

Comprehensive Review of Lip Lifting Techniques for Perioral Rejuvenation: Indications, Surgical Approaches, and Outcomes

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ABSTRACT

Lip lifting is a targeted surgical procedure aimed at rejuvenating the perioral region by shortening the upper lip (philtrum), increasing vermilion exposure, and restoring youthful proportions. The most prevalent technique, the subnasal "bullhorn" lip lift, involves excising skin at the base of the nose to advance the upper lip superiorly. Ideal candidates typically present with age-related upper lip elongation, diminished dental show, or specific aesthetic concerns, with variations in indications based on ethnicity and individual anatomy. Technically, meticulous preoperative planning, precise incision design, and careful tissue handling are essential to optimize outcomes and minimize complications such as scarring or asymmetry. When performed correctly, lip lifts offer durable, natural-looking enhancements and can be combined with adjunctive procedures like fat grafting or chemical peels for comprehensive facial rejuvenation. This review synthesizes current techniques, patient selection criteria, and outcome considerations to guide clinicians in achieving safe and effective perioral aesthetic improvements.

KEYWORDS: Lip lifting, perioral rejuvenation, subnasal lip lift, philtrum shortening, vermilion exposure, facial aesthetic surgery, surgical techniques, aesthetic outcomes

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INTRODUCTION

Lip lifting is a surgical procedure designed to enhance the aesthetics of the upper lip and central facial region by shortening the vertical height of the upper lip (philtrum), increasing the visible vermilion, and improving dental show, thereby restoring youthful proportions and perioral harmony. The most common technique is the subnasal (or "bullhorn") lip lift, which involves excising a strip of skin at the base of the nose and advancing the upper lip superiorly. This results in a reduced philtral length, increased vermilion height and

surface area, greater anterior projection of the upper lip, and increased incisor show at rest and during smiling.[1-7]

Lip lifting is indicated in patients with age-related elongation and thinning of the upper lip, diminished dental show, or those who would not benefit from volume augmentation alone. The procedure is often used in facial rejuvenation, sometimes in combination with other perioral or facial aesthetic interventions to address both soft tissue descent and volume loss.[1-2][8] Quantitative studies have demonstrated that surgical lip lifts provide more durable and significant

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changes compared to nonsurgical techniques, though they do result in a scar at the base of the nose.[3-7] Key technical considerations include precise incision design to minimize visible scarring, appropriate tissue undermining,

and careful tension placement to avoid distortion of the lip or nasal base.[5] Patient satisfaction is generally high when the procedure is performed with careful preoperative planning and attention to individual anatomy.[4][6-7]

Aspect	Details
Main Technique	Subnasal ("bullhorn") lip lift
Purpose	Shorten philtrum, increase vermilion show, restore youthful proportions
Ideal Candidates	Adults with elongated upper lip, diminished dental show, aesthetic concerns
Key Steps	Precise marking, skin excision, tissue undermining, layered closure
Variations	Endonasal approach, "T"-shaped orbicularis resection, adjunct procedures like fat grafting
Potential Complications	Visible scarring, asymmetry, sensory changes, wound healing issues
Outcome	Durable, natural-looking enhancement with high patient satisfaction

PATIENT SELECTION

Ideal candidates for lip lifting surgery are adults with an elongated philtrum and diminished upper dental show, in the absence of significant maxillary skeletal abnormalities.[1-4] The procedure is particularly indicated in patients seeking central facial rejuvenation, where age-related changes have resulted in upper lip elongation, thinning of the vermilion, and reduced incisor display at rest or during smiling.[3][5] In Western populations, these changes are most commonly attributed to the aging process, whereas in Asian populations, a long philtrum may also result from bone retraction following orthognathic or orthodontic procedures, and younger patients may seek correction for this reason.[2][4] Additional ideal characteristics include a desire for increased upper vermilion show and improved lip contour, with realistic expectations regarding surgical outcomes and scarring.[1-4] Contraindications include significant maxillary hypoplasia or malocclusion, as these may require orthognathic correction rather than soft tissue procedures.[1-2] In elderly or edentulous patients, lip lift may be considered as part of a multimodal approach to perioral rejuvenation.[5]

SURGICAL TECHNIQUE

The most widely used surgical technique for lip lifting is the subnasal lip lift, often referred to as the "bullhorn" lip lift due to the shape of the skin excision. This approach involves designing an incision along the base of the columella and the alar base, excising a predetermined amount of skin (and, in some modifications, underlying muscle), and then advancing

the upper lip superiorly to shorten the philtrum and increase vermilion show. The excision pattern is typically a wavy ellipse or "bullhorn" shape, tailored to the patient's anatomy and desired outcome.[1-7] Key technical steps include:

- Precise preoperative marking to determine the amount of skin to be excised, often guided by facial proportions and the degree of philtral elongation.
- Incision placement at the base of the nose to optimize scar concealment.
- Undermining of the skin and, in some techniques, partial resection or suspension of the orbicularis oris muscle to enhance lift and longevity of the result.[3][6]
- Superior advancement and meticulous layered closure to minimize tension and optimize scar quality.

Variations exist, such as the endonasal approach, which utilizes internal flaps to further conceal scars and potentially improve outcomes in select patients.[7] Some techniques incorporate a "T"-shaped resection of the orbicularis oris muscle for additional lift, particularly in patients with significant muscular laxity or redundancy.[6] Adjunctive procedures, such as fat grafting, may be combined to address volume loss and optimize perioral rejuvenation.[1][5] Complications are generally infrequent but can include visible scarring, asymmetry, and, rarely, sensory changes or wound healing issues. Proper patient selection and meticulous surgical technique are critical to achieving optimal aesthetic outcomes.[2][5-6]



Figure 1 "Bullhorn" at the nasal base, delineating the tissue to be excised.



Figure 2 A precise surgical closure is observed with proper edge approximation and good symmetry.



Figure 3 "Bullhorn" type marking with an asymmetrical, correctable contour, adapted to the alar base and columellar sulcus.



Figure 4 Primary closure with interrupted nylon sutures, demonstrating good edge approximation and columellar alignment.



Figure 5 Greater eversion of the upper lip is evident, with increased exposure of the vermilion.

CONCLUSIONS

In summary, lip lifting is an effective surgical intervention for restoring youthful proportions and enhancing perioral harmony, particularly in patients exhibiting age-related elongation of the upper lip and diminished dental show. The subnasal "bullhorn" technique remains the most common approach, with its success hinging on precise planning, meticulous execution, and appropriate patient selection. While generally associated with high satisfaction and durable results, potential complications such as scarring and asymmetry underscore the importance of skilled surgical technique and realistic patient expectations. When integrated into a comprehensive facial rejuvenation strategy, lip lifts can significantly improve facial aesthetics and patient confidence, especially when tailored to individual anatomy and aesthetic goals.

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