



### The “Bikini” Lip Reduction: An Approach to Oversized Lips

Sir:

**G**reatly hypertrophic or oversized lips are an occasionally encountered aesthetic problem, particularly in the black and Asian populations. The reduction of very large lips is not a new procedure but remains a relatively unused one and has received little attention in the literature.<sup>1-4</sup> The following presents a modified method for lip reduction referred to as the “bikini” reduction, consisting of excising a “bikini top” (two

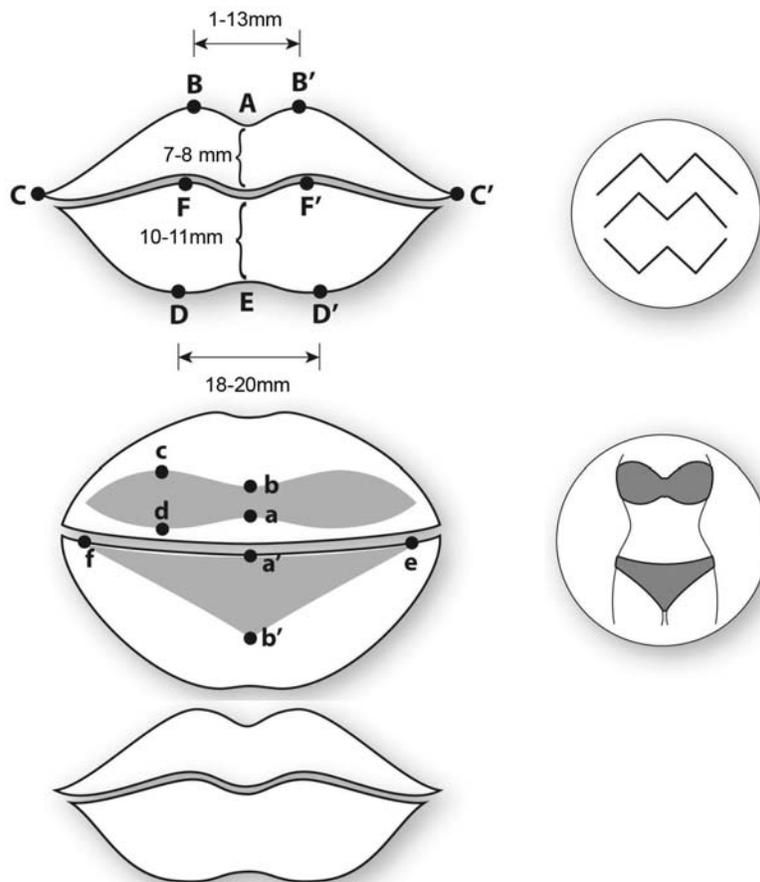
cups and a middle strap) from the upper lip, and a “bikini bottom” (a triangle) from the lower lip. This technique is unique in that it focuses not only on lip reduction but also on labial contouring and volume balance. Aesthetic analysis of the lips has been described in detail by the author<sup>5</sup> and may be reviewed in Figure 1, *above*.

The patient is asked to close the lips gently. A marker is used to place a dot in the midline between both upper and lower lips at the actual dry/wet junction (Fig. 1, *center*, points *a* and *a'*). The patient is then asked to open the lips slightly, as the surgeon manipulates the lips with his or her fingers by rotating them inward, attempting to make them appear smaller. The patient then closes the lips. This is repeated until the size of the showing vermilion is adequately reduced, ensuring the lower lip remains roughly 40 to 50 percent more voluminous than the upper one. Then, another dot is made in the midline on the newly created dry/wet interface (Fig. 1, *center*, points *b* and *b'*). The patient

then opens the lips, revealing four central dots (*a*, *a'*, *b*, and *b'*).

The bikini design is now implemented (Fig. 1, *center*). The bikini top is marked by drawing the central strap as two parallel lines between *a* and *b* for a distance of approximately 1 cm, then diverging to form two oval cups bilaterally. The cups' anteroposterior dimension (*c* to *d*) should be approximately double that of *a* to *b* and should end in a tapered manner a few millimeters before the commissures. The bikini bottom is drawn as a triangle (*e* to *b'* to *f*), with points *e* and *f* stopping a few millimeters from the commissures.

Infiltration of the operative field is performed using 5 to 8 cc of lidocaine 1% with epinephrine 1:100,000. While squeezing the upper lip between the fingers of the left hand to limit bleeding, a no. 15 blade is used to excise the bikini top from the upper lip, with the blade beveled slightly to excise a triangular wedge of tissue. The bikini bottom is excised in a similar way and hemostasis is achieved using fine needle tip electro-



**Fig. 1.** (*Above*) Aesthetic analysis of attractive lips. (*Center*) The “bikini” incision, consisting of a “bikini top” (two cups and middle strap) from the upper lip, and a “bikini bottom” (a triangle) from the lower lip. (*Below*) The expected result, showing the proper reductions, contouring, and relative volumes of the upper and lower lips.

cautery. Defects are closed with a deep layer of interrupted 4-0 chromic sutures, followed by a superficial layer of interrupted 4-0 chromic. No dressing is necessary. Figure 1, below shows the expected result.

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#### DISCLOSURE

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