

## Facelift

A facelift is a surgical procedure designed to improve the lower half of the face, particularly the jaw line and neck. Broadly speaking, facelift techniques exist in two main categories: a full-facelift (extensive surgery and long recovery) and a mini-facelift (minimal surgery and shorter recovery). The type of facelift that is best suited to you is based on assessment of your skin and deeper tissues of the face and neck, the degree of improvement you wish to have and the length of time to recovery that you are willing to have. Mr Misra will explain more about this in your consultation.

### The surgical procedure

A facelift is normally performed under general anaesthetic, with an overnight stay in hospital. In certain circumstances (one-stitch facelift, mini-facelift or R-facelift), it may be possible to carry out the procedure under local anesthetic and intravenous sedation (not fully asleep, but slightly drowsy). Depending on the type, the facelift incisions can be made above the hair line, at the temple and continue in the natural skin crease, just in front of the ear, to skirt under the earlobe and behind it, in the crease behind and off into the back of the scalp. A less extensive incision is made in the R-facelift, mini- ,one-stitch facelift.

Occasionally further skin incisions are necessary, for example, under the chin, if neck skin needs tightening or the fat here needs thinning-out using liposuction. Deep facial and neck tissues under the skin include structures like the platysma muscle (neck) and the more fibrous layer in the face, called the S.M.A.S. Tightening these structures with deep stitches, adds to the overall facelift effect and how long it lasts.

Drains are usually placed under the skin, in both sides of the face, before the skin is stitched back. In the R-facelift no drains are needed. A bandage is placed around the face and neck to support the lifted skin, minimise bruising and swelling. The dressing is removed the next day and the drains, if used, taken out. Surface tapes to the incision lines stay on for 5-7 days and the skin stitches, if needed, are removed at 7 days. In the R-facelift, all the stitches are usually dissolving.

### What to expect

Following surgery swelling and bruising in the cheeks and neck are commonplace. The face may also feel rather strange and stiff. Pain is not a common problem during the post-operative recovery and if it does occur is easily controlled by mild painkillers, such as paracetamol. The healing scars are tucked away, often behind the hairline and in front of the ear. In women, large round earrings and camouflage

make-up may be helpful to mask persistent bruising and allow a quicker return to normal life. Men with short hair, may find it harder to disguise the scars. They will often find that they need to shave their beard closer to the ear, in front and also behind the ear where the skin has been lifted.

## **Aftercare**

It is normal for there to be some numbness of the skin of the cheeks and ears and this takes time to disappear (6 months - 1 year). You will be advised to keep your head elevated by sitting up in bed, especially when sleeping, for at least a week to help reduce swelling and speed up the recovery. When at home, it is beneficial to avoid bending, stooping or straining, if possible. Strenuous activity, saunas and massage must be avoided, too.

## **Risks and complications**

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, there is no surgery that is completely risk-free. Some of the general risks such DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection although uncommon may occur with general anesthetic and a long operation (>1.5hours) and this risk for will be discussed at your consultation. However, temporary and unpredictable complications such as a first time allergy to surgical products (eg. stitches, dressings, implants (if used)) and local anaesthetic are uncommon, but if discovered and experienced post-op, may affect your recovery and final outcome. Similarly dissolving skin stitches 'spitting-out' is not uncommon when used in thinner skin areas and if troublesome, may have to be removed by a minor procedure under local anaesthetic, if they do not settle. However, specific risks to facelift surgery are listed below, although not exhaustive:

### **Bleeding**

This is the commonest complication in facelift surgery and is rare. 2-3% of patients will develop this, during the first 12 hours post-op. Swelling (haematoma) on one side of the face or neck is usually the sign that alerts to its presence. With prompt drainage in the operating theatre, most settle very well, with just slightly more bruising to contend with. It is well documented that men, cigarette smoking, high blood pressure and certain blood thinning medication, can increase its risk.

### **Nerve injury**

Although nerve injury is a rare occurrence in modern facelifts, its aftermath can be significant. Facial nerve damage can be temporary or permanent, leading to drooping of one side of the face or part of the face. With neck lift surgery, the nerve that provides sensation to the ear, has to be negotiated and injury here can lead to partial or complete numbness of the lower part of the ear.

## **Infection**

This is uncommon, but will be assessed during the wound review by Mr Misra, following your surgery. A course of oral antibiotics usually settles this.

## **Poor wound healing and skin loss**

Wound healing and skin loss are not common. However, smokers have a particularly higher risk for this and depending on the type of facelift needed, Mr Misra may decline your surgery, if you continue to smoke. In the event of wound problems, regular dressings become necessary and will be needed until the wounds have healed, completely.

## **Temporary or permanent hair loss (alopecia)**

The risk for hair loss, is minimized by reducing tension on the skin, during and after the facelift. Despite this, it is possible from stitch stresses to the hair follicles. Stretched scars in hair-bearing areas in the scalp may also lead to this issue.

## **Fluid collection**

Seroma (straw-coloured fluid) may accumulate under the skin following, although relatively uncommon. It may occur in one part or the whole part of the facelift, under the skin. This fluid can be tapped-off in the clinic using a fine needle and usually settles over a period of weeks.

## **Persistent pain**

This is unpredictable and rare. It may be nerve injury related (see above) or non-specific. Simple pain-killers may ease the pain, however if this persists after the swelling and bruising have subsided, massage techniques can be beneficial in some patients. In general, with pain that continues in spite of these interventions, a referral to a pain specialist may be necessary.

## **Bad scarring**

Scars in the face and neck tend to heal very well in most patients. However, a small group of patients may develop stretched, hypertrophic (lumpy) or keloid ("mushroomed-out") scar. A previous history of this type of scarring may indicate your risk of doing this, although this is not always the case. Scar therapy, steroid injections or revision surgery, in certain circumstances, may become necessary, with bad scarring.

## **Prolonged swelling**

Usually, most swelling in facelift surgery will settle within 6 weeks. The likely final result is noticed by 3-4 months. Persisting swelling, may need investigation, depending on your assessment. It may be that the swelling can be drained, depending on the cause.

## **Skin irregularities and discoloration**

Skin contour changes are reasonably common, in the initial part of healing. Massage treatment and scar therapy can modify a lot of this. Pigmentary changes in the skin are unpredictable and may be due to lingering bruising or skin changes. Make-up may mask some of this, however laser therapy can rid the persisting darkened skin patches, if troublesome.

## **Stitch granuloma**

Often this feels like a pin-point and slightly tender lump, under the incision line somewhere. Another presentation is a small abscess that results many weeks after the operation, with a noticeable stitch, under it. This may happen in thinner skin parts, for example in front or behind the ear. Oral antibiotics, can reduce the localized infection, but, more often than not, removing the offending stitch is all that is required.

## **Revision surgery**

Unsatisfactory results may include: asymmetry, unsatisfactory surgical scar location and unacceptable visible deformities at the ends of the incisions. (It may be necessary to perform an additional surgery to improve your results). The benefits of a facelift do not last forever and it is likely that revision surgery may be needed, some years later.

## **Further information**

If you are interested to know more about facelifts, please call: 01753 674106 / email: [office@alokmisra.com](mailto:office@alokmisra.com).

**Disclaimer:** This information leaflet is designed to supply useful information but is not to be regarded as advice for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.