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The Carraway Technique for Treating Malar Bags

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The lid/cheek junction, which includes the nasojugal groove medially and the palpebromalar groove laterally, is an area of aesthetic concern in many patients seeking a more youthful face\(^1,2\). The anatomy of this area and pathophysiology of malar edema, mounds, and festoons have previously been introduced and continue to evolve\(^3-7\). Varying surgical approaches to reduce malar edema, mounds, and festoons have been described, however these troublesome malar bags continue to pose a challenge to the aesthetic surgeon\(^4,8-16\).

We present a novel, minimally invasive, and effective method for treating this problematic area that uses a thorough understanding of the malar crease and orbicularis and zygomatic cutaneous retaining ligaments. Patients are given a preprocedure intramuscular anxiolytic and local anesthetic. The posterior trunk or thighs are injected with tumescence using a spinal needle. Fat is then harvested and prepared. Residual fat post-procedure may be frozen for future grafting. Liposuction of the malar region, including above and below the malar retaining ligament, ligament release by “underlifting” with a needle, and fat grafting via a 20 gauge needle are then employed to smooth and lift the crease. A small fat harvesting cannula and small gauge needle will leave approximately 80-90% fat graft survival. This not only reduces mounds or festoons, but also improves areas of hyperpigmentation frequently appreciated at the tear trough. Accounting for patient factors, fat harvesting techniques, including donor site selection, preparation and preservation, and grafting methods, including the importance of repetition, are key to achieving excellent results.

This procedure is demonstrated by video and supplemented with step-by-step instructions. Before and after pictures are included to demonstrate resolution of malar bags and an overall improvement in midface contour.

Works Cited


