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- \* Aesthetic medicine
- \* Cosmetic surgery
- \* Aesthetic laser therapy
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### Procedure - Neck Lift (\*proprietary procedure by Dr. Maciek Sznurkowski).

I perform the neck lift procedure in two stages. The first stage involves liposuction of the submental area with jawline contouring to remove excess fatty tissue. The second stage is a neck lift involving the suturing of the separated platysma and sternocleidomastoid muscle.

1. Chin liposuction with mandible angle sculpting is painless and takes 45 to 55 minutes. I begin the procedure by preparing the patient. I carefully disinfect the skin of the treated area. I place sterile protective towels around the neck. I put on a protective cap on the hair. To ensure psychological comfort, I put dark glasses over the patient's eyes and we play music.
2. I mark three points on the skin along the mandibular line, the first point being located in the center of the chin, and the two following points being symmetrically placed on each side of the mandibular angles.
3. I locally anaesthetise the designated points by injecting an anaesthetic substance with a fine needle.
4. The anaesthetised points are painlessly perforated with a thicker needle, obtaining three micro-holes through which I will introduce a specially prepared Klein solution, which constitutes the "tumescent" anaesthesia of the adipose tissue during liposuction procedures.
5. I introduce the Klein solution with a special infiltration cannula. This step, called infiltration, involves administering a volume of liquid three times greater than the estimated volume of adipose tissue that we will aspirate.
6. Through the central micro-hole, I infiltrate the lower region of the right and left cheeks along the mandibular line to the mandibular angles. Through the lateral micro-holes, I infiltrate the entire neck area filled with adipose tissue.
7. After infiltration, a 15 to 20-minute break in the procedures is necessary to properly anaesthetise the area subjected to liposuction.
8. The progression of anaesthesia is manifested by the hardening of the subcutaneous adipose tissue and the whitening of the skin in the treated area.
9. I perform adipose tissue aspiration using a special cannula for chin liposuction, analogous to the infiltration process in this area. Through the central micro-hole, I aspirate fat from the lower right and left cheek regions along the mandibular line to the mandibular angles. In this way, I remove unwanted fat from the "pockets" and lower parts of the cheeks. Through the lateral micro-holes, on the right and left, I aspirate the adipose tissue filling the entire area under the chin to the neck.
10. After completing chin and mandibular angle liposuction, I leave three micro-holes for healing, applying antibacterial ointment to them.  
Next, I proceed to the platysmaplasty of the neck muscles, aimed at suturing the separated platysma and sternocleidomastoid muscle.
11. I make an incision with a laser scalpel on the anesthetized skin under the chin (cut approximately 10 mm below the chin, about 3 cm wide).
12. I dissect the skin along with the subcutaneous tissue from the muscle layer which I will then suture.
13. I suture the sternocleidomastoid muscle with 3.0 Vicryl absorbable sutures, using two needles on opposite ends of the thread in a continuous 'lace-up' stitch.
14. I suture the platysma muscle with 5.0 Vicryl multipass absorbable sutures (with two reverse-mount needles at opposite ends of the thread), using a continuous 'lacing' stitch.
15. I approximate and close the skin edges of the wound with 6.0 Nylon sutures, applying a continuous intradermal stitch.
16. I fit the patient with a special submental bandage that ensures proper adherence of the skin to the underlying area treated.
17. Postoperatively, the patient receives prophylactic antibacterial (antibiotic) and anticoagulant medications.

