

# FACELIFT

The demand for facelifts has increased greatly over the last few years. As a result of this, various types of new facelift have been introduced which can often lead to confusion.

The original facelift was a dissection purely under the skin to pull it tight in the hope of removing creases. The subcutaneous facelift is still undertaken for older patients, especially when they are having a repeat operation or for mini-lift procedures done as a day case under local anaesthetic. In general however creases are best removed by using the carbon dioxide laser to peel the skin.

Newer techniques include repositioning fat and muscles in the face back onto the cheek bones by using a SMAS lift, and also pulling on the platysma muscle in the neck, which has been further refined to produce the extended SMAS, and combined with a brow lift is often called a composite facelift.

These types of lifts are known as the first generation of facelifts. Further generations of facelift involving the subperiosteal dissection of the face with hitching up of the mid-face and the muscle around the eyes and cheek fat have led to second, third and fourth generations of facelifts.

We have extensively studied the various forms of facelift and we can undertake extended SMAS dissections, subperiosteal endoscopic facelifts and carbon dioxide laser resurfacing techniques. We constantly evaluate (audit) our results and we will discuss with you the best way of approaching the operation in your particular case. In other words we tailor the operation to the individual patient given what you wish to try and correct.

It is important to remember that the more dissection that is undertaken the more prolonged will be the post-operative swelling and bruising. Like all things in cosmetic surgery, what one wants to get is the balance of the maximum gain for the minimum pain.

Face-lifting is a major undertaking and therefore requires careful preparation, planning, surgical performance and post-operative care. We have available a team of plastic surgeons, specialist anaesthetists, nurses and aesthetician as well as high-tech ultrasound healing machines, all of whom will help to speed up and smooth your recovery period.

I like to have two consultations with patients undergoing facial rejuvenation surgery. At the first consultation following examination, photographs will be taken and the broad principles of surgery will be explained to you and the type of operation that I recommend will be described. There are several different procedures that may be used with a facelift in particular dermabrasion of the lip, chemical peel, CO2 lasering, dermal fat grafts to the lips and fat injections, augmentation of the chin and of course eyelid surgery and brow lifting.

The full operation is a long and detailed procedure, which will produce an excellent long-term result and improvement for a considerable number of years. At the second consultation a more detailed discussion will be undertaken with the aid of the photographs and this will allow you to ask me any questions that undoubtedly will arise following our first consultation and the reading of our information sheets.

The best candidate for a facelift is a man or a woman whose face and neck have begun to sag but whose skin has still some elasticity and whose bone structure is strong and well defined. Most patients are in their forties to sixties, but facelifts can be successful on people in their seventies or eighties and increasingly is undertaken on younger patients, particularly those whose face has aged with smoking or excess sun. A facelift can make you look younger and fresher and it may enhance your self confidence in the process, but it should not give you a totally different look nor can it restore the health and vitality of your youth. Before you decide to have surgery think carefully about your expectations and discuss them with me.

## **Different Types of Facelift**

1. The original classical **Subcutaneous Facelift** involved just lifting up the skin on the face and re-draping it. This is the sort of lift that is undertaken as a day case and called a mini-lift. The long-term benefits to the patient, once the post-operative swelling has settled, are not consistent. It is also used in the older patient.
2. It became apparent to produce a better correction of the face, a deeper lift was required and the pull was therefore taken on the underlying muscle in the neck and on the fascia in the face. This was the **SMAS Facelift**. More recently as the anatomy has become better understood, this SMAS plane is dissected much further across the face towards the nose allowing a much greater correction of the mid-face and is known as the extended SMAS face lift and is most popular in the United States.
3. The **Mask, or Deep Plane Facelift**, has developed from craniofacial surgery and involves an incision in the scalp as part of the brow lift with an extension of this to dissect the structures deeply in the face via a lower eyelid incision and with incisions also placed inside the mouth to help with the dissection. It has no effect upon the neck and is therefore better in younger patients. The drawback however is that the post-operative swelling does take a lot of time to settle and the full effect of the lift is not apparent for three to six months. Some patients find an altered look to the eyes a problem.
4. With the introduction of **Endoscopic (Keyhole) Surgery** it has been possible to undertake the dissection of the above mask lift through very small incisions just above the ear and through the lower eyelid. This is at present being developed as a 3rd and 4th generation facelift and, whilst good results are obtained by some, there is no long-term follow up on this type of surgery.
5. The composite facelift is a combination of the brow lift and extended SMAS facelift and is advocated the older patient to produce a harmonious elevation of all structures in the neck, face and in particular around the eyes.

### **Post-consultation**

In most facelifts the incision starts in the temple area of the scalp and descends in front of the ear, where there is a natural crease and thus heals to produce a very fine scar, and continues behind the ear high up and back into the scalp. The scar lines are concealed by your hair and do not go either in front of your hair in the temples or down your neck and are designed to permit you to wear your hair in any style. In the earliest days when the scar is red, it is better not to pin the hair back. Some patients require surgery to the neck and an additional small incision under the chin is made.

### **Pre-Operative Care**

You should not take any Aspirin or medication containing Aspirin for at least two weeks before surgery. You may colour or bleach your hair up to but not later than one day before surgery and no further colouring until approximately three weeks after surgery. If you smoke cut down one week before surgery and stop smoking completely three days before to reduce post-operative complications. Smoking and the drinking of spirits adversely affects bruising and for this reason it is also well worth taking at least two weeks before undergoing surgery a 1mg tablet of Vitamin C twice daily and Arnica, one tablet four times a day, for one week before and one week after surgery.

If you are having surgery in the morning you should have nothing to eat or drink from midnight the night before and do not put cream or any make-up on the face in the morning. If your operation is in the afternoon then you should have nothing to eat or drink from 7:00am and you should bring apart from your normal night attire and personal effects, a large scarf and sunglasses to wear after your operation. Get someone to bring you to hospital giving yourself plenty of time.

Surgery is undertaken at the Stamford Hospital or the Wellington Hospital where we have our own dedicated Plastic Surgery Units. These have specialised nurses who only look after plastic surgery patients and operating theatres that have all the latest equipment, including lasers and endoscopy, allowing us to undertake your surgery safely.

When you wake up from surgery you will have no bandages on your face other than light pads over your eyes (if you have had eye surgery) which are merely there to stop you blinking. If you feel threatened by these then please ask the nurse to remove them.

After surgery Witch Hazel compresses will be applied to reduce the swelling and it is better to sleep sitting up with your shoulders resting on at least four pillows. In general no support bandages are required other than for some patients pressure is applied to the underside of the chin. In general I do not use any drains. I suggest you buy a bottle of Extra Virgin Olive Oil to continue as a cold compress at home after surgery. On the day after surgery your wounds will be checked and your hair will be washed. You will be discharged from the hospital on the 1st or 2nd post-operative day before lunch depending upon your recovery. You should arrange for someone to drive you from the hospital and have someone stay with you at home for the first two days as bed rest should continue at home.

It is important during this period to try and sleep sitting up supported on pillows and not to flex your neck forwards. You can expect moderate discomfort, moderate swelling of the face with some black and blue discolouration extending down well below your clavicles. Mild analgesics such as paracetamol are all that one needs. If there is severe pain not responding to medications or marked swelling, especially if more on one side than the other, you must get in contact with me. Five days after surgery the stitches will be removed from in front of the ears and under the chin and twelve days after surgery the larger sutures in the scalp area will be removed. One week after surgery you can have your hair washed either at home or by a hairdresser, and at three weeks you may have your hair tinted.

By two weeks your eyes and face will usually be free of any bruising, but it is wiser to calculate on being out of circulation for three weeks in all, as there is so much individual variation in the rate of healing and the degree of possible bruising. My nurse will give you advice on the care of your skin, the use of cosmetics and may refer you to our aesthetician. As soon as the stitches are out warm compresses to the eyes and face, followed by a final cold compress, may speed absorption of bruising and give the skin a more supple feel. This recovers gradually and is usually back to normal within three

months. During this time the skin will appear drier and a suitable face cream is beneficial.

Avoid sport and strenuous activity for four weeks and avoid prolonged exposure to the sun and heat for three months, as during this period the face and eyelids will feel a little tight as the scars naturally contract. Give yourself plenty of rest and do not talk too much about the operation until you have fully recovered and feel confident about your improved appearance. In the early days it is best to have one or two close friends in whom to confide.

### **Long Term Results**

It is important you realise that the results may not be immediately apparent until after the swelling and bruising are gone and the scars soften. It is not surprising that some patients are disappointed and depressed at first. This is normal and should not alarm you. It is not easy to be bruised and swollen when your expectations are toward improving your appearance. Fortunately, this period passes quickly.

All surgery carries some uncertainty and risk. But fortunately when a facelift is performed complications are infrequent but must be treated promptly. Individuals vary greatly in their anatomy, their physical reactions and their healing abilities and the outcome is never completely predictable. Complications that can occur include:

**Haematoma:** (a collection of blood under the skin) which must be removed and this usually occurs immediately after surgery during your stay in hospital.

**Nerve Injury:** Numbness of the skin in front of the ears and cheeks is routine, but some patients will be aware of this in a wider area over the ears and neck. Recovery takes place over a course of three to six months. Injury to the nerves that control the facial muscles are usually temporary. This is usually a concussion caused by stretching and will recover within a period of six to eight weeks. Very occasionally this facial weakness can be permanent, producing either an asymmetric smile or an inability to raise the eyebrow. This major complication is in our experience extremely rare.

**Infection and poor healing:** Infection is again a very rare complication and always responds to antibiotics. Poor healing of the skin is most likely to affect smokers. Occasionally, small persistent lumps may appear in the cheeks two to three weeks after surgery as the swelling goes down, this is scarring under the skin and no specific treatment is required as they always resolve and flatten spontaneously over a period of weeks.

**Scars:** Scars are usually fine and well hidden. But in some individuals the scars may tend to thicken, itch and become red after six to twelve weeks. Such hypertrophic scars can be helped by injections. The most obvious scars are behind the ears where tension is maximal. You would be advised not to wear your hair tied up or back for at least six months, in order that your hair can flow forwards and cover these scars. Men may find they have to shave behind the ears because of the re-positioned beard.

Having a facelift does not stop the clock, your face will age with time and you may wish to repeat the procedure five or ten years down the line. However the effects of even one facelift are lasting and you will continue to look better than if you had never had a facelift at all.

If there are any problems or anxieties post-operatively, please get in touch with The HealthXchange Clinic on 736699 or out of office hours Dr J G Curran on 265797 or mobile 07781 165797.