Supplemental Digital Content 1.

The allograft harvest proceeded in the pretragal region (inclusion of ears is beyond the scope of this article) in a subSMAS plane to identify the facial nerve and branches, cephalad dissection proceeded below the deep temporal fascia to include the superficial temporal vessels. Supraorbital dissection then proceeded deeper in the periosteal layer. A circumferential conjunctival dissection bilaterally preserving the entire upper and lower eyelid is completed and lateral and medial canthii are tagged for eventual recipient inset. Preservation of the orbicularis oculi is achieved through the aforementioned steps. Division of the facial nerve at a proximal level to the branch point of the buccal and zygomatic branches and subsequent nerve coaptation occurs at this location. A deep muscular dissection is mandatory to preserve multiple branches of the zygomatic and buccal branches of the facial nerve.

The remaining facial dissection is completed caudad following the posterior borders of the sternocleidomastoid muscles to the inferior border of the clavicles. A circumferential gingivobuccal incision was made to complete a masseteric muscular dissection and free the soft tissue attachments necessary to liberate the allograft. A nasal skin bridge is used to preserve communication from the left and right allograft and achieve coverage of the nose. The arterial inflow was bilateral from the external carotid artery to recipient external carotid artery and venous anastomoses to the bilateral internal jugular vessels. It is important to note that the superficial temporal artery and facial arteries are identified and preserved to ensure dual blood supply to the periorbital tissue.