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## Facial anatomy revisited

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*Statements pertaining to this dissertation*

**FACIAL ANATOMY REVISITED  
ANATOMICAL FACTS AND THEIR CLINICAL IMPLICATIONS**

1. The deep fascia invests not only the great vessels, muscles of mastication, and salivary glands, but also the facial nerve branches up to where they enter the mimetic muscles. *(this thesis)*
2. The SMAS, like the radial forearm flap, is not an anatomical entity but a surgically created flap. *(this thesis)*
3. The facial mobility –in areas other than over the orbital and oral cavities– is provided mainly by deep fascial mobility, and not by virtual spaces now understood to be potential dissection planes within the deep fascia. *(this thesis)*
4. In a facelift, traction distal to the placed sutures –even if placed in the deepest layer of the flap– is immediately transferred to the skin by the fascial system, and hence relies on skin tension, which is prone to relaxation and early failure of the result. *(this thesis)*
5. The platysma muscle complex includes the depressor labii inferioris, both of which – while separated by the mandibular ligament– receive innervation by cervical branches of the facial nerve. *(this thesis)*
6. Contradictions do not exist. If you are faced with a contradiction, check your premises. You will find that at least one of them is wrong. *(Ayn Rand on the work of Aristotle)*
7. An overt passion for aesthetic surgery is inversely proportionate to the chance of getting accepted into a plastic surgery training program in Western Europe. *(Chin-Ho Wong, Letter to the Editor, NEJM, 2023)*
8. Aesthetic surgery stands out as the only discipline in modern-day medicine, aside from voluntary medical charity, that relies solely on economic transactions rather than compulsory funding (e.g., taxation), making it arguably the most ethical medical discipline. *(after Franz Oppenheimer, 1922).*