MFI
ACADEMY
Milano Face Institute

MFI

MILANO FACE INTENSE COURSE

17-19 January 2025
Milan, Italy

EVOLUTION
from good to excellent

Alessandro Gualdi and partners

KAMINSKYI

Under the auspices of

Con il patrocinio di

AICPE
Associazione Italiana Chirurgia Plastica Estetica

EAFPS | THE EUROPEAN ACADEMY OF FACIAL PLASTIC SURGERY

SICPRE

WELCOME

Welcome to MFI Academy 2025 - Milano Face Intense Course.

Enjoy the congress!

COURSE DIRECTORS

Alessandro Gualdi
Italy
MFI Founder

Edgar Kaminskyi
Ukraine

Immersed in the fascinating world of surgery and beauty, our conference offers a deep dive into the realm of facial plastic surgery - from the upper to the lower third, including neck and nose surgery.

World-renowned stars in the field of facial surgery will share their unique knowledge, revealing the evolution of techniques, methods, and the logic of processes.

Explore innovation with new reports and video recordings of surgeries never before presented at other conferences.

Explore detailed anatomy of the face, neck, and nose in 3D and enrich yourself with new lectures that will enhance your skills and understanding of modern techniques.

Enjoy an intensive course covering the entire face rejuvenation process, including nose and eyelid surgery, ensuring a stunning rejuvenation effect.

INVITED SPEAKERS

Dario Bertossi
Italy

Giovanni Botti
Italy

Dominic Bray
UK

Chia Chi Kao
USA

Lessandro
Martins
Brazil

Mike Nayak
USA

José Carlos
Neves
Portugal

Michele
Pascali
Italy

Mario Pelle
Ceravolo
Italy

Mike Roskies
Canada

Ben Talei
USA

Roman Kufa
Czech
Republic

WORKSHOP SPEAKER

Fadi
Hamadani
Palestine

FINAL PROGRAMME

The scientific programme has been created by Alessandro Gualdi, Mario Pelle Ceravolo and Edgar Kaminskyi

17 January 2025

07.15 - 08.00 Registrations

08.00 - 08.15 Opening Ceremony. *A. Gualdi, E. Kaminskyi*

08.15 - 13.00
1° Session: Brow Lift
Chair: M. Pelle Ceravolo

08.15 - 08.30 Preoperative surgical planning.

08.30 - 11.00 **LIVE SURGERY: High smas lift.** *G. Botti*

10.30 - 11.00 *Open Coffee*

11.00 - 11.20 Anatomical trick to avoid hurt the nerves. *J.C. Neves*

11.20 - 11.40 TBS (transcutaneous brow shaping). The easiest and the most precise tecnique to shape the brows. *M. Pelle Ceravolo*

11.40 - 12.00 Brow lift: my two current favourite techniques and 3 methods of suspension. *M. Nayak*

12.00 - 12.20 Brow lifting in the 3D deep plane. *B. Talei*

12.20 - 12.40 Why brow lift should be considered for all upper blepharoplasty inquiries? *M. Roskies*

12.00 - 13.00 Interactive discussion - Q&A

13.00 - 14.00 *Lunch break*

17 January 2025

14.00 - 19.00
2° Session: Brow Lift
Chair: G. Botti

14.00 - 14.20	Tear trough and periorbit: surgical versus non surgical treatment. *D. Bertossi*
14.20 - 14.40	Is lower blepharoplasty necessary? Orbicularis revectoring in the deep plane. *D. Bray*
14.40 - 15.00	Temporal more: going beyond the limits of temporal lifting. *M. Pascali*
15.00 - 15.20	Anatomy of a ponytail Lift. *C.C. Kao*
15.20 - 15.40	Deep temporal lift. *A. Gualdi*
15.40 - 16.00	Interactive discussion - Q&A
16.00 - 16.20	*Coffee Break*
16.20 - 16.40	Lower blepharoplasty: volumetric approach. *M. Nayak*
16.40 - 17.10	Eyelid retraction: how to avoid it, how to treat it. *M. Pelle Ceravolo*
17.10 - 17.30	Eyelid rejuvenation. *G. Botti*
17.30 - 18.05	Non incisional upper blepharoplasty: indications techniques and results. *C.C. Kao*
18.05- 18.20	FillMed presentation social profiloplasty. *A. Gualdi*
18.20 - 19.00	Interactive discussion - Q&A
20.30	MFI PARTY at DAZI MILANO (Ticket needed)

18 January 2025

08.00 - 13.15
3° Session: Deep Plane
Chair: M. Pelle Ceravolo

08.00 - 08.15	Preoperative surgical planning.
08.15 - 11.00	**LIVE SURGERY:** **Deep Extended Face Lift** *A. Gualdi* **Cupid lift.** *B. Talei*
10.30 - 11.00	*Open coffee*
11.00 - 11.20	Limited delamination: modification to the extended deep plane rhytidectomy: an anatomical basis for improved outcome. *M. Roskies*
11.20 - 11.40	Deep plane safari – a preservation approach. *D. Bray*
11.40 - 12.00	Brazilian deep plane facelift vectors. *L. Martins*
12.00 - 12.20	Smas sculpting versus smas repositioning. *M. Pelle Ceravolo*
12.20 - 12.40	Consistant vertical vector lifting using a novel step by step approach. *M. Roskies*
12.40 - 13.00	Preservation facelift. *A. Gualdi*
13.00 - 13.15	Interactive discussion - Q&A
13.15 - 14.00	*Lunch Break*

18 January 2025

14.00 - 19.15
4° Session: Deep Plane + Neck Lift
Chair: A. Gualdi

14.00 - 14.20	Deep plane facelifting. My suggestions, my doubts. *M. Nayak*
14.20 - 14.40	Deep plane facelifting. My suggestions, my doubts. *A. Gualdi*
14.40 - 15.00	Deep plane facelifting. My suggestions, my doubts. *G. Botti*
15.00 - 15.20	Deep plane facelifting. My suggestions, my doubts. *L. Martins*
15.20 - 15.40	Deep plane facelifting. My suggestions, my doubts.. *B. Talei*
15.40 - 16.00	Interactive discussion - Q&A
16.00 - 16.30	*Coffee Break*
16.30 - 17.00	My “Open Sesame” to solve challenging necks. *M. Pelle Ceravolo*
17.00 - 17.20	Neck lift surgery. *L. Martins*
17.20 - 17.40	Neck lift toolbox. *M. Nayak*
17.40 - 18.00	Neck lift surgical philosophy according to a correct planes. *J.C. Neves*
18.00 - 18.15	Preservation deep plane facelift as a part of complex facial treatment. *R. Kufa*
18.15 - 18.35	Scarless neck lift. *C.C. Kao*
18.35 - 19.15	Face tite. *F. Hamadani*

19 January 2025

07.30 - 13.00
5° Session: Rhinoplasty
Chair: E. Kaminskyi

07.30 - 08.30	Rhinoplasty: Real Surgery with 3D animation. *E. Kaminskyi*
08.30 - 11.00	**LIVE SURGERY FACELIFT** ***Deep neck lift . D. Bray*** ***Preservation deep lift . A. Gualdi***
10.30 - 11.00	*Open Coffee*
11.00 - 11.20	Principles of successful osteotomies. *E. Kaminskyi*
11.20 - 11.40	Laser assisted preservation rhinoplasty. *D. Bertossi*
11.40 - 12.00	Revision rhinoplasty: the role of fresh frozen costal cartilage for complex reconstructions. *M. Pascali*
12.00 - 12.20	Brazilian rhinoplasty secrets of the difficult noses. *L. Martins*
12.20 - 12.40	Precision segmental preservation rhinoplasty. *J. C. Neves*
12.40 - 13.00	Interactive discussion - Q&A
13.00 - 14.00	*Lunch Break*

19 January 2025

14.00 - 18.30
6° Session: Chin, Cheek & Complications
Chair: A. Gualdi

14.00 - 14.20	Physical and phsycosocial complications in face lift. *D. Bray*
14.20 - 14.40	The importance of chin and malar implants in aesthetic facial surgery. *M. Pelle Ceravolo*
14.40 - 15.00	Video about osteotomies profiloplasty. *D. Bertossi*
15.00 - 15.40	Interactive discussion - Q&A
15.40 - 16.10	*Coffee Break*
16.10 - 17.10	Discussion on cases proposed by the audience. *M. Pelle Ceravolo*
17.10- 18.10	Pearls to take home. *G. Botti, M. Pelle Ceravolo, A. Gualdi*
18.10 - 18.30	*Closing Remarks. A. Gualdi, E. Kaminskyi*

GENERAL INFORMATION

ORGANISING SECRETARIAT
The registration desk is open as follows:
Friday 17th January 7.15 am - 7.00 pm
Saturday 18th January 7.30 am - 7.30 pm
Sunday 19th January 7.00 am - 6.30 pm

CERTIFICATES OF ATTENDANCE
Certificates of attendance will be sent by email at the end of the congress.

BADGES
Participants are requested to wear their badges at all time during the conference for admission to all the conference areas.
"Delegate Auditorium Hall" badge allows access to the auditorium.
"Delegate Additional Hall" badge allow access to the additional room for the streaming.

LANGUAGE
The official language is English. Simultaneous translation is NOT provided.

CLOAKROOM
A cloakroom will be available for clothes and luggages for the whole duration of the congress.

INTELLECTUAL PROPERTY
During the conference, it is not permitted to film or take pictures of the speakers and/or their presentations.

PHOTO AND VIDEO
During the congress we will take photos and videos.
If you do not wish to be filmed or photographed please notify the organising secretariat.

CONGRESS VENUE

Monte Rosa 91
Via Monte Rosa, 91
20149 Milano (italy)

How to reach the congress venue:

Metro M1 stop: Lotto
Metro M5 stop: Portello

12 min from Duomo di Milano
15 min 5 km from Central Station
25 min From Linate Airport
40 min from Malpensa Airport

MFI PARTY

The party will take place on Friday, 17th January 2025 at 20.30 at **Dazi Milano.**
It will be a great evening in a unique place in the heart of Milan, next to the Arco della Pace.

Dress Code: Cocktail – Black Tie

Ticket € 185,00 VAT included

Ticket can be purchased at the registration desk.

note

Facial Plastic Surgery & Aesthetic Medicine
Volume 00, Number 00, 2024

DOI: 10.1089/fpsam.2024.0018

Facial Plastic Surgery & Aesthetic Medicine

A video of this technique is available online

Open camera or QR reader and scan code to access this article and other resources online.

ORIGINAL INVESTIGATION | Aesthetic/Cosmetic

Limited Delamination Modifications to the Extended Deep Plane Rhytidectomy: An Anatomical Basis for Improved Outcomes

Michael Roskies, MD, MSc, FRCSC,[1,*] Dominic Bray, MBBS, FRCS (ORL-HNS),[2] Neil A. Gordon, MD, FACS,[3,4] Alessandro Gualdi, MD, MSc, PhD,[5] L. Mike Nayak, MD,[6] and Ben Talei, MD, FACS[7]

Abstract

Background: This study introduces variations of a limited delamination approach to the deep plane face- and necklift. Objectives: To report surgeons' perceptions of limited delamination deep plane rhytidectomy, define the anatomical basis to support these modifications, and report complication rates.

Methods: This retrospective multi-institutional chart review study of patients undergoing a modified classical deep plane face- and necklift. Surgeons' perception of outcomes and self-reported complications were collected.

Results: In total, 3964 patients having undergone face- and necklift with six surgeons being included. Most patients were female (87.9%) with an age range of 31–83 years (mean 58 years). Most were primary procedures (2672/3964; 67.4%) with a median follow-up of 425 days (range 21–5470). Preliminary surgeon experience demonstrated increased ease of flap management, improved biomechanics, smaller perceived rates of skin discoloration, and telangiectasia of the skin and lower revisions rate (n = 11; 0.8%). Complication rates were low for hematoma (n = 24; 1.9%) and seroma requiring needle aspiration (n = 26; 2%) and minor infection (n = 18; 1.4%).

Conclusions: A multicenter surgeon experience with the limited delamination extended deep plane rhytidectomy is based on anatomical evidence and demonstrates low complication rates and surgeon- perceived improved long-term outcomes. Prospective comparative outcomes of these evolving techniques are warranted.

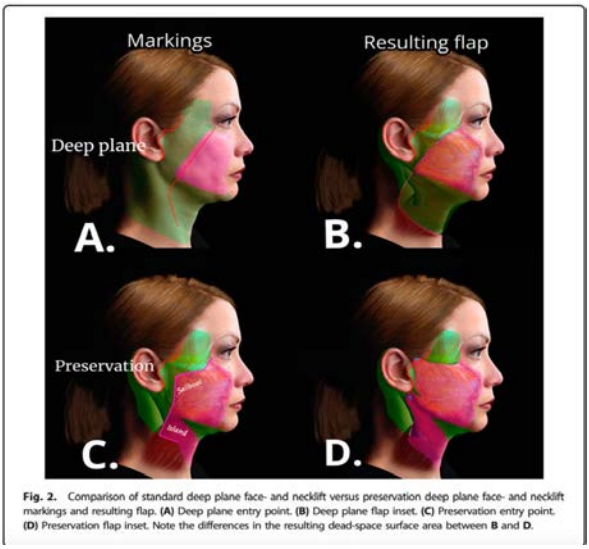


Fig. 2. Comparison of standard deep plane face- and necklift versus preservation deep plane face- and necklift markings and resulting flap. **(A)** Deep plane entry point. **(B)** Deep plane flap inset. **(C)** Preservation entry point. **(D)** Preservation flap inset. Note the differences in the resulting dead-space surface area between **B** and **D**.

note

Preliminary Report

"Dynamic Canthopexy" Drill Hole Canthal Repositioning

Aesthetic Surgery Journal
2019, 1–11

DOI: 10.1093/asj/sjz077
www.aestheticsurgeryjournal.com
OXFORD
UNIVERSITY PRESS

Giovanni Botti, MD; Chiara Botti, MD; Leonardo Rossati, MD; Alessandro Gualdi, MD; Pierfrancesco Nocini, DDS, MD; Riccardo Nocini, MD*; and Dario Bertossi, MD

Abstract

Canthopexies can be performed to modify the eye slant, both when the lateral canthus is lower than the medial one (congenital defect) or in case the patient asks for an almond-shaped eye (cosmetic indication). This peculiar type of canthopexy can be defined as "dynamic canthopexy," meaning that the lateral canthus is released from its original insertion and raised to a higher position. The goal of this study is to demonstrate the differences and the efficacy of the dynamic cantoplasty. Dynamic canthopexy involves a total modification of the canthal suspension system and its careful reconstruction at a higher level inside the orbital rim. To obtain a permanent result, canthal ligament and tendon had to be anchored to drill holes in the orbital rim bone with nonabsorbable sutures. Symmetry was very carefully assessed. This surgery proved extremely effective in all cases. Patients must be warned, though, that an initial hypercorrection is necessary to achieve the desired canthal position. About 6 months after surgery the result of this operation can be considered permanent. Severe complications are rare.

Dynamic canthopexy can provide stable correction of anti-Mongolian slant. It can also be effectively employed to obtain permanent slant eyes when required by purely cosmetic patients. If precisely carried out, this technique can yield very rewarding outcomes.

Figure 5. Upper lid access is depicted in this 35-year-old female who received dynamic canthopexy. At the most lateral part of the upper lid groove, a strip of skin is removed, and the orbicularis is divided to expose the orbital rim.

Figure 7. Dissection and release of the entire canthal suspension system, including the ligament, tendon, lateral septum, and orbicularis retaining ligament, is shown in this 35-year-old woman who also is depicted in Figure 5. These procedures yield complete mobilization of the commissure. A clamp holds the tendon-ligament complex, and the lateral orbital rim is clearly visible.

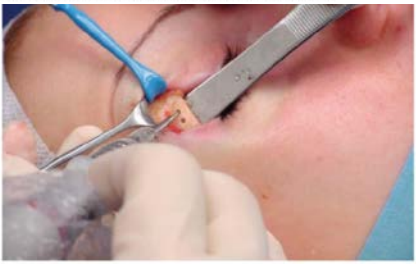


Figure 8. Drilling holes in the superolateral orbital rim. This patient also is depicted in Figures 5 and 7. Two 1-mm holes interspaced by approximately 3 mm are made in the orbital rim bone at the appropriate level. At this step, symmetry must be assessed carefully.

Figure 11. Fixation of the suture. The needle passes through the upper hole from inside to outside, and then the suture is fastened. It is not always necessary to tighten this suspender suture all the way to the knot. This patient also is depicted in Figures 5 and 7-10.

note

Lateral Skin–Platysma Displacement

A New Approach to Neck Rejuvenation Through a Lateral Approach

Mario Pelle-Ceravolo, MD[a,b,*], Matteo Angelini, MD[b]

Clin Plastic Surg 46 (2019) 587–602
https://doi.org/10.1016/j.cps.2019.06.006

Abstract

Full neck undermining and complete platysma transection has been used for neck rejuvenation, with excellent immediate results but high rates of platysma bands and excess skin recurrence.

Lateral skin–platysma displacement is based on a lateral approach to the neck, complete platysma transection and myocutaneous flaps and treats muscular bands and anterior skin laxity.

Advantages of Lateral skin–platysma displacement include limited neck undermining, absence of submental scar, short operating time, fast patient recovery, satisfactory results, and easy approach for submandibular gland reduction.

Lateral skin–platysma displacement has been shown to be an effective technique in terms of quality of results and low complication rates.

Partial horizontal platysmectomy may be used in selected patients with very strong platysma bands, a more aggressive approach that may be more effective than Lateral skin–platysma displacement in certain cases.

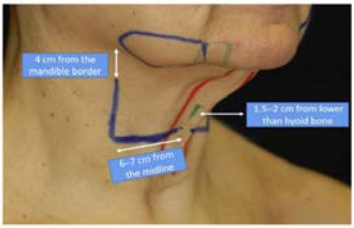


Fig. 1. First we mark the hyoid bone (*single green spot*), then the paramedian platysma band (*the vertical red line*), then the 5- to 6-cm-long vertical incision on the platysma (*the lateral vertical blue line*) at 6 to 7 cm from the midline, then the platysma transection line from the bottom of the vertical incision on the platysma to a point that is 1.5 to 2.0 cm lower than the hyoid bone.

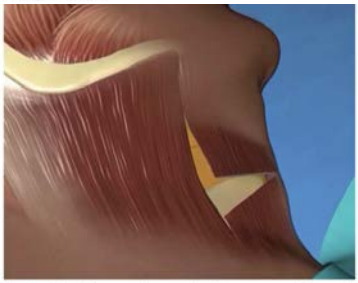


Fig. 5. The platysma is completely transected from its lateral incision to its medial border.

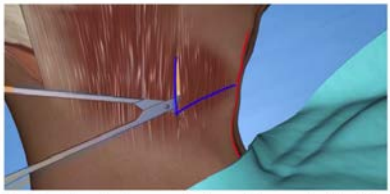


Fig. 3. After having carried out the vertical incision on the platysma at 4 cm lower than the mandibular border to avoid the risk of injuring the mandibular nerve, the scissors start the subplatysmal undermining.

Fig. 9. Cable sutures (represented by the skin markings) are used (owing to the long distance between the myocutaneous flap and the mastoid aponeurosis) to avoid excessive tension and "cheese wiring."

note

The Ponytail Lift: 22 Years of Experience in 600 Cases of Endoscopic Deep Plane Facial Rejuvenation

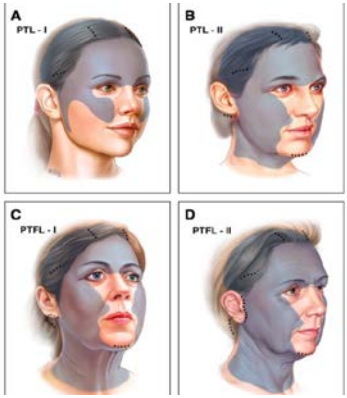
Chia Chi Kao, MD; and Dominik Duscher, MD, PhD

Aesthetic Surgery Journal
2024, Vol 44(7) 671–692

https://doi.org/10.1093/asj/sjad382
www.aestheticsurgeryjournal.com

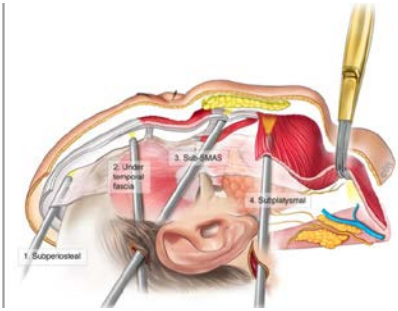
Abstract

During aging, the face loses volume with progressive sagging of the soft tissues, while the neck demonstrates skin laxity and muscle banding. The treatment of facial and neck aging usually involves a traditional facelift, which can cause noticeable scarring and distortion of anatomy. Modern facelift surgery must avoid such shortcomings and still address aging in all layers of the face. To achieve this goal a novel surgical technique was developed and coined the "ponytail lift" (PTL). When global facial rejuvenation is indicated, this procedure is combined with neck skin excision and referred to as the "ponytail facelift" (PTFL). In this article technical details of the PTL and PTFL are discussed. The ponytail procedures offer a stepwise approach matched to the extent of the problem and are intended to refresh or transform the face with minimal incisions. The procedures represent a deep plane facelift without the scar burden, with incisions that are hidden in the temple, postauricular, and posterior scalp. The described techniques are safe and effective while providing reliable and satisfying results.



The 4 ponytail types, the incisions, and the extent of the dissection.
(A) Ponytail Lift I (PTL-I): patients in their 30s or 40s, signs of early aging (commonly upper two-thirds of the face), or younger patients for facial beautification. Incisions all hidden in the scalp.
(B) Ponytail Lift II (PTL-II): patients 40 to 45 y.o., early jowling, only minimal skin laxity of the neck. A 2-cm endoscopic incision in the postauricular sulcus is added to thin the lower face and jowl. If double chin -> deep contouring of anterior neck is added through a 1.5-cm incision under the chin.
(C) Ponytail Facelift I (PTFL-I): patients 45 to 65 y.o. with laxity and redundancy of the lower face and neck skin requiring resection. Extended posterior auricular incision for a deep plane lower face and necklift. Correction of the anterior neck by deep contouring and platysma plication + application of a posterior corset. No incisions in the pretragal area or temporal hairline.

(D) Ponytail Facelift II (PTFL-II): 65 years and older. Heavy jowling, significant skin excess in the neck, and poor skin tone and elasticity. A limited pretragal incision is added to the PTFL-I approach to help manage the significant excess skin. No incision in the sideburns or any extension into the temporal hairline.



Endoscopic access and dissection planes: total deep plane dissection.
In the forehead and brow region, dissection is performed in the subperiosteal plane. In the temporal area, dissection proceeds between the superficial and deep temporal fascia and continues down toward the zygomatic arch. (Sentinel vein and medial and lateral zygomaticotemporal neurovascular bundles: identified and preserved). The zygomaticomalar ligament is released to access the midface. In the midface, the dissection plane is between the SOOF and the OOM. (Zygomatic branch of the facial nerve must be preserved in this region; it is necessary to stay on the body of the zygoma and proceed medially, avoiding any lateral deviation). The midface flap that is mobilized across the nasolabial fold is suspended from several fixation points to the deep temporal fascia.

SOOF, suborbicularis oculi fat. OOM, orbicularis oculi muscle.

note

Facial Surgery

CUPID Lip Lift: Advanced Lip Design Using the Deep Plane Upper Lip Lift and Simplified Corner Lift

Aesthetic Surgery Journal
2022, Vol 42(12) 1357–1373

https://doi.org/10.1093/asj/sjac126
www.aestheticsurgeryjournal.com
OXFORD UNIVERSITY PRESS

Benjamin Talei, MD*; and Steven J. Pearlman, MD

Abstract

Background: Upper lip lift is achieved with a variety of techniques but many questions remain about the benefits and drawbacks of each technique. The CUPID deep plane or modified upper lip lift procedure has recently been introduced to help mitigate risk and optimize outcomes.

Objectives: The aims of this study were: (1) to better characterize and simplify the complex and artistic decision-making process involved in upper lip lift and corner lip lift; (2) to present a mathematical guide to maintain the natural balance of the upper lip, optimizing muscle function, and to indicate when to add a corner lift; and (3) to elucidate design elements, aging, and future treatment considerations.

Methods: A PubMed (United States National Library of Medicine, Bethesda, MD) search was performed in October 2021 for all journal articles published on upper lip lift and corner lip lifts. The search covered from 1950 to the present day in all languages and without exclusion criteria. Outcomes and the evolution of deep plane upper lip lift design over the last 6 years were analyzed.

Results: By following the patterns demonstrated in over 2440 consecutive lip lifts, the authors have been better able to understand the nuances involved in proper design that will avoid acceleration of aging and exaggeration of appearance, and reduce the need for revision while maximizing results.

Conclusions: Upper lip lift design is more complex than most practitioners realize. The mathematical concept described herein makes it possible to obtain more aesthetically pleasing and consistent outcomes. This novel approach to lip lift design enables the practitioner to improve lip balance, facial harmony, and tooth show, and obtain adequate exposure of the lateral vermillion.

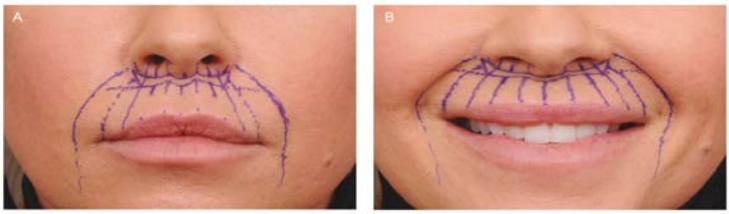


Figure 2. The RSTL globe drawn on a 38-year-old female. (A) RSTL globe at rest. (B) RSTL globe with smiling. RSTL, relaxed skin tension line.

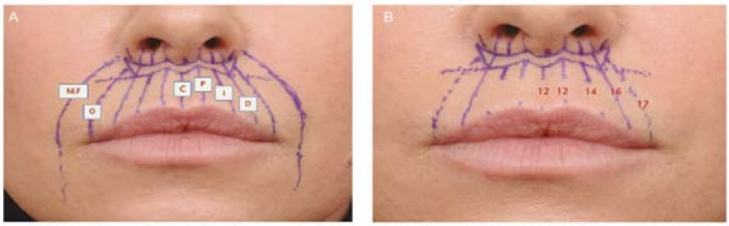


Figure 3. (A) CPID designation for the RSTL globe: C, center; P, peak; I, intermediate; D, diagonal; O, outer. (B) The residual CUPID measurements determine the final shape and slope of the vermillion border, shown on a 38-year-old female. A 2-mm slope between P, I, and D provides a continuous line. Sharp or blunt Cupid's troughs can be altered by making the C and P lines equal in height. NLF, nasolabial fold; RSTL, relaxed skin tension line.

note

High SMAS Facelift: Combined Single Flap Lifting of the Jawline, Cheek, and Midface

Timothy J. Marten, MD, FACS

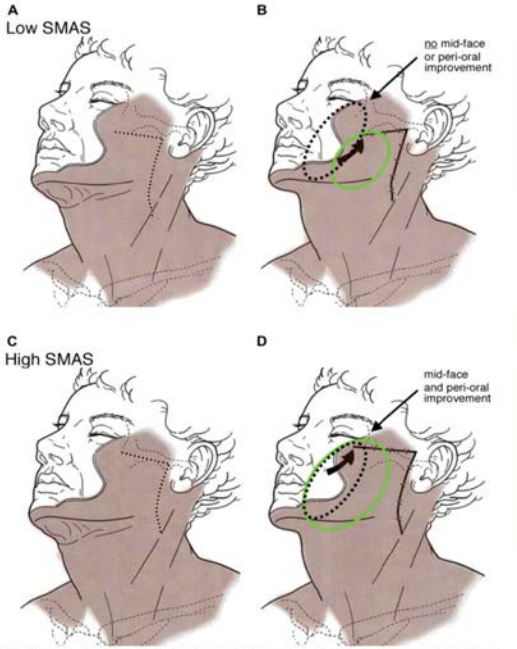
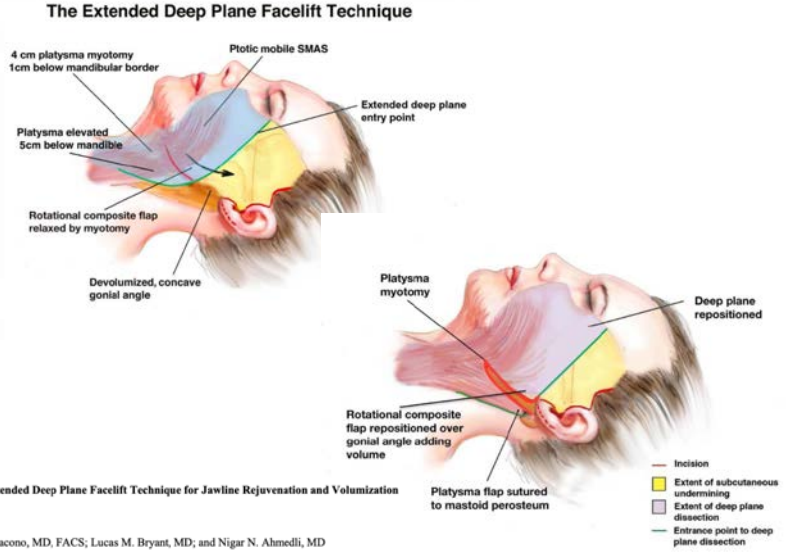


Fig. 1. High and low SMAS compared. (*A*) Plan for low SMAS procedure. Note that superior margin of the flap is planned below the zygomatic arch. (*B*) Low SMAS flap after flap elevation and suspension. Area of flap effect (*green solid circle*) is limited to the lower cheek and jowl and no improvement is obtained in the midface, infraorbital, or perioral regions (*black dashed circle*). (*C*) Plan for high SMAS procedure. Note that superior margin of the flap is planned over the zygomatic arch. (*D*) High SMAS flap after flap elevation and suspension. Area of flap effect (*green solid circle*) includes not only the cheek and jowl, but the midface, infraorbital, and perioral regions (*black dashed circle*). (*Courtesy of* Timothy J. Marten, MD, FACS; with permission.)



A Novel Extended Deep Plane Facelift Technique for Jawline Rejuvenation and Volumization

Andrew A. Jacono, MD, FACS; Lucas M. Bryant, MD; and Nigar N. Ahmedli, MD

note

note

note

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