

Facelift & Necklift

A facelift, or rhytidectomy, is a cosmetic surgical procedure that aims to tighten up the soft tissues of the face, and by so doing create a rejuvenating effect. The main areas of the face that derive benefit are the jawline, the neck, the cheeks and also beneath the chin. The operation involves dissection not only under the skin of the face, but also into the deeper tissues. This two layered approach creates a more natural effect and prolongs the effectiveness of the facelift. Other procedures may also be required as part of the standard facelift, these include liposuction of the fat and tightening of the muscles under the chin. Some patients will also be having extra procedures such as a browlift or eyelid reductions.

Necklift: This procedure is also known as a lower facelift and aims to correct the skin laxity in the neck, submental excess and any neck bands. It also recontours the jawline. The procedure is undertaken via an incision that runs around the front of the ear, down under the earlobe, around the back of the ear and extends into the hairline behind the ears. The skin is elevated off the soft tissues and the muscles of the neck are elevated and repositioned. In some cases an additional incision is made in the submental region and further tightening of the muscles plus/minus liposuction is undertaken.

Classical facelift (rhytidectomy): The procedure is as for a neck lift but the incision extends higher up either in front of the sideburn region or into the hairline above the ear. In addition to the procedures that are undertaken in the necklift a tightening of the soft tissues or SMAS layer is undertaken. This softens the cheek fold and reduces wrinkling within the cheek skin. There may also be a modest correction of the outer aspect of the eyebrow. The SMAS layer is otherwise known as the superficial muscular aponeurotic system. This is a layer of deep tissue comprising a layer of muscle that envelopes around the lower face and neck. By tightening and repositioning this layer a more natural look is gained and a longer lasting facelift ensues. Fatgrafting may be undertaken at the same time into the cheek folds and folds around the corner of the mouth.

MACS facelift: Over the past decade there has been an increasing awareness of the limitations of the standard facelift, in particular relating to a tight look that can sometimes result and also concern regarding the extent of the dissection and potential complications that can result. Additionally in younger patients the backward pull of the facelift is not required with a more desirable effect being achieved by an upwards repositioning of the soft tissues (called the volumetric approach). The MACS (Minimal Access Cranial Suspension) lift was designed with these concepts in mind. It is undertaken via an S-shaped incision in front of the ear (with no scars behind the ear) and soft tissues repositioned using cranial suspension sutures. Frequently submental liposuction is performed to enhance the effect. Occasionally the MACS lift is combined with a necklift procedure or with a submental tightening of the platysma muscle. Fatgrafting is sometimes undertaken to the cheek folds and around the corners of the mouth. The MACS facelift is not suitable for all patients and tends to be restricted to a younger patient where a more limited procedure is appropriate.

Preoperative advice

Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for at least six weeks prior to, and for two weeks following surgery. Aspirin and related anti-inflammatories should be avoided for a similar time period.

The hospital admission: Most patients are admitted on the day of their operation. You will be seen by the anesthetist who will discuss details with you regarding the anaesthetic and any special considerations that you have. You will be seen by Mr. Whitworth who will discuss the operation with you, take some preoperative photographs and ask you to sign the consent form. A detailed discussion regarding the operation is not appropriate just before surgery so please ensure that you feel fully aware regarding the procedure, the recovery time, the expectations and the potential complications before admission. If necessary please ask either for advice over the phone or request a further consultation (all included in the initial fee).

Operative procedure: The facelift or necklift operation is usually performed under a general anaesthetic and takes 2-4 hours to perform. The incisions are designed so as to produce scars that are either concealed (in the hair-bearing scalp and behind the ears) or in an area which normally leaves virtually no scarring (in the crease in front of the ear). The facial tissues are tightened in layers and any additional procedures are undertaken. At least two drains are inserted, these are positioned in the incision behind the hairline. A bandage is applied to support the tissues and reduce the swelling for the first 24 hours. One dose of antibiotic is given at operation to reduce the risk of infection and one dose of steroid to reduce postoperative swelling.

Postoperative care: For the first 24 hours most patients will rest. Swelling is reduced by keeping the head elevated. Pain is not normally a significant feature though analgesia will be given as required. Patients are either discharged on day one or day two depending on the exact nature of the procedure. Prior to discharge the dressings are removed, the drains taken out and the hair is washed. A head band is occasionally provided and needs to be worn for two weeks day and night postoperatively and then for a further four weeks at night only.

After discharge: Before discharge appointments will be made to remove the sutures. These are removed in one to two stages at between 7 and 14 days postoperatively. Appointments for suture removal will be given prior to discharge. No antibiotics are routinely prescribed, and pain relief is given as required. There are no dressings other than a head band at discharge if required. Patients are discouraged from driving for one week following surgery and will need to be off work for between 2 and 4 weeks. A full return to all normal activities is anticipated between six and eight weeks postoperatively. The facelift procedure and the result of this as with

many other cosmetic surgical procedures cannot be fully assessed for at least three if not six months postoperatively. Follow up by Mr. Whitworth occurs at one and four months postoperatively and these appointments will be received through the post.

Risks & Complications

As with all surgical procedures complications may occur. With all types of facelift procedures the two main complications are bleeding usually on the night of surgery, resulting in an accumulation of blood underneath the cheek skin (a haematoma) which in most cases requires a return to the operating theatre for removal of the haematoma, cautery and resuturing. The risk of this complication is significantly increased if the patient has a poorly controlled blood pressure or is a smoker. A rare complication following a facelift procedure is of interference with the facial nerve function, this being a nerve that supplies all the muscles within the face for expression. Should this complication occur patients will notice that one side of the mouth or eyebrow does not move appropriately. Fortunately, in the majority of cases, this is a temporary phenomenon which will resolve within a few days of surgery.

As with all cosmetic surgery procedures undertaken by Mr. Whitworth there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following this surgery.

Other procedures: Frequently patients have other surgical procedures undertaken at the same time as a facelift or necklift. These include upper and lower eyelid corrections, dermabrasion to lips to reduce lines, fatgrafting to the cheek or lips and browlift procedures.

Postoperative advice: Immediately following the operation the face may become very swollen. This is at its worst after 48 hours and gradually settles down after 10-14 days. During this time there may be visible bruising and the face may feel very stiff. Increasing the number of pillows used at night may help to reduce the swelling. Around the incision lines the skin will feel numb, and there will be a certain amount of lumpiness under the skin (sometimes this is tender). These will resolve spontaneously with time though may take a few months to return to normal. Gentle massage of any lumpy areas and also of the scars is beneficial.

Problems that may be encountered: Minor wound infections especially behind the ear are not uncommon. Most of the time these resolve spontaneously. If the problems persist, or if there are any other concerns, please contact the hospital where the surgery was undertaken or Mr. Whitworth's secretary.

Follow up: Patients will be reviewed for removal of sutures and for wound checks by the nursing staff in the outpatients department once or twice in the first fortnight following surgery and then will be reviewed by Mr. Whitworth at three to four weeks following surgery. Appointments for suture removal and wound checks should be given prior to discharge and an appointment to see Mr. Whitworth will be received via the post.

Face & Necklift – Discharge Advice

Wound care and sutures: No dressings are usually applied following facelift surgery. Sutures are removed in one to two stages usually at one and two weeks postoperatively by the nursing staff in the outpatient department. Appointments for these will be given prior to discharge.

Washing: The face can be gently cleaned from about four days following surgery. Light cleansers and moisturizers can be used at one week as well as light makeup. At two weeks following surgery all products may be used unless there is persistent marked swelling. Hair washing with simple shampoos can be undertaken from discharge although care needs to be taken around the areas where stitches are present.

What to expect: Some patients develop bruising immediately following surgery, in others it develops after two or three days. Associated with this bruising there may be some swelling of the face which frequently gives the face a round appearance. The bruising usually resolves within one to two weeks but the facial swelling may persist for another two or three weeks. The usual hideaway period following facelift and necklift surgery is approximately 14 days. Some patients will also notice some lumpiness and irregularity of the skin which may be more marked on one side compared to the other. Any lumpiness of the skin is usually as a result of some deep bruising. This will usually resolve and not be visible at about one to two weeks following surgery though some palpable lumpiness may persist for two or three months. Although the effects of the facelift surgery are apparent immediately, one needs to wait for between three and six months to judge the final result.

Some oozing from the wounds is inevitable in the first 48 hours following surgery and it is therefore advisable to use some protection at night over the pillow. At the site of the drains the wounds may take several days to heal fully. This is entirely normal and no special treatment is required.

Patients will often note that the face feels very tight and initially this is aggravated by opening and closing the mouth and by turning the head. This tightness usually resolves within a few days. Additionally patients frequently notice numbness in the cheek region. This is normal but will fully resolve usually within two or three months.

Pain relief: Most patients do not experience significant pain following face and necklift surgery. It is however beneficial to take pain relief for the first week following surgery, often on a regular basis to avoid any breakthrough pain. Beyond this period of time, pain relief only as required is necessary. In the first 48 to 72 hours following face and necklift surgery it is preferably to avoid Aspirin and equivalent anti-inflammatory agents as they may increase bruising.

Sleep advice: Sleep is a very important part of the recovery process and it is important that a good night's sleep is obtained. On the night following surgery sleeping tablets can be prescribed and a short course may be necessary for a few days following surgery.

Restrictions and activities: Patients should avoid any facials, hair dyeing or perming, eyebrow plucking or waxing or any equivalent treatments for at least four to six weeks following surgery. Patients who wear contact lens may find it difficult to insert them for the first week following surgery (or longer if eyelid corrections have been undertaken), glasses can be worn immediately although some care around the suture sites is necessary.

Light activities including gym work and swimming should be avoided for about four weeks following surgery and any sporting activities where violent movement may occur (including golf and tennis) should be avoided for between six and eight weeks. Contact sports should be avoided for three months.

Follow up: Patients will be reviewed for removal of sutures and wound checks by the nursing staff in the outpatient department once or twice in the first fortnight following surgery. Patients will be reviewed by Mr. Whitworth at one and four months postoperatively in the outpatients. Appointments for the wound checks and suture removal will be given prior to discharge and appointments to see Mr. Whitworth in the outpatients will be sent via the post.

Causes for concern: The main potential concern following discharge is developing infections within the wound or having prolonged and marked swelling. Infections within the wound are usually manifest by a sudden increase in pain, redness and swelling around the wound and sometimes a purulent discharge. Should there be any such symptoms or any other cause for concern then patient should contact either the hospital where the treatment was received or Mr. Whitworth's secretary.