Chin Augmentation

“Mentum” is the Greek word for chin; the suffix—plasty—means to shape or mold. When the chin is too small for the face, augmentation can often produce dramatic improvement in facial features. Very often it is necessary to recommend surgery for a receding chin either in connection with a *nasal plastic operation*, a *face lift*, *liposuction*, or as an *isolated procedure*. This occurs because the facial plastic surgeon does not consider the chin as an isolated structure but, rather, as an important feature of the face. More specifically, he thinks in terms of the best profile obtainable for the patient. This procedure carries a high success rate and, in most cases, adds the “finishing touch” when reconstructing facial harmony. (See photographs above.)

Mentoplasty

When the chin recedes behind an imaginary line dropped vertically from the lower lip, an augmentation mentoplasty (chin implant) can correct the deficiency and provide facial harmony. This patient also had face lifting with liposuction at the neck.

From the profile, the chin alignment should approximate a line extended vertically from the lower lip.
“Twilight” anesthesia is used for chin augmentation.

Medical grade mesh is our choice to increase the chin projection by supporting the soft tissue overlying the mandible or jaw bone. This is the same concept as with breast augmentation (Mammoplasty) wherein an implant is placed under the tissue. In the chin operation, the implant is placed on the jaw bone so that the soft tissues (skin, fat and muscles) rest upon the implant, not the bone.

Too much recession of the chin, particularly when accompanied by a slanting forehead, will cause the features to taper to a point in the mid-face if only a rhinoplasty (nasal plastic surgery) is done.

Actually, we may advise against any surgery for some individuals unless the projection of the chin can be increased in conjunction with rhinoplasty.

Of course there are people who desire chin augmentation alone for a receding or “weak” chin which has resulted from long-term nasal blockage, enlarged adenoids, dental problems, or a family trait.

Many patients undergoing face and neck lifts and who have a receding chin accompanied by excess fatty tissue under the chin can achieve a better profile by having a chin implant and sub mental liposuction performed in conjunction with their face and neck lifts. (See photographs at the top of the preceding page.)

The operation is usually performed from inside the mouth through an incision just above the crease between the lower lip and gum. Absorbable sutures are used and when the scar “matures,” generally, it is well-camouflaged.

This procedure is performed either at the hospital or in our Clinic. However, if it is done in conjunction with another procedure at the hospital, it is not necessary for the patient to remain there any longer than if the other procedure alone is done (i.e., rhinoplasty, face lift). Most patients may resume their preoperative activities within about one (1) week.
Correction of a receding chin can add the finishing touch to face lift and eyelid plastic surgery.

This patient underwent a chin augmentation as part of early correction of the aging process.
of the body, (i.e., infection, rejection, numbness, swelling, asymmetries, discoloration, distortions, scars, etc.).

Although the chin area will be sensitive for a few days, postoperative discomfort is usually negligible.

Until most of the swelling has subsided, the lower lip and chin area may feel somewhat full and tight. Do not try to evaluate the results of your surgery too soon. It may take several weeks before the majority of swelling and tightness subsides, sometimes longer.

Many patients who have receding chins also have an abnormal bite, i.e., the upper and lower teeth may not meet properly. In these cases, orthodontic evaluation should be considered. In severe cases the entire mandible (jaw bone) may need to be repositioned by the oral or maxillofacial surgeon. We will discuss this with you if you have any questions about it.

This procedure may be combined with surgery to correct the “problem neck” or submental liposuction to “lengthen” a short neck-chin line. (See photographs bottom of the preceding page.)

**Reduction Mentoplasty**

Some chins are too large. The excess bone can be removed or repositioned to help provide better harmony.

At your consultation, the options can be discussed in more detail.