

# Facial Analysis Report

Prepared for Paolo 22 February 2016 Package: Standard Extras: None

## ANALYSIS OF THE FACE

### **Upper Third**

Thinning and receding of the Hairline may be a cause of perceived upper third excessive height: it is strongly recommended to start a Propecia (finasteride) regime and/or considering hair transplant. Furthermore, your brow bone appears too big and you might need some surgical fix. Orbital decompression should be evaluated.

#### **Midface**

The degree of your midfacial hypoplasia is, quite frankly, impressive. However, you would still be classified as a non-syndromatic patient and thus i doubt cranio facial surgeons worldwide would be keen on performing very invasive procedures. Furthermore, i am not entirely convinced they would make the impact you expect. Anyhow, a zygomatic osteotomy is certainly not enough. I understood you're very fond of this procedure but it simply would not help you. If you do not want to use implants, and i completely understand this point of view, your best bet would be to have a lefort III advancement. Kindly note that present asymmetries could not be solved and anyhow it would not lead to an optimal result. Multiple implants in the malar, orbital rim and paranasal region would address your issues more thoroughly however the concerns you brought up are very legitimate; displacement and infection are a quite common side effect with these implants

### **Lower Third**

Jaw wise you cannot opt for a camouflage treatment as the degree of your malocclusion is too big. You must opt for orthognatic surgery with CCW rotation and genioplasty if you want decent results. This movement is mimicked in the morph in the "after" profile shot, as you can see your projection is different and the occlusal plane is slightly flatter. Consider that once the bi-max surgery is done you would most likely need one of the three:

- 1. Medpor Jaw Implants
- 2. Chin Wing Surgery (1 might be enough, maybe 2, this is unpredictable)
- 3. HA/Bio Oss Augmentation"

#### Nose, Lips, Ears

Rhinoplasty is absolutely necessary however you must wait till the orthognatic surgery is over; any prior assessment is totally useless. I'm very sure grafts will be necessary to strengthen the bridge. Otoplasty is necessary too.

#### **General Considerations**

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### **Summary**

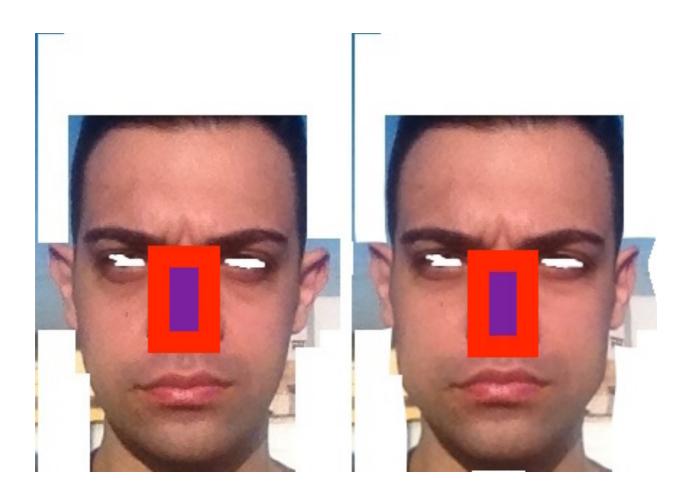
• Please take in consideration the below morph. Kindly note that I do not morph to render you more attractive if the result is not attainable. My morphs are a prediction (obviously volatile) of what specific surgeries could potentially achieve.

I do believe the improvement is remarkable, therefore I would recommend to pursue the surgeries that are mimicked in the before after.

Kindly note that to discuss the surgical procedure you need to unblock the "Pro" Package

# MORPH AND SUGGESTED SURGICAL PROCEDURES

### Morph



# SUGGESTED SURGICAL PROCEDURES

### **Surgical Procedures**

Unblock "Pro" Package: Morph & Advisory

# SURGEONS AND PRICING

### Top Worldwide Surgeons that could perform the requested surgery

Unblock "Extra"

### **Budget**

Unblock "Extra"

Surgical Procedure		Cost	
x		€	0
х		€	0
Х		€	0
Totale		€	0