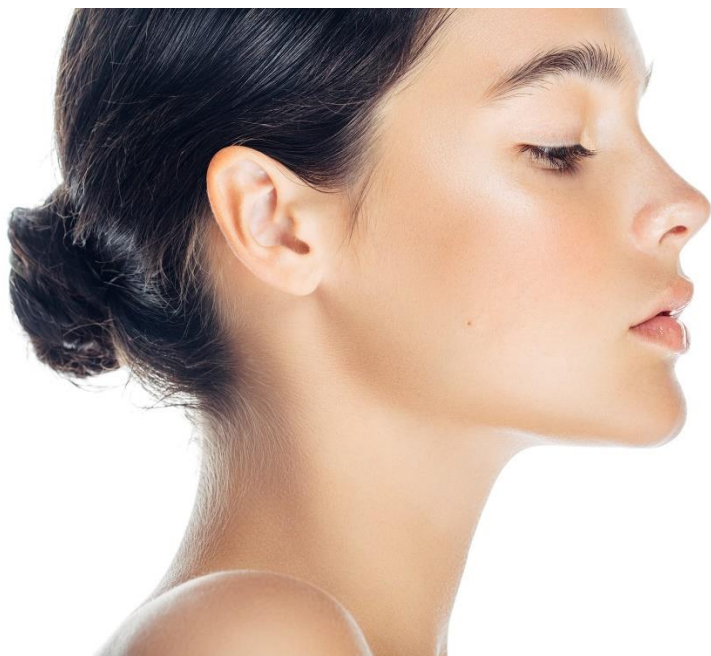


Jawline Sculpting—Why It’s Not All About Filler

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FACE & NECK



Seeing an aesthetic procedure all over social media can breed a strange sort of FOMO. (Hey, we’re not immune.) Yet it may be difficult to distinguish for-the-Gram fads from truly “Worth It” tweaks. Which is why we’re launching a new series on RealSelf: Everybody’s Doing It. Each month, we’ll explore all sides of an of-the-moment cosmetic procedure, to bring you the uncensored truth about its efficacy and safety so you can decide if it’s right for you. Here, in our latest installment, we’re dissecting jawline sculpting.

Is it the new lips? Cheekbones? Butt? I’ve lost track. But according to nearly every beauty outlet predicting 2020 treatment trends at the close of the last decade, the jawline is officially: A Thing.

We want it crisp! Razor-sharp! Angular as a Sassoon bob!

“The popularity of jawline augmentation is definitely on the rise”—both stateside and abroad, says Dr. Dara Liotta, a board-certified facial plastic surgeon who practices in New York City and Dubai. “People are coming in, specifically, with the goal of making the jawline better, which isn’t something I saw even two

years ago. They want a clear step-off between the mandible, or lower jawbone, and the neck underneath—all the way around.”

Some attribute the phenomenon to—you guessed it—the selfie effect. Others link the jawline’s ascent to our heightened awareness of facial harmony in the age of optimization. “There’s been so much focus on the midface since 2013, when fillers were first introduced for that indication, but volume loss doesn’t occur in isolation—the entire skull is resorbing,” explains Dr. Sabrina Fabi, a board-certified dermatologic surgeon in San Diego. “I think people have started recognizing a discrepancy between their [volume-enhanced] midface and [untreated] lower face and are now wanting to address it in order to maintain ideal facial proportions.” (For the record, fillers aren’t currently FDA-approved for the jawline, but doctors commonly use them off-label in this area.)

The Insta-jaw: hardly a point-and-shoot proposition

Many of those aforementioned trend reports position filler as a sort of mandible in a syringe, robust enough to exaggerate one’s God-given bone structure or even restore the definition that time has stolen. And for some folks, sure, it may be just that simple: a few quick needle pokes and—*voilà!*—Angelina Jolie. But as a fortysomething staring down the early signs of sagging, I figured there might be more to the story.

It took only a few phone calls to confirm my hunch. “You’re right—it isn’t just about putting in some filler,” Dr. Liotta says. “Jawline definition hinges on the difference between how far *out* the jawbone is and how far *in* the area below is—and any number of things can blunt that difference. So, for a lot of patients, just adding filler won’t help them achieve the look they want.”

For the more mature among us, the consequences could be far worse. “If the skin along the jawline is loose, and you try to blow it up with filler, it’s going to look ridiculous,” adds board-certified New York City plastic surgeon **Dr. Haideh Hirmand**.

Reason being, oftentimes what we dislike about our jawline isn’t related to volume loss—which is what fillers are designed to treat—but rather laxity and sagging. “When things fall, they need to be lifted if you want a natural look,” says Dr. Steven Levine, a board-certified plastic surgeon in New York City. “If you add filler, in an attempt to improve drooping or camouflage the jowls, you’ll only widen the jawline and make it appear more masculine.”

Profile #goals: deconstructing the ideal jawline

But the complexity of jawline sculpting isn’t ruled by age alone. The individual anatomy of the lower face plays a critical role in determining the acuteness of the angle between your neck and chin. Doctors must consider the size of a patient’s chin, the stoutness of the chewing muscles, the prominence of saliva glands, the position of the hyoid bone in the neck, the degree of weakness and banding of the platysma muscle (which stretches up from the collarbone into the lower face), and the thickness of the fatty layer overlying everything.

Dental architecture also influences the jawline, says Dr. Lesley Rabach, a board-certified facial plastic surgeon in New York City. For starters, “if you have a narrow palate and bite, that can make your jawline look less strong,” she explains. What’s more, certain dental procedures (implants, bridgework) can cause bone loss, which ultimately shortens the height of the upper and lower jaw. “These bones are preserved by the pressure and stimulation of chewing, so if natural teeth are lost, so too is the jawline.”

In other words, it’s complicated. Which isn’t to say fillers don’t play a role—they absolutely do, especially in younger patients. Generally speaking though, “jawline augmentation is a group effort,” says Dr. Sapna Palep, a board-certified dermatologist in New York City. Achieving that cut look may mean filling not just the jawline itself but other parts of the face that hold sway over it, like the cheeks and chin. “It’s not always about adding, however—sometimes we need to subtract,” says Dr. Fabi. Fat-reducing and skin-shrinking technologies may be needed, to take away excess tissue that’s dimming definition. Neurotoxins, which decrease muscle strength and size, can help shape and streamline the lower face and neck. And in some cases, surgery, while it may be more than you bargained for, could actually be your best shot at a dream jaw.

“You have to do the analysis and make the right diagnosis—what is causing the lack of jawline in this particular patient?” says board-certified Dallas plastic surgeon Dr. Rod Rohrich, noting that structures both above and below the actual mandible can contribute to that less-than-distinct look we tend to fixate on in selfies.

I asked doctors to deconstruct the lower face and neck, pinpointing the various aspects they consider when assessing a jawline and describing their favorite ways to enhance each one.

Above the jawbone

The cheeks and temples

Dr. Palep is of the belief that “you can’t even start to correct the jawline, if you don’t address the loss of fat in the cheeks and temples.” Often, boosting these areas with filler—either a thick hyaluronic acid gel, like Juvéderm Voluma, or collagen-stimulating Sculptra—initiates a domino effect, improving the nasolabial folds and giving more definition to the jawline, she adds, so that jawline filler, if still needed, can be used sparingly and to natural effect.

Buccal fat

Adjacent to the corners of the mouth live the buccal fat pads, which lend fullness to the lower cheeks. For some, buccal fat can give the face a pudgy, round, utterly unchiseled look well into adulthood. Buccal fat removal surgery extracts a segment of that fat pad, delivering a slimmer, more angular appearance. The procedure is somewhat controversial, as many doctors feel facial fat—all of it—is

precious, and urge conservation. “To take it out in the 20s is kind of a crime,” says Dr. Rabach—doing so can render patients gaunt years later as the facial fat pads inevitably deflate. That said, selective buccal removal does play a role in jawline sculpting. “This is one of the few indications for it—in someone who is young and has significant fullness in the front half of the mandible,” notes Dr. Rohrich. “It’s not all that common, but I do see it. And if they have a big buccal fat pad, we’re not going to make them look better by adding filler.”

Related: Buccal Fat Removal—and the Debate Dogging the Insta-Famous Fix

Masseter muscle

The masseter is a strong, parallelogram-shaped chewing muscle at the back of the lower jaw. Some people genetically have bulky masseters; others build them up over time by clenching and grinding, inadvertently breeding a boxy, masculine jawline. In some cases, “you have to knock down that big, square masseter with Botox” to create a pleasing jawline, says Dr. Rohrich. The masseter muscle “actually wraps around the angle of the bone [under the earlobe], and in some people, it makes them look puffy [to the point] where you can’t see the sharpness of the jawbone,” Dr. Liotta explains. In those cases, she’ll slim the masseter with Botox and then augment the chin with filler, shifting forward any slack skin that may result from tapering the muscle at the back of the jaw.

Along the jawbone

The chin and the mandible

Could your chin use a boost? Probably. Doctors gauge proper projection by looking at us in profile and measuring a vertical line from the base of the nose down to the center of the chin. For women, the chin should meet that line or fall slightly behind it, says Dr. Rabach. For men, the chin may be flush with that line or extend a bit past it. Filler or fat injections can compensate for a minor shortcoming of a few millimeters, says Dr. Rohrich. But “if the chin is set back more than half a centimeter, I’ll usually suggest using a silicone implant for augmentation.” Chin implants offer a more permanent fix than filler but require surgery and a few days of downtime.

Injectors like using sturdy fillers—Juvéderm Voluma, Restylane Lyft, or Radiesse—to build up a recessed chin. “I always combine hyaluronic acid fillers in the chin with Botox into the mentalis muscle [at the very tip of the chin],” notes Dr. Liotta. “The mentalis muscle exerts some tension on the skin over the chin even at rest, pulling it backward. Relaxing that muscle allows the skin to relax forward and lets you better see the results of filler in the chin.”

In a younger patient with good skin elasticity and little or no sagging, doctors may extend filler out along the jawbone itself. “Microdroplets threaded along the border of the jaw, and sometimes a little higher up, can give just the right amount of oomph,” says Dr. Palep.

Jowls

To fill or not to fill—that is the question confronting doctors when treating jowly jawlines. The answer is debatable, it seems, and generally comes down to the heft of the jowl. If those fatty blips are just starting to emerge, only slightly interrupting the sleekness of the jaw, some injectors will fill the notches in front of and behind the jowl to create a blended, uniform look—particularly on a youngish patient with decent skin tone. Others are staunchly opposed to this approach. “I never fill on either side of the jowl—I think it looks terrible,” says Dr. Liotta. “Gravity is already pulling everything down and forward, and by putting filler there, we’re just helping gravity.” Dr. Rohrich is of the same mindset: “When you try to chase a true jowl with filler, it gives a very strange, bottom-heavy look.”

When slack skin and full-effect jowls become primary concerns, a facelift or neck lift is the most surefire solution. **Dr. Hirmand** commonly performs what she calls a “**jowl lift**” on women in their 50s and 60s who’ve diligently used nonsurgicals for decades. “Their faces look pretty darn good, but their jawlines and necks are hurting.” This limited surgery targets precisely those zones.

For those who aren’t ready to commit to surgery of any kind, some experts recommend firming energy-based treatments, such as noninvasive Ultherapy—which applies ultrasound to the skin’s surface to generate collagen-boosting heat below—or minimally invasive radiofrequency procedures, like FaceTite or ThermiTight, whereby a metal probe is inserted under the skin to heat deeper layers, simultaneously tightening tissue and destroying fat. In fortysomethings with early jowling and very little laxity, for instance, Dr. Rohrich uses FaceTite in the jowls and neck, often combining it with liposuction.

Below the jawbone

Submental (under-the-chin) fullness

“Sometimes [someone has] a great jawline, and you can’t quite see it because there’s an extra layer of fat obscuring it,” says Dr. Rabach. In this case, doctors typically start refining the jawline with some form of fat reduction.

In the right person—with small pockets of pinchable fat, good snap to their skin, and the patience for repeat treatments—noninvasive contouring tools can help delete a double chin. The CoolMini, an under-the-chin CoolSculpting attachment, freezes fat to death; TruSculpt uses radiofrequency energy to melt fat cells.

The fat-digesting shot, Kybella, is another nonsurgical solution requiring multiple rounds. Given the drug’s high price and propensity to induce swelling, however, many doctors prefer liposuction for the chin and jawline. Beyond delivering more dramatic and predictable results, “**microlipo** is gentle to the tissues, requires only tiny incisions, and is a one-time treatment,” says **Dr. Hirmand**. Compared to Kybella, “there’s less inflammation, less discomfort, a faster

recovery—and it's much more versatile," allowing surgeons to eliminate not only under-chin bulges but fat all along the jawline.

Kybella, on the other hand, isn't approved for treating jowls, in part because the acid poses a threat to a nerve that lives in the area. "The marginal mandibular nerve, which contributes to the evenness of your smile, runs through the jowls," says Dr. Liotta. During the drug's clinical trials, she notes, 6% of patients injected in the chin *and* jowls suffered weakness of that nerve for up to six months. "I think Kybella is a reasonable option, but its utility is a little limited in terms of where it's 100% safe to inject."

Related: Kybella busts fat, and not just under your chin

The platysma muscle and neck banding

Fat isn't the only thing that can mask a secretly strong jawline. "Sometimes we can improve that contour by relaxing the platysma muscle, which tugs on the entire lower face," says Dr. Fabi. "When you subtract that pulldown [with toxin injections], you can actually enhance what someone already has—you can see the jawbone better once you relax that muscle."

According to Dr. Palep, "if the jawline and mandibular angle [corner of the jaw under the ear] get blurred when you grimace—these are the people who can benefit from the Nefertiti lift," which involves injecting microdoses of toxin just below the length of the jawbone and directly into the vertical platysmal bands jutting out from the neck.

As the skin loosens and the platysma gives way with age, however, Botoxing the neck can actually exacerbate all that sagging, Dr. Palep warns. At this point, a neck lift—which tightens the muscle like a corset so it lies flat, and allows for the mining of deeper fat deposits that lipo cannulas can't reach—may be the best medicine.

The bottom line on jawline augmentation

"Even though filler is the easy thing to do, it may not necessarily be the right thing for you," recaps Dr. Fabi. Jawline sculpting isn't limited to the jawbone: carving out an enviable profile may mean tending to the skin, fat, or muscles influencing the area—possibly with a combo of treatments. To figure out the right angle-refining equation for you, consult with a board-certified dermatologist or plastic surgeon who can offer myriad options beyond the syringe.

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