lifting

Mistake	Result	Solution
Overlifting the malar region	Hollow under eyes or unnatural smile	Use moderate lift, avoid lower eyelid pull
Threads placed too superficial	Visibility, dimpling	Use cannula and stay deep
Threads cross mobile zones (nasolabial fold)	Discomfort or thread strain	Stop short of highly dynamic areas
Not layering threads	Weak lift or short duration	Add superficial mono threads for collagen support

Refrences

1. Savoia A et al. Post-procedural care in thread lifting: A clinical review. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial thread lifting complications and management strategies. Aesthet Surg J. 2020. PubMed Link



6.2.2 Jawline & Jowls – Defining the Mandibular Line with Strategic Fixation

As the face ages, loss of mandibular definition and the appearance of jowls become major aesthetic concerns. Advanced thread lifting techniques can effectively redefine the jawline, correct sagging in the lower face, and provide structure and contour without surgery—when executed with strategic fixation and proper vector design.

This section focuses on advanced approaches to lifting and contouring the jawline using long cog threads, deep anchoring, and multi-thread configurations.

1. Anatomical Focus in Jawline Rejuvenation

✓ Descent of pre-jowl fat and soft tissue weakens the jawline

✓ The mandibular ligament and masseteric cutaneous ligaments influence sagging

✓ The marginal mandibular nerve must be protected

✓ Bone resorption contributes to shape changes—filler support may be needed too

💡 A youthful jawline is straight, firm, and well-defined—from angle to chin.

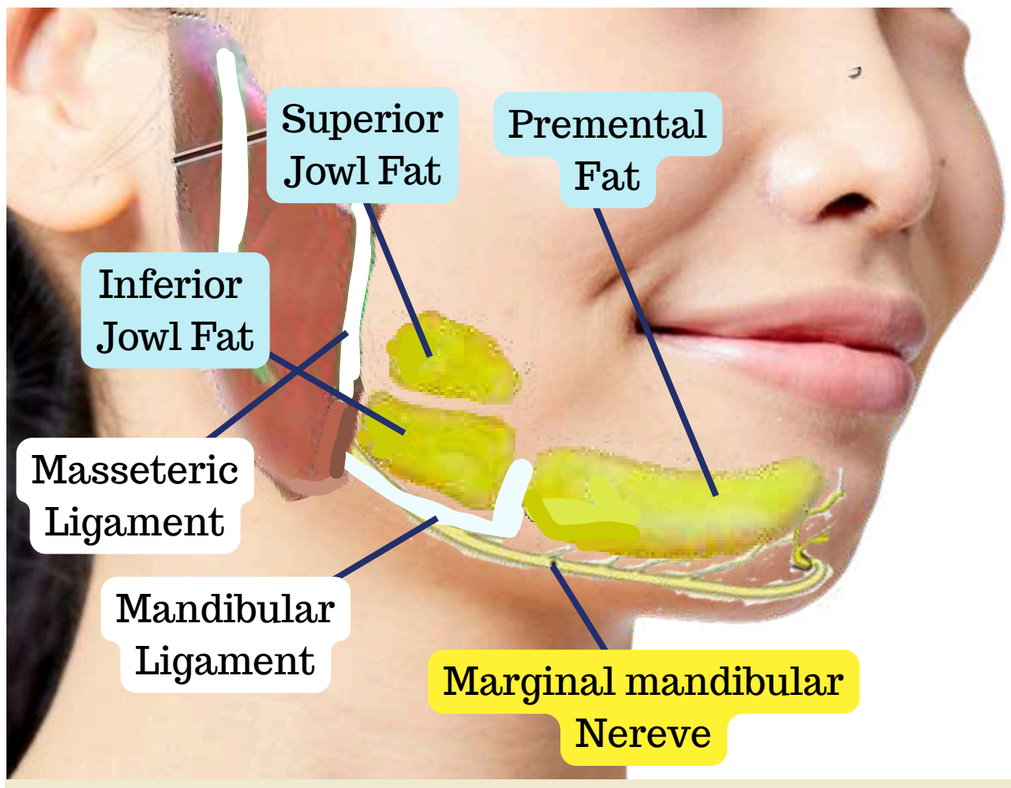


Fig 1. Key Anatomical Considerations in Jawline & Jowls Thread Lifitng

2. Recommended Threads & Techniques

Thread Type	Length & Gauge	Purpose
Molded or cog threads	19G–21G, 100–130 mm	Deep structural lifting
Bi-directional cogs	Centered vector	Balanced jaw elevation
Mono threads	27G–30G, 50–70 mm	Skin tightening under the chin
Combination with filler	Chin or marionette line	Replaces lost bony projection

Use 2–4 lifting threads per side, depending on tissue volume and jowl severity.

3. Vector Planning & Entry Points

🔹 **Entry Point:**

- Located in the preauricular or subauricular area
- Anchored in firm fascia (parotid-masseteric or mandibular ligaments)

🔹 **Thread Path:**

- Advance the cannula along the mandibular border toward the pre-jowl sulcus
- Slightly upward angle to reposition tissue over jawline
- Avoid midline placement across the chin—use parallel threads instead

🔹 **Optional:**

- Add short mono threads under the chin to reduce laxity and stimulate tightening

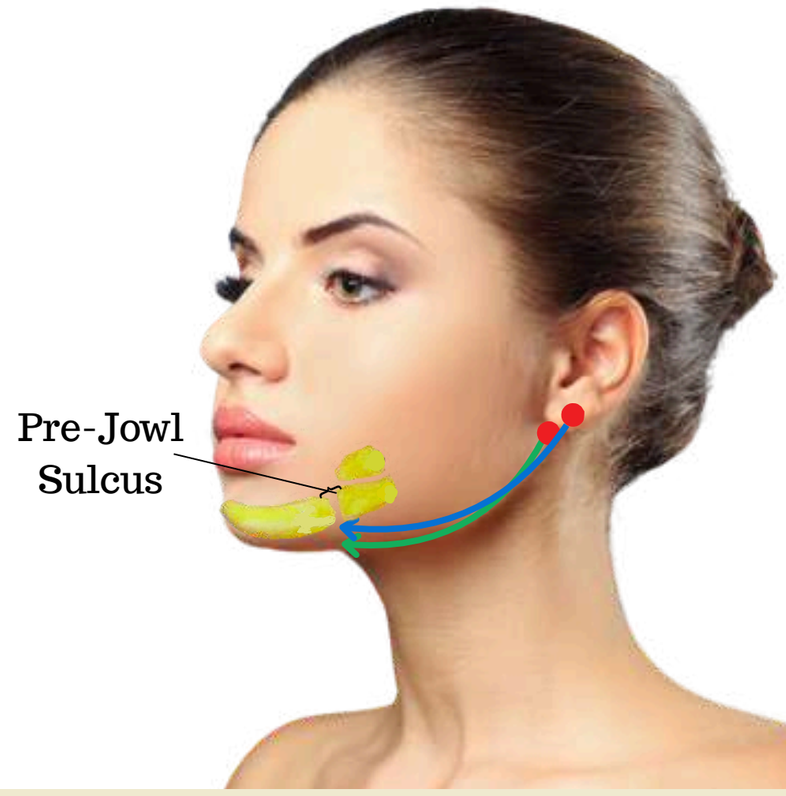


Fig 2. Key Anatomical Considerations in Jawline & Jowls Thread Lifitng

4. Fixation Techniques for Jawline Threads

- Use **strong posterior anchoring**—barbs must fully engage
- In **heavy or thick tissue**, pre-tunneling with a larger gauge cannula may help
- Use **multi-point fixation** if treating jowls + lower cheek in same session
- Massage from posterior to anterior to secure barbs and contour the mandibular line

5. Anesthesia & Technique

- Infiltrate entry and thread paths with lidocaine + epinephrine
- Optional: Mental nerve block to reduce chin/lower lip sensitivity
- Insert cannula deeply along the mandibular subcutaneous plane, staying:
  - Above the marginal mandibular nerve
  - Outside the submandibular triangle

🧠 If dimpling occurs, adjust tension or depth. In case of bulging, massage gently in the vector direction.

6. Expected Outcomes

✓ Restored mandibular contour
✓ Repositioned pre-jowl tissues
✓ Sharper jawline silhouette
✓ Reduced heaviness around the lower face

For optimal results, combine with chin projection filler or submental tightening (mono threads, PRP).

7. Pitfalls and How to Avoid Them

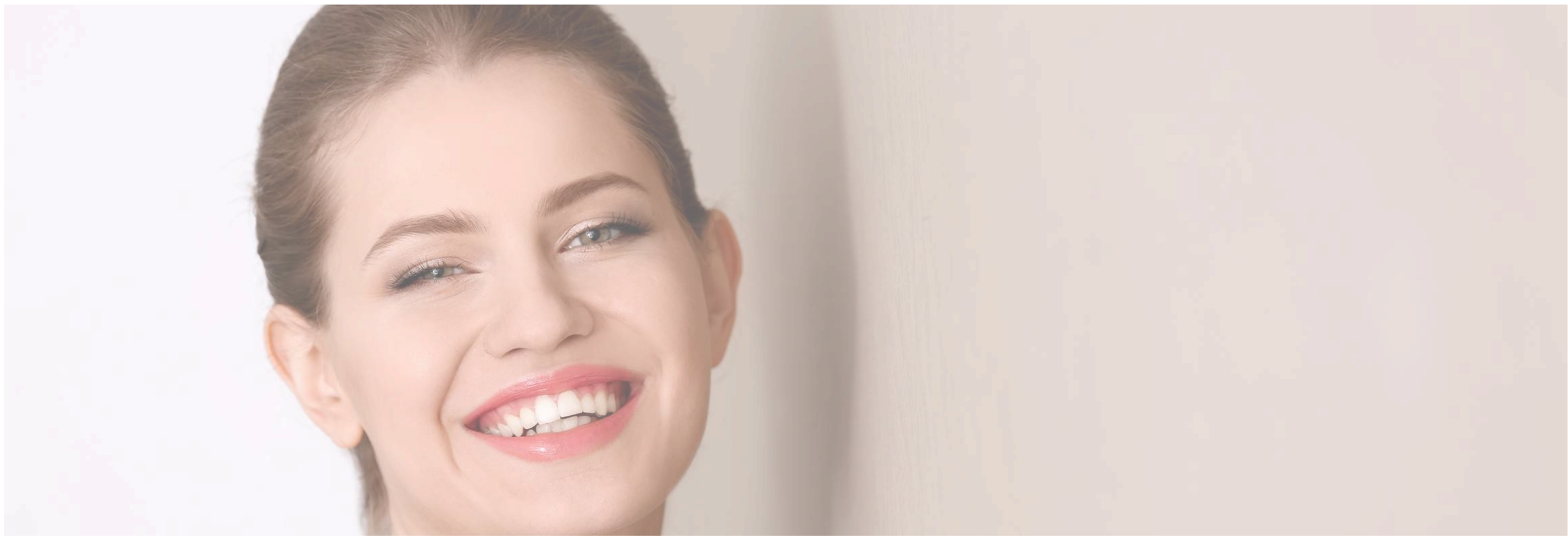
Mistake	Result	Solution
Entry too close to moving skin	Thread migration	Anchor in fixed fascia
Thread path too low	Risk of nerve injury	Stay above mandibular margin
Poor tension	No lift or thread slippage	Engage barbs, massage after insertion
Over-threading	Irregular contour or bumps	Use 2–4 threads per side only, properly spaced

8. Ideal Combination Therapies

- Chin filler to project lower face and support thread vectors
- Botulinum toxin in Depressor Anguli Oris and platysma to reduce downward pull
- Mono thread mesh under chin for soft tissue tightening
- Skin boosters or CaHA in aging skin to improve tone and texture

Refrences

1. Savoia A et al. Post-procedural care in thread lifting: A clinical review. J Cosmet Dermatol. 2021.PubMed Link
2. Cotofana S et al. Facial thread lifting complications and management strategies. Aesthet Surg J. 2020. PubMed Link



6.2.3 Fox Eye & Brow Lift – Aesthetic Enhancement with PDO Threads

The Fox Eye lift—also known as the Cat Eye or Bella Eyes lift—has become one of the most popular cosmetic trends in recent years. This advanced thread lifting technique is designed to elongate the eye shape, elevate the lateral brow, and create a more lifted and youthful appearance in the upper third of the face. While subtle, the effect can significantly improve facial symmetry and enhance expression.

This section explains how to perform a Fox Eye and lateral brow lift safely and effectively using PDO cog threads, with attention to anatomy, tension, and symmetry.

1. Aesthetic Goals and Ideal Candidates

✓ Elevate **the lateral brow**

✓ Create a **more almond-shaped eye**

✓ Smooth the **upper eyelid contour**

✓ Correct early **brow ptosis**

✓ Ideal for patients with **mild to moderate brow descent**, good skin tone, and realistic expectations

💡 Not all patients are suitable—heavy eyelid skin, deep-set eyes, or severe ptosis may require surgical correction.

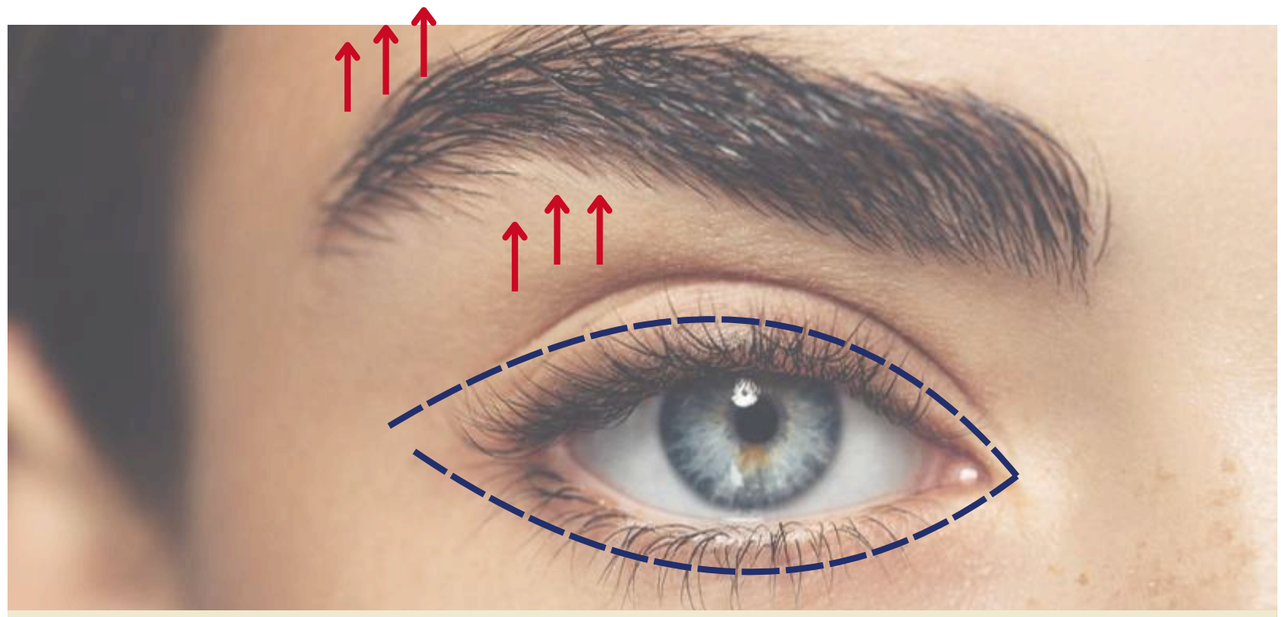


Fig 1. Beauty considerations in Eyebrow lift

2. Anatomical Considerations

- The **temporal fascia** is the ideal anchoring structure
- Avoid **the temporal artery, frontal branch of the facial nerve**, and **superficial temporal vein**
- The **orbital rim** should not be crossed unless in experienced hands (risk of visibility or trauma)

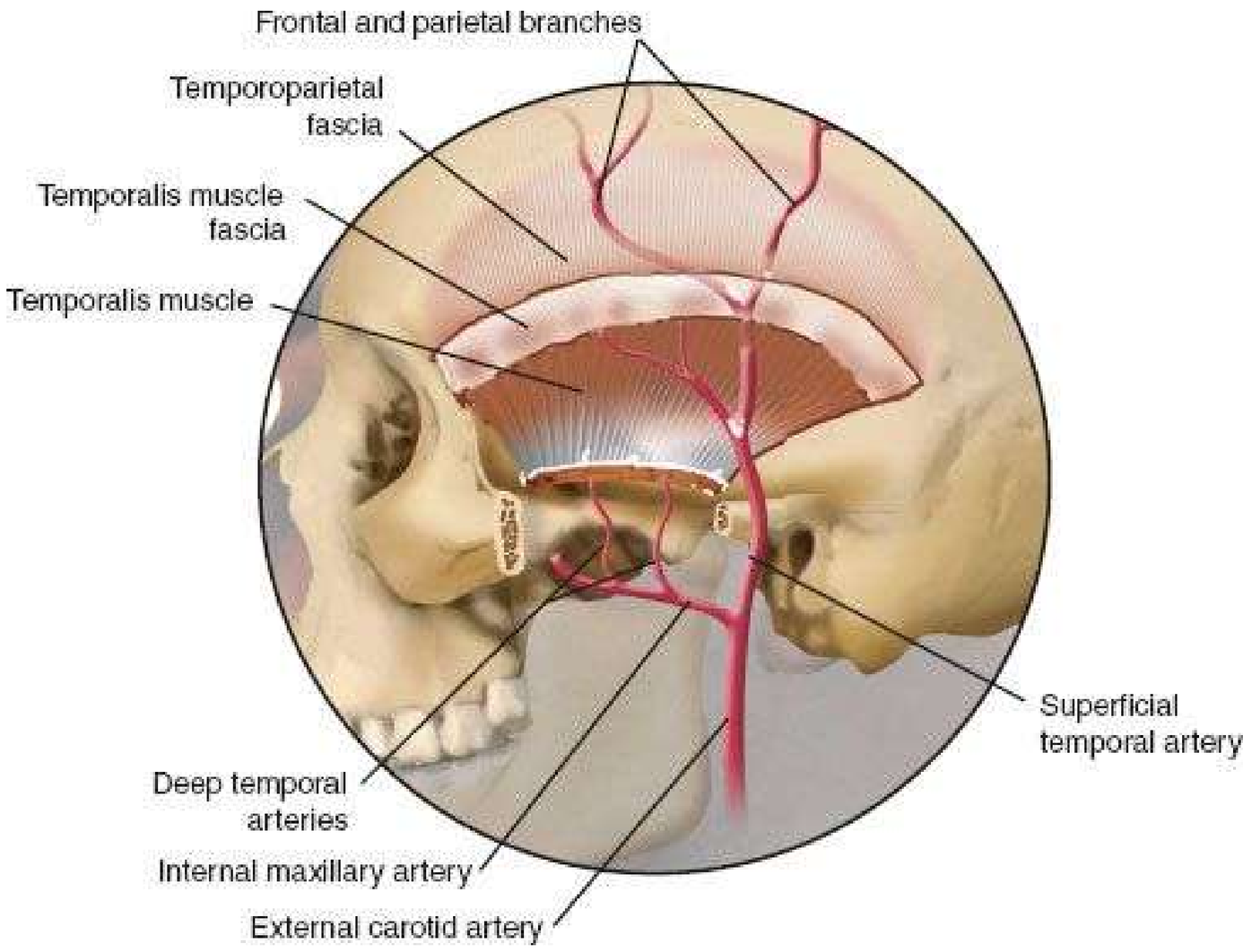


Fig 2. Anatomical Considerations in Eyebrow Lifitng

3. Recommended Threads & Technique

Thread Type	Length	Gauge	Use
Barbed PDO threads	50–90 mm	19G–21G	Main lifting effect
Double-needle threads	Variable	—	Loop anchoring (advanced technique)
Mono threads (optional)	27G–30G, 50 mm	For brow skin tightening	

📌 Barbed threads offer the most control and are suitable for most Fox Eye lifts.

4. Marking & Vector Planning

🔹 **Entry Point:**

- In the temporal hairline, 1.5–2.5 cm above the lateral brow
- Deep in the temporal fascia (firm anchoring zone)

🔹 **Vector:**

- From the temple to the lateral brow tail, in a superolateral direction
- Angle should align with the brow's natural arch for symmetry

🔹 **Optional:**

- In double-needle techniques, threads are looped from temple to brow tail and back, anchoring both ends in the scalp

5. Insertion Technique (Blunt Cannula)

Step-by-Step:

1. Create a pilot hole in the temporal scalp
2. Insert a blunt cannula into the subcutaneous plane
3. Advance in a straight or slightly curved line toward the lateral brow tail
4. Avoid penetrating the orbicularis oculi muscle or orbital rim
5. Once in place, gently withdraw cannula, apply firm upward tension, and engage barbs
6. Check brow height and symmetry, then trim thread and apply pressure to entry point



Fig 3. Vector planning in Advanced brow Lifting

6. Anesthesia

- Local infiltration at entry and along the vector
- Optional: **Supraorbital and supratrochlear nerve** blocks for added comfort
- Injections should be **superficial and controlled** to avoid swelling and distortion

7. Expected Outcomes

✓ Elevated lateral brow
✓ Enhanced eye shape (elongation)
✓ Subtle correction of eyelid hooding
✓ Improved facial balance and expression

- ⏳ Initial results are visible immediately, with peak improvement at 2–4 weeks and collagen stimulation continuing for 2–3 months.



8. Common Pitfalls and How to Avoid Them

Issue	Cause	Solution
Over-pulling or uneven brow	Excess tension or asymmetry	Always assess with patient upright; use mirror
Thread visibility	Too superficial, especially in thin skin	Insert deeper into subcutaneous fat
Dropped lift	Weak fixation or movement post-treatment	Reinforce anchor point; advise patient on aftercare
Bruising or hematoma	Injury to temporal vessels	Mark anatomy and use blunt cannula carefully

9. Ideal Combination Treatments

- **Botulinum toxin**: Relax brow depressors (e.g., orbicularis oculi, corrugator)

- **PRP or mesotherapy**: Improve brow skin quality
- **Temple filler**: Provides lateral support and improves thread tension outcome
- **Mono threads**: For subtle skin tightening over the brow arch

Refrences

1. Savoia A et al. PDO threads in periorbital rejuvenation and Fox Eye lift. J Cosmet Dermatol. 2022PubMed Link
2. Cotofana S et al. Anatomical basis for safe Fox Eye thread lifting. Aesthet Surg J. 2021.PubMed Link



6.2.4 Full Face Thread Lift – Comprehensive Multi-Vector Approach

The full face thread lift is a sophisticated, multi-vector treatment designed to address global facial aging. Rather than lifting one isolated zone, this technique involves the simultaneous repositioning of multiple tissue planes—including the brow, midface, jawline, and neck. It is particularly suited for patients with moderate to significant laxity who desire a balanced, non-surgical rejuvenation without going under the knife.

This section explores the strategy and technique behind performing a comprehensive full-face thread lift, emphasizing precision, vector harmony, and layered thread support.

1. When to Consider Full Face Thread Lifting

✓ Patient has global laxity: brow, cheek, jowls, and neck

✓ Patient is not ready for surgical facelift

✓ Desire for natural, subtle results with minimal downtime

✓ Ideal for patients in their 40s to 60s with good skin quality

✓ Suitable for patients already experienced with injectables



💡 The full face lift is not just "more threads"—it's a strategic orchestration of vectors and anchoring zones.

2. Core Principles of a Multi-Vector Lift

1. Lift from top to bottom

Start with **temporal** and **midface** zones, then move to **jawline** and **neck**

2. Anchor high, lift low

Use **firm fascia** (e.g., temporal, preauricular, mastoid) for anchoring

3. Distribute tension evenly

Threads should support each other—never all tension on one point

4. Customize by facial zone

Each patient's lift must be tailored based on facial shape, volume loss, and sagging pattern

3. Thread Selection and Configuration

Facial Zone	Recommended Threads	Techniques
Brow	Cog (50–70 mm), Mono (optional)	Superolateral lift
Midface	Bi-directional cog (90–110 mm), Molded	Fan or hammock lift
Jawline	Long cogs (100–130 mm), Double-needle	Deep pre-jowl support
Neck	Mono mesh or long cogs	Submental tightening

4. Full Face Vector Planning

🔹 **Entry Point:**

- **Temporal scalp** (brow + midface)
- **Preauricular region** (jawline)
- **Retroauricular area** (neck support)

🔹 **Vectors:**

- **Brow:** Temple → Lateral brow
- **Midface:** Temple → Nasolabial fold
- **Jawline:** Preauricular → Mandibular border
- **Neck:** Behind ear → Submental area

📐 Use symmetrical mapping and mark with patient upright.

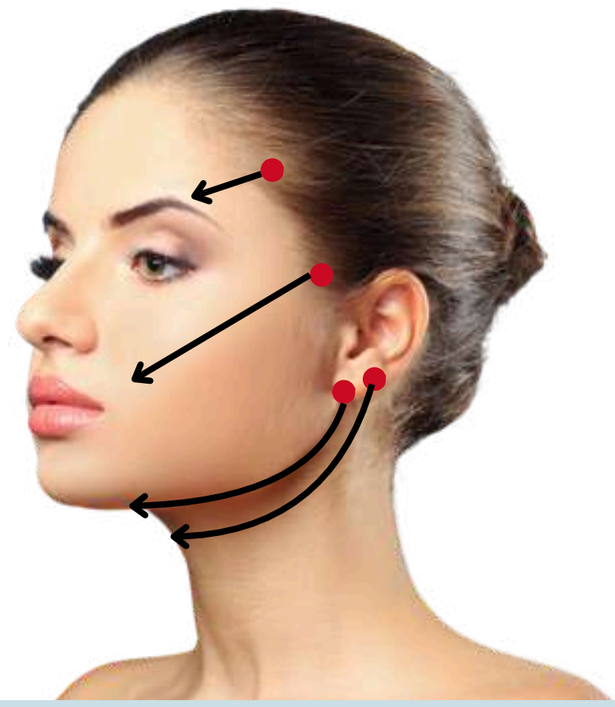


Fig 1. Vector planning for full face thread lifting

5. Anesthesia & Patient Comfort

- Combine local infiltration with nerve blocks (zygomatic, infraorbital, mental)
- Consider mild oral sedation for longer sessions
- Sequence anesthetic injection per region—do not distort tissue

6. Full Face Procedure Workflow

1. Mark vectors and entry points
2. Begin with brow threads → midface lift → jawline → neck
3. Insert deep cog threads first (lifting), then surface mono threads (support)
4. After each zone, **tension threads**, **check symmetry**, **trim**, and **massage gently**
5. Pause between regions to allow swelling to sette

7. Results & Recovery

✓ Enhanced facial **contour**, **symmetry**, and **lift**

✓ Softer **nasolabial folds**, **jawline redefinition**, and **brow elevation**

✓ Skin tone and texture improve over 4–8 weeks

✓ Results last **12–18 months**, depending on thread type and tissue quality

⏳ Allow 2–3 weeks for final symmetry and settling to become apparent.

8. Advanced Tips and Mistakes to Avoid

Mistake	Result	Solution
Overloading one area	Unnatural tightness or asymmetry	Balance threads across zones
Poor planning	Patchy results or missed zones	Mark all vectors pre-procedure
Thread conflict	Barbs pull against each other	Ensure vectors do not cross improperly
Skipping superficial support	Lift fades early	Add mono threads in superficial layer

9. Ideal Combinations for Full Face Lift

- **Fillers** (temples, cheeks, chin) for volume harmonization
- **Botulinum toxin** for DAO, platysma, glabella
- **PRP or skin boosters** post-procedure to stimulate regeneration
- **RF microneedling** 4–6 weeks later to enhance skin tightening

Refrences

1. Savoia A et al. PDO threads in periorbital rejuvenation and Fox Eye lift. J Cosmet Dermatol. 2022PubMed Link
2. Cotofana S et al. Anatomical basis for safe Fox Eye thread lifting. Aesthet Surg J. 2021.PubMed Link



6.2.5 Non-Surgical Rhinoplasty with Threads

Thread-based non-surgical rhinoplasty is an advanced technique used to subtly **reshape, define, and lift** the nose without surgery. Though less commonly performed than facial thread lifting, nasal threading can be highly effective for correcting **mild dorsal irregularities**, **enhancing the nasal bridge**, or **lifting the nasal tip**. It offers a minimally invasive solution for patients who want **refinement without fillers or surgery**.

This section outlines the indications, thread types, and techniques for safe and effective **nasal thread lifting**.

1. Indications for Nose Thread Lifting

✓ Augmenting a **low nasal bridge**
✓ Creating a **sharper dorsal contour**
✓ Mild correction of **crooked nose appearance**
✓ Elevating the **nasal tip**
✓ Enhancing **nasal symmetry** in patients reluctant to undergo surgery

💡 Thread rhinoplasty is **not** suitable for major deformities or significant dorsal humps—refer those cases for surgical consultation.

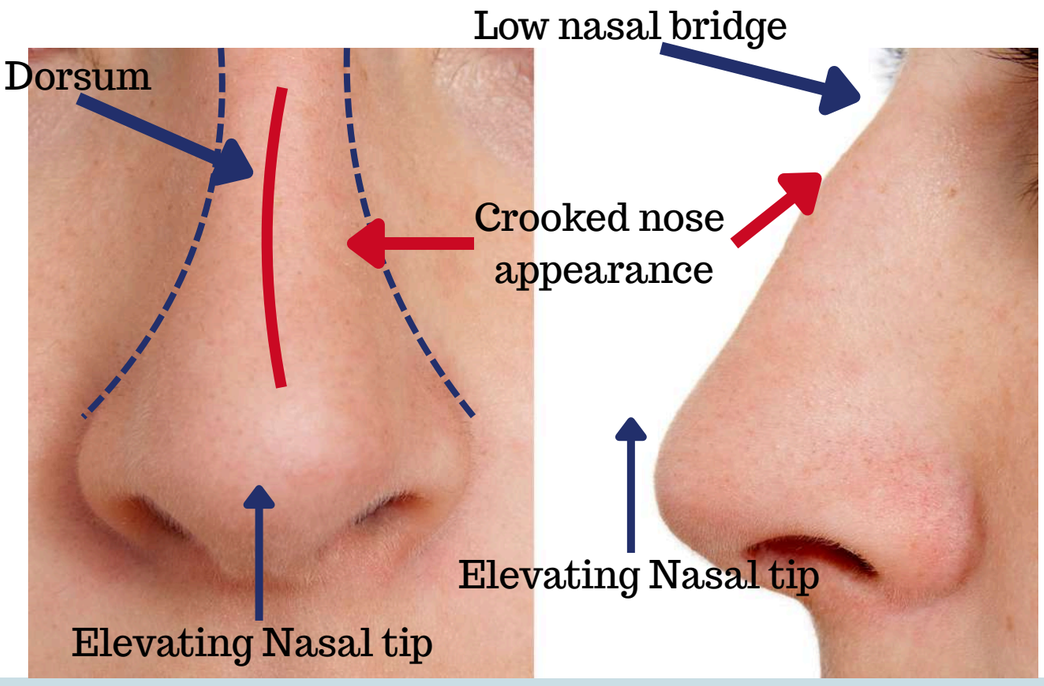


Fig 1. Indications for Nose Thread Lifting

2. Recommended Threads & Tools

Thread Type	Gauge	Length	Use
PDO mono threads	27G–30G	50 mm	Support & fine contouring
Cog or molded threads	19G–21G	50–70 mm	Lift and structure (dorsal, tip)
Double-needle threads	—	Varies	Looping around columella (advanced cases)
Sharp needle or cannula	21G	Short length	For dorsal insertion

📌 Threads should be **strong, rigid**, and **absorbable** (PDO preferred). Avoid soft or screw-type threads.

3. Marking & Planning

◆ Entry Point:

- **Glabella (nasion)** for dorsal augmentation
- **Tip of the nose** or just above the columella for tip lifting (optional)

◆ Thread Path:

- **Dorsal bridge**: Insert along the midline from nasion to supratip
- **Tip lifting**: Vertical insertion through the columella to nasal spine
- Avoid lateral or asymmetrical paths—symmetry is key

🧠 Always mark with the patient upright. Nose anatomy is highly sensitive to small asymmetries.

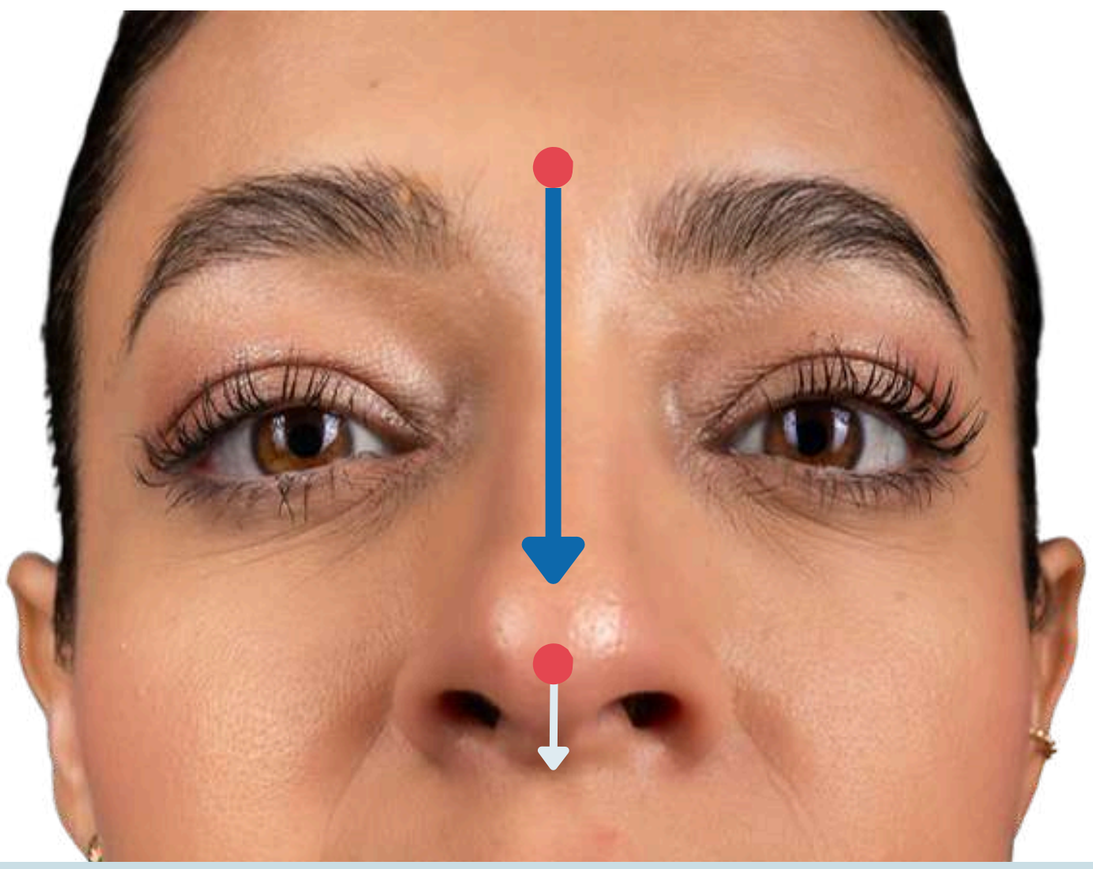


Fig 2. Nose Thread Lifting Vectors

4. Insertion Techniques

A. Dorsal Augmentation

1. Prep with antiseptic and anesthetize entry point
2. Insert a sharp needle or cannula through the **glabellar point**
3. Advance thread along the **nasal dorsum**, staying close to periosteum
4. Place **1–3 cog threads** for projection and definition
5. Optional: Add **mono threads** superficially for skin support

B. Nasal Tip Lifting

1. Entry from the **nasal tip or columella**
2. Thread is directed toward the **nasal spine** or supratip junction
3. Apply gentle tension to **rotate the tip upward**
4. Massage gently and ensure no kinking or visibility



5. Anesthesia Protocol

- **Local infiltration** at the glabellar entry point and tip

- Be cautious of **blood vessels and cartilage planes**
- Avoid distorting the nose before placing threads

6. Expected Results

✓ Increased **bridge height and definition**
✓ Slightly **lifted and rotated tip**
✓ Better **nasal symmetry** and structure
✓ Subtle refinement lasting **9–12 months** (depending on thread type and technique)

✨ Results are visible immediately and improve with collagen formation over 4–6 weeks.



7. Complications and Risk Management

Complication	Cause	Management
Thread visibility	Superficial placement	Remove or massage; avoid thin skin areas
Asymmetry	Uneven insertion or thread depth	Reassess and correct early
Infection	Nasal tip is a high-risk zone	Strict asepsis; early antibiotics if redness/swelling
Vascular compromise	Very rare with threads	Observe for blanching or pain; refer if suspected

8. Thread Rhinoplasty vs. Filler Rhinoplasty

Aspect	Threads	Fillers
Duration	9–12 months	12–18 months (HA)
Lift	Mechanical + collagen	Volumizing only
Risks	Infection, migration	Vascular occlusion (higher risk)
Ideal for	Low bridge, tip lift	Dorsal definition, hump camouflage
Reversibility	Not reversible	HA is reversible with hyaluronidase

💡 In some cases, both techniques can be combined cautiously.

Refrences

1. Savoia A et al. PDO threads in periorbital rejuvenation and Fox Eye lift. J Cosmet Dermatol. 2022PubMed Link



6.2.6 Combination Thread Lifting – Layering Techniques for Maximum Results

One of the most powerful strategies in advanced thread lifting is the **combination of different thread types** and **layered placement techniques**. Rather than relying on a single thread to perform all functions, the practitioner uses a **multi-layered approach**—placing lifting threads deeply for structural support and mono or collagen-stimulating threads superficially for skin tightening and rejuvenation.

This section details how to combine and layer different threads to achieve **maximum lift, longevity, and skin improvement**, making your results more stable, natural, and comprehensive.

1. Why Combine Different Threads?

✓ Lifting threads provide **mechanical support** but limited skin improvement

✓ Mono threads **stimulate collagen**, enhance skin tone, and prolong results

✓ Screw threads can **volumize localized areas** (e.g., cheeks, temples) ✓ Layering threads strengthens the **entire soft tissue matrix**

💡 Just as building a house requires both a strong frame and finishing touches—thread lifting benefits from structural and superficial support.



2. Common Thread Types in Combination Lifts

Thread Type	Use	Placement Layer
Cog/Molded threads	Lift & reposition tissue	Deep subcutaneous or above SMAS
Mono threads	Collagen stimulation, texture	Superficial subcutaneous or dermal-subdermal junction
Screw threads	Mild volume, local firming	Mid dermis to subcutaneous fat

Double-needle threads	Loop lifting in complex zones	Subcutaneous with internal fixation

3. Thread Layering Strategy by Region

🔹 **Midface:**

- **Deep layer:** Cog threads to reposition malar fat pad
- **Superficial layer:** Mono mesh to improve cheek texture and reduce lines

🔹 **Jawline:**

- **Deep layer**: Long molded or bidirectional threads from preauricular zone
- **Superficial layer**: Mono threads below jawline for tightening and definition

🔹 **Neck:**

- **Mesh of mono threads** for horizontal wrinkles
- **Vertical cog thread or double needle thread** for platysma tightening and contouring

🧠 The key is depth control—threads should not cross in the same plane, but rather complement each other in separate layers.

4. Step-by-Step Protocol for Layering

1. Start with **deep lifting threads** (cogs or molded)
    - Insert and tension each one carefully
    - Confirm symmetry and engagement
2. Move to **superficial threads** (mono/screw)
    - Place in a mesh or linear pattern for collagen induction
    - Target thin or textured skin areas
3. Consider **staging sessions**:

Deep threads in Session 1, mono threads in Session 2 (2–4 weeks later) for better healing and control

5. Ideal Thread Combinations

Goal	Recommended Combination
Midface lift + cheek firming	Cogs (deep) + mono mesh (superficial)
Jawline redefinition	Molded cogs (deep) + mono threads under chin
Neck lift + skin tightening	Mono threads (mesh) + vertical cog (if needed)
Tear trough & midface	Mono threads + screw threads (small gauge)

✨ Think of the face in layers—address sagging, skin quality, and volume loss across those layers.

💡 6. Clinical Tips for Layering

- Always **map thread depth and vector** before inserting
- Use **different entry points** for each layer to reduce trauma
- Apply **firm but separate massage** after each layer to engage threads
- Avoid overloading any one region—**spatial balance** is key
- Combine with **PRP, skin boosters, or microneedling** to amplify results

7. Common Mistakes to Avoid

1. Start with **deep lifting threads**

Mistake	Effect	Fix
Threads in same layer cross each other	Tissue clumping or nodules	Keep separate planes for each thread type
Too many threads in thin skin	Visibility or bruising	Use fewer, finer mono threads
No collagen support after lift	Lift fades early	Add mono threads or biostimulants
Superficial cog threads	Pain, extrusion	Use blunt cannula and confirm depth



Chapter 7: Complications, Troubleshooting, and Safety



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7.1 Preventing and Managing Complications

While thread lifting is generally a safe and well-tolerated procedure when performed correctly, like any aesthetic treatment, it carries risks. Most complications are minor, preventable, and manageable, particularly if the practitioner is well-versed in anatomy, thread selection, and technique.

This section provides a detailed overview of common and rare complications associated with thread lifting, how to prevent them, and how to recognize and manage them if they occur.

1. Categorization of Complications

Category	Examples
Immediate (0–72 hours)	Pain, bruising, swelling, bleeding, asymmetry
Early (3–14 days)	Infection, thread visibility, puckering, dimpling
Screw threads	Local volumization
Screw threads	Local volumization

🧪 Early recognition and patient follow-up are key to preventing escalation of minor issues into serious ones.

2. General Prevention Strategies

✓ Thorough patient assessment (skin thickness, health history, expectations)

✓ Proper aseptic technique and sterile tools

✓ Use blunt cannulas to reduce trauma and avoid vascular complications

✓ Adhere to correct depth, vector, and tensioning principles

✓ Educate patient on aftercare and early warning signs

3. Immediate Complications and Management

🔹 **Pain:**

- Common and usually mild
- **Manage with paracetamol** (avoid NSAIDs in first 24–48 hrs)
- If persistent or severe, reassess for deeper complication (e.g., nerve irritation)

🔹 Swelling:

- Apply **cold compresses** for 10–15 minutes, 3x/day
- Use **oral antihistamines** if edema persists
- Typically resolves in 3–7 days

🔹 Bruising:

- Caused by capillary trauma or vascular injury
- Treat with **Arnica**, **vitamin K creams**, and warm compress after 48 hrs
- Prevent with **gentle technique** and **blunt cannulas**

4. Infection

Symptoms:

- Redness, pain, warmth, swelling at entry/exit site
- May be accompanied by **pus**, **fever**, or **hard nodules**

Management:

- **Start oral antibiotics** (e.g., amoxicillin-clavulanic acid or clindamycin)
- Avoid manipulating area unless drainage is needed
- In severe or non-resolving cases: thread removal under sterile conditions

⚠️ Never inject filler into an infected area with threads. Treat the infection first.

5. Thread Migration or Extrusion

Cause	Result	Solution
Poor anchoring or tension	Thread moves or becomes palpable	Reinsert or remove thread
Shallow placement	Thread visible or exits skin	Remove or trim exposed end
Too much mobility post-procedure	Loss of lift or asymmetry	Reinforce after healing or re-treat in 4–6 weeks

6. Dimpling, Irregularities, and Puckering

- Caused by **superficial insertion**, **over-tensioning**, or **tight anchoring**
- May also occur due to **individual tissue response**

Management:

- **Massage gently** along thread vector immediately post-procedure
- Most resolve within **1–2 weeks**
- Persistent cases: consider subcision or thread adjustment

7. Rare but Serious Complications

Complication	Details	Management
Nerve damage	Marginal mandibular or temporal branch	Usually temporary; refer if persistent
Vascular occlusion	Extremely rare with threads (more common with filler)	Monitor for blanching or necrosis
Granuloma	Delayed immune response to thread	Treat with intralesional steroids or excision
Scarring	Poor technique or patient healing	Monitor; treat with silicone gels or PRP

8. When to Refer or Remove the Thread

- **Infection not responding to antibiotics**
- **Visible thread extrusion** with discomfort or inflammation
- Thread misplaced causing functional or aesthetic issues
- Patient **dissatisfaction despite healing** (after 8+ weeks)

Refrences

1. Savoia A et al. Managing complications in PDO thread lifting: A practical approach. J Cosmet Dermatol. 2022.PubMed Link
2. Cotofana S et al. Complication avoidance and resolution in aesthetic thread lifting. Aesthet Surg J. 2021.PubMed Link

7.2 Step-by-Step Guide for Emergency Thread Removal

While rare, certain complications may require early or emergency thread removal. These include visible extrusion, infection, severe asymmetry, nerve compression symptoms, or patient intolerance. Knowing when and how to remove threads safely is essential to minimize trauma, reduce scarring, and maintain patient trust.

This section provides a clinical protocol for thread removal, including tools, technique, and post-removal care.

1. Categorization of Complications

✓ **Thread extrusion** (visible outside the skin)

✓ **Infection** not resolving with antibiotics

✓ **Thread misplacement** with functional or aesthetic concern

✓ **Severe dimpling or tethering unresponsive** to massage

✓ **Allergic reaction** or **granuloma formation**

✓ **Patient request due to pain**, fear, or dissatisfaction

🧠 Always assess the patient thoroughly—removal should be a last resort if conservative management fails.

2. Tools & Supplies Required

- Sterile gloves and drapes
- Antiseptic (chlorhexidine or povidone-iodine)
- 18G needle (to open path)
- Iris scissors or microsurgical scissors
- Sterile forceps
- Local anesthetic (lidocaine 1–2%)
- Sterile gauze
- Antibiotic ointment (e.g., mupirocin or fusidic acid)
- Suture material (optional for larger exit points)



3. Pre-Procedure Preparation

✓ Explain risks and obtain informed consent
✓ Take photos of the complication for documentation
✓ Prepare the treatment area using aseptic technique
✓ Inject local anesthetic at entry/exit points or around the thread if embedded
✓ Allow sufficient time for anesthesia to take full effect

4. Thread Removal Techniques (By Scenario)

A. Extruded Thread Tail (Visible at Skin Surface)

- Clean area thoroughly
- Grasp the thread gently with sterile forceps
- Apply slow, steady traction in the direction of insertion
- If resistance is felt, stop and proceed to **cut and dissect** using an 18G needle or micro-scissors
- If unable to remove entirely, **trim and allow natural degradation** (PDO threads resorb)

B. Buried or Migrated Thread (No Visible Tail)

- Identify previous entry point or palpable thread location
- Inject anesthetic subcutaneously
- Use 18G needle to open a track to the thread
- Insert forceps or fine scissors to locate and free thread
- Remove in the direction of original placement
- Apply pressure and antiseptic dressing

C. Infected Thread Site

- Do not delay removal if pus, swelling, or systemic symptoms are present
- Drain any abscess if needed
- Remove the thread gently
- Begin oral antibiotics (broad-spectrum)
- Follow up in 48 hours to monitor healing

5. Post-Removal Care

✓ Apply antibiotic ointment and cover with sterile dressing
✓ Educate patient to avoid touching or applying skincare until healed
✓ Schedule follow-up in 2–3 days and again at 1 week
✓ Use PRP, LED light therapy, or topical healing agents if prolonged inflammation occurs
✓ Avoid re-threading the same area for 6–8 weeks post-removal

6. Prevention Tips

- Avoid shallow thread placement

- Do not use sharp threads in mobile zones without experience
- Always educate patients about aftercare, especially in high-movement areas
- Monitor closely in the first 2 weeks post-procedure

Refrences

1. Savoia A et al. Managing complications in PDO thread lifting: A practical approach. J Cosmet Dermatol. 2022.PubMed Link
2. Cotofana S et al. Complication avoidance and resolution in aesthetic thread lifting. Aesthet Surg J. 2021.PubMed Link



7.3 Safety Considerations in Thread Lifting – Nerve Damage, Vessels, and Legal Aspects

While thread lifting is a relatively low-risk aesthetic procedure, it involves penetrating tissue layers close to nerves and blood vessels. A solid understanding of facial anatomy, proper technique, and legal responsibilities is crucial to prevent complications, maintain patient safety, and protect your practice.

This section explores critical safety topics, including nerve and vessel injury prevention, patient consent, and medico-legal documentation in thread lifting.

1. Anatomical Safety: Nerve Injury Risk Zones

Inadvertent injury to facial nerves during thread placement can result in temporary or rarely permanent **asymmetry, weakness, or numbness**.

Nerve	Risk Area	Symptoms of Injury	Prevention
Marginal mandibular nerve	1–2 cm below mandibular border	Drooping mouth corner, lower lip asymmetry	Stay above mandibular margin
Temporal branch	2 cm above zygomatic arch, anterior to ear	Brow ptosis	Avoid placing threads near lateral forehead edge
Infraorbital nerve	Below orbital rim, mid-pupillary line	Tingling or numbness in mid-cheek	Avoid direct needle entry here
Mental nerve	Below 2nd premolar, mid-chin	Numbness in chin/lip	Do not tunnel threads across the foramen

💡 Use blunt cannulas, identify bony landmarks, and palpate danger zones before insertion.

2. Vascular Safety: Avoiding Vessel Trauma

Though vascular occlusion is much rarer with threads than with fillers, hematoma, bruising, and inflammation may occur from vessel trauma.

Vessel	Location	Precaution
Facial artery	Crosses mandible anterior to masseter	Avoid deep threading in nasolabial and jowl regions
Superficial temporal artery	Anterior to ear, above zygoma	Be cautious during brow and temple lifts
Angular artery/vein	Medial canthus to side of nose	Do not insert threads across this path
Transverse facial artery	Along zygomatic arch	Avoid aggressive threading near the cheekbone

Always thread parallel to known vessels and avoid injecting or inserting near arterial pulses.

3. Patient Safety Protocols

- Comprehensive medical history (allergies, medications, previous surgeries)
- Informed consent explaining risks, benefits, expected outcomes
- Pre-treatment photos (frontal, oblique, and lateral)
- Sterile technique: antiseptic prep, gloves, single-use instruments
- Emergency kit ready: includes antibiotics, steroids, scissors, and wound care supplies

4. Legal and Ethical Considerations

A. Informed Consent Must Include:

- What thread lifting is and what it is not (not a facelift)
- Possible side effects (swelling, bruising, migration, asymmetry)
- Rare complications (nerve damage, infection, extrusion)
- Healing timeline and when to report problems
- Off-label use disclosure if applicable (e.g., in nose threading)

✅ Ensure consent is signed and stored digitally or physically with date and practitioner signature.

B. Documentation Essentials:

- Procedure details (thread type, number, vector, entry/exit points)
- Lot numbers of threads used (for product traceability)
- Photos before and immediately after
- Notes on anesthesia, complications, and patient comments
- Post-treatment instructions given and acknowledged by the patient

C. Scope of Practice & Insurance

- Ensure that thread lifting is within your medical or licensing scope
- Carry malpractice or procedure-specific liability insurance
- Follow country-specific and local aesthetic regulations

Refrences

1. Savoia A et al. Managing complications in PDO thread lifting: A practical approach. J Cosmet Dermatol. 2022.PubMed Link
2. Cotofana S et al. Complication avoidance and resolution in aesthetic thread lifting. Aesthet Surg J. 2021.PubMed Link



Chapter 8: Post-Treatment Care and Long-Term Maintenance



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8.1 Immediate Post-Procedure Care

The success of a thread lift does not end when the threads are placed. The first 24 to 72 hours post-procedure play a crucial role in determining the outcome, healing process, and overall patient satisfaction. Proper aftercare guidance can reduce the risk of complications such as thread migration, infection, and bruising—while also ensuring optimal collagen stimulation and long-lasting results.
This section provides a practical, step-by-step guide to immediate post-thread lifting care for both patients and practitioners.

1. Goals of Immediate Aftercare

✓ Minimize swelling, bruising, and pain
✓ Prevent infection or extrusion
✓ Protect thread anchoring and placement
✓ Guide patients in early activity restrictions
✓ Encourage safe healing and long-term tissue remodeling

💡 The first 48 hours are critical for allowing threads to engage and integrate without external disruption.

2. What Patients Should Do (0–48 Hours)

Instruction	Purpose
Apply cold compress (10–15 mins, 3x/day)	Reduces swelling and discomfort
Sleep with head elevated (1–2 pillows)	Minimizes fluid retention in the face
Eat soft foods and limit chewing (if jawline treated)	Reduces strain on thread areas
Use **acetaminophen/paracetamol** as needed	Manages pain (avoid NSAIDs early)
Gently **clean entry points** with antiseptic (e.g., chlorhexidine)	Prevents infection

🧠 Avoid using makeup or touching the treatment area during the first day.

3. What Patients Should Avoid

Avoid	For How Long	Why
Sleeping on treated side	5–7 days	Prevents thread displacement
Facial massage, rubbing, or exfoliation	7–10 days	Avoids irritation or migration
Intense facial expressions or chewing gum	48–72 hours	Protects vector integrity
Sauna, steam, or hot showers	3–5 days	Reduces inflammation risk
Alcohol, smoking, or high-sodium food	3–5 days	Lowers swelling and bruising risk
Strenuous exercise or bending forward	3–5 days	Prevents vascular congestion

4. Medications & Topical Care

- Topical antibiotic ointment (e.g., mupirocin) may be applied at thread entry points
- Avoid retinoids, AHA/BHA exfoliants, and harsh actives for 5–7 days
- Consider arnica cream for bruising if not contraindicatedAntibiotics may be prescribed prophylactically in high-risk cases (e.g., nose threads, smokers)

5. Sample Aftercare Instruction Sheet (for Patients)

Thread Lift Aftercare – First 48 Hours

✅ **Keep head elevated**

✅ **Apply cold packs gently (15 minutes, 3x daily)**

✅ **Cleanse entry points with antiseptic solution**

✅ **Take Tylenol for pain (no Advil/Ibuprofen today)**

✅ **Eat soft food and avoid chewing gum**

🚫 **No touching, rubbing, or pressing the face**

🚫 **No makeup or skincare on treated areas**

🚫 **No sauna, steam room, or hot bath**

🚫 **No exercise or heavy lifting**

Contact us if you experience: fever, pus, hard swelling, severe pain, or visible thread

8.2 Long-Term Results & Follow-Up Care

After the initial healing period, long-term care and proper follow-up are essential to support collagen production, maintain results, and monitor for delayed complications. Thread lifting is unique in that the effects continue to evolve and improve over several weeks, making patient education and ongoing care vital for success.
This section covers what to expect in the weeks and months after thread lifting, how to manage long-term outcomes, and when to plan maintenance or additional treatments.

1. Timeline of Healing and Results

Time Frame	Expected Changes
0–3 days	Swelling, tenderness, mild asymmetry may appear
1 week	Most visible swelling resolves; lift settles into place
2–4 weeks	Collagen production begins; skin tightens
6–12 weeks	Peak improvement in contour and texture
6–12 months	Gradual decrease in lift as threads absorb
12–18 months	Ideal time for repeat or maintenance session (depending on thread type)

💡 While the mechanical lift is immediate, the true “bio-rejuvenation” benefit unfolds over 1–3 months.

2. Recommended Follow-Up Appointments

Follow-Up Time	Purpose
1 week	Assess healing, address bruising, swelling, dimpling
3–4 weeks	Evaluate thread engagement, symmetry, patient satisfaction
3 months	Check collagen response, reinforce results with mono threads or PRP if needed
6–12 months	Maintenance consultation or additional lifting session if required

🧠 Photos at each visit help monitor subtle changes and guide future treatment planning.



3. Maintenance Treatments for Longevity

To maintain and even enhance results:

- **Repeat mono threads** or **skin boosters** every 3–6 months to promote collagen
- Use **PRP** or **biostimulants** (e.g., PLLA, CaHA) to support tissue regeneration
- Combine with **neuromodulators** (Botox) to reduce muscle pull and delay descent
- **Touch-up cog threads** after 12–18 months, or earlier if early laxity returns

Thread lifts can be part of a long-term anti-aging plan when paired with regenerative and neuromodulating treatments.

4. Skincare to Support Results

✓ Daily use of **broad-spectrum sunscreen** (SPF 30+)
✓ **Retinol or retinoids** to boost cell turnover (resume 1–2 weeks post-procedure)
✓ **Peptides, hyaluronic acid, and antioxidants** for hydration and collagen support
✓ Avoid harsh treatments like deep peels or lasers on treated areas for at least 4–6 weeks

5. Late-Onset Issues to Monitor

Issue	Timeline	Response
Nodules or fibrosis	1–3 months	Massage, steroids, or minor excision if persistent
Mild asymmetry	2–4 weeks	May resolve as swelling subsides; re-thread if persistent
Thread loosening	6+ months	Assess tissue tone; offer repeat lift
Skin laxity return	12+ months	Repeat cog lift, consider combo with fillers/skin tightening

Chapter 9:
Case Studies and Practical Application



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9.1 Real-World Case Studies & Treatment Plans

Thread lifting is an art as much as it is a science. The most effective outcomes are achieved not by using more threads, but by customizing the treatment to suit the patient's unique anatomy, aging patterns, skin quality, and aesthetic goals. In this chapter, we explore detailed clinical case studies representing common patient profiles and treatment strategies, along with key decision-making insights and lessons learned.

📋 Case Study 1: Early Midface Descent in a Young Patient



🔹 Patient Profile:

- **Age:** 34
- **Gender:** Female
- **Ethnicity:** Middle Eastern
- **Primary concern:** “Tired” look, early nasolabial folds, volume descent
- **Skin:** Good elasticity, mild laxity, no significant photoaging
- **Previous treatments:** None

🔹 Clinical Assessment:

- Mild ptosis of the malar **fat pad**
- Early nasolabial fold formation
- Descent localized to midface; no **jowling**
- Strong ligament support; high collagen content

🔹 Treatment Plan:

- **2** bi-directional PDO cog threads per side (21G, 90 mm)
- Vectors planned from **the temporal scalp to medial mid-cheek**, angled diagonally downward
- No adjunctive filler or toxin used; patient preferred minimal intervention
- **Local anesthesia + zygomaticofacial nerve block** used for comfort

🔹 Outcome:

- **Immediate soft lift** of malar fat pad
- Noticeable improvement in under-eye and nasolabial contour
- Natural cheek projection restored without adding volume
- Minimal bruising; full result visible at 3 weeks

✅ **Key Takeaways:**

- **Younger patients with good skin quality** need fewer threads—placement and vector planning matter more than quantity.
- Avoid fillers when volume isn't needed; lifting alone can refresh the face.
- Midface descent is one of the first visible signs of aging and responds well to early intervention with thread lifts.
- Patient satisfaction was extremely high due to the subtle yet noticeable natural outcome.

📋 Case Study 2: Male Jawline Redefinition



🔹 **Patient Profile:**

- **Age:** 48
- **Gender:** Male
- **Concerns:** Loss of mandibular definition, visible jowls
- **Skin:** Medium-thick, moderately lax
- **Previous treatments**: Botox in upper face only

🔹 **Clinical Assessment:**

- Loss of mandibular angle sharpness
- Pre-jowl sulcus beginning to deepen
- Platysmal banding mild; no need for neck treatment
- Chin slightly recessed

🔹 **Treatment Plan:**

- 2 long molded cog threads (19G, 120 mm) per side for structural jaw lift
- Vectors from preauricular zone to mandibular border
- Additional 5 mono threads under chin in horizontal mesh for support
- 1 mL HA filler in chin to improve anterior projection
- Pre-treatment with platysma botox (15 units) to reduce downward pull

🔹 **Outcome:**

- Sharper mandibular angle, better lower face contour
- Jowls lifted without bulk, maintaining masculine features
- Filler in chin significantly improved overall facial balance
- Mild bruising under chin, resolved in 5 days

✅ Key Takeaways:

- **Male** thread lifts require different aesthetics—avoid over-pulling or feminizing the jawline.
- Combining chin projection with threads enhances jawline success, especially when jowls are a secondary issue.
- Adding mono threads under the chin created a dual effect: mild lift + collagen boost.
- Botox plays a valuable supportive role by minimizing the downward pull of platysma and DAO.

📋 Case Study 3: Fox Eye & Brow Elevation in Young Female



🔹 Patient Profile:

- **Age:** 29
- **Gender:** Female
- **Concerns:** Hooded eyes, desire for “fox eye” look
- **Skin:** Thin, low brow position
- **Previous treatments:** None

🔹 Clinical Assessment:

- Lateral brow ptosis with crowding of upper eyelid
- Negative canthal tilt, contributing to tired appearance
- Patient desired a non-surgical result with minimal downtime

🔹 Treatment Plan:

- 2 PDO barbed threads per side (21G, 60 mm)
- Vector from temporal hairline to lateral brow tail
- 8 units Botox in lateral orbicularis oculi (to reduce brow depressor action)
- Supine placement with upright recheck for symmetry
- Patient advised to avoid rubbing or sleeping on side for 5 days

🔹 Outcome:

- **Immediate lift of brow tail** and subtle eye elongation
- Botox enhanced elevation and extended the result for up to 4 months
- No dimpling or puckering due to proper depth and smooth vector design
- Patient was highly satisfied and returned for touch-up at 6 months

✅ Key Takeaways:

- **Fox eye lift is a trending request**, especially in patients <35 years.
- Proper anatomical **vector planning** is key to prevent an unnatural “pulled” look.
- Botulinum toxin can act as an essential adjunct, especially in strong brow depressors.
- Always **assess symmetry upright before trimming threads**—small differences are exaggerated around the eyes.

📋 Case Study 4: Neck Rejuvenation with Threads and PRP



🔹 Patient Profile:

- **Age:** 55
- **Gender:** Female
- **Concerns:** Horizontal neck lines, laxity, skin texture issues
- **Skin:** Thin, mildly sun-damaged, mild platysmal laxity
- **Previous treatments:** Superficial peels only

🔹 Clinical Assessment:

- **Crepey skin** with fine horizontal rhytids
- Mild submental ptosis
- Skin appeared dry, dull, and sagging in photos
- Good candidate for regenerative plus mechanical lift

🔹 Treatment Plan:

- 6 mono **threads** (30G, 50 mm) in horizontal mesh along lines
- 1 **cog thread** from retroauricular to submental area for slight vertical lift
- PRP injections (3 mL) across anterior neck two weeks post-threading
- Follow-up booster PRP at 4 weeks

🔹 Outcome:

- Marked improvement in skin tone and tightness
- Horizontal lines significantly softened by week 6
- PRP boosted collagen remodeling and hydrated skin
- No adverse effects; only minor pinpoint bruising

✅ Key Takeaways:

- **Neck thread lifting** is underused but highly effective in early laxity
- **Mono threads** + **PRP** create a regenerative duo that improves texture, elasticity, and radiance

- Cog threads may be used in select cases for **structural support**, especially when combined with energy devices or RF microneedling later
- Post-treatment sun protection and hydration are key for long-term success

Overall Lessons Across All Cases

Insight	Clinical Application
Early intervention = better lift	Younger skin responds faster and heals better
Combination is key	Threads + fillers, toxins, or PRP = more natural, longer-lasting results
Vector mapping = success	Poor planning = poor results, even with perfect technique
Layering builds longevity	Combine cogs + monos for dual benefit: lift + collagen
Customization = satisfaction	No two faces are the same; treat accordingly
Patient education matters	Set realistic expectations and give clear aftercare

Refrences

1. Savoia A et al. Clinical outcomes in customized thread lifting protocols. J Cosmet Dermatol. 2022. PubMed Link
2. Cotofana S et al. Optimizing PDO thread lift procedures using patient profiles. Aesthet Surg J. 2021.PubMed Link

9.2 Handling Difficult Cases & Revisions

Even with perfect planning and technique, not every thread lift goes smoothly. Certain patients—due to anatomy, previous treatments, or complex aging patterns—present unique challenges. Others may return post-procedure with suboptimal results, complications, or requests for adjustments. In these cases, knowing how to troubleshoot, revise, and communicate effectively becomes just as important as your technical skill.

This chapter outlines how to identify and manage difficult cases, avoid common pitfalls, and perform successful revisions with professionalism and care.

1. Identifying "Difficult" Cases Before Treatment

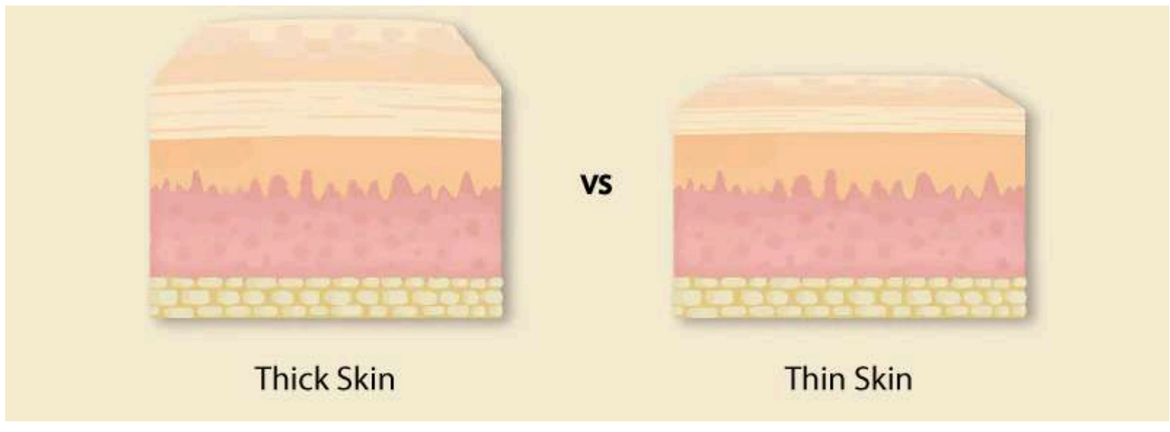
Early identification of high-risk or challenging patients can prevent complications and dissatisfaction.

Red Flag	Why It's Challenging
Severe skin laxity	Threads cannot replace surgical results
Very thin or very thick skin	Threads may become visible or fail to anchor
Previous surgical facelift	Scar tissue may limit thread mobility or anchoring
Heavy facial fat pads	Threads may not hold enough tension to lift
Poor healing history	Risk of bruising, infection, or thread rejection
High aesthetic expectations	Risk of dissatisfaction if lift is subtle

A detailed consultation, realistic outcome discussion, and sometimes even saying "no" is the best medical decision.



A case of Severe Skin Laxity in the Neck area



2. Common Problems Requiring Revision

Problem	Cause	Solution
Thread migration	Inadequate anchoring or excessive movement	Re-thread or remove if necessary
Asymmetry	Uneven vector tension, swelling, or anatomy	Wait 2–3 weeks, re-thread or massage gently
Thread visibility or dimpling	Too superficial placement	Massage, monitor, or remove if persistent
No noticeable lift	Wrong thread choice or poor vector	Reassess vectors, reinforce with additional threads
Early result fading	No collagen stimulation support	Add mono threads or biostimulant therapy

3. Revision Thread Lifting: When and How

✅ When to Perform Revisions:

- After 2–4 weeks, once swelling has resolved
- Once it's clear that asymmetry or thread failure is not due to temporary factors
- Only when patient expectations and skin limitations are clearly understood

How to Perform a Revision:

1. Reassess the patient with photos from Day 0
    - Vector misalignment
    - Tissue resistance or tension
    - Improper plane or technique

3. Plan a shorter, focused revision using additional cog threads or supportive mono threads

4. If thread removal is needed, perform under sterile conditions with anesthesia (refer to Section 7.1.4)

4. Communicating with an Unsatisfied Patient

✓ Stay calm and professional, even if the patient is upset

✓ Use before-and-after photos to show objective results

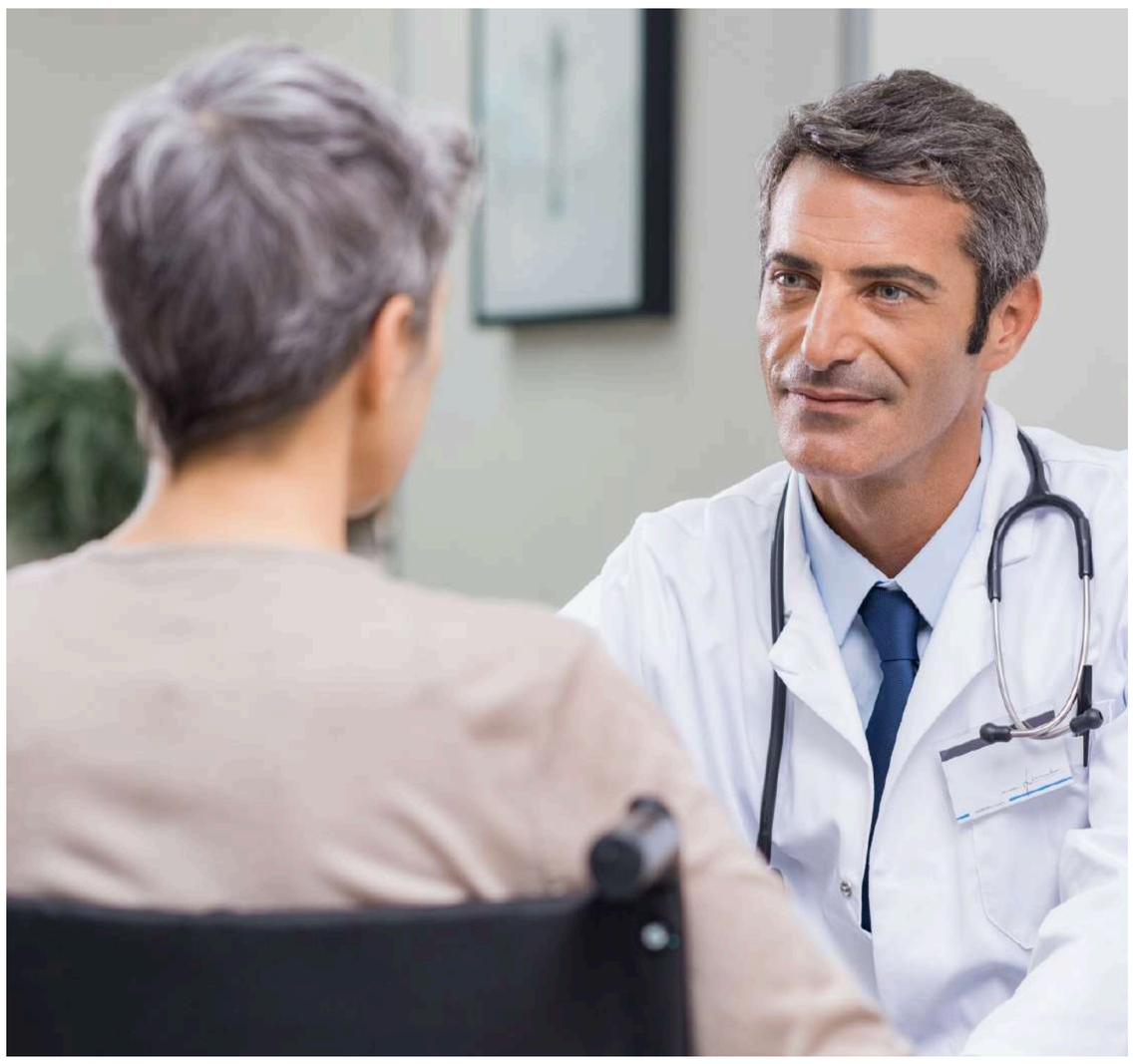
✓ Explain that final results take 2–4 weeks to settle

✓ Offer a clear revision plan, if appropriate, or discuss alternative treatments

✓ Emphasize safety and a step-by-step approach

✓ Document all follow-ups and communication in writing

💬 **"Let's evaluate together in 2 more weeks and decide what adjustments might benefit you most. Your safety and satisfaction are equally important to me."**



5. Non-Thread-Based Revisions

Sometimes the answer is not "more threads," but **adjunctive treatments** that address the underlying cause:

- **Volume deficiency** → Add HA or PLLA filler
- **Overactive depressor muscles** → Botulinum toxin
- **Poor skin texture** → PRP, microneedling, or RF-based collagen induction
- **Residual laxity** → Consider energy-based devices (Ultrasound, RF)

💡 Thread lifting works best as part of a **comprehensive plan**, not a standalone fix.

6. Ethical & Legal Considerations in Revisions

- Always obtain consent again before performing any revision
- Discuss any costs up front—offer touch-ups as goodwill when appropriate
- Be transparent if a different treatment may be more suitable (e.g., surgical referral)
- Keep detailed documentation of concerns and outcomes

Refrences

1. Savoia A et al. Managing complications in PDO thread lifting: A practical approach. J Cosmet Dermatol. 2022.PubMed Link

9.3 Pearls & Pitfalls from Experts

Over years of practice, experienced aesthetic practitioners develop valuable techniques, insights, and refinements that go beyond textbook protocols. This section compiles practical tips ("pearls") and warnings ("pitfalls") gathered from expert thread lift practitioners around the world. These lessons help newer practitioners avoid common mistakes and elevate their treatment outcomes by mastering the small—but critical—details.

1. Clinical Pearls: Expert Tips That Make a Difference

✅ **Pearl #1: Plan in 3D, Not Just in Lines**

- Always assess **the face in motion** and at rest
- Use mirrors during consultation and even after thread placement
- Understand that thread lifts influence **volume, light reflection, and proportions**, not just lift direction

✅ **Pearl #2: Start with Fewer Threads, Then Build**

- Begin with a conservative number (e.g., 2–3 per side for the jawline)
- Avoid over-threading in a single session—plan for **staged layering**
- Less is more, especially in patients under 40



✅ **Pearl #3: Blend Cogs with Monos for Better Longevity**

- Use **deep cogs** for mechanical lift
- Add **superficial mono threads** to stimulate collagen and stabilize results
- This combo improves **long-term retention** and **skin texture**

✅ **Pearl #4: Massage Like a Sculptor, Not Like a Nurse**

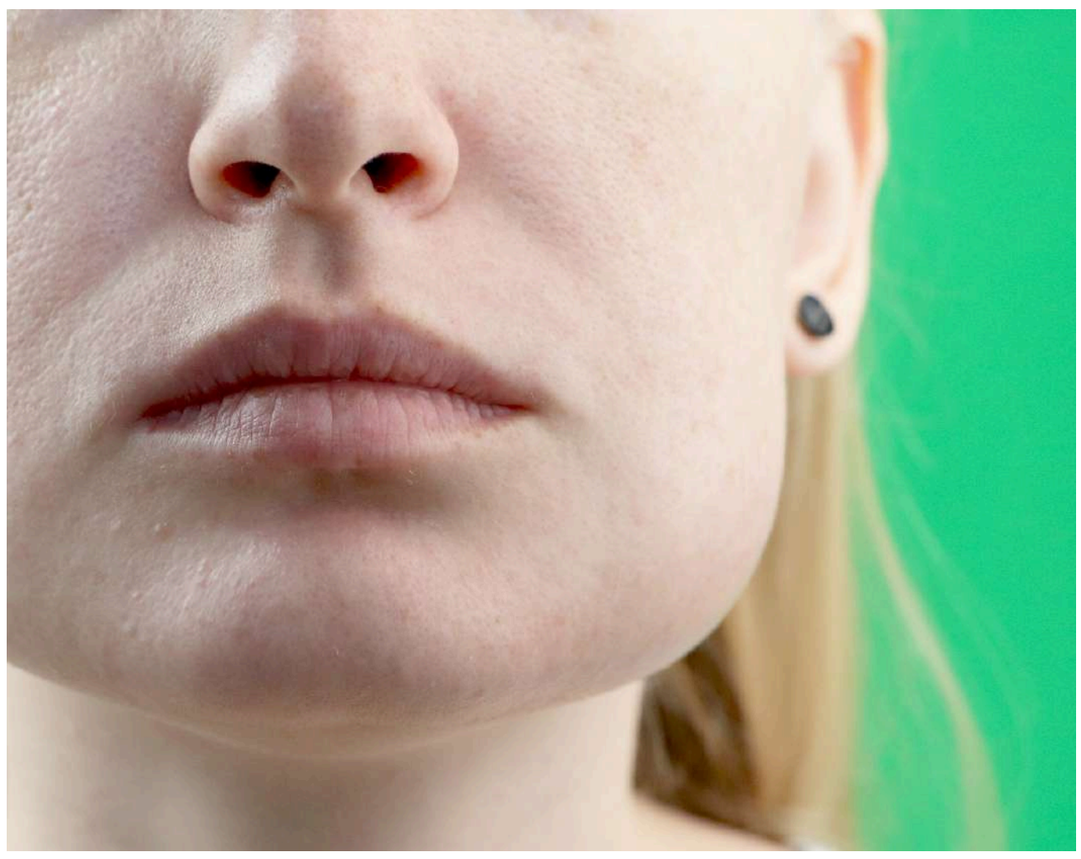
- After placing and tensioning threads, perform **directional massage** along the vector to engage barbs
- Always use **clean gloves and light pressure**

- Don’t over-manipulate—just “lock the lift”



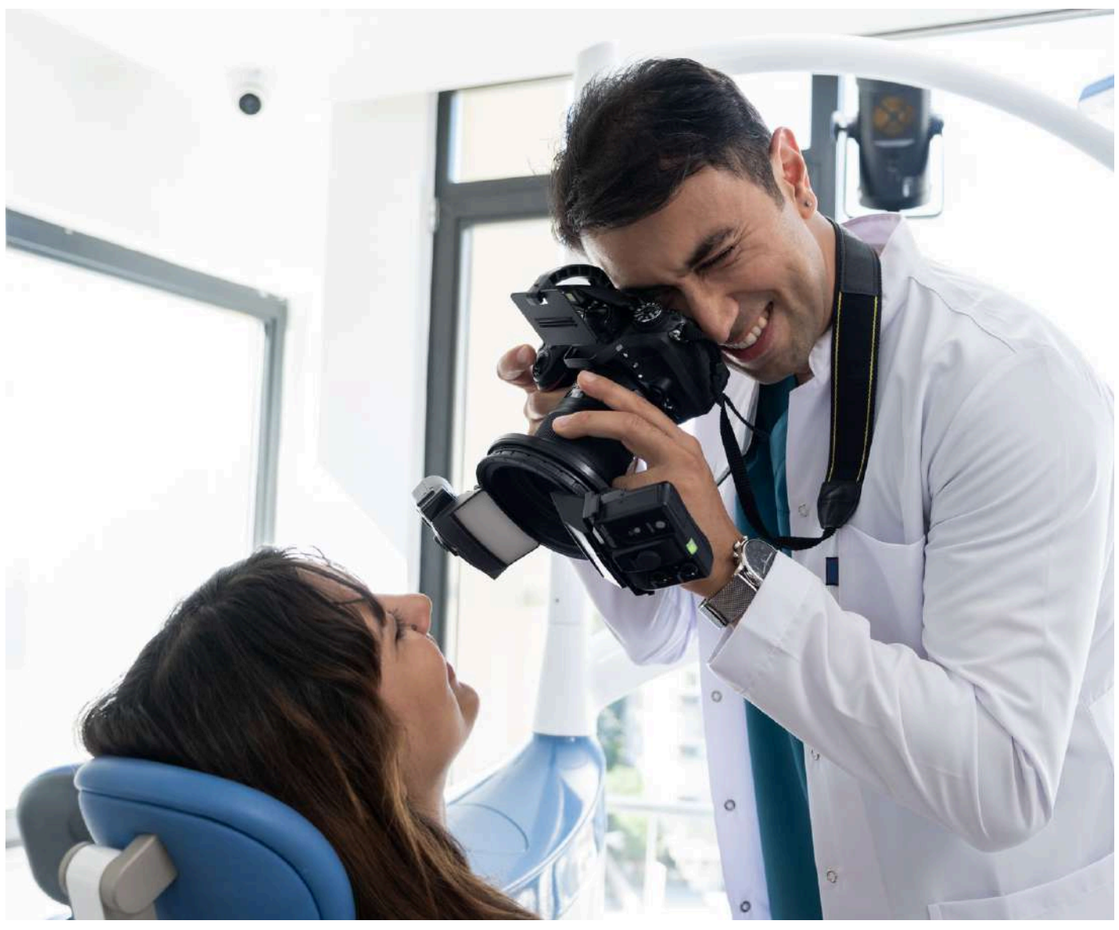
✅ Pearl #5: Don’t Chase Asymmetry During Swelling

- Asymmetry is **common early on**, especially within the first week
- Wait **at least 2–3 weeks** before deciding if a correction is needed
- Use photos and educate patients to avoid panic-driven re-interventions



✅ Pearl #6: Photograph Everything—And Then Again

- Take standardized before and after photos at every visit
- Use consistent lighting, angles, and facial expressions
- Helps manage expectations and provides legal and marketing documentation



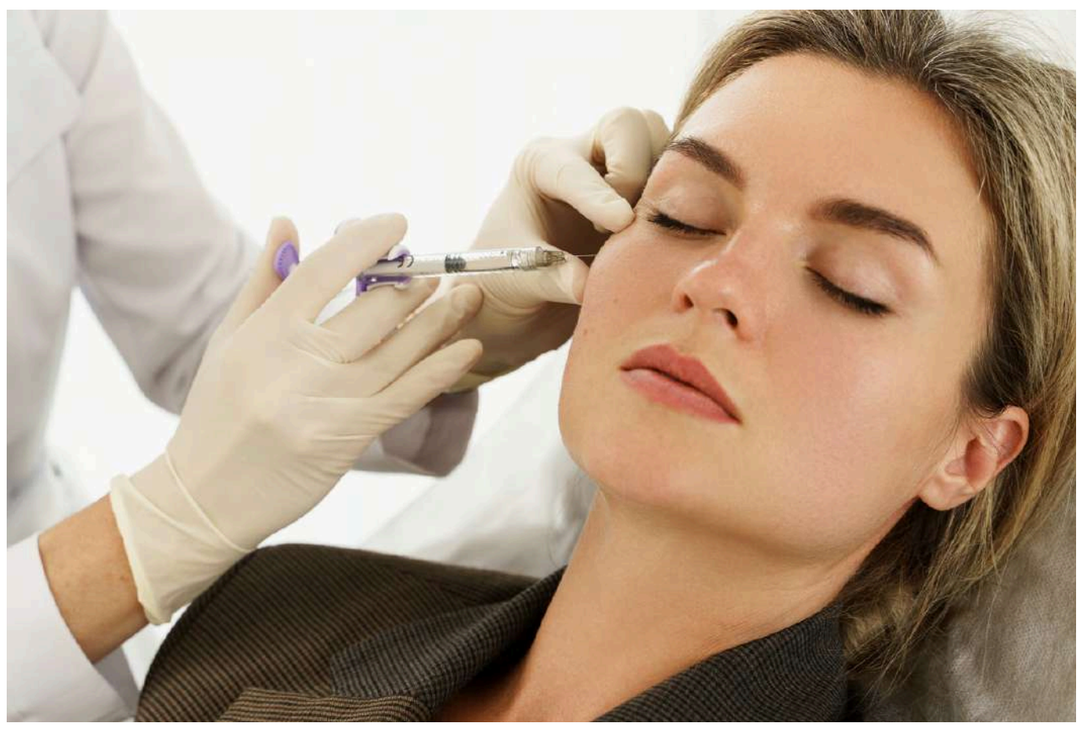
✅ Pearl #7: Educate Your Patients = Fewer Complaints

- Explain possible swelling, dimpling, or bruising clearly before the procedure
- Provide written aftercare instructions and warn them of the healing timeline
- Patients who understand the process are far more satisfied—even with minor imperfections

2. Common Pitfalls and How to Avoid Them

❌ Pitfall #1: Using Threads in Place of Volume

- Threads lift but don't restore volume—this leads to poor outcomes
- Always assess **volume loss separately** and use fillers or biostimulants where needed



❌ Pitfall #2: Placing Threads Too Superficially

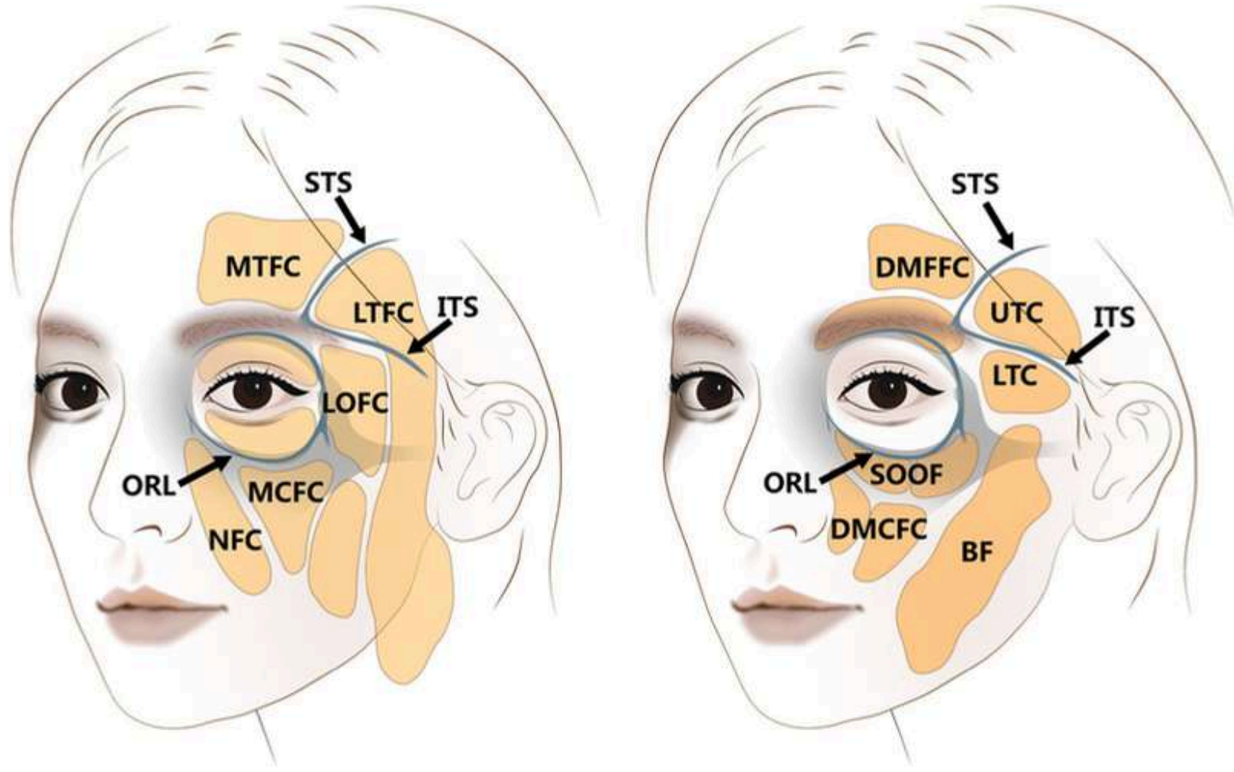
- Leads to **thread visibility, puckering, and irritation**
- Use **blunt cannulas** and stay in the correct **subcutaneous plane**

❌ Pitfall #3: Crossing Threads or Conflicting Vectors

- Threads pulling in opposite directions cancel each other out
- Leads to discomfort, poor results, or asymmetry
- Always plan vectors **before numbing**, ideally with upright patient

❌ Pitfall #4: Not Understanding Facial Fat Compartments

- Threads that cross fat pad borders or ligaments can fail to lift properly
- Leads to dimpling, irregularities, or wasted effort
- Master facial anatomy before treating multiple zones



❌ Pitfall #5: Under-Tensioning or Over-Tensioning

- Too little = no lift
- Too much = unnatural or painful results
- Balance is key; feel tissue response as you tighten

3. Final Thoughts from the Experts

- "Thread lifting is not a replacement for surgery—it's a strategic alternative for well-selected patients."

- “Never treat a face without understanding the emotions behind the request.”
- “Your best marketing tool? Natural-looking results and satisfied patients.”
- “Take your time. Slow, gentle technique beats speed every time.”

Refrences

1. Savoia A et al. Managing complications in PDO thread lifting: A practical approach. J Cosmet Dermatol. 2022.PubMed Link
2. Cotofana S et al. Anatomical and technical considerations for thread lifting. Aesthet Surg J. 2021.PubMed Link



Chapter 10: Conclusion & Additional Resources



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10.1 Conclusion & Additional Resources

🎯 Final Thoughts on Thread Lifting

Thread lifting has evolved from a niche cosmetic procedure into a core tool in modern aesthetic medicine. With proper training, anatomical knowledge, and thoughtful planning, it provides an effective, safe, and elegant solution for patients seeking non-surgical facial rejuvenation.

This book has provided both foundational and advanced knowledge—from anatomy and material selection, to technique, complication management, and long-term care. For practitioners, thread lifting is not just about mechanical lifting—it's about understanding facial aging as a dynamic process and offering personalized, staged, and synergistic treatments.

💬 "The best outcomes come not from doing more, but from doing the right treatment, in the right place, at the right time."

Whether you are at the beginning of your aesthetic career or seeking to refine and elevate your thread lifting skills, the most important elements remain the same:

✓ Respect anatomy
✓ Practice safety
✓ Treat every face uniquely
✓ Continue learning

📚 FAQs: Addressing Common Practitioner Concerns

Q1. Can thread lifting be performed on patients with dermal fillers?

✅ Yes, especially if fillers were placed at least 2–4 weeks before. Avoid threading directly over large boluses.

Q2. How soon can a patient receive another cosmetic procedure after thread lifting?

💉 Botox: 1 week after
💉 Fillers: 2–3 weeks after
💡 Energy-based devices: 4–6 weeks after
🧬 PRP/biostimulants: can be done same day or after 1–2 weeks depending on area

Q3. When can patients return to exercise?

🏋️‍♀️ Light walking: after 24–48 hrs
🧎‍♂️ Intense activity: after 5–7 days
🧘‍♀️ Yoga/inversions: after 10–14 days (due to head-down pressure)

Q4. Can threads break under the skin?

🧵 **Rarely. Modern threads are strong and flexible. If a thread fails, it typically absorbs over time without serious issue.**

Q5. Can patients fly after the procedure?

✈️ **Yes, but ideally wait 24–48 hours to reduce swelling from pressure changes.**

Recommended Reading & Research Articles

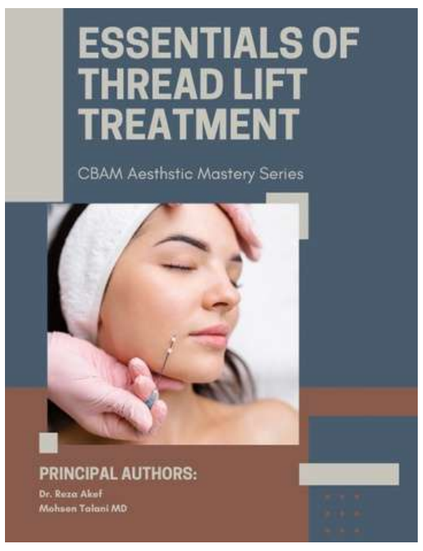
- **Books & Guidelines:**
  - Aesthetic Facial Anatomy Essentials for Non-Surgical Rejuvenation – Cotofana et al.
  - Non-Surgical Thread Lifting Techniques in Facial Aesthetics – Savoia A.
- **Peer-Reviewed Articles:**
  - Savoia A et al. Advances in minimally invasive thread lifting: PDO and beyond. PubMed Link
  - Cotofana S et al. Anatomical layers and safety zones in thread lifting procedures. PubMed Link
  - **Wu** WT et al. Comprehensive techniques for advanced thread lifting in Asian patients.PubMed Link
- **Databases for Ongoing Research:**
  - PubMed – https://pubmed.ncbi.nlm.nih.gov
  - Google Scholar – https://scholar.google.com
- ClinicalTrials.gov for emerging technologies

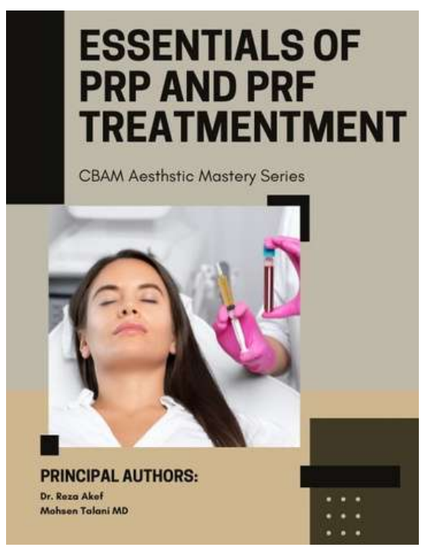
Supplier & Product Recommendations

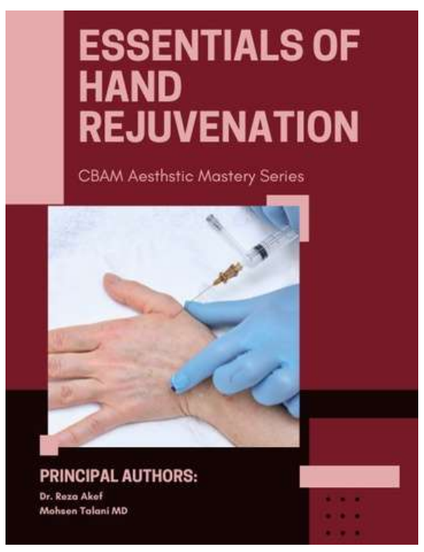
(Note: Always follow local regulations and ensure product certifications in your region.)

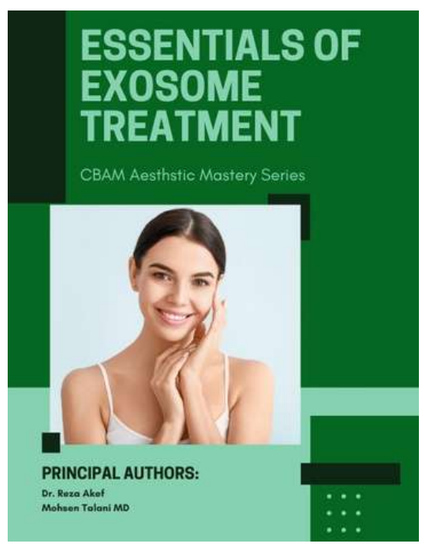
Product	Recommended Brands	Notes
PDO Threads	Mint™, Croma®, Aptos®, NeoGenesis™	Vary in cog design, needle type, degradation time
PLLA Threads	APTOS Excellence, YVOIRE®	For deeper, longer-lasting lifts
PCL Threads	Happy Lift™, Regenovue®	High elasticity and collagen stimulation
Cannulas & Needles	TSK®, SoftFil®, STERiGLIDE™	Use blunt cannulas for safety and comfort

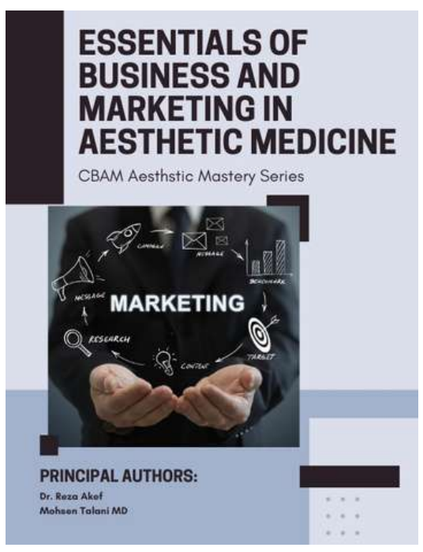
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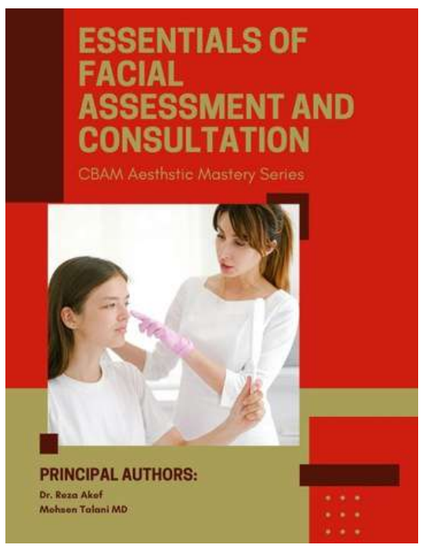


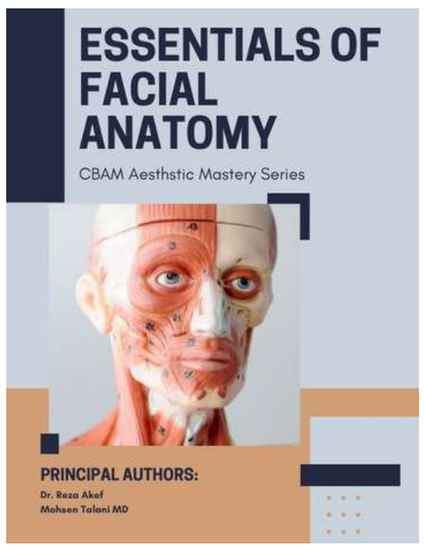




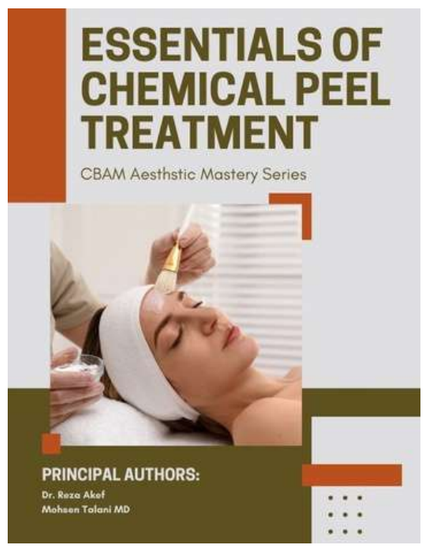


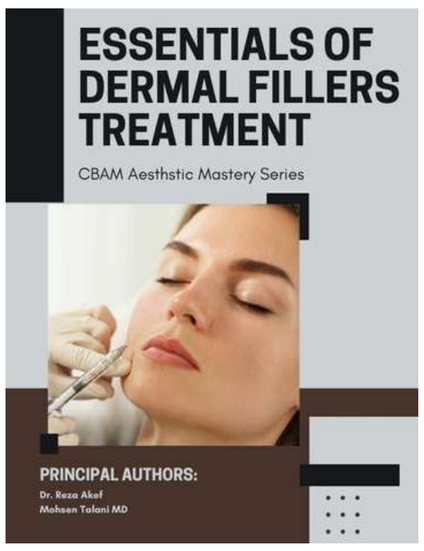












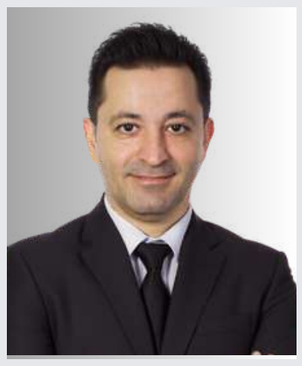
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Dr. Reza Akef is a highly experienced and respected cosmetic physician, with over 15 years of experience in teaching and practicing cosmetic medicine. He is currently the Assistant Professor at McMaster University and the Chairman of the Canadian Board of Aesthetic Medicine (CBAM), where he shares his knowledge and expertise with other healthcare professionals to provide the best care for their patients. Dr. Akef is board certified by the College of Family Physicians of Canada in both Family and Emergency Medicine. Additionally, he is deeply involved in interventional pain practice cooperation for the treatment of Migraines, chronic pain, TMJ, Myofascial pain, and Fibromyalgia.



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MD, Anatomist

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After graduating from medical school at a young age, he became a medical doctor in his home country, Iran, and practiced in the field of emergency medicine. While pursuing his Master's thesis in neuroscience at McGill University, he discovered his passion for teaching. Since then, he has been working in the field of medical science education, with a focus on anatomy.

ISBN 978-0-7334-2609-4
9780733426094

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