

Face-Lift and Neck-Lift

With advancing years the tissues of the face tend to descend because of gravity and decline in collagen quality. Smoking, sun tanning and being overweight contribute to this decline. Typically the jowls and neck become heavy and this gives a 'square' appearance to the lower face rather than the heart-shaped appearance which characterises youth. From the side, the angle between the jaw and the neck may be lost with time.

Face-lift is approximately a 3-4 hour operation which usually involves general anaesthetic and an overnight stay in hospital. On each side of the face, a cut is made in the scalp of the temple, continuing down the front of the ear and curving back up behind the ear and into the scalp behind. Loose, heavy tissues from the jowls, cheek and the neck are pulled up and back by tightening one of the deeper layers of the cheek ('SMAS'). The skin is re-draped, trimmed and worked in around and behind the ear. This improves the definition of the jawline from the front and the side. The ageing process is not halted but the 'clock' is 'turned back' by 5-10 years - i.e. the result is not permanent but the effects are typically beneficial for several years

It is important to have reasonable expectations because, like all operations, there are risks and limitations. Despite a technically sound operation, a small proportion of patients may suffer serious or even dangerous problems or simply find that the outcome was less physically or psychologically positive than they had expected.

It is also important to understand that the fee for your operation includes treating and managing of emergencies relating to your operation during the first 12 months (e.g. bleeding, infection, wound healing problems) but it does not cover for further treatment of cosmetic issues.

What is Neck-Lift?

In many cases, a standard facelift will have a good effect on the neck contour. Where the neck is heavier and/or there are significant vertical lines ('platysma' muscle bands) some additional work may be necessary to tighten the platysma muscles ('platysmaplasty') and, in some cases, thin the fat in the neck with liposuction. This requires an additional cut under the chin. 'Neck-lift' is usually an add-on procedure with 'face-lift' but it may be performed on its own. Subsequent information in this document applies to 'neck-lift' also.

What is a Mini Face-Lift?

For patients with much more subtle signs of ageing in the lower face and neck, it may be possible to achieve a desirable effect with a Mini Face-lift. This procedure is very similar to a standard facelift with the following important differences: It is a slightly shorter operation; It may be amenable to 'awake' local anaesthetic surgery; there will still be a cut around and behind the ear but it will usually not go into the temple; there is less internal dissection.

What about the results of Face-Lift?

The effects of tightening the face or neck skin are immediately apparent although there is swelling and bruising which will mostly settle within 3 weeks. Typically patients will perceive that the lower face appears approx. 10 years younger. It is important to remember that there are other aspects of ageing which are not treated by facelift - these include the eyelids and eye-bags, the forehead and brow, lips, upper lip, fine lines, wrinkles and age-spots.

Symmetry

Almost all people will be able to determine slight differences between one side of the face and the other. These differences may be present both in the soft tissues (skin, fat and muscles) and in the skeleton. In addition, many patients will exhibit subtle muscle asymmetries when they are talking, smiling, frowning etc.). Patients tend to scrutinise their face more closely and critically after an operation than they did pre-surgery.

The soft tissues will be tightened on both sides and will be closely matched but it is impossible to make each side exactly the same. There may also be some differences in the length and position of the scars. The operation does not address the skeleton, therefore skeletal differences will definitely persist and these could be more apparent. Differences in muscle activity are not treated by face-lift but it is possible to cause weakness which could be temporary or permanent.

Swelling in the immediate weeks after surgery may differ on each side so you should not be concerned if there is some apparent asymmetry during this period as long as it is not excessive, painful or tight.

Can Face-lift be done together with other procedures?

Face-lift can be combined with other procedures, for example, eyelid surgery, botox injections, lip lift, brow lift. Face-lift on its own is a 3-4 hour operation so it is important to weigh up the potential added risks of prolonged surgery and if there are any concerns about your general health it may be preferable to do procedures separately.

Does Face-lift Surgery require a general anaesthetic or hospitalisation?

Standard face-lift or neck-lift operations are usually a 1-night-stay operations which are carried out under general anaesthetic. When you leave hospital you will not be able to drive yourself home. Some surgeons do face-lift procedures under local anaesthetic or under sedation.

Mini face-lift can be done as an awake (local anaesthetic) or as an asleep (general anaesthetic) operation. It is usually best to stay overnight afterwards but if you prefer to go home on the day of your operation, there should be another adult staying in the same home for the first night.

How long is a Facelift operation?

Standard facelift takes 3-4 hours in the operating theatre. With the addition of a neck lift it may take 4-5 hours. Mini facelift takes approximately 2 hours. There is additional time taken up with checking into theatres, commencing anaesthetic and then coming-round so you will probably be in the operating department of the hospital for longer than these times.

What about the scars following Face-lift?

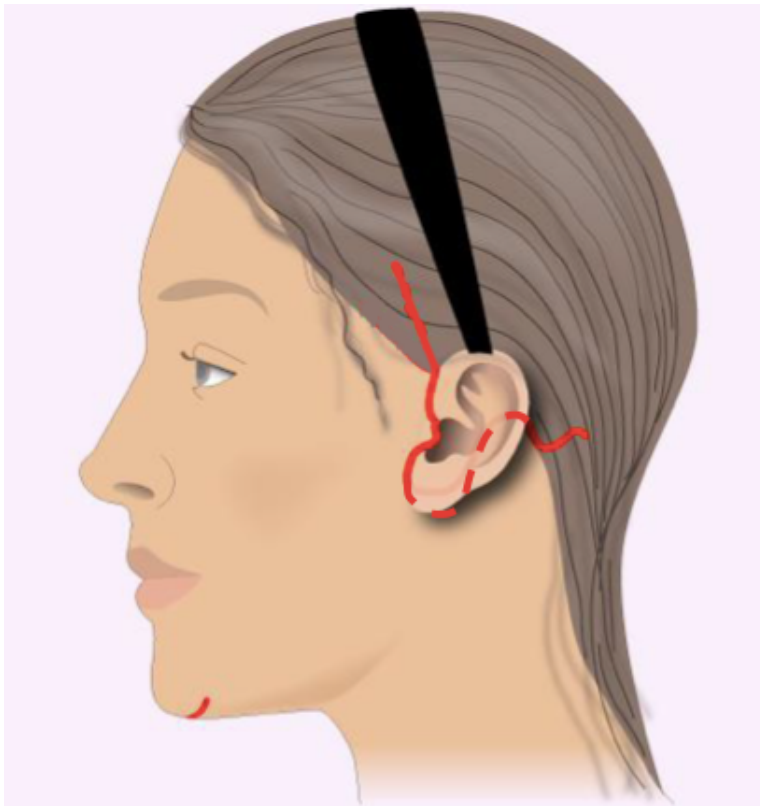
For a standard facelift, the scar commences in the hair-bearing scalp approx 6 cm above the ear. It passes downwards into the crease between the ear and the cheek. It follows the groove between the earlobe and the cheek, continuing round to the back of the ear. It passes up the groove behind the ear and then across into the hair-bearing scalp behind the ear. A combination of staples and buried stitches are used to close the wound. The extent of this scar is less for patients having mini face-lift or neck-lift only. Neck-lift also includes an additional scar approximately 4cm in length under the chin.

Scars are usually subtle once they have had time to mature (approx 6-12 months). They are never invisible but their location is intended to conceal them as much as possible in natural contours and creases. Make-up can be applied over scars once scabs and crusts have separated (approx 2-3 weeks post op). Some parts of the scar may be slower to heal than others and this can be due to localised infection or a persistent buried stitch knot.

Patients who have thin or short hair may well find that the scar is visible through the hair as hair follicles may not grow through or near it. For the future you will probably want to wear your hair long in order to best conceal the face-lift scars

The excess skin has to be cut and roused in at the end of the operation; this can leave a small fold or some irregularity behind the ear. In most cases this settles but a small additional local anaesthetic procedure may be necessary to deal with this.

Scars can pull or contract unfavourably around the lobe or the tragus of the ear and cause a change in shape of these and this can be difficult to correct if it occurs.



From BAAPS website https://baaps.org.uk/patients/procedures/12/facelift_and_necklift

How long is the recovery time?

Most patients report that their surgery was much less painful than they expected. It is usual to have moderate pain for a few days. Normal pain-medication and rest should be all that is necessary to tolerate this. There will be swelling and bruising and some tightness. It is not unusual for patients to experience a bit more pain/swelling/bruising on one side than the other. Into your second post-op week, things will typically be much more comfortable but you may continue to get some pains and 'twinges' which can persist for longer.

After surgery you should plan to have a quiet week at home and aim to sleep in a propped up position for 3 days. You must also avoid bending over, stooping or straining for 10 days - if you need to pick something up, do this by bending the knees and keeping your head upright. This is to minimise bleeding or bruising after surgery.

Bruising and swelling is usually obvious and takes approximately 3 weeks to settle. Some residual swelling will subside more slowly for

a number of months. You may take Arnica tablets to try and minimise bruising if you wish.

You can gently wash your face and hair from the morning after surgery. Use luke-warm water in the shower; use minimum water necessary to wash and rinse; gently pat dry with a clean towel. Make use of help from partner / friend if available.

The skin on the cheek and neck will be numb for several months but this should return nearly to normal. Rarely patients may experience tingling or discomfort as the nerves to the skin recover but this is unlikely to persist in the long term.

Usually you will have a face garment to wear; this is designed to minimise bleeding, bruising and swelling and it should be worn full time for a week, then at night time for a second week.

Return to gentle daily activities (e.g washing, dressing, preparing and eating food) the next day if you feel ready and comfortable to do so.

You should avoid strenuous exercise / activity / jobs for 6 weeks. Patients may feel able drive the car and return to a calm office environment after 1 week but there will still be quite obvious signs that you have recently had an operation so you will probably prefer to keep to the privacy of your own home for 2-3 weeks.

If you live alone, it is advisable to ask a friend or a relative to stay with you for a few days or at least be readily available to visit and help.

How long does Face-lift last?

Face-lift does not last for ever because the processes of ageing (gravity, decline in collagen quality) are not arrested by the operation. There is no other treatment which will guarantee to arrest the ageing of collagen in the tissues. Vitamin A - related creams may help with this. Avoidance of smoking, weight gain and significant sun exposure may also help. Facelift 'turns back the clock' but the clock keeps ticking.

Most patients will have benefit from face-lift beyond 5 years. The neck is more prone to relapse than the jaw line. It is possible to have a repeat a facelift in the further future.

Early relaxation of skin, (sometimes termed 'skin creep') perhaps within a year may occur in a minority of cases despite adequate initial tightening. This can result in little or no apparent benefit from the surgery. Probably this is due to individual differences of collagen and tissue healing but it is poorly understood and not easy to predict.

Are there alternatives to Face-lift?

This is surgery for personal choice: There is no 'need' to have face-lift. There are types of face-lift which are minimally invasive and use tunnelled 'threads'. These are less powerful in terms of the amount of 'lift' and the duration of effect (typically 1-2 years) but they do have the advantage of being quick and easy for patients to have and recover from. Some surgeons and cosmetic doctors use fat transfer or fillers to 'lift' the face. These are not usually effective for treatment of heavy jowls and neckline.

What are the risks of Face-Lift and Neck-Lift Surgery?

It is impossible to eradicate all the risks associated with surgery. This is considered to be routine surgery with an acceptable safety profile if performed by a fully qualified and trained Plastic Surgeon in Hospitals with a high standard of care. The overwhelming majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term. If you have other medical problems (e.g. heart, breathing or blood clotting conditions) the risks may be increased and it is possible that some patients may not be considered healthy enough to have this operation.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from surgery (stroke, pneumonia, heart failure, severe allergy, severe infection, hypoxia)

Dangerous blood clots ('DVT', 'PE')

Bleeding (approx 2-3%)

Infection (approx 1-2%)

May affect cosmetic result - may develop in longer term - may lead to further investigations or surgery - may not be covered by the cost of your face-lift operation.

Injury to facial nerve - causes weakness or paralysis of muscles which control facial movements (e.g. smiling). This complication may be temporary or permanent and remedy may be impossible. Risk is approx 1:200.

Asymmetry (often pre-existent)

Seroma (collection of fluid)

Skin blistering or necrosis on the cheek - may lead to significant scar

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Long term pain; neuroma; painful lump.

Wrinkles (dog-ears), lumpiness or puckering. usually settle

Scar tightness around tragus or ear lobe ('pixie ear')

Altered skin colour - paler / pigmented / broken veins - usually settles; can be covered with make-up

Early relaxation of skin / recurrence - 'skin creep'

Loss of hair adjacent to scalp scars

Other problems - usually temporary

Greater auricular nerve failure - this nerve provides sensation in the skin of the ear (nothing to do with hearing) and it is not unusual for this to stop working after surgery causing temporary or permanent numbness on the skin of the ear.

Numb cheek skin - many tiny nerve connections to the skin of the cheek are severed during dissection and this causes the skin of the cheek to be numb. The sense usually returns although it may not be complete.

Swelling, bruising, pain

Scar healing abnormality: 'hypertrophy'; 'keloid'

Minor wound infection or stitch problem

Allergy to dressings / antiseptics / stitches

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds . You must cease smoking / vaping for 6 weeks before and a further month after operation.

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad. The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties. For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and stitches have separated (usually by 3 weeks).

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 2 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office.