



Facelift and Neck lifting

Face lifting (rhytidectomy) aims to tighten facial skin and soft tissues to create a rejuvenating effect. Standard incisions run through the temple hair-bearing area, in front of the ear, behind the ear and back into the hairline. A facelift with or without neck lifting may involve eyelid surgery, browlifting, liposuction, lipofilling or skin 'resurfacing' techniques, such as chemical peeling.

Advances in facelift techniques aim to improve long-term results and safety. Improvements in neck surgery are also the result of more advanced techniques. More demanding procedures can deliver improved results; however there can also be increases in recovery time (downtime) and risks which need to be understood.

Types of facelift

Skin only facelift: An old technique pioneered also most 100 years ago, which relied upon lifting the facial skin only. In some cases, this can still be useful but cannot be relied upon to provide long lasting results.

SMAS facelift: This is the mainstay of face lifting currently. The thin muscle and soft tissues over the cheek, jaw and upper neck is tightened and the skin re-draped over it. It produces a less stretched looking face, with less tension on the scars, which improves the quality of the lift and of the scars. *Think of the skin as your carpet, whilst the SMAS layer can be likened to the underlay or underfelt, which is as (or more) important than the skin itself in obtaining and maintaining a natural, long-term result.*

Deep and extended SMAS facelift:

This procedure was introduced in an attempt to improve sagging cheeks and deep nose-to-mouth lines. The technique is more demanding and the risk of nerve injury is greater.

Sub-periosteum facelift:

This lift is designed to lift the forehead and mid-face through incisions in the scalp. There is a higher risk of nerve damage and the downtime is significantly greater with more noticeable swelling which takes some considerable time to recover. The results of this technique can be variable.

MACS lift: this technique can be useful in selected cases. It is a less invasive procedure, aiming to improve the upwards repositioning of the lower face with little or no effect on the neck. The skin incisions are less and the soft tissues are suspended by sutures. This technique is often employed in the younger individual who does not require a full facelift, where a more limited procedure is appropriate, and in those who want the quickest recovery time.

Mini facelift: this operation is used when only a small effect is required or when other face-lifting procedures are not possible or indicated. This might be useful in the very elderly, for example.



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Adjunctive procedures:

There are a number of useful procedures that can be employed to enhance the effects of a facelift, including fat filling to the cheeks, chemical peeling, and harmonising facial cosmetic procedures including eyelid surgery, and endoscopic brow lifting.

Other useful information:

Pre-operative advice: Smokers are strongly advised to refrain for 6 weeks prior to surgery, as smoking has a higher risk of complications related to both anaesthesia and wound healing. Aspirin and related anti-inflammatory medication (ibuprofen, naproxen, diclofenac), vitamin E and certain other products should also be avoided during this time to reduce the risk of bleeding. Please ask if you have concerns about both prescribed and non-prescribed medication that you take. The contraceptive pill or HRT should be stopped for 4 weeks pre-operatively.

Hospital admission: Most patients are admitted on the day of their operation. You are usually seen early for pre-operative nurse monitoring and to see the anaesthetist who checks on your overall fitness for surgery, and discuss aspects of your in-patient stay with us. You will be seen by Mr Adams again to discuss the procedure, take photographs as necessary, and to obtain consent. You should have obtained all the necessary detailed information about the procedure, length of stay, recovery, risks and expectations before your admission.

Operative procedure: The facelift or neck lift procedure is performed under general anaesthetic and takes 4 hours depending on the nature, complexity or number of tasks required. The incisions are designed to minimise scarring in concealed areas (in the hair line and behind the ear) or in sites that leave barely perceptible scarring (such as in front of the ear or in the chin crease). The underlying facial or neck tissues are tightened in layers and the skin re-draped under little or no tension. Drains are occasionally inserted, but Mr Adams now uses special tissue glue that obviates the need for large drains and which helps distribute tension evenly under the skin. A mixture of metal staples and stitches are used to close the incision lines. The face and neck is bandaged for the first night and will be removed the following morning for inspection, prior to the application of a facial garment, which is to be worn during the first week. Antibiotics and a steroid are given during your stay to reduce infection risk and swelling respectively.

Post-operative care: You are required to rest both during your stay and afterwards at home. Antibiotics are prescribed for five days at discharge, to be taken orally. Keeping your head elevated helps relieve swelling. Pain is not a significant feature, although you will be given standard painkillers on your discharge. You should not drive for five days following your surgery. Hair washing is possible at home after 24 hours. You should be off work for 2-3 weeks depending on the nature of your work. A full return to normal is expected at 6-8 weeks. A final assessment of your results cannot be expected for 3-6 months. You will notice that turning your neck can be restrictive for a number of weeks and that it feels "overly tight". This feeling will pass over 4-6 weeks.



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Follow-up: You will be seen at one week following surgery for assessment and stitch removal. A further dressings appointment is often made at two weeks too. An outpatient appointment will also be made for you to see Mr Adams at 6 weeks and 9 months.

Risks and complications: As with any surgical procedure, complications can occur. Bleeding is a rare complication and if a problem, would manifest during your stay. This can result in a collection of blood called a haematoma. In such cases, a return to theatre for its removal may be necessary. This risk is reduced further by the use of the tissue glue technique employed by Mr Adams. Patients most at risk of haematoma are males, smokers and those with poorly controlled blood pressure.

Another rare complication concerns interference of branches to the facial nerve, which supplies the muscles for facial expression. Patients might notice that one side of their mouth or eyebrow might not move appropriately. Fortunately, and in most cases, this is a temporary phenomenon that resolves within a few days (or very rarely, a few weeks) after surgery.

Poor scarring is difficult to predict, but can be more of a problem in dark skin. Thickened (hypertrophic or rarely, keloid) scars are managed with steroid injections and occasionally can be revised surgically. Poor scarring can still be problematic in spite of treatment.

Hair loss is uncommon, yet may be noticed in the temple region. In most cases, hair will re grow after several months.

Numbness is a normal phenomenon in the cheek, jaw or neck areas, but in time this resolves spontaneously. A small patch of numbness can persist permanently.

Skin necrosis is possible in some cases and might occur at the edges of healing scars. Problems of this sort are related to poor blood supply or tension at the scars sites and are most susceptible in smokers.

Dissatisfaction with the outcome of surgery can occur for a number of reasons, such as unattainable expectations. Face lifting generally achieves good rejuvenating results but it must be remembered that you cannot expect 'to be returned to your youth', and the procedure does not 'stop the clock'. Mr Adams spends time with his patients pre-operatively ensuring that both his, and your, expectations are matched so as to avoid an 'unfavourable result'. *Repeating a face-lifting procedure is not an uncommon request as ageing persists, so providing a guarantee on longevity of face-lifting is simply not possible, despite what one reads!*

What happens when I leave hospital?

Dressings/stitches: A facial garment will be applied before you leave hospital, and is worn for up to one week to protect and support your face. The staples and sutures are not covered by dressings at discharge.

Appearance: Immediately following your operation, the face will become swollen. This settles rapidly after 48 hours and settles further after 10-14 days. Visible bruising is to be expected for 1-3 weeks, depending on the type and nature of your surgery. Make-up can be applied from two weeks as necessary. The face and neck can feel stiff which is normal for a number of weeks. Occasionally a small amount of fluid (seroma) can build up just under the earlobe, which can be gently removed the day after surgery.

Pain relief: Standard analgesics will be given to you at discharge.



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Other features: Numbness is expected around the stitch lines and lumpiness or irregularities may be observed for a number of weeks. These features resolve spontaneously. Gentle massage to the scars and face with facial creams is encouraged to reduce stiffness and irregularities during this time. Scars do not fully mature for at least 9-12 months.

Activities: You are advised not to drive for 5 days and to keep your head elevated. Exercise must be avoided for 4 weeks.

Follow-up: An appointment will be made for you to return to the clinic to see the cosmetic nurse for assessment and stitch/staple removal at one week, and thereafter if necessary. An outpatient follow-up will be made to see Mr Adams at 6 weeks and 9 months post surgery, with appointments sent via email.

Problems that may be encountered: Minor wound infections (especially behind the ear) are not uncommon, and again more so amongst smokers. You will be advised about how to manage this, if problems arise. Delays in wound healing of this sort resolve spontaneously. If you have concerns or persistent problems, then you should contact the hospital where the surgery has been performed or Mr Adams' secretary directly.