

PROCEDURE NOTES

Face lifting

Face lifting is a general term referring to the tightening of facial tissues through standard incisions running through the temple hair-bearing area, in front of the ear, behind and back into the hairline. Full facelift refers to total facial rejuvenation and may involve eyelid surgery, brow lifting and some sort of skin "resurfacing". With increasing demand for this type of surgery, and surgeons' quest for better results, especially in the area of cheeks and mouth-to-nose lines, new developments have introduced new techniques such as "deep" face lifting. Improvements in neck surgery are also the result of more advanced techniques. However, all these improvements are due to more invasive surgery with its underlying risks, and demand more surgical skill and experience.

The standard or skin only facelift is an old technique, which relies entirely on lifting the facial skin and tightening it above and behind the ears. In the right patient it may give a good result but probably not as long lasting as facelifts involving some kind of muscle tightening at the same time. Also scars tend to stretch and may become visible. This type of face lifting is becoming obsolete.

The muscle-tightening or SMAS facelift was introduced some 30 years ago and remains the mainstay of face lifting at the present time. In this case, the muscle over the jaw and upper neck is tightened, and the skin draped over it. It has the advantage of producing a less stretched face, with less tension on the skin and better scars. Unfortunately, it has little or no effect on the cheeks and the nose-to-mouth lines. Because SMAS facelift is not very effective in treating sagging cheeks and deep nose-to-mouth lines, deep or extended SMAS facelift was introduced many years ago. There are variations to this technique, but they all attempt to correct the same problem. This technique is much more demanding on the surgeon's skill and experience, and the risk of nerve injury is slightly higher. However, in the right patient this technique affords the best result in face lifting at present.

More recently there has been a trend for "minimally" invasive, or "lunchtime", facelifts. The idea behind this movement is that "less is more". Thus a facelift that is cheaper, less risky, lesser scars, shorter recovery and the same result is clearly a better bet than the invasive, dangerous and expensive "deep" SMAS facelift.

Unfortunately, nothing is further from the truth and those surgeons who are honestly evaluating their results are gradually reverting to the more traditional techniques.

Approximately 7 years ago a new technique called subperiosteal facelift was introduced which attempted to lift the forehead and mid-face through an incision in the scalp. This is an extremely demanding technique, with higher risk of nerve injury and not very spectacular results, except in a few selected patients. One of the problems with this technique was the scar, hair loss and extensive numbness. More recently, this technique has been performed using key-hole surgery, yet more technically demanding. It is more appropriate for the younger patient with saggy eyebrows and cheeks. It has very little effect on jowls and saggy neck. The result of face-lifting depends on many factors, such as surgeon's skill and experience, patient's age, condition of skin, severity of skin laxity, and of course, patient's expectations.

The stay in hospital is usually not more than two nights, and sutures are removed 7 to 10 days later. Bruising may be present up to three weeks post-operatively,

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depending on the extent, type of surgery, and patient's tendency to bruise. The settling down process is a long one and may take six months, or so. However, with proper make-up the patient should be presentable two weeks after surgery. Scars are generally difficult to see, and they improve for many months. On the whole, scars are not "mature" for at least one year after surgery. Sometimes scars may have to be revised if they are thick or visible. In patients with poorly elastic skin it may be necessary to tighten the face after six months or so. When making a decision about having cosmetic surgery, it is important to weigh up the pros and cons. It is particularly important, because cosmetic surgery is not medically necessary and the benefit can be measured in purely psychological terms only.

As with any surgery, face-lifting is subject to complications which although uncommon do occur.

1. Bleeding / haematoma: this complication applies to virtually all surgical procedures. It occurs within 12 hours of surgery and presents as a swelling under the skin. The collection of blood is usually drained in operating theatre. The incidence of this complication varies and is approximately 0.3% in this Practice.

2. Wound infection: it is rare to have infection following a facelift, largely because antibiotics are used during and after surgery. If it develops it is treated with further antibiotics and appropriate wound care.

3. Poor scarring: some individuals may develop thick and red scars, so-called hypertrophic scarring. Very rarely this may progress to keloid scars. These unfavourable scars have to be treated with steroids and sometimes may have to be revised.

4. Hair loss: this is very rare and may occur as a result of tension swelling in the scalp or as a general reaction to the trauma of surgery. Wound infection can also cause temporary hair loss in the vicinity of the wound. Fortunately, in most cases, hairloss is reversible but may take many months.

5. Numbness: follows most surgical procedures and gradually decreases with time. Sometimes, small areas of the face may develop permanent numbness. There is no remedy.

6. Bruising: this is a normal sequel to surgery and therefore is not a complication. The duration of bruising can vary from two to twelve weeks and depends on the extent and thickness of skin, among other factors.

7. Injury to the facial nerve: facial nerve controls the movement of muscles of facial expression. Injury to one of its branches will result in paralysis of one of the muscles of facial expression. Most injuries are caused by swelling or bruising around the nerve and are therefore temporary. Permanent injuries are quite rare.

8. Poor healing: some areas of facelift scars, especially behind ears are subjected to more tension and may receive poorer blood supply to its edges. This is particularly so in smokers and ex-smokers. It is very important to cease smoking prior to surgery for this reason alone. If healing is delayed, it may take up to eight weeks for the wound to close. Later, the scar may need revision.

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9. Skin tethering: in some areas, especially in the neck, skin is attached to the underlying immature scar and this has a tethering effect. In most cases this problem corrects itself with time and it may take a year.

10. Asymmetry: most patients have some facial asymmetry and most of these cannot be corrected by face-lifting. Any concerns about asymmetry should be discussed with your surgeon.

11. Unfavourable result: the outcome of this operation depends on many factors including expectations. Your surgeon can only achieve what is possible within his limitations. In spite of a good result and absence of complications some patients feel aggrieved. Further surgery may not necessarily help.

As in all surgery it is essential to see a surgeon who will be able to tell you whether your problem can be remedied by surgery, and what the risks are. Thereafter you will be in a position to decide whether you should go ahead or not.