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## FEATURE ARTICLE

Thread Lifts: A Stitch in Time?



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### Thread Lifts: A Stitch in Time?

Thread Lifts are gaining in popularity again, whether marketed as 'Scar-less Lifts' or 'Puppet-Facelifts' (I kid you not!), they are courting attention and controversy in equal measure – time to get to the bottom of this I think, and I'll be taking some seasoned medical professionals along for the ride. Buckle-up, as this article may be a bumpy ride!

I first put pen to paper on a [feature article](#) on the subject of threads and thread lifts back in 2005. Given recent media coverage, one could be forgiven for thinking that threads are a new device, but they have been evolving over the last decade since I wrote that piece, and in fact they have been around much longer than that.



The first thread lifts were pioneered in Europe using threads made from tendons, nylon and gold in the 1970s; this was then followed by the use of prolene and the creation of the 'anti-ptosis' or APTOS® (barbed) threads in the late 1990s. As the millennium turned, more and more brands appeared, however controversy was not far behind this new treatment trend.

So what's caused the sudden media frenzy in the last twelve months, which has led to the increased industry promotion and marketing of thread products in our home market, the coining of silly sounding, consumer-engaging terms like the 'Puppet Facelift' and has included the first thread lift procedure being performed live on daytime television? (Something which didn't go down all that well with everyone!)

The simple answer is that we probably have Korea to thank for much of the recent revived interest in the technique. A sudden increase in the promotion and use of polydioxanone (PDO) threads is indeed traceable to the country that is rapidly growing as a global influence in the cosmetic surgery marketplace, and where cosmetic surgery is a typical gift when graduating from high-school.

The threads themselves have certainly improved in the last ten years, the techniques modified and optimised, but the controversy very much remains. Do thread lifts produce tangible, lasting results? Is patient satisfaction above average? Do the potential risks outweigh the benefits? Plus, the most hotly debated concern of all: just who should, and more importantly, who should 'not' be performing thread lifts?

I intend to get to the bottom of this subject, looking at the differences in the primary compositions and product derivatives, how they are used and the effects that they claim to produce, the risks, the importance of patient selection and the skills needed to perform them.

I will be ably assisted by many medical professionals, including those who are training others to use various threads and thread techniques. Special mention goes to London-trained and Sydney-practicing surgeon, Dr. Niroshan Sivathanan. I'll also analyse the results from a 100-response industry survey carried out earlier this year.

#### A Bit of History

Thread lifting is a procedure which involves elevating different parts of the face (and body) using specially designed threads or suture material, manufactured from different compounds (polymers, composites etc.), without having to make surgical incisions or excise skin, as per the classical face lift or rhytidectomy. Threads are inserted using needles or cannulas and may need to be anchored, pulled taut or simply placed in patterns. Thread lifts are also referred to as Suture Lifts or Suspension Face Lifts.

As well as their use in face-lifting procedures, it's worth noting that as thread lifting techniques and products have developed so have novel indications for their use, some of which are not on the face. Threads are now being used for lifting and tightening effects in the breasts, buttocks, knees, hands and neck. Similarly, not all facial applications are for a simple cosmetic lifting result in the jawline or jowl area; the procedure is also being utilised for cheek repositioning and correction of asymmetries (e.g. lifting post-stroke), for mild upper eyelid ptosis, and for brow lifting. Canadian plastic surgeon Dr. R. Stephen Mulholland also published a paper in 2011 which looked at the use

of barbed sutures for wound closure, a product pioneered by Canadian surgical blade and suture manufacturer Surgical Specialities with their Quill™ brand of barbed or knotless surgical sutures designed for tissue closure.

In the beginning, European surgeons placed gold threads into the soft tissue of the face in a basket weave pattern. Unfortunately, this technique did not work well to start with, but significant progress in the application of gold threads has now been made and this treatment is still available at some UK clinics. These sutures are made of 24 karat gold, and are introduced into the soft tissues with a needle, and placed in a mesh or fan-like pattern. This allows new collagen to form around the threads and tighten the surrounding area, and it is said that the closer the threads are placed in the 'mesh' or 'fan', the tighter the achievable lift.

Similarly, a French surgeon, Dr. Guillemain described a technique known as the 'Curl Lift' in 1970 which used a spinal needle and threads made from tendons or nylon to elevate the facial tissues via looping and anchoring the threads. This original concept has been revisited and reinvented multiple times since it was first described.

Dr. Marlen A. Salamanidze, a Moscow cosmetic surgeon, thought that if you took prolene (a plastic non-absorbable suture) and cut barbs or very small "teeth" along its length, it could act as a 'truss' to hold up a drooping brow, cheek or jaw; and this resulted in the development and creation of APTOS® (anti-ptosis) threads in the late 1990s. These barbed threads, the first of their kind, were patented and further developed; however complications were commonplace and the blue tinged threads could often still be seen beneath the surface of the skin.

Dr. Salamanidze challenged that these problems were often due to thread lifting being performed without "*sufficient regards for proper indications, controls or outcomes*" by over enthusiastic individuals. He published a paper in the *Aesthetic Surgery Journal* in 2011 aimed at [avoiding complications with APTOS threads](#) through best practice and proper use based on the analysis of 12,788 face and neck thread lift procedures in 6,098 patients over 12½ years.

Then came the Contour Lift™, a barbed suture developed in the USA by Dr. Ruff and granted FDA clearance for marketing in 2005. Barbed sutures have been increasingly gaining traction since this period.

These pioneering early thread products, some of which have stood the test of time, set the stage for the production of many different types, shapes and configurations of threads, alongside the use of many other materials.

## Barbed, Cogged, Coned, Screwed or Just Plain Smooth?

As we have mentioned, threads or sutures are inserted using needles and cannulas, with some requiring anchoring, others being free-floating or self-supporting by 'hitching' themselves into the tissues once pulled taut, and others being laid in a matrix or scaffold structure to produce a lift through increased collagen formation following a foreign-body reaction.

At a basic level, threads can be divided into two groups: barbed (including cogged, coned or screwed) or non-barbed (smooth) threads. The use of barbed, cogged, coned or screwed threads is generally considered to be more technically challenging, requiring additional training and skill.

The barbed threads themselves also come in a variety of 'flavours' to suit a targeted result, as follows:

- Uni-directional or bi-directional threads, depending on whether the cogs or barbs are orientated in only one direction or in opposite directions, with a smooth region in the middle which allows for a change of the thread's direction to affect the vectors that cause bunching;
- Convergent or divergent threads, depending on whether the barbs or cogs are orientated towards each other or in opposite directions with reference to the middle of the thread;
- The 'aggressive' nature or shape of the barb – how much they stick out, what form they take and their size, also determine their anchoring ability.

The screwed thread consists of a central thread which has one or two other threads winding around its outside in a screw thread pattern along the length of the thread.

The coned thread has small conical shaped sections evenly distributed along the length of the thread, which are secured in place along its length by small knots in the thread; these cones act as anchors.

In the case of all forms of barbed threads, these support themselves in the tissue by anchoring the protruding sections (barb, cog, cone or screw components) as they are placed and pulled tightly by the practitioner upon insertion. This 'pull' creates the initial lift, the anchors within the thread hold the lift and the resulting foreign body

reaction maintains the lift. This type of placement is very much a 'get it right first time' procedure as extraction of sub-optimally placed threads is not an easy option.

Smooth threads traditionally followed the concept of simple suturing as used by surgeons to 'stitch up'. This began to be adapted as a thread lift concept by anchoring or securing a smooth thread in one place, pulling the thread taut (thus creating a lift) and anchoring it at the other end. Sometimes, this is done in conjunction with looping the suture material within the tissue for added lift. Smooth threads are designed to create lift predominantly through a foreign body reaction, rather than by pulling the tissues tightly, and this is increased using targeted pattern-placement of multiple threads. With the development of PDO threads, the application of smooth sutures has become considerably easier.

Threads are generally available in a variety of lengths and diameters to suit the indication or planned use. In most cases a thread, (whether barbed or smooth) is a singular piece of material, but more and more twin, triple and multi-thread combinations are becoming available, particularly within the PDO range originating in Korea.

Choosing whether you are in the barbed or smooth camp, depends not only on what you are trying to achieve with your patients, but also very much on personal preference in terms of technique and what you feel comfortable with.

Dr. Niroschan Sivathasan is a firm fan of the barbed suture, over the smooth. He attributes this preference to the fact that barbs better realign the tissues, they prevent slippage of the thread and have localised bio-stimulatory effects along their length. Dr. Sivathasan was taught by and now teaches for the Australian based medical device supplier Mara Aesthetics, founded by Mara Bontempo-Ross. Mara Aesthetics offer the widest range of absorbable and non-absorbable thread lifting products in Australia and New Zealand through distribution of the Promoitalia range of threads (such as Happy Lift™).

He says that many surgeons were unconvinced by earlier outcomes with threads and were concerned about scarring and 'shish kebabs' of tissues from the placement of lots of permanent threads, and thus impairing deep-plane lifts ('rhytidectomy proper') at a later point. As minimally invasive procedures are increasing in popularity, thread lifts are seeing a bit of a resurgence.

*"I believe that considered placement of barbed threads in a judicious fashion at an adequately deep level that respects tissue planes can produce very natural results that are pleasing to the eye. Such an outcome is ideal for patients who either do not want more invasive procedures, that invariably involve more downtime, or for those wishing to delay larger surgical procedures by a few years."*

Dr. Sivathasan, whilst, as a rule-of-thumb, prefers temporary barbed sutures, does use temporary smooth sutures in some areas simply for the stimulation of neocollagenesis. However, he is a strong advocate of multi-modality approaches, and added that the doctor must understand the prospective patient's aims, constraints, and appreciation of interventional limitations; once this is clear, then an appropriate thread may be chosen to achieve the patient's aims.

Aesthetic Nurse, Claudia McGloin is like many practitioners within the aesthetic industry who have chosen to only use smooth threads, she said; *"I currently only use mono, smooth threads as I fear that using cogs and barbs may pucker the skin. However, I am looking to do more training with threads to learn more techniques, like using cogs, as they do give a better lift for patients. It's definitely the opinion of a few of my colleagues and a couple of patients have actually said they'd rather have mono or smooth threads. Only yesterday I saw a post on Facebook asking how to remove a thread with a cog poking out of the skin! It's scary!"*

## What Are Threads Made From?

Just like the dermal filler marketplace, where there is no 'one-composition-fits-all' solution, the same can be said about threads. Early gold and prolene threads have paved the way for a marketplace which now includes polydioxanone (PDO), poly-L-lactic acid (PLLA), caprolactone, polyethylene terephthalate and silicone composite, and polypropylene to name but a few commonly promoted within the UK and Europe! A thread's composition will not only tell you more about how long it will remain in the patient's tissues but also how it works.

A key consideration that shall determine the achievable results from ANY thread lift procedure is whether the threads are temporary (absorbable) or permanent in nature, and whether they are significantly bio-stimulatory.

As with many products which enter the aesthetic marketplace, quality is also an important factor. Threads such as the PDO products, tend to come pre-loaded into a syringe barrel with a needle. Sadly, cheaper products are now becoming widely available on the Internet, emanating predominantly from the Far East, and have been reported to break during delivery into the skin, resulting in broken needles embedded in patients. Sourcing your threads from a

reputable supplier is paramount, as like filler products, the globe is now flooded with cheaper, generic options. Look also for CE mark certification.

## Thread Composition and Associated Brands on UK Market

### ➤ Polydioxanone (PDO)

Polydioxanone or PDO is a biodegradable, synthetic polymer which is best known for its longstanding use as a surgical suture material. The product is used as a slowly 'dissolvable or resorbable stitch' in surgical applications because it degrades over time through hydrolysis (the enzymatic reaction with water in the body). A potential disadvantage is used as a feature of its action: eliciting foreign body reactions during the time that it is present in the tissues. Although this can be undesirable when it is used as a suture in surgical applications, this is exactly the reaction that makes it a product of choice for use in thread lift applications. PDO threads tend to be comprised of either a single filament (mono-filament) or multiple filaments twisted or plaited together in a variety of configurations.

Many are CE marked, although there is concern within the industry that some companies have obtained a CE mark certificate from a Notifying Body for a smooth, mono PDO thread, much like simply certifying an absorbable suture, and not for each individual, complex constructed, cogged or twisted thread which they may also market. It is therefore worth checking the veracity of all CE certifications presented by suppliers.

### PDO Beauty Lift Threads®

Polish physician, Dr. Gabriela Mercik who is the Medical Director and Trainer at [Dermagenica Ltd](#) was the first to introduce PDO threads to the UK aesthetic marketplace in 2013 with PDO Beauty Lift™ threads and injection protocol.



The PDO Beauty Lift™ threads, manufactured in Korea are CE marked and available in mono-filament and twin filament varieties in smooth and barbed versions.

The smooth mono-filaments come in sizes 25mm, 60mm and 90mm, the twin filament spiral in 60mm and the barbed or hooked version in 100mm. Other lengths are available from the company, by special request, depending on a bulk purchasing order.

Dermagenica provides basic and advanced training courses with Dr. Mercik for doctors, dentists and nurses who will learn trademarked injection protocols for the Beauty Lifts PDO Threads including techniques for the jaw lines, under the chin, eye area, eyebrow lift, crow's feet, forehead, glabellar, mid-face, cheeks, smoker's lines and lip area and the neck. There is also an advanced course in the 'Eye Beauty Lift' for 'non-surgical blepharoplasty'.

The company provides marketing support and discounts on their PDO range for those who complete their bespoke training.

### Dr. K Ultra V-Lift (Mini-threads)

Newly marketed 'mini-thread embedding therapy' uses Dr. K Ultra V-Lift threads manufactured in Korea and distributed in the UK by Wigmore Medical Ltd.

Dr Kwon Han Jin, a Cosmetic Dermatologist and Surgeon based at the Seoul Sahmyook Medical Center in South Korea is the creator of the Ultra V-Lift technique, which is marketed with his Dr. K brand of PDO threads.



RECOGNISED BY HAMILTON FRASER

The Ultra V-Lift technique sees multiple Dr. K mini-threads implanted to create a supporting structure in the tissue. They are available in a variety of lengths and styles including smooth, screwed, twisted and coggled options:

- **Mono and screw series** - 31G / 30mm, 31G / 40mm, 29G / 40mm, 29G / 50mm, 27G / 30mm, 27G / 50mm, 27G / 60mm and 25G / 90mm, available in packs of 100 threads.
- **Double screw** - 26G / 38mm, 26G / 60mm and 26G / 90mm, available in packs of 50 threads.
- **Twin Twist** - 26G / 38mm and 26G / 60mm, available in packs of 50 threads.
- **Pink cog series (One-Way)** - 23G / 50mm, 23G / 70mm and 23G / 90mm, available in packs of 24 threads.
- **Pink cog series (Bi-Way)** - 23G / 50mm, 23G / 70mm and 23G / 90mm, available in packs of 24 threads.
- **Pull cog series (One-Way)** - 23G / 90mm, 20G / 100mm and 19G / 100mm, available in packs of 24 threads.
- **Pull cog series (Bi-Way)** - 23G / 90mm, 20G / 100mm and 19G / 100mm, available in packs of 24 threads.
- **Pull cog 3D** - 19G / 100mm, available in packs of 24 threads.



Hands-on training in the mini-thread embedding therapy is available from Wigmore Medical; maximum two per class for registered doctors, dentists and nurses with dermal filler experience.

## Dr. Perfect V Line

The Dr. Perfect V Line range of CE certified PDO threads is manufactured in Korea by [NeoDr. Inc.](#) and distributed in the UK by [Neocosmedix Europe](#). Founded in 2002, NeoDr. Inc. has a foundation in acupuncture needles and developed the world's first and only automatic acupuncture needle inserter. From this foundation they moved into developing various PDO threads and innovative delivery systems. The Dr. Perfect V Line threads have been approved by the Korean Ministry of Food and Drug Safety (KFDA) and CE marked through a German notifying body.



The company boasts the only double (twin) and triple threads on the market which are braided together to form multi-filament threads, no other company is 'plaiting' their filaments in this way. They also liken their 3-dimensional spiral threads to a rose bush which has thorns which spiral up the length of its branches. Seven product variants are available, all of which come in a variety of different lengths, delivered by patent pending thinner needles with back-cut ends, which is claimed to reduce pain, and will dissolve in 6 months:


- **Mono (M)** – a mono-filament delivered by 26G – 30G needles in lengths from 25mm to 90mm
- **Twin (W)** - two threads braided around each other, which have indentations on their surfaces, intended to give maximum stimulation at the time of insertion into the skin, delivered by 25G – 27G needles in lengths from 38mm to 90mm.
- **Triple (R)** - three filaments braided around each other, delivered by 23G – 26G needles in lengths from 60mm to 90mm.
- **Screw (S)** – a mono-filament twisted around a central column delivered by 26G – 30G needles in lengths from 25mm to 90mm. Ideal for volumising.
- **Twin Screw (WS)** – two filaments twisted around each other and coiled like a spring, designed to recoil to its



original position after insertion, producing a pulling effect, like a rubber band, to provide strong elasticity and natural directionality. Delivered by 25G and 26G needles in lengths from 38mm to 90mm. Ideal for volumising.

- **Cog (C)** – a mono-filament with a serrated surface or cogs, delivered by 19G and 23G needles in lengths from 60mm to 120mm.
- **Multi Thread (Thread Filler)** – a unique to market, patent pending product that features 10 separate filaments of PDO thread which are tied to a guiding thread and are inserted simultaneously, delivered by 23G needle in lengths of 38mm and 60mm. Designed to improve marionette lines and naso-labial folds.

### Dr. Perfect V-line

Mono(M)	Twin(W)	Triple(R)	Screw(S)	Twin Screw(WS)	Cog(C)	Multi Thread (Thread Filler)
30G (25, 38mm) 29G (25, 38, 60mm) 27G (38, 50, 60mm) 26G (38, 50, 60, 90mm)	27G (38, 50, 60mm) 26G (38, 50, 60, 90mm) 25G (60, 90mm)	26G (60, 90mm) 25G (60, 90mm) 23G (60, 90mm)	30G (25, 38mm) 29G (25, 38mm) 27G (50, 60mm) 26G (60, 90mm)	26G (38, 50, 60, 90mm) 25G (60, 90mm)	23G (60, 90mm) 19G (100, 120mm)	23G(38, 60mm)
						

A new eye cannula mono thread has recently been launched for use in the tear trough area. Although the threads can be used in both the face and body, Neocosmedix openly admit that they do not advocate using their PDO threads for body indications, such as arm lifts due to below average success rates in their own investigations. They are however investigating the indication for their use in targeting fat through lipolysis, following successful animal studies and some patient application in the stomach region.

The company also supply a novel aid to insertion in the form of a stand for mounting the threads, ready for the practitioner to work with, this incorporates a button system that provides an easy 'cap opener' for 5 caps at once, to leave the practitioner without the need for too much assistance when delivering treatment. This is a patent pending system.

A video demonstrating the Dr. Perfect V-Line technique is available [here](#). The company trains doctors and nurse prescribers via UK trainers including Dr. Samantha Gammell and Deborah Forsythe.

### First Lift LFL

These 2<sup>nd</sup> generation, CE certified (class III), PDO threads, manufactured in Korea by [Aespio](#), are distributed in the UK by [Esthétique Distribution](#). Aespio claim to have the number one market share for PDO threads in Korea, Japan and Russia as of January 2013. Four product variants are available, all of which are available in a variety of different lengths, delivered mostly by ultra thin-wall needles, and will dissolve in 200 days:

- **First Lift LFL Basic** – a fine, smooth mono-filament delivered by 25G - 31G needles in lengths from 30mm to 150mm
- **First Lift LFL Screw** – a spiral thread designed to give a stronger, gentle lift delivered by 26G – 29G needles in lengths from 52mm to 90mm
- **First Lift LFL Barb II** – a mono-filament with bi-directional barbs or small hooks designed to significantly lift skin and stimulate collagen production. It is delivered by 19G – 23G needles in lengths from 50mm to 150mm.
- **First Lift LFL Barb 4D** – a mono- filament with hooks all over in four directions designed for increased lifting ability, delivered by cannula.



The company provides training to all aesthetic practitioners.

## Luxeface & Luxebody (RE: Threads)

In the UK, [Rosmetics](#) is distributing a line of PDO threads from Swiss company [A Swiss Group](#) who work in conjunction with the Korean manufacturers of the RE: (Regenerative Medicine) brand, [N.Finders Co. Ltd](#) and a Russian based clinic for training and development. Marketed as the [Luxeface and Luxebody](#) technique, this is more about a method for delivery of the PDO threads in a three step process than the actual brand of threads themselves, RE:. The three-step Luxeface process combines the restoration of facial contours with the use of filler and PRP products, followed by thread matrix placement with PDO threads and finished with nano-skin rejuvenation using a range of Swiss bio-peptides. The Luxebody technique is similar and combines threads, PRP and mesotherapy as a target for cellulite treatments and body contouring of the buttock area.

The RE: threads are available in twenty different types including multiple lengths and diameters, as follows:

- **RE:** – a smooth mono-filament thread delivered by 25G – 31G needles in lengths from 30mm to 150mm.
- **RE: Nature** – a uni-directional cogged thread delivered by 23G needle in lengths of 90mm and 150mm.
- **RE: Nature Premium** – a bi-directional cogged thread delivered by 23G needle in lengths of 90mm and 150mm.

A spring thread, the **Derma Spring** is also available, manufactured by the same company, which is delivered by 28G needle in a length of 100mm.

## N-Cog

The N-Cog range of PDO threads also comes from A Swiss Group/N.Finders Co.Ltd and is distributed in the UK by Rosmetics. The product was brought to market in 2014. The N-Cog or 'Newton-Cog' is designed to 'lift against gravity' according to the manufacturers. It is a bi-directional or multi-directional (zig-zag) cogged thread which is delivered by 23G needle in lengths of 100mm and 130mm.

It has been designed to prevent the formation of skin puckering or the prolapse, breakage of the thread post-thread lift by dispersing the force or load on the thread so there is an even lift. This is achieved through multiple, thin, short cogs along the thread. The makers also claim there is no chance of protruding threads due to less motion as the threads are well fixed in the tissues. They note that the claims of the N-Cog have been proven to be successful in this after testing on mice.

### N-COG in Mice Test



#### Bidirectional COG :

In a region where the thread was inserted, severe contouring occurred, which led to asymmetric and irregular folding of skins.

#### Multidirectional N-COG :

From a region where the thread was inserted to a region where the end of thread was located, no contouring occurred whereas the shape of flat plate was formed inside the skin tissue through the distribution of appropriate force.

## V Soft Lift

The V Soft Lift is a patented, Korean made PDO thread marketed and distributed in the UK by Medical Aesthetics Group. They are a CE Marked class III medical device.

The V Soft Lift is a mono-filament thread which has a slight spiral formation but it essentially a smooth thread with no barbs. The protocol for treatment being that matrix or mesh-like structures are laid down in the skin to stimulate collagen formation. Results are claimed to last approximately two years.

This technique has been developed by the [Swedish InjectAcademy](#). The V Lift was originally developed in Korea where they wish to change their classical oriental round face shape into what is perceived as a more attractive western V shaped face. In order to bring the V Soft Lift to a European market the InjectAcademy has "translated" this technique to suit the Northern European face and how this shape ages.

The V Soft Lift is available in two thicknesses (5.0 and 6.0) delivered by 27G needle at a length of 50mm.

The company is training doctors and maxillofacial dentists in the UK, but not nurses.



### ➤ Caprolactone

Caprolactone is a cyclic ester and member of the lactone family. It is used in polymer form as a suture material in surgery (polyglactone) and as a polymer (polycaprolactone) in the novel dermal filler product Ellansé

## Happy Lift

The Happy Lift™ range of threads are made from the resorbable components of caprolactone and polydioxanone (PDO) making polylactide (or polylactic) caprolactone P(LA-CL), by Italian manufacturer [Promoitalia Group Spa](#). The company also make their threads as a permanent polypropylene composition. The threads are CE Mark approved.

According to a [study](#) by A. Savoia et al published in *Dermatology and Therapy* in June 2014, which used the Happy Lift Revitalising threads in 37 patients and followed them for two years, 89% of the results obtained were considered satisfactory with low incidence of complications.

The **Happy Lift™ Free Floating Revitalising** threads are mono-filament, absorbable threads with bi-lateral cogs along the whole thread, available in 12cm and 23cm lengths. They are produced in violet or natural white colour.

The **Happy Lift™ Double Needle** is available in 12cm and 23cm thread lengths which insert without the need of a cannula, with both needles inserted at the midpoint of the path and driven upwards to their respective ends.

The **Happy Lift™ Anchorage** is a patented 31.6cm long absorbable PDO thread with unidirectional barbs in the mid-portion and on the two ends there is a 15cm straight non-traumatic needle and a 3.5cm circle taper needle.

The **Happy Lift™ iNeedle** is a 23 cm long dissolvable, bi-directional, convergent barbed thread with a needle at each end which is designed to be inserted into the subdermis to tighten and suspend the loose skin on the neck.

Promoitalia also produce the **Happy Lift™ Vaginal Narrower** thread for vaginal tightening and lifting.

The company maintains that they only train doctors in the use of their thread products.

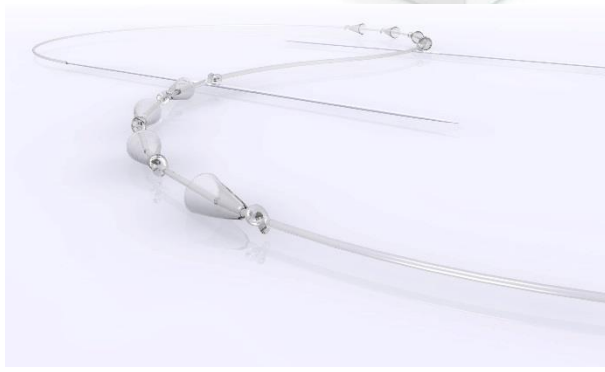
### ➤ Poly-L-lactic acid (PLLA)

The use of poly-L-lactic acid (PLLA) in aesthetic medicine is well known now, particularly with the use of the tissue stimulating injectable Sculptra®, which was introduced to the UK marketplace in 2000 as New-Fill®. It is used as an injectable tissue stimulator which is proven to naturally volumise by stimulating collagen production.

The manufacturer of Sculptra, Sinclair IS Pharma is now also bringing a PLLA thread to the marketplace.

## Silhouette Soft®

**Silhouette Soft®** from Silhouette Beauty (owned by **Sinclair IS Pharma**) is a patented Poly-L-Lactic acid based suture thread with 8, 12 or 16 bidirectional cones mounted on the reabsorbable suture. It is a CE marked, class III medical device. It is designed to provide both lifting and skin tightening as well as the stimulation of the body's own collagen, a proven effect of PLLA. The manufacturers claim results last for up to 18 months. It has been used successfully in the Asian market since 2010.



The Silhouette Soft sutures are available in three lengths, 26.8cm, 27.5cm and 30cm. As well as the PLLA within the threads, the cones are comprised of Lactide Glycolide, a mixture of lactic and glycolic acids in a ratio of 82-18. The cones themselves are positioned along the length of the suture and separated by knots. As they are bi-directional there are 4, 6 or 8 cones on each 'side' of the suture (from the centre), which are free-floating between the tied knots, at intervals of 0.5cm. Each set of cones faces in the opposite direction and points towards the end of the suture thread. Finally two knots are position 1.5cms apart in the centre of the thread, at an equal distance from the mid-point, where no cones are situated.

The threads are inserted into the skin, (into the subcutaneous layer), through an entry point which is in the middle of the line that the thread is intended to lay upon. This enables the insertion of the thread in each half, appropriate to the orientation of the cones. The threads can then be compressed and massaged into an elevated place to obtain the lifting effect. Placement patterns can include straight lines, and V or U shaped angles.

Dr. Amanda Wong-Powell, Aesthetic Surgeon and Medical Director of Doctor W says that she likes the Silhouette Soft product for its ease of use for practitioners, the procedure can be done in a treatment room, rather than a surgical theatre, with very minimal downtime for patients who have minor swelling and bruising followed my good lifting results lasting around 18 months.

*"I think there is a place for everything (in aesthetics) and Silhouette Soft is another treatment option for patients who do not yet need a surgical lift, but still have good skin support to use a thread lift. I prefer Silhouette Soft over other, similar type sutures because there are different options to use, for different vector lifting as you and the patient requires, and you don't have to use so many sutures as you may need for example with PDO threads. The Silhouette Soft sutures give more support and hold due to the cones anchored in the sutures and then work by two2 mechanisms: lifting and also stimulating the patient's own collagen or neocollagenesis by way of fibrosis formation from the sutures";* said Dr. Wong-Powell.

She likes to use Silhouette Soft on patients who are in their mid to late 30s to mid 50s, who have good skin support structure, the early signs of ageing, with some light sagging that does not require a surgical face lift.

*"I think patient selection is of utmost importance to ensure a good result. There are many doctors who would use the threads on patients with very heavy, sagging skin and it does not work well because the patient actually requires a facelift, hence patients will not be satisfied with the results";* she concluded.

The company trains doctors through a network of UK trainers.

### ➤ Gold

24 karat gold which is 99.9% pure gold is actually one of the thread materials used which has been studied for the longest time - in fact gold has been used in many medical applications throughout history. (It's worth noting that some people are allergic to gold however).

According to Russian physician Dr. Alexandra Chambers who brought the concept of gold threads with her to the UK, it works by creating a fibrotic or foreign body reaction over approximately 6 months around a mesh, fan or lattice pattern of gold threads which leads to dermal thickening and tightening. Although considered a more permanent option, slow fragmentation of the threads is known to happen with partial resorption by phagocytosis. If removal is required, Dr. Chambers suggest that it can be done within the first six months only, using a hook for extraction.

## SkinGold

SkinGold® and SkinGold® Plus are CE marked 24 karat gold threads manufactured in Spain by [LorcaMarín](#).

The fine, pure gold threads are braided with polyglycolic acid, which is absorbable suture material or with PVDF, polyvinylidene difluoride, a commonly used plastic membrane material, both of which reinforce the effect of the implantation of the gold thread and avoid breakage during implantation. Gold at this level of purity and thinness is very fragile and malleable, so requires an additional component to support its structure whilst it is placed. The polyglycolic acid is usually absorbed within 60 days. The presence of the gold then causes the foreign body reaction, by way of the production of tubular granuloma along the length and surrounding circumference of the thread (seen histologically); the PVDF also produces a milder but similar mode of action as the gold itself.

Gold threads, which are smooth in nature, are inserted by a cannula and as well as use in the face, are being used for buttock lifts ("golden pants") and breast lifts ("golden bra").

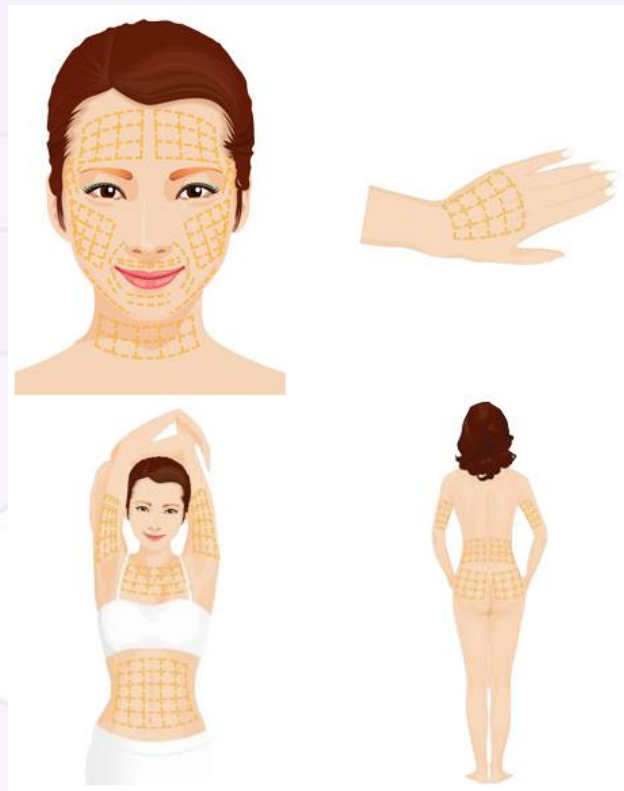
### ➤ Polyethylene terephthalate (PET) and silicone composite

Polyethylene terephthalate or PET is a common form of polyester used in everything from clothing fibres to plastic bottles and containers.

## Spring Threads

Developed by French medical doctor and biomechanics engineer, Jean Frismand in 2007, the [Spring Thread®](#) wires are manufactured in France by his company 1<sup>st</sup> SurgiConcept. They are CE mark certified as class IIb medical devices.

Spring Threads are made from a spiralled PET core (made by helical torsion) on to which a medical grade, solid silicone ring or sheath is moulded. It is claimed that the PET makes the product resistant and ensures that any lengthening is limited to 20%, whilst the biocompatible silicone gives it the flexibility and elasticity to attain the lift and move naturally within the tissues post-procedure.



Referred to as 'wire implants', the Spring Threads are permanent in nature and barbed bi-directionally – having a larger number of barbs than other threads on the market, aimed at stronger anchorage. As they are non-resorbable, the company claims that results from their use in thread lift procedures last longer, between 3 and 6 years, following fibrosis around the barbed anchors and thread shaft. If required, the threads can be 'retightened' at a later date but this is not always practical. Spring threads are suitable for use in both the face and body, including breasts, arms, buttocks and legs, via 0.5mm diameter threads for the face and 0.8mm diameter threads for the body. The threads are 30cm in length, to be adjusted/cut by the practitioner. Spring threads are anchored in the tissue via a clip system, ideally this can be buried at the top of the head, within the scalp.

1<sup>st</sup> SurgiConcept state that they have a stringent process for selecting, training and authorising who performs Spring Threads, with only surgeons and select physicians permitted.

## ➤ Polypropylene

Polypropylene is commonly used in the composition of the synthetic, non-absorbable suture Prolene which has been used as a skin closure material in surgery for many years. It is the material used in most of the early threads brought to market for aesthetic indications.

## Silhouette Lift

Silhouette Beauty, now part of Sinclair IS Pharma, historically developed an earlier version of the Silhouette Soft PLLA thread, in terms of the construction and cone layout, which is made from non-absorbable polypropylene with lactide glycolide cones. This is CE marked and FDA cleared in the USA and has been marketed as **Silhouette Lift®** since the approval in 2006. The Silhouette Soft® version, the new kid, with PLLA is not yet sold in the U.S. due to the current lack of the FDA clearance. Both Silhouette Lift® and Silhouette Soft® are marketed and available in Europe, however the company is focusing on the use of the PLLA derivative as a novel and improved option within this territory, so Silhouette Lift is not as actively marketed within the UK.

## Contour Threads

Contour Threads™ were clear, barbed polypropylene threads. They were the first non-absorbable, barbed sutures to be approved by the U.S. FDA in 2005 and were also marketed in the UK following CE Mark approval in 2006. Contour Threads needed to be anchored or fixed in the tissue, before being pulled into place to embed the barbs, rather than being free-floating in the tissues.

However, following some disappointing results and a lack of profitability, the company Surgical Specialties Corp (now a wholly owned subsidiary of Angiotech Pharmaceuticals), who manufactured Contour Threads decided to cease production and announced the withdrawal of the product from the market in 2007; so this brand is no longer commercially available. They have since gone on to produce other surgical suture products for wound closure indications and no longer have anything aimed specifically at the aesthetic marketplace.

## Patient Selection

As with many procedures performed in aesthetic medicine, everyone can do them, but not everyone can do them well. From the patient's perspective the correct choice of practitioner, who is using the correct choice of thread type, who is scrutinising both their anatomy and expectations is the only recipe that will produce an outcome that is satisfactory to both patient and practitioner.

Dr. Niro Sivathasan emphasises that good and appropriate patient selection is 'the' critical factor in the decision to go ahead with a thread lift procedure. This is especially paramount with regard to managing their expectations of the results that any cosmetic procedure, including a thread lift, can achieve for them. Some patients shall have either inadequate skin-laxity or too much laxity, which shall not make the intended procedure beneficial and effective for them. He adds that surgical dexterity helps, as does the use of botulinum toxin (to paralyze muscles that may cause the threads to migrate during the early period) a few weeks before the insertion of threads. Ultimately, patients must understand that a thread lift is not a surgical facelift and thus it will not produce the same results.

Similarly not all types or compositions of thread products will achieve the same result in the same patient, so as well as selecting your patient correctly, it's important to make sure you select the correct thread for your patient. If you have a thread preference then this may not be the right solution for all your indicated thread lift patients.

When considering a patient for thread lift, their expectation of the improvement in skin laxity is a key factor as we have discussed. Similarly, it may not be appropriate to dive straight in with a thread lift procedure if the patient's

skin would benefit from additional or pre-thread lift cosmetic interventions to help lay a better foundation for an improved result from the subsequent lifting. For example, leathery or sun-damaged skin may benefit from pre-treatment with chemical peels or laser skin resurfacing to improve the overlying texture or pigmentation and stimulate mild tightening through collagen stimulation in the whole skin structure, before considering a thread lifting intervention, as a means of optimising the outcome of a thread lift. If the use of threads is considered within the neck then liposuction to the region beforehand may be a worthwhile consideration.

Combining other aesthetic treatment options alongside thread lifts as complementary procedures is also a consideration; can the thread lift's results be enhanced with, for example, the adjunctive use of dermal fillers.

In general, the best patient selection seems to be the younger the better. A younger patient (who is probably not the right candidate for a surgical face lift anyway), will require fewer threads, placed in fewer positions with fewer vectors to achieve a good result as they have less loose skin; fewer threads also means less tissue manipulation and fewer potential complications. In fact in some cases there is an option for the preventative use of threads which in theory could start at any age, although there is no data to substantiate this practice.

According to Dr. Niroshan Sivathasan, the ideal patient for a thread lift is aged from the late 30s to the late 40s, (typically would be classified as Baker I or Baker II with regard to the descent and deterioration of the ageing face), and who are prepared to follow the post-operative regimen (mainly with regard to taping). Cost must certainly be considered when advising a patient, as in part, this element allows comparison with other modalities which are used to effect similar outcomes. Obese patients, those who are immunocompromised, and those taking blood-thinners are not candidates.

## Results and Longevity

Threads have been subject to much controversy, particularly with regard to their efficacy. One of the biggest criticisms you will hear when you ask medics about thread lifts is that the results and the longevity of any correction are satisfactory to poor.

This is of course a very subjective area as one must consider what you are comparing the longevity of thread lifts to in order to come up with an opinion on how good they are. When compared to the longevity of results from temporary cosmetic injectables such as dermal fillers and botulinum toxins, the thread lift results do last longer. However, typically, and certainly what is borne out in many clinical papers, is that thread lift longevity and efficacy has been compared with surgical face lifts.

So, are we simply all expecting too much of thread lifts. After all this approach is not a surgical lift (and does not involve repositioning and/or removing droopy and excessive soft tissues), so expecting it to last 10+ years like a face lift is a tad ambitious, but surely a 3 to 4 year correction seems reasonable, when compared to injectables?

Then there is the issue of efficacy or satisfaction with the actual outcome (no matter how long that lasts). At the end of the day a rhytidectomy or face lift is the gold standard for a definitive lifting of the facial tissues for a tighter and a more conspicuously lifted appearance. Irrespective of technique, this will always involve an excision of some amount of skin to remove laxity. A thread lift is all about lifting existing tissues and causing tightening through foreign body reactions and collagen formation, no skin is removed, so are these procedures simply being done on the wrong candidates (someone who really should be having a surgical face lift), thus the results are always going to be on the disappointing side?

A clinical paper published in the *Dermatologic Surgery* journal by MS Kaminer et al in 2008 looked at the [long term efficacy of anchored barbed sutures in the face and neck](#). A satisfaction survey was carried out with 20 post-thread lift patients, ranging from 6 to 16 months post-procedure. Physician assessment before and after was also carried out using photographs. The authors concluded that the barbed suture lift procedure provided moderate, long-term and sustained improvement for facial laxity, with most improvement seen in the tear trough/malar fat pads and nasolabial folds. In their study, clinical efficacy was seen up to 16 months post-procedure – no follow up for a longer time period was conducted in this study.

Another clinical paper published in *Annals of Plastic Surgery* by PB Garvey et al in 2009 evaluated the [outcomes of thread lifts for facial rejuvenation](#). The authors set about understanding and evaluating the outcomes of patients undergoing thread lifts to determine the actual complication rates, the durability of results, and the rates of reoperative surgery. The study retrospectively reviewed a single surgeon's 2 year experience with 72 patients undergoing thread lifts, (76% of which were performed in isolation). It was noted that 42% of patients underwent a secondary procedure after the primary thread lift, at an average of 8.4 months after the original surgery, and 31% of patients required revisional surgery for cosmetic reasons at an average of 8.7 months after their thread lift. 11% of the patients ultimately required removal of palpable threads. The authors concluded that results achieved by

thread lift are subtle and short-lived and it is not a minimally invasive replacement for surgical face lifting. They warned that patients should understand the limitations of this technique and its high rates of revisional surgery.

A clinical paper published in the *Archives of Facial Plastic Surgery* by RF Abraham et al in 2009 looked at an [assessment of the long-term results from thread lift procedures for facial rejuvenation](#). Thirty-three patients underwent a thread-lift procedure alone or in combination with other facial rejuvenation procedures to the brow, midface, jawl, and neck. They were followed up between 1 and 2½ years later and assessed by independent, blinded facial plastic surgeons viewing photographs and a grading scale. The authors concluded from their study that the thread-lift provides only limited short-term improvement that may be largely attributed to post-procedural oedema and inflammation. They felt that their results objectively demonstrated the poor long-term sustainability of the thread lift procedure. Most significantly they stated that given these findings, as well as the measurable risk of adverse events and patient discomfort, they could not justify further use of this procedure for facial rejuvenation!

Have things improved in the six or seven years since these studies were published? The answer to my conclusion is – we simply don't know! I couldn't find any studies after these which specifically evaluated the longevity of outcomes from any thread lifts. It's true that more recently published papers have focused more on technique, novel combination treatments and newly introduced thread types.

There is a notable lack of data looking at the use of polydioxanone (PDO) threads in cosmetic practice. It seems that their use relies on the data from the multiple medical applications for the sutures. Similarly, no one has, as yet, carried out a study evaluating one thread type against another in a split-face trial, as is commonplace with dermal filler comparison trials. This would need to be an independently run trial as no doubt the manufacturers probably don't want to set themselves up for failure if their thread is not as efficacious and long-lasting as a rival's. Plus, I'm not sure how many patients would submit themselves for a split-face procedure whose effects (good or bad on either side) could last for several years. Perhaps we will never see such data.

Reviewing the available clinical data, Dr. Niroshan Sivathasan believes that it is very difficult to make meaningful conclusions from the literature of the late 90s and early noughties, because of inconsistencies in methodology, patient criteria, patient numbers (studies with low powers), limited follow-up periods, and biases during assessment. Additionally, as the appreciation and application of threads, including what may be realistically achieved, has increased, more recent studies have yielded more positive results.

*"It's not fair to compare a Toyota with a Porsche, and similarly threads must be judged for what they are and kept in context, in order to make a fair review and balanced decisions. Threads can be great for softening the impact of gravity, and improving definition. I believe that when there is a control on who can provide thread lifts, and when basic principles are respected, threads are here to stay",* he said.

As well as appropriate patient selection and combined or adjunctive aesthetic treatment options, aesthetic practitioners may look to improve outcomes of thread lifts through a variety of methods. This may include multiple thread lift solutions. For example, Dr. Elizabeth Dancy commonly likes to employ the lifting power of a PLLA thread (Silhouette Soft) along key facial lines, with the new collagen formation provide by a PDO thread (V Soft Lift) matrix for an overall natural improvement.

*"I combine the V Soft with Silhouette to provide better results, quicker results and more 3D results. The value of having the V Soft in at the same time (as the Silhouette) is that the patient sees instant results and they get better and better over the next 3 months";* says Dr. Dancy.

## Complications

There are multiple potential complications reported from thread lift procedures, not all of which are possible with all types of threads or thread material. However, as the techniques and products have been developed and refined over the last decade, so the incidence of complications (and the variety of them) has decreased in the most part. Some believe that the risk of complications and infections is increased for barbed threads over smooth options, although others disagree depending on thread composition and size, irrespective of barbs etc. Similarly barbed threads tend to require both an entry and exit point, whereas some of the smooth options which are not anchored only require an entry point, thus reducing the risk of potential infection.

Dr. Niro Sivathasan states that when counselling patients for adverse events, it is easiest to divide them into 'early' and late'. Transient issues with swelling and bruising are, of course, expected. Bleeding along the course of the insertion line where the needle is placed for delivery of barbed threads may also be seen, as well as more significant injuries to vessels and nerves, leading to transient paraesthesias ('pins and needles' sensation). Thread-breakage, thread migration (slippage), or threads poking back out from their insertion holes, as well as skin dimpling or puckering at anchor/entry points are not uncommon. Scarring and epidermal inclusion cysts

(implantation of epidermal elements into the dermis which creates a particular scar tissue) have been reported, as has thread visibility especially around the brows and forehead. Dr. Sivathasan stresses that finer, clear threads must be used in these areas, and also noted that some types of thread provoke more bio-stimulation which may, paradoxically, become the enemy – this is a key concern of his, which is why he does 'not' use Sculptra™ (PLLA) in his practice, even at deeper planes.

In terms of the correction being attempted through thread lifting, there is the problem of both hypo and hyper-correction with the procedure, as well as asymmetrical results. In some cases, threads can be removed, but additional trauma is likely to result with barbed types. Asymmetries can often be more easily corrected. There is also small potential for partial facial paralysis, which is, ironically, something which threads are being used to cosmetically correct from the stand-point of aesthetic improvements to the face. Damage to major salivary glands has been reported, too. Dr. Sivathasan mentioned a case that he heard about where it was believed that branches of the nerve that provide sensation were enveloped by the lattice from lots of threads and the scar tissue, which led to many months of distress for the patient. *"I cannot stress enough the importance of having good anatomical knowledge and sympathies to the ageing face in different ethnicities"*, he warned.

One type of complication, mostly referred to with the use of gold threads and other smooth sutures, and certainly known as a complication in body lifting techniques where tissues are heavier, is the wonderfully named 'cheese-wiring'. This 'cutting' action of the thread can cause trauma to the underlying tissues during the course of the post-procedure period, as well as weakening the effect of the original lift. This is certainly a complication reported with techniques which adhered to the concepts established with the Curl Lift. It is this problem which lead to many thread techniques involving patterns or matrix, scaffold structures being developed whereby the threads support each other during all stages of the short and long term post-treatment periods.

Of course not all complications are of a damaging nature in terms of the integrity of the facial structures, some undesirable outcomes simply come down to aesthetics and the ideals of beauty. One mistake, which was most commonly seen in Russia and Eastern Europe with the introduction of Korean threads to these cosmetic hungry markets, was the lack of thought or respect given to the differing faces of differing races and ethnicities. The facial shape and cultural desires of the Korean population is markedly different to that of the Russian and Baltic nation populations, so using treatment protocols for PDO thread lifts designed for the Korean desire for a heart-shaped face on those individuals led to many outcomes which simply didn't match the beauty ideals of the former Soviet regions. Add to that that not only are ideals of beauty different but actual anatomical structures are different, and you have a situation where adherence to inappropriate protocols led to very significant problem. Practitioners must have understanding of cultural ideals of beauty in order to be able to adapt thread lifting protocols to the ethnic structure of their patients to achieve desirable outcomes.

Recognition of important anatomical structures could not be more key, and arguably more so than when administering fillers. Thus those who claim the placement of threads as easier than administering dermal fillers, which I have heard said first-hand, ought to think seriously about just how true that is before allowing beauty therapists and medical practitioners with no aesthetic experience to offer such treatments. We already have published papers on blindness and necrosis caused by filler injection, how long before we see major complications with thread lifts?

It is also worth noting that most insurance companies offering medical indemnity cover to aesthetic practitioners will insure across the board for thread lifts, with little differentiation, and certainly no specific reference to brands or CE marked products only.

## Performing Thread Lifts

As with all aspects of aesthetic medicine, training and learning is key. Many of the companies supplying products to the marketplace will offer either in-house training courses or have preferred practitioners offering training on their behalf.

There are many things to consider when embarking on a thread lift procedure, anatomical knowledge is paramount, as discussed, yet artistic skill is also a valuable part of a physician's armamentarium; you are of course attempting to delay the need for the individual to seek a surgical face lift!

Practical steps include considering the characteristics of the needle being used for thread placement – its length, diameter and shape. Develop a 'feel' for the movement of the needle when inserted in preparation for thread placement. Follow the natural facial contours to produce more definition in the face and a more youthful looking result.

As a minimally invasive procedure, a good adherence to aseptic practices is also required to reduce the risk of infection. Some physicians also prescribed antibiotic prophylaxis for barbed thread lifts, particularly where deeper placement is performed.

## Who Should be Performing Thread Lifts?

This is a question which polarises opinion within the industry, with some arguing this is a surgeon-only procedure, most being happy for this to be performed by cosmetic physicians, a few agreeing to advanced nurses, but almost unanimously not by non-senior nurses and beauty therapists.

The Consulting Room recently carried out a survey which looked at the controversies surrounding appropriate thread lifting practitioners. Respondents to the survey, of which there were 100, included a wide range of specialties, 37% doctors, 31% nurse independent prescribers, 11% cosmetic surgeons, 6% industry suppliers, 5% aesthetic nurses, 4% trade journalists, 3% dentists and 3% beauty therapists (NVQ3 and above). Of the respondents 48% were actively performing thread lifts themselves – 74% with PDO, 57% with Silhouette Soft and a minority with other brands/compositions.

We found that of those who responded 92% felt surgeons should be allowed to perform the treatment, with 74% also agreeing with (cosmetic) doctors being permitted. The numbers then dropped rapidly with only 34% agreeing with advanced nurses (INPs), 26% with dentists, 15% with nurses and 2% with beauty therapists.

When the question was posed the other way, in terms of who should absolutely not be allowed to perform the treatment, 98% agreed that beauty therapists were an inappropriate practitioner, 61% didn't think aesthetic nurses should be performing them either, with 47% against advanced nurses (INPs) and 41% against dentists. Only 2% felt physicians should not be performing thread lifts, and no one felt this was not for surgeons.

Although the question was asked in the context of the procedure, irrespective of thread type and any specific training that the practitioner may receive, in other words, simply based on their medical speciality, there were those who commented that their answer would differ based on the thread type. Many were of the opinion that barbed or cogged threads, such as Silhouette Soft should indeed only be in the hands of surgeons and physicians due to their more invasive nature, yet, simpler, smooth PDO threads would be okay in the hands of nurses and beauty therapists. This view was not shared by all, however – with many still believing that either type should exclusively be delivered by medical doctors.

Before adopting a view one way or the other it is perhaps prudent to look at the considerations which need to be addressed.

As we have seen, the majority believe that thread lift procedures should only be performed by surgeons and physicians. This is generally advocated due in part to the skill needed to carry out the procedure, but also, and more significantly to the ability and medical knowledge possessed to be able to deal with any complications which may occur. The understanding and appreciation of the anatomy and varying planes of the facial tissues is something which those who have trained as surgeons and cosmetic physicians possess more so than other medical and non-medical disciplines.

Many companies, particularly those who are promoting a cogged, permanent or resorbable solution to the marketplace have taken the stance to only permit the training of doctors (with cosmetic experience) and surgeons due to the more invasive nature of the procedure. Smooth, resorbable options are often marketed to the broader nurse marketplace.

Dr. Gabriela Mercik is a physician and owner of the Dermagenica company who distributes the Beauty Lift™ brand of PDO threads. She provides training to doctors and nurses (not beauty therapists) in the use of and protocols for the Beauty Lift threads. Both smooth and cogged threads are available, yet Dr. Mercik will not train in the cogged threads (which is part of an advanced course) unless the practitioner can evidence five cases with smooth sutures without complications and a level of practical experience in the thread lifting procedure. She could not be more adamant that training is a very important part of the process and practitioners must demonstrate competency.

As yet we have no UK based associations or peer-group organisations set up solely for this treatment option, as we have for other modalities such as body contouring, botulinum toxins and mesotherapy, however there is a French organisation **SOMEREFs** – the **SO**ciété **MÉ**dicale de **R**echerche et d'**E**xpertise sur les **F**ils de **s**uspension (Society of Medical Research and Expertise in Suspension Sutures). Independent of any thread manufacturers, the not-for-profit organisation strives to improve knowledge and training in this field.

## Conclusion

Thread lifts are not new but despite many years of development, they have remained a controversial treatment about which many aesthetic practitioners have an opinion.

Some argue that it's all about anchorage and tissue elevation, via the use of barbed sutures, and advocate this method over the matrix or pattern techniques with gold or PDO threads which they believe cause too much fibrosis in the tissues.

If we consider thread lifts from a purely business proposition, then one must consider whether this is something that you want for your patients, particularly if you want a repeat revenue from your patients. Most thread lift solutions are claiming results lasting between 3 and 5 years. Given that patients will return several times a year for top-ups for cosmetic injectables, alongside professional skincare ranges and other resurfacing treatments, will you lose out if you offer a thread lift and then don't see the patient again for several years?

Similarly, with some uncertainty about the guarantee of good outcomes and the longevity of those outcomes, what is your risk profile, (based on your current aesthetic practice skills), for disappointing patients with unsatisfactory results.

Whatever you choose to do, the importance of adequate medical indemnity cover and patient records, including good clinical photography will ensure that you have all your evidence, no matter how efficacious or long-lasting your results are with thread lifts.



### Lorna Jackson BSc (Hons)

Lorna has been Editor of The Consulting Room™, the UK's largest aesthetic information website, for over a decade, since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including Smart Ideas, BACN and Merz Aesthetics Business Workshops, the FACE Conference and the Clinical, Cosmetic & Reconstructive Expo.

Lorna was recently awarded *Journalist of the Year* at the MyFaceMyBody Awards 2014.

### Dr. Niroshan Sivathasan BSc (Hons), MB, BS (Lond), DRCOG, GradDipAesthMed (UK), MRCS (Eng), AFACP.

Niro Sivathasan completed his bachelor's and medical degrees at the age of 23 from King's College London and University College London, respectively. His postgraduate qualifications in surgery and aesthetic medicine were also gained in London.

Niro has published over 30 articles, and is a reviewer and editorial committee-member for various medical journals. He is completing a higher fellowship at present.

He has a particular interest in aesthetics and works in cosmetic and restorative surgery in Sydney, where he is also the Medical Director of DHI Australia. Niro is, additionally, a senior trainer for injectables, and is the lead cosmetic physician at centres in London and Sydney.





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