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SPOTLIGHT ON

Temporal Shell Implant

Ideal for concave temples

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FOR PROPER CHIN IMPLANT PLACEMENT *Release the ligaments*



Ligament release for proper chin implant placement

The following summarizes a surgical approach by William J. Binder, MD, FACS, that was blogged about by Barry L. Eppley, MD, DMD. Photos courtesy of Rady Rahban, MD, FACS; black slide below from Dr. Binder.

When creating a subperiosteal tissue pocket for a chin implant, avoiding the mental nerve is the only commonly recognized limitation. This should not be an issue if the implant is

The Temporal Shell *Ideal for concave temples*

Temples are typically either flat or slightly concave. However, due to genetics or trauma, the underlying muscle and fat pad can sometimes be too thin.

When this occurs, the temple areas can appear significantly hollowed or sunken.

The Solution – Implantech's *Temporal Shell implant*.



Ideal for temporal hollowing, the supple silicone Temporal Shell provides soft-tissue volume replacement to reestablish youthful convexity.

The **Standard** version's shape matches the typical skeletal borders of the temporal region, with an appropriately thicker bottom portion for greater volume.

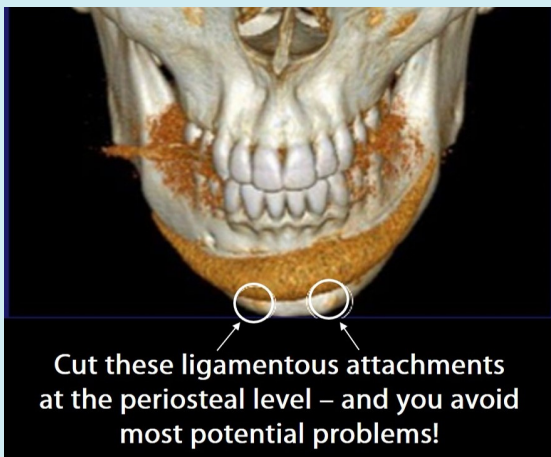
For those with an applicable need, the **Extended** version provides augmentation throughout the full length of the temporal muscle.

properly placed along the inferolateral border of the chin and jawline, safely providing optimal chin projection.

Nonetheless, **oftentimes the surgeon forms the pocket too high on the chin**, causing the implant's lateral extensions to impinge upon the mental nerve or even to be placed above it.

The main reason? Osteocutaneous ligament attachments along the side of the chin.

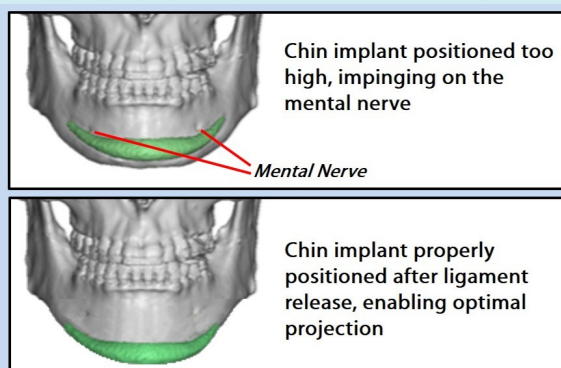
Because these attachments are so tenacious, many surgeons opt to dissect *above* them, where tissue elevation for the pocket is much easier. **Instead, the ligaments should be released.**



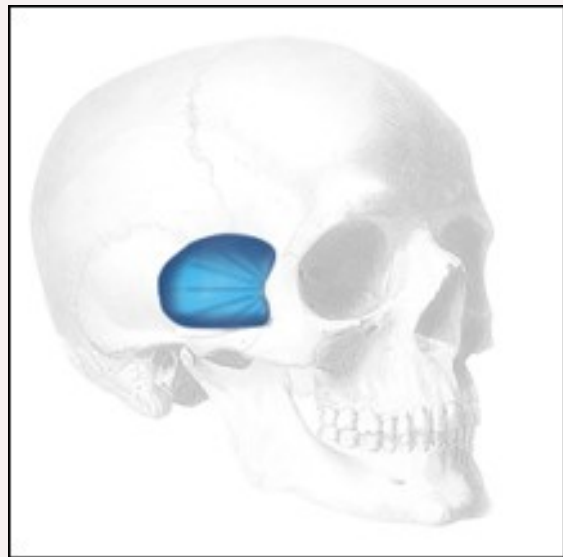
According to Dr. Binder, there are significant benefits to ligament release when inserting extended implants:

(1) Incising anterior “mental” chin ligamentous attachments PLUS elevation of the more lateral mandibulocutaneous ligamentous attachments at the subperiosteal level EQUALS greater mobilization.

(2) There is no reattachment of the periosteum; thus, the mobilized soft tissue remains elevated after insertion of the implant.



The Placement

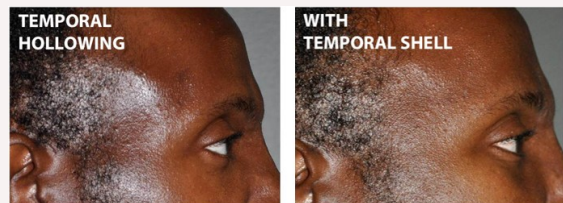


As a soft tissue temporal implant, it should be placed under the temporalis fascia on top of the temporalis muscle. This is most easily done through a small vertical incision well back in the temporal hairline.

The subfascial location allows for a safe and quick method of implant placement with good edge camouflage.

Check out this [written surgical technique](#) or [instructional video](#), both developed by Barry L. Eppley, MD, DMD.

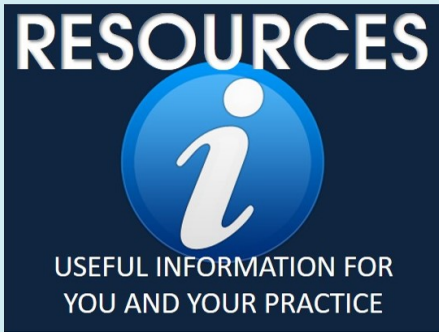
The Result



Photos courtesy of Barry L. Eppley, MD, DMD

Contact Implantech for more information about the Temporal Shell implant or any of our superior products.

Check out more details in the blog by Dr. Eppley.



Sorry!

Our November workshop is sold out –
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