

# Facelift & Neck lift

## Introduction

Facelifts (also known as rhytidectomy) and neck lifts remain the gold standard treatment for facial rejuvenation. They restore a more rejuvenated appearance to the lower face and neck by lifting sagging tissue. They also re-establish defined contours along the neck and jawline.

Considering having a facelift and/or a neck lift is a big decision, and therefore it should not be rushed. If you are thinking about either, it is important to have an understanding not only about the procedure and the operation itself, but also about what you can realistically expect from a facelift or a neck lift. It is also crucial to reflect on what you are hoping to achieve from undergoing the surgery and to ensure, with your plastic surgeon, that your expectations are realistic and achievable.

All prospective patients face a dilemma when deciding about having this procedure. Many people worry naturally about whether facial surgery might induce a change that changes their identity – whether they will still look like themselves. In addition, we understand that many people have, at the back of their minds, the worry about the possibility of being left with a noticeable minor change or even some form of disfigurement.

This information booklet has been written with this in mind, starting with an explanation about facial ageing. It then goes on to describe the different options in facelift and neck lift surgery, what to expect from them and the post-operative course. All operations carry a degree of risk, and facelifts and neck lifts are no exception. Therefore, the last section deals with possible complications from these procedures and what may need to be done should a complication occur.

## Facial Ageing

We are all affected by ageing. Facial ageing results in a loss of elasticity and stretching of the skin, its supporting suspensory ligaments and the underlying soft tissues. In addition to the skin of the face and neck losing its elasticity, there is a loss of volume in the mid-face as well as descent of the soft tissues due to the effects of gravity. Our underlying facial skeletal structure also changes slowly over our lifetime.

The effect of this process is to cause the cheeks to become less prominent, the nose to mouth lines to deepen, the jawline to sag (giving rise to jowls) and the skin of the neck to fall into loose folds along with loss of jawline definition. This changes the appearance of the face from being heart shaped, as it is in youth, to more square with age. Around the eyes the eyebrows may droop and the skin in the eyelids tends to drape giving a hooded appearance. (We explain periorbital (eyelids and eyebrow) rejuvenation in separate information leaflets for these procedures).

Facial ageing changes can affect self-esteem and psychological well-being as well as a sense of losing one's identity or visibility.

The rate of this ageing process varies between individuals and depends significantly on individual genetics and anatomy (people age in different ways and sometimes to different extents in different areas of their faces). Facial ageing is hastened by the effects of sun exposure, smoking, significant weight changes and the stress of ill-health or sometimes daily life. Fine lines appear first, which go on to form wrinkles and then furrows in the forehead, around the eyes, lips and mouth. Bags and excess skin develop about the eyes, deep creases form between the nose and mouth and jowls, and loose skin appears along the jawline and into the neck. Other folds and fat deposits may also develop in the neck.

### **How can the ageing process be addressed?**

Facial rejuvenation surgery cannot stop the ageing process. It cannot turn the clock back to make you look 21, but it can reset the clock and improve the most visible signs of ageing. It does this by combinations of tightening and repositioning the underlying supporting structures of the face, the removal of any excess fat (and sometimes replacing lost volume with fat transfer), tightening of the underlying muscles and finally re-draping the skin of the face. Additional procedures such as fat transfer, blepharoplasty (eyelid lifts), brow lifts and lip lifts can be done at the same time as facelift and neck lift surgery if indicated.

Early treatment and reduction of the effects of ageing include protecting your skin from the sun, not smoking, good nutrition, maintaining a stable and healthy weight, good skin care and non-surgical treatments such as facial peels, LASER, anti-wrinkle treatments and others. Please be aware that some more interventional non-surgical treatments e.g. some dermal fillers (or excessive use of dermal fillers) and energy-based devices that target deeper facial tissues can cause scar tissue and/or affect lymphatic drainage and significantly affect complication risks in facial surgery in the future.

Eventually, as the underlying supportive framework of the face (known as the SMAS – see below) loosens and is affected by gravity, the only reliable way of addressing the problem

is with surgery. Contemporary facelifts accomplish the effect of a fresh rejuvenated look, without changing the normal expression, character or identity of the face.

### **What is the best age to have a facelift and/or a neck lift?**

There is no specific age that is best for a facelift or a neck lift - we all age differently according to our individual genetic make-up and our environmental experiences. Facelifts and neck lifts can be performed from the early 30's through into the 80's. The timing depends on the extent and type of ageing that you have and when it starts to affect you. The type of facelift and/or neck lift will be tailored to this as well. Usually a more youthful look is maintained for longer when a facelift or a neck lift is performed on a younger person whereas, in an older person a more dramatic change may be seen.

There are many factors that will affect the individual result and longevity of a facelift. This will partly depend on the surgery done and partly on your facial tissues and your health and lifestyle. In general, smaller facelifts such as "mini-facelifts" and "one-stitch facelifts" will last for shorter periods of time. Unfortunately, the ageing process continues. As time goes on, you will again develop ageing facial features, which if you wish, can again be improved by a further facelift.

A common misconception is that facelifts and neck lifts make one age faster and having had one, more will be needed. This is not true. Although ageing continues post-surgery as discussed above, it is not at an increased rate.

## **PRINCIPLES BEHIND A MODERN FACELIFT AND NECKLIFT**

### **What makes a good facelift and neck lift?**

A good facelift or neck lift should give someone the appearance of being refreshed, alert and confident, as people do when they have just returned from a holiday. A good facelift or neck lift could be described as returning the look of freshness and vitality that person had when younger. It is the overall facial appearance that registers with us, as our eye is not drawn to any single area of the face.

A good facelift or neck lift reveals the original, individual face as it subtly lifts the mask of ageing and does not impose any change in natural appearance or leave any obvious signs of surgery.

## **Facial harmony**

To achieve a refreshed and natural look, it is important to consider the effect of rejuvenating one part of the face on other areas of the face. For example, a facelift will improve the jawline, the jowl area and the cheek, but it will not influence the area around the eyes. Therefore, there is the possibility that facial “disharmony” may result in a youthful lower face, but an aged upper face. This may not necessarily be the case for everyone, but in many people, the most natural rejuvenation is achieved by balancing the shape and appearance of all areas of the face simultaneously. This is an important point, and one that we will refer to during your consultation.

Consequently, we will often recommend a combination of procedures to provide an overall or composite rejuvenation to achieve a balanced and harmonious look. Our recommendations will vary from person to person but may involve combinations of surgery to reposition the brow, surgery to the upper and lower eyelids, surgery to the cheek area directly below the eyes and surgery to the neck. Sometimes these ancillary procedures may be performed on a separate occasion, and we will guide you about the best treatment plan to suit your individual needs. Additional treatments such as medical grade skin care products or facial peels can be very useful to improve the texture and tone of facial skin and the complexion in general and to provide “maintenance” of skin after facial rejuvenation surgery.

## **The SMAS (superficial musculo-aponeurotic system)**

Old fashioned facelifts and neck lifts worked by stretching out the wrinkles on the ageing skin of the face and operating on the skin only. The result of that traditional type of procedure is unnaturally tight skin over flattened facial contours – the basis for the windswept look. Contemporary facelifts reposition the underlying soft tissue facial framework that results in the youthful shape of the face being restored and then reposition the skin without distorting it.

This soft tissue facial framework is known as the SMAS. Knowledge and understanding of the role of the SMAS has revolutionised our approach to facelifts and neck lifts. The SMAS is a structure that significantly supports and maintains the position of the overlying skin and fat of the face. When the SMAS descends (with age and gravity), it results in the descent of the outward appearance of the face (giving an aged and wrinkled appearance).

Modern facelift and neck lift techniques all work by altering the SMAS to effect a youthful change in the outward appearance of the face.

The aim of a facelift and a neck lift is a harmonious well-rested, fresh look from forehead to neck, whilst maintaining normal facial expression. A facelift and ancillary procedures

will achieve this, but not all the wrinkles, furrows and folds will disappear - especially if they have been longstanding and permanent skin damage has occurred over the years.

### **What type of facelift or neck lift should I have?**

There are many different types and extents of facelifts and neck lifts and it can become confusing to know which one you should have and what the differences between them are. We have included explanations of some of the terminology and the main types of facelifts and neck lifts that we perform below and will advise you which will best suit you after your consultation.

The principle or key components of all facelifts involved repositioning the SMAS (and platysma muscle in the neck during a neck lift) and then the overlying skin but this can be done in different ways.

Facelifts and neck lifts can sometimes be performed separately from each other but are more usually done as a face and neck lift together. Most of the time, a degree of neck lifting will be incorporated with the facelift, as the back (posterior) edge of the platysma neck muscle is in the vicinity where the facelift is being performed, and is therefore usually lifted upwards and backwards to improve the contour of the neck. As you will see below, for many people, this alone will not be sufficient to adequately recontour the neck, and in these cases a separate or additional neck lift will be needed to be performed through a separate scar underneath the chin.

### **Facelift and neck lift scar locations**

The scars for a facelift and neck lift are mostly within or closely aligned to the hairline and hidden around the ear. The incision for the facelift extends down from around or in the temporal hairline to the top of the ear and then travels for a short distance along the crease between the front of the ear and the cheek. It then turns backwards at the bottom of the ear to lie deep in the groove between the back of the ear and the side of the head. When it reaches the top of the ear at the back it turns to lie just within the hairline behind the ear. There is also a scar under your chin behind the natural crease there and hidden on the underside of your chin. If you are not having an open or anterior neck lift, there is no scar underneath your chin. If you are having a short scar facelift, there is a shorter or no scar behind your ear. These scars are designed to be discrete so that you do not have to be conscious of them once they have healed

### **Deep plane facelift**

Deep plane facelifts have received a lot of media attention in recent years. Deep plane is an excellent facelift technique and our preferred technique. But it is important to

remember that a single type of facelift however versatile will not be suitable for every face. In a deep plane facelift, after lifting the cheek skin at the side for a short distance, we incise the SMAS and operate beneath it (in the 'deep plane'). For the rest of the lift, the SMAS and skin are lifted together in what is known as a composite flap. Compared to other SMAS techniques, there is less skin separation but a very effective lift of the SMAS, which is the principle target for a sustained facelift effect as described above.

### **High SMAS flap**

High SMAS flap facelifts involve lifting the facial skin from the side over a wide area and then incising and lifting the SMAS as a separate layer (also in the 'deep plane' but from a different start point and separate to the skin). Both SMAS and skin layers are lifted but in two separate layers.

### **SMAS plication**

In a SMAS plication, the SMAS is not lifted up or separated in the deep plane. Instead, a series of sutures (stitches) are placed in the SMAS and used to plicate or lift the SMAS by cinching it together and reducing its overall area. The sutures can be orientated in different directions and more than one layer placed until the desired effect is achieved. The SMAS surface and skin lift are done in separate layers. The MACS lift, another facelift technique, uses a variation of this with the sutures placed in a specific configuration.

### **SMASectomy**

A strip of the SMAS layer is removed and then the SMAS is sown back together creating a lift effect. The SMAS lift and skin lift are done in separate layers.

### **Haemostatic net/ Auersvald net/ A-net**

As described under the complications section below, bleeding after facelift and neck lift surgery is a complication that we want to avoid. One of the most significant changes to facelifting techniques in recent years was the development of the haemostatic net by the Brazilian surgeon André Auersvald. The haemostatic net describes external rows of stitches that end up appearing like a net of sutures. These are placed to 'stick' the skin back to the underlying SMAS or platysma muscle layers. It reduces the risk of haematoma (bleeding) and fluid build-up under the skin as well as helping to sit the skin back in a favourable position. Sutures are usually removed 2 to 3 days after surgery. We place this suture net in almost all our facelifts and neck lifts.

### **Neck lifts**

Neck lifts focus on the neck and are most frequently performed at the same time as a facelift. There are occasions when a neck lift can be performed as an isolated procedure,

and the terminology can be confusing as there is overlap between some of the procedures.

### **Deep open neck lift**

In a deep open neck lift, the platysma muscle is lifted and repositioned from the front (under your chin) and also from the sides along with the overlying skin. The open component refers to the lifting and tightening of the platysma at the front from under your chin. The deep component refers to the reshaping and usually reduction of bulkier or visible tissues in the deeper layer under the platysma muscle such as deeper fat and salivary glands and tightening of the deeper muscles under the chin as described above. This allows a more contoured and better rejuvenation of necks with advanced ageing and/or heavier necks. Salivary glands are reduced (not fully removed) to improve contour but not affect salivary function. The superficial part of submandibular gland is the most common to be reduced but parts of the superficial parotid gland may be reduced if needed as well.

With this approach, the platysma muscle is also lifted and tightened from the back/sides and it allows any skin excess to be removed from the scars that are situated behind the ears.

This neck lift focusses on your neck rather than your face and neck. No facelifting is done from the sides.

### **Open neck lift**

In an open neck lift, the platysma muscle is lifted and repositioned from the front under your chin and from the sides along with the overlying skin. The open component refers to the lifting and tightening of the platysma at the front from under your chin.

This neck lift focusses on your neck rather than your face and neck. No facelifting is done from the sides. Up to this point, it is very similar (the same!) to the deep open neck lift. However, the deep part of the neck lift as described in the section above is not performed.

### **Anterior deep neck lift**

In an anterior deep neck lift, the “deep” component refers to the reshaping and usually reduction in size of the bulkier or visible tissues in the layer under the platysma muscle. These might include deeper lying fat and salivary glands or involve tightening of the deeper muscles under the chin. The platysma muscle is lifted and tightened as well, as in other neck lift approaches. This allows a more contoured and better rejuvenation of necks with fullness under the chin caused by excess bulk of the deeper tissues rather excess superficial fat and/or fullness due to small jaws and chins. It is important to point

out that the salivary glands are reduced in size, NOT fully removed to improve contour but not affect salivary function. The platysma muscle is lifted and repositioned from the front under your chin. Sometimes we will recommend a chin augmentation as well for this group of patients.

This neck lift focusses on your neck rather than your face and neck. No face or neck lifting is done from the sides if this is performed as an isolated procedure. It is one of the few surgeries of this type that may be offered to young patients who have excessive fullness under their chins and jawlines due to their baseline anatomy rather than an aged neck, as their good skin quality allows for predictable retraction once the neck has been “de-bulked” or recontoured.

### **Frequent combinations of facelift and neck lift procedures**

#### **Facelift and deep open neck lift**

The combination of facelift and deep open neck lift allows for very comprehensive face and neck lifting and rejuvenation. If you have extensive ageing, tissue laxity and/or a ‘heavy’ or full neck, this is usually the most effective procedure.

#### **Facelift and open neck lift**

This combination is also very effective in rejuvenation of both face and neck but a deep neck lift is not carried out. Therefore, if you have a heavy or full neck or large visible submandibular salivary glands, a facelift and deep open neck lift is a better choice.

#### **Facelift and neck lift**

The facelift is combined with a necklift from the sides where the platysma muscle is lifted and repositioned along with the overlying skin. No surgery is carried out from underneath your chin at the front of your neck. Whilst improving both your face and neck, it does not allow as much neck rejuvenation as combining a facelift with an open necklift or for a deep necklift to be fully performed. It is best suited for those who have facial ageing and some but not very advanced neck ageing.

### **Other approaches**

#### **Short scar facelift**

In the face, the SMAS supportive layer is lifted using one of the techniques described above (usually deep plane) and the overlying skin then lifted and gently repositioned without excessive tension.

This facelift focusses on your lower face rather than your face and neck. No surgery is carried out from underneath your chin at the front or your neck and no significant neck lifting is done from the sides either.

### **One-stitch facelift**

The one-stitch facelift was developed as a minimal facelift performed through a limited incision either just in front of or just behind the ear. The SMAS is tightened by one or two strong internal sutures. It primarily addresses the jowl area. Because of the limited surgery performed, the recovery time is very quick and risks are less. BUT due to the limited surgery performed, the effects are subtle and do not last long. We rarely recommend this facelift.

### **Mid-facelift**

In some people, the mid-face is the main problem area – this is the area between the lower eyelids and the mouth. The nasolabial folds (the lines between the corners of the mouth and nose) become heavier, and there is a loss of volume and flattening of the cheeks. This is because the mid-face has lost its original position. To correct this, the mid-face needs to be lifted and re-suspended. This is done by performing a mid-face lift, usually through an incision under the eyelashes of the lower lids. This procedure may be performed in isolation, or in combination with other facelift techniques or a lower blepharoplasty (lower eyelid lift). As an isolated procedure, it is more often indicated in people in their forties, before significant changes are evident on the jowls and jawline. Sometimes the mid-face can be lifted satisfactorily during one of the other facelifts described above, while other times a specific mid-facelift is needed.

### **Direct neck lift**

In very specific circumstances, a direct neck lift may be performed through a vertical (with or without a z-formation at the angle of the neck). Skin is excised and the platysma is tightened. Deeper structures (deep neck fat, deep neck muscles, salivary glands) may or may not be treated as well depending upon your circumstances.

As can be seen from the descriptions above, there are many options in facelift and neck lift surgery. We will guide you towards the most appropriate technique for your individual circumstances. All facelifts and neck lifts require a high degree of specialised surgical skill and can take a long time to perform.

## **THE CONSULTATION**

During your consultation, we will endeavour to put you at ease and start by finding out about your motivation(s) for seeking facial rejuvenation. In addition to clearly establishing the various areas of your face that you may be unhappy with, we will take a thorough medical history, including any history of high blood pressure, diabetes, other medical conditions, smoking or nicotine use and records of any medication you may be taking and any allergies you may have.

As part of your facial examination, it would be very helpful if you could bring along a few photographs taken of you about 10-15 years ago for us to look at. This will help us assess how your face has aged and what will be required to restore it to its more youthful appearance in a natural and subtle way. Ideally the photographs would be of you with a relaxed, non-smiling face and from the front view, as well as a view from an angle.

### **What do we examine for during the consultation?**

The examination process encompasses a thorough evaluation of your face from forehead to neck and everywhere in between. During the examination process, we will check the function of your facial nerve, examine the quality and amount of facial skin, your underlying bone structure, the extent of natural facial asymmetry that you have as well as the potential effects of different facelift and neck lift techniques on your face.

We will also examine other areas, such as your upper and lower eyelids, as part of a comprehensive facial rejuvenation examination. We will provide you with a professional and honest assessment and discuss frankly the areas that could be improved, as well as the limitations of any procedure.

### **Photography**

Pre-operative photographs and or videos from a variety of standardised positions are always taken ahead of surgery during the consultation. The photographs may be used during your consultation as an aid to discuss your concerns, your facial and neck features and how they may be affected by face and neck lift surgery. In addition, the photographs form an essential part of your medical records and are used for planning your facelift and neck lift procedure. Your consent for taking the photographs will be obtained.

## HOW TO PREPARE FOR FACELIFT SURGERY

1. Stop smoking and all nicotine use: Due to the high risk of wound healing complications with smoking and nicotine use, it is important to stop smoking and be off all nicotine products for at least 3 months prior to surgery. Smoking not only significantly increases your risks of complications, but the coughing post-operatively that it will cause makes it more likely that you will bleed following the surgery.
2. Avoid aspirin: Aspirin and non-steroidal medicines (such as ibuprofen) are blood-thinning medicines that will increase the risk of bleeding complications. You should ideally stop these medications for at least 2 weeks prior to your operation. These medicines may also increase the degree of post-operative bruising. Paracetamol is safe to take.
3. If you are on other blood-thinners, please check with your GP or cardiologist if you can safely stop them ahead of face or neck lift surgery as they will increase your risk of bleeding.
4. Check your blood pressure: High blood pressure will increase the risk of bleeding during and after surgery. It may also increase your risk from the anaesthetic. If you have high blood pressure, it should be treated in advance of your planned facelift surgery. Once treated properly, your surgery can be safely undertaken.
5. Avoid vitamin E: Vitamin E may also increase a bleeding tendency, so it should not be taken for 2 weeks prior to surgery. Vitamin C is safe to take.
6. Inform us of all supplements that you take as some will need to be stopped ahead of surgery due to an increased risk of bleeding and bruising, including garlic, ginseng, ginkgo and ginger.
7. Do not drink alcohol: Alcohol increases blood flow, and therefore the risks related to bleeding complications and bruising are increased if you drink alcohol the night before surgery. We advise that no alcohol should be drunk for at least 3 days before or after surgery.
8. Hair colouring products: It is best to avoid hair colouring products for 5 days prior to surgery and for 6 weeks after surgery. If you regularly have your hair coloured, we suggest that you arrange a hairdresser appointment for a week before the planned surgery and then again for 6 weeks following the operation, once the wounds are healed and the scars starting to mature. Prior to surgery you should consider hairstyles that allow coverage of your ears and if possible, forehead, to help conceal early bruising or incision lines. You will not have a shaved head for the surgery, but wispy edges of hair around the incisions may be trimmed.

9. Colds, flu and other infections: If you develop any sort of illness prior to the operation please contact Purity Bridge immediately, as you may need treatment prior to surgery, or your surgery may need to be postponed.
10. Hair and facial products: The night before surgery, shampoo (tea tree oil shampoo is recommended) your hair and cleanse your face thoroughly to remove all traces of make-up and moisturiser. Please do not apply any moisturiser just prior to surgery.
11. What to bring to hospital: Please ensure you have your normal toiletries and any regular medication you may take. Also bring a pair of sunglasses and a headscarf to wear home.
12. Planning for surgery: The hospital, admission date and admission time will be arranged for you. You will be given instructions about when to stop eating and what drinks are allowed and not allowed on the day of surgery. If you have any doubts or confusion, please ask.
13. Medical grade skin care programme in preparation for your surgery: The use of prescription grade skin care in the run up to facelift surgery can improve the quality of your skin including its texture, tone and pigmentation. Facelift surgery then repositions the skin and underlying supporting tissue. The use of a combination of medical grade skin care and facelift surgery can give enhanced results in some patients. A skin care regime or facial peels can also be used to help maintain surgical results for longer afterwards.
14. Lymphatic therapies in the early recovery period help reduce swelling and fluid retention and usually help with comfort as well. We recommend availing of the treatment package of 4 sessions of lymphatic therapies at Purity Bridge.
15. Nutritional supplements tailored to aid wound healing and recovery from surgery can be helpful for healing and a smooth recovery. They are usually started in the lead up to surgery and taken for a period afterwards as well. We recommend specific protocols designed around surgical wound healing.

## **THE FACELIFT AND/OR NECK LIFT PROCEDURE ITSELF**

### **Before surgery**

We will arrange an appointment with our specialist nurses to help prepare you for surgery. They will discuss how to prepare beforehand, what to expect afterwards and how to look after yourself in the early recovery. If your surgery is under general anaesthesia, you will also have a preassessment with the hospital where your surgery is planned or combined with your specialist nurse appointment if your surgery is at Purity Bridge. We will also send you surgery consent forms to complete.

### **What happens when I get to hospital or clinic?**

When you arrive at the hospital or clinic, a nurse will go through the health checks needed on the day of surgery. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment prior to a planned general anaesthetic (going to sleep for your procedure). Some facelifts may be performed under local anaesthetic (while you are awake). This decision is made depending on the extent and type of surgery chosen and the discussion with your surgeon.

### **Do I see my plastic surgeon before my operation?**

You will always see your plastic surgeon before your operation. We confirm the surgery plan and make sure you have no unanswered questions or concerns. Once you have confirmed you are happy to go ahead, we will ask you to sign a consent form unless you have done so already. We will then carefully draw important markings on your face in planning for your surgery. We may also take clinical photographs of your markings for your medical records.

### **What does the operation involve?**

For the facelift or neck lift itself, before making any incisions, your face will be injected with a solution containing adrenaline. This helps to minimise bleeding during the operation. It may also contain local anaesthetic and other medications designed to help with swelling and bleeding. Local anaesthetic may be given separately during and at the end of the procedure.

The skin of the face is lifted up from the incisions towards the cheek and/or behind the ear. Once sufficient skin elevation has been performed, we will then be able to visualise your SMAS, which lies directly underneath the skin. Your SMAS layer will then be lifted and repositioned. Once the SMAS has been repositioned the skin is gently re-draped over the face and excess skin is removed. A similar process takes place for neck lifts. The

wounds are then carefully stitched up. Sometimes surgical drainage tubes may be placed but more commonly a haemostatic external suture net is placed. If you are having ancillary procedures, such as eyelid or eyebrow surgery, these will be performed as well.

### **How long does the surgery take?**

The length of time a facelift or a neck lift takes varies considerably depending upon what technique is used and what additional procedures are being performed. The range is usually from 2 hours up to over 7 hours, if multiple other procedures are being performed.

### **Will it be painful?**

Facelifting surgery, like any operation, will produce some pain, but it is usually mild to moderate and should be relieved by the painkillers provided. Stronger pain relief is available if required. Some people experience significant feelings of tightness, especially around the jaw, the neck, and sometimes in the temples – fortunately this is relatively short-lived.

One of the temporary side-effects of facelift operations is the numbness felt in the cheeks and upper neck following surgery. This returns towards normal over the next 3 to 12 months. However, the benefit of this side-effect is that the numbness may reduce the amount of pain felt. With recent advances in anaesthetics and pain management, post-operative pain relief and comfort is maximised, whilst keeping unwanted side effects of the painkillers, such as nausea, down to a minimum. When a brow lift has been done in conjunction with the facelift, it is common to experience a headache for 24-48 hours post-operatively.

### **What else can I expect after surgery?**

Another sensation normally experienced, is a feeling of tightness around the jaw and the neck following surgery. This is normal but initially can be uncomfortable. It is temporary and the extent depends on the extent of face and neck lift surgery performed. It can sometimes make swallowing and chewing uncomfortable. You may find a cool (not ice cold) compress soothing and softer food more comfortable to eat during this time.

### **When will I leave hospital?**

Your facelift and/or neck lift may be planned as day case surgery or with an overnight hospital stay depending on the extent of surgery planned. If used, surgical drainage tubes are usually removed the day after surgery and haemostatic net sutures are removed day 2 or 3 after surgery. When planning for discharge, it is a good idea to bring a light headscarf and a pair of sunglasses to hospital, so it is easier to hide some of the post-operative

bruising and swelling. Clothing tops that zip or tie at the front are easier than tops that need to be pulled on over your head

## **WHAT SHOULD I DO WHEN I GET HOME AFTER SURGERY?**

Upon leaving the hospital or clinic, a series of outpatient appointments will be made for you with our nurses over the first 2 weeks for suture removal, wound checks and recovery checks. (See example schedule further down) and then with your plastic surgeon at 4 to 6 weeks.

### **Dos and Don'ts after surgery**

There are several things that you can do to help speed up your recovery from surgery:

- Try and keep your head elevated at all times. Ideally a triangular pillow is used to keep your back straight and avoids flexing your neck – these can be purchased on-line or in many high street shops. Alternatively, a folded towel under the neck can be supportive and beneficial. Avoid flexing your neck or sudden/extreme turns to the side if you have had neck lift surgery.
- Avoid bending down or stooping if possible – if you need to, you should squat, keeping your head upright.
- If you are advised to wear a surgery garment, please wear it except for showering for 2 weeks (23 hours per day).
- If you have had surgery to your eyelids in addition to your facelift, regular use of cold wet cotton wool eye pads along with regular use of eye drops will help to sooth any discomfort around your eyes as well as helping the swelling and bruising to resolve.
- Gentle cleaning of your face and neck and application of the antimicrobial cleansing solution that we recommend.
- Wash your hair every other day. You will be guided by your plastic surgeon or our specialist nurses as to when it is best to start washing your hair after surgery. This may be easier if you have someone to help you initially, or alternatively a hairdresser. Tea tree oil shampoo is a good choice following surgery - this helps to keep the incision lines clean. Careful drying is important, so use a hairdryer on a cool setting around the scars. A dry cotton bud may also be used to clean behind the ears after showering. Care brushing your hair at your temples and around your ears is also needed.

- After showering, very gentle moisturising of the cheeks may be started, avoiding the scars. If you start this gentle massaging early, it will help the sensation return to your face sooner. Avoid massaging the scars until 1 week after the stitches are removed.
- Restrict your normal activities (do not “overdo it”). A balance between taking things easy and being up and about needs to be reached. As you recover, you will be able to increase the amount you do.
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort - initially with codeine-based medicines, and then paracetamol. Please follow our instructions regarding painkiller usage.
- It is important to drink plenty of fluids and eat a balanced healthy diet. If you have had neck lift surgery particularly deep neck surgery, we advise a bland ‘beige’ diet for the first 2 to 3 weeks as this helps with your recovery after salivary gland surgery. We may also advise taking medication to reduce saliva production during this period.
- Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- If sleeping is difficult after surgery, please let our specialist nurses or your plastic surgeon know so we can help and advise you about this.
- Generally, visible swelling and/or bruising is present for about 2 weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but can take up to 3 to 6 weeks to settle to discrete levels. The swelling and bruising drifts down from the face and into the neck over the first 2 weeks and often one side of the face is more bruised and swollen than the other. You need to be patient and give yourself time to heal.
- As discussed above, it is quite normal to experience tightness and reduced sensations to your face during the initial healing process. Another sensation that some people experience is formication – the feeling like ants crawling on your face or scalp. Again, this is only temporary and transient. Your ears may feel numb or have altered sensation during this period as well.
- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: “what have I done?” and experience feelings of guilt and low self-esteem. It can often take some time coming to terms with the “new you”. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

### **What is the recovery period?**

As a rule, most people will have fully recovered and be back to doing all their normal activities (including sports) from 6 weeks. For the first 1 to 2 weeks, you will have to significantly restrict your usual routines to allow yourself to recover from the effects of surgery. Between weeks 2 and 6 you will be able to increase what you do. Recovery is quicker and the early recovery easier with smaller facelifts.

### **How long before daily activities may be resumed?**

Social engagements can usually be planned by weeks 3 or 4 after surgery, and any mild residual bruising can be easily camouflaged with make-up. Your hair can be worn down to hide scars that will be slightly red at this point. Driving may be commenced between weeks 1 and 3, depending on the extent of neck lift surgery undertaken and if you have eyelid surgery or not. Exercise should be avoided for 6 weeks after surgery.

### **Can anything help the swelling and general recovery?**

Following a facelift some people find the sensations in their face uncomfortable. Partly this is due to the retained fluid in the tissues causing some swelling, but it is also due to the nerves re-growing. Nerves re-grow from the centre of the face towards the ears, so the part of the face that remains numb for the longest period is the area in front of the ears. Deep tissue massage and lymphatic therapies can be used to help relieve some of the discomfort and swelling that may be experienced in this area. This can be started in the very early recovery. We recommend including our lymphatic therapies package in your recovery plans.

### **How can I get the best scar possible?**

Firstly, as described above, your scars are designed to be hidden within or along the hairline and in areas that are naturally hidden from view. However, scars do exist after facelift surgery and there are several strategies that can help scars to mature and soften quickly. The first, and most important of these is regular moisturising and massaging of the scar. This can usually be started from around 1 week after the stitches have been removed. A non-perfumed moisturising cream should be used, and the scars should be massaged for 5 to 10 minutes every day. We advise using silicone scar gels in addition to this for further benefit. Another important step is to protect both your surgery scars and facial skin from the sun.

### **How to massage after a facelift**

Massaging should be done with the aid of a non-perfumed plain moisturising or vitamin E cream or oil. A combination of circular movements and upward strokes should be made:

- Start at the centre of the cheeks and use two fingers in circular movements
- Use upward strokes with your hands starting at the jawline and working up to the temples
- When massaging the scars, use small circular movements with one finger gradually working its way around the whole length of the scars
- If your scars go behind the ears, use upward strokes starting from the base of the neck up towards the hairline

If you have had lower eyelid surgery as well, use a combination of small circular movements at the outer corner of the eye (often where there may be a small amount of lumpiness felt initially) and then upward and outward strokes with one finger. When massaging near the eyes, it can be a good idea to use the ointment that was prescribed to keep the eyes moist such as Xailin night ointment or Visco-tears (i.e. a product that is suitable for putting into the eye itself). Therefore, should you accidentally rub some of the moisturising agent into the eye, it is completely safe.

### **What other effects might there be after a facelift or neck lift?**

It is important to consider how you may be indirectly affected by having a facelift or a neck lift – a new face does not guarantee a new life and will not change your personality. However, a facelift or a neck lift performed on a patient with realistic expectations can do wonders for self-esteem and confidence. A change in your body image physically will also change your mental body image and this is often associated with mood changes in the early post-operative period. The effects may or may not be noticeable, but importantly they are usually temporary and may be associated with sleep pattern interference. As mentioned earlier, it is not unusual to have some mood swings, experiencing periods of feeling low and tearful in the days after your surgery as well as having times of elation. Being aware that this can occur and is quite normal reduces the chances of being affected by it.

### **Applying make up after a facelift or neck lift**

Make up should not be used in the first week after a facelift or neck lift. During the second week, concealer can safely be applied to the cheeks, avoiding the scars and areas that incorporated the haemostatic net. No eye make up should be used (if you have had any eyelid surgery) for 4 weeks after surgery. This is to ensure that any inflammation around

the eyes has settled as much as possible. In addition, the eyelids and eyelashes may be numb initially, which can make applying make up more difficult. Make up can be used normally across the whole face from 4 weeks onwards.

### **Follow up and recovery timeline**

We have put together an example timeline on the next page of recovery milestones and follow up appointments after facelift or neck lift surgery. Your individual schedule can vary from this but it will give you a good idea of what to expect in the early recovery.



## SUMMARY OF TYPICAL RECOVERY TIMELINE FOLLOWING OPERATION

<b>Day of surgery</b>	Review in Purity Bridge or the hospital by your plastic surgeon for surgical planning and surgery itself
<b>Day 1 after surgery (if staying overnight)</b>	Review in hospital by your plastic surgeon and discharge home  Surgical drains removed if used  Hair wash with care can be undertaken if approved by your plastic surgeon
<b>Day 2</b>	Removal of external suture net by nurses  Hair wash with care can be undertaken with care and with specific permission of your plastic surgeon
<b>First week after discharge</b>	Wash hair daily or on alternate days (Tea tree oil shampoo recommended)  Sleep with head elevated but do not flex/bend your neck downwards  Regular daily use of eye ointment if eyelid surgery performed
<b>Week 1 after surgery</b>	Removal of stitches in front of ears and/or under chin by nurses
<b>Week 2</b>	Further nurse appointment to check on recovery and removal of remaining stitches to be removed if still present  May start to drive (usually)
<b>Week 3</b>	Start to moisturise and massage wounds if not already doing so (should be continued until scars fade)
<b>Week 4</b>	Gentle exercise may start
<b>Week 4-6</b>	Review with your plastic surgeon
<b>Week 6</b>	Exercise/heavy physical activity may gradually be started
<b>Beyond 6 weeks</b>	Longer term follow-up appointments will be arranged by your plastic surgeon to ensure you achieve the best possible outcome

## **SIDE EFFECTS AND POTENTIAL COMPLICATIONS**

Before you decide to undergo facelift or neck lift surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

After a facelift or neck lift, there are side effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

### **Commonly experienced side effects after facelift and neck lift surgery**

#### **Swelling**

This is normal following a facelift or neck lift and reaches a maximum around 3 days following surgery before starting to settle down. Noticeable swelling usually lasts 2 to 3 weeks (occasionally 6 or 8 weeks in some patients) but it will be reducing gradually after the initial during the first week. Commonly, the swelling subsides at different rates on each side, which is quite normal and nothing to worry about. Swelling in the neck below each ear is also common and temporary. If you have had deep neck surgery, swelling may last longer compared to neck lift surgery that does not involve this. Small amounts of swelling persist for longer and usually resolve over the 3 to 6 month period after surgery. The final residual swelling can take a year to completely disappear after a deep neck lift.

#### **Alteration in skin pigmentation (discolouration and bruising)**

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. These problems are more often seen in patients with thin, hypo-pigmented and transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Make up can be used to cover up the signs of bruising while it resolves. Arnica may be helpful to settle bruising quicker.

#### **Loss of or increased sensation**

It is usual to have a reduction in skin sensation after a facelift or neck lift. This can include the skin around the cheeks, chin and neck and it is also possible to have numbness of your ears and the hairline, both above and below the ears. Feeling will usually return over a period of 3 to 12 months but can take longer.

A feeling of “ants crawling under the skin” (known as formication) or other unusual sensations can be experienced while skin sensation is returning and although a strange sensation, this should be considered normal. On rare occasions sensation can be increased and sensitive and this will slowly return to normal over a period of weeks to months.

As discussed above, skin sensation first returns to the cheeks below the eyes and gradually spreads towards the ears. Therefore, the last area to regain sensation is the area near the scars just in front of the ears.

### **Feelings of tightness and headaches**

When the SMAS layer of the face and platysma layer of the neck are tightened, a feeling of tightness can be experienced. There can also be feelings of tightness on mouth opening, and in the first week or so after your surgery you may feel that you cannot open your mouth or turn your neck fully. These are not permanent problems as the SMAS and stitches on the inside tend to relax slightly, and these feelings of tightness reduce. However, during the week or weeks that this is present, it can be disconcerting. The same applies to the area around the upper cheeks and temple and occasionally headaches or even vice-like feelings can be experienced. Again, these settle as the swelling reduces, and the tissues soften and relax. Significant pain is not common in facelift surgery and if it is experienced, it is usually temporary.

### **Complications**

#### **Early complications (within the first week of surgery)**

##### **Bleeding (haematoma)**

Although extreme care is taken to minimise bleeding, occasionally a blood vessel will start to bleed after the operation producing a swelling or collection of blood (haematoma). The haematoma is usually noticed within the first 24-48 hours after surgery and usually requires further surgical exploration to drain the collection of blood and stop the bleeding. Untreated, a significant sized haematoma can affect healing or damage the overlying skin and affect the quality of your result. Haematomas in the neck, if large enough, can affect your breathing. Disclosure of all medications and supplements to us before surgery is important as some can increase bleeding and bruising after surgery. Rates of haematoma after face and neck lifting surgery have been reduced thanks to the use of the haemostatic net.

## **Infection**

Rates of infection in facelift and/or neck lift surgery are low. This is because the face has an excellent blood supply. Antibiotics may be administered while you are asleep to further minimise the chances of an infection developing. Care around household pets is also needed to reduce the risk of infection – it is crucial to ensure that you have clean bedding and carpet, and no pets sleep in your room or cuddle close to your face for the first two weeks after surgery. If an infection does occur, further antibiotics will be prescribed. If minor wound infections occur, they can be dealt with using dressings and antibiotics where appropriate. Very rarely, it may be necessary to go back to the operating theatre to clean out an infected area or a more severe or prolonged infection may occur.

## **Feelings of tightness and headaches**

As part of face and neck lift surgery, the underlying support layer (SMAS) and the platysma neck muscle are lifted and tightened. This often results in a feeling of tightness when opening your mouth, in your cheeks and temple and in your neck especially when you turn your head to the side. This feeling will go as you recover from your surgery as the SMAS layer and stitches will soften and relax slightly. Please do not forcefully push against this e.g. when turning your neck or chewing. Headaches may also occur during the early recovery days.

## **Motor nerve palsy/damage (facial nerve)**

Weakness to the nerves which supply the facial muscles can also occur infrequently. This may cause facial distortion - weakness of the eyebrows or around the mouth. This is usually transient and returns to normal over 6 weeks to 6 months. Occasionally it can persist as a permanent complication and require further treatment (including surgery). One measure that can be taken to both mask the asymmetrical appearance this may cause and to stimulate healing, is the use of neurotoxin (e.g. botulinum toxin (Botox) on the other side.

## **Blood clots**

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after a facelift and/or neck lift, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and sometimes blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital.

If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and

lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation. The need for using blood-thinning medications after a facelift or neck lift has to be balanced against the increased risk of bleeding and a haematoma which can affect the result of a face or neck lift as discussed earlier and also, rarely, become emergency situations due to compression in the neck from the haematoma.

### **Synkinesis**

If a branch of the facial nerve is damaged it can sometimes result in a condition known as synkinesis. This describes involuntary movements of the facial muscles, seen as twitching. This is the result of miswiring of the nerves as they try to grow back. Occasionally other movements can occur, for example, voluntary smiling may induce an involuntary contraction of the eye muscles causing the eye to squint when smiling. Fortunately, this is a very rare occurrence in facelift and/or neck lift surgery.

### **Salivary leak**

Salivary glands may be reduced as part of a facelift and neck lift procedure or inadvertently injured during the surgery. This can result in leakage of saliva from the gland which gathers underneath the skin. If this occurs, further treatment such as dietary restriction, medications and repeated drainage may be needed until it eventually settles down.

### **Intermediate complications (within 6 weeks of surgery)**

#### **Persistent swelling**

It is usual to have some swelling after face and neck lift surgery. It usually peaks about day 3 after surgery and gradually resolves after that. Most visible swelling goes down within the first 3 weeks of surgery but may last longer e.g. up to 6 to 8 weeks in some patients. Sometimes swelling on one side of the face goes down quicker than the other. There is also often some swelling in the neck below each ear and/or below the chin. This too is not unusual and will resolve over time. On occasion, swelling is more than expected or lasts longer than expected. Following the instructions regarding elevation in the information booklet helps reduce the amount of swelling and resolve it quicker. Undertaking lymphatic therapies in the early recovery period also helps reduce swelling quicker.

#### **Persistent numbness or increased sensation**

It is normal to have some numbness in the skin of your cheeks, chin and neck after face and neck lift surgery. It can also affect the ears and your hairline around your ears. This

normally resolves over 2 to 6 months after surgery but can take longer in some patients. Sensation usually returns to cheeks under your eyes first and then gradually over the rest of your face towards the scar in front of your ears. At times, slightly strange sensations can be experienced while the sensation is returning to normal. It is temporary and gradually resolves. Occasionally it does not return completely or returns in a problematic way.

### **Swelling/lymphatic obstruction following previous dermal filler and/or energy based facial treatments**

While unusual to occur, sometimes unexpected amounts of prolonged swelling can occur in the surrounding tissues after surgery when dermal fillers have been placed in the surgical area or nearby in the past or when energy-based treatments have affected the deeper facial tissues. It may be worse in warm weather. Over time and repeated dermal filler treatments, there is the possibility that the dermal filler may obstruct or hinder the normal lymphatic fluid drainage of the facial tissues.

### **Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with dressings or other wound care as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

### **Skin necrosis**

Skin death or necrosis is fortunately a very rare complication of facelift and/or neck lift surgery. However, even with the best operating skill, it can occur. The area most frequently affected is the non hair-bearing skin behind the ear. If necrosis occurs, it is usually allowed to heal on its own, or occasionally small skin grafts are used to speed up the healing process. If skin death does occur, additional scarring may result and present as a white scar. Usually as the tissues heal, the scar reduces in size and rarely leaves significant additional scarring. This complication is around 12 times more common in smokers. You are always advised to stop smoking and all nicotine use in the run up to your surgery and during the recovery period.

### **Suture spitting**

Stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. On these occasions, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area

of redness on the skin. Should this occur, it is nothing to worry about and can be dealt with in the outpatient clinic. Any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

### **Alteration in skin pigmentation/discolouration**

Bruising usually appears over the first few days and then resolves over the next 2 to 3 weeks. Sometimes it is more extensive than usual and/or takes longer to resolve than usual. This is more common in patients with very thin or pale skin. In darker skin types, residual brown pigment can be persistent if bruising takes a long time to resolve.

### **Irregularities or lumpiness in or under the skin**

It is reasonably common to feel firm or even slightly lumpy areas under the skin after a facelift and/or neck lift surgery. Thin skinned people may feel suture knots as well. This is usually temporary and resolves as swelling reduces, tissues soften and absorbable sutures are absorbed. Rarely irregularities or lumpiness persist and require further treatment.

### **Skin contour irregularities**

Contour and shape irregularities may occur after facelift and neck lift surgery. This can include visible wrinkling or puckering of the skin that persists beyond the early stages of recovery (when it can be present and resolves with time for the most part). Sometimes additional treatment is needed if they persist or are problematic.

### **Seroma**

During the early stages of healing, our bodies produce fluid. Usually this is either absorbed or drained and is not a large amount. Sometimes this fluid can build up accumulating in the wound. This is known as a seroma. If this occurs, you may experience discomfort and there is a chance that the fluid can become infected. Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the wound and the fluid drained out.

### **Broken blood vessels**

With any skin lifting surgery it is possible to cause some broken capillaries in the skin. This is more so if this condition already exists and can be noticeable on the lower cheeks and neck area. Further skin treatments may be recommended if this occurs.

### **Hair loss**

This can occur around the temple or behind the ear. This is usually temporary with normal regrowth within several months. Occasionally, the hair loss is permanent. Incisions

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Created:11.2025

Review date: 11.2027

around or in hair are normally done in a way to minimise hair loss but hair may not regrow in the scar itself.

### **Alteration of the hairline**

This may occur, especially in the side burn areas. Male patients should be aware that the hairless area in front of the ear may be narrowed and that the beard pattern will possibly change, necessitating shaving closer to the ear at the front, and maybe behind the ear.

### **Asymmetry**

No-one has absolute facial symmetry – there are always differences between right and left halves of our faces. This is predominantly due to differences in the bone structure but also contributed to by differences in the overlying soft tissues. Following a facelift and/or a neck lift, sometimes these differences become more noticeable as the soft tissues are lifted over the facial skeleton. It is important to be aware of this possibility prior to undergoing surgery. Small and some types of asymmetries especially if you have pre-existing facial asymmetry have to be accepted as part of normal anatomy and facial variation.

### **Late complications (more than 6 weeks from surgery)**

#### **Scarring**

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will not be detected by the unknowing observer. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 6-12 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Visible lines may tend to thicken, particularly behind the ears, which may require steroid injections to help them settle down. In some cases, minor surgical scar revision surgery may be needed. Whilst the scars are red, they are easily camouflaged with make-up. Tight scars around the ear can distort the shape of your earlobe or affect your hairline.

Sometimes stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, the best ways of treating them will be discussed with you. Small asymmetries in scar level or thickness or appearance must be accepted as part of the normal healing process.

#### **Dry mouth**

Rarely dry mouth can occur after facelift and neck lift surgery in which salivary glands are modified. This might require long term use of artificial saliva in rare cases.

### **Earlobe distortion**

Occasionally after facelift or neck lift surgery, the shape of the earlobe is distorted and it is pulled downwards. This may be due to a tight scar or a pull from the skin after being tightened. We try to avoid direct tension on the skin and use the SMAS layer to hold the lift to avoid this problem which may need surgical correction if it occurs.

### **Recurrence of loose skin/sagging**

As your recovery takes place, your facial tissues (skin, SMAS) gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin and sagging along the jawline or neck may occur. The SMAS and platysma muscle layers may be involved as well as skin. This is more likely in very heavy, sebaceous skin or very thin or very stretched skin with poor tone or when surgery has taken place after significant weight loss. It can also happen if you have significant weight or health changes after surgery. Sometimes even if none of these situations arise, recurrence of sagging can happen. The physiological properties of your skin such as thickness, strength, elasticity, texture and tone are not altered by facelift and neck lift surgery. These are determined by your genetics and skin type, your age and health and your lifestyle e.g. sun exposure, weight, smoking, medications. There is also variation in results from individual to individual. Further surgery is usually needed to address this.

### **Chronic pain or sensation of tightness**

Occasionally patients suffer from chronic pain or a persistent sensation of tightness after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery, including migraines. Medications, further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

### **The sub-optimal result**

Despite every effort being taken to give you the best result possible, there will be some people who may be disappointed with the outcome of their surgery. This may result from poor skin and SMAS quality, large amounts of neck fat and/or loose skin, unrealistic expectations, from a post-operative complication or for some other reason. Results are also dependant on how your tissues heal after surgery and how extensive a facial rejuvenation procedure you have had done. Healing and longevity of results vary from person to person and are not fully predictable.

It is important to discuss any concerns you have with your plastic surgeon. If further procedures are warranted, there may be further costs involved, and this will be explained. It is crucial that you appreciate what you can expect from the type of facelift and/or neck lift you are undergoing beforehand. If you have any concerns, or feel that things need further explanation, please do not hesitate to ask.

## **OTHER POINTS ABOUT FACELIFT AND/OR NECK LIFT SURGERY**

### **Areas treated**

Facelift surgery does not treat the entire face. It generally refers to the lower and/or mid face and depending on the procedure, may or may not include a neck lift. Smaller facelifts treat less extensive areas of the lower face and may not impact much on the neck. Isolated neck lifts do not rejuvenate the face. The advantages of smaller procedures include a shorter surgery, potentially a local anaesthetic procedure, smaller incisions, an easier recovery, less risk and a lower price. The disadvantage is a less comprehensive result which may not last as long. Larger face and neck lifts generally give a more comprehensive rejuvenating effect on the lower face and neck but usually require a general anaesthetic, a longer surgery, longer incisions and are more expensive. The recovery may be more difficult and there may be higher risks associated with the procedure. Separate procedures are required to rejuvenate the lower and upper eyelids, the eyebrow, the lip and the skin texture and tone itself.

### **Very deep and extensive facial lines**

Very deep and extensive facial lines may not be fully removed by facelift or neck lift surgery. Sometimes laser skin resurfacing or deep facial peels are needed as well. If present, it is necessary to accept that they will not be fully treated by surgery.

### **Platysmal bands in the neck**

The vertical bands at the front and sides of the neck are often one of the main reasons for a neck lift. They can be tightened and sometimes partially divided to reduce or remove the vertical band. It is important to realise that these bands can sometimes recur after surgery and have a relatively high chance of doing so to some degree.

### **Ageing**

Following a facelift and/or a neck lift, you will continue to age at the same rate and in the same way that you always would have done. However, after facelift and/or neck lift

surgery, the earlier effects of ageing are removed and your starting point for future ageing is from a more youthful position. As the years go by, you may gradually develop further loose skin and fat bulges, but this will be to a lesser extent than if you did not undergo facelift and/or neck lift surgery.

### **Weight changes**

Significant fluctuations in weight either up or down can affect the results of facelift and neck lift surgery. Maintaining a steady and healthy weight is best around the time of surgery and afterwards.

### **Secondary or revision facelift and neck lift surgery**

If you are having a second or third facelift or neck lift surgery after having a problem with previous surgery or after several years have passed, it is crucial that you understand that it is not as straightforward as first time round. There will be scar tissue in your face from the previous surgery and/or problems and your face and neck tissues may not have the same degree of support, strength or thickness this time. There may be a higher risk of skin problems, bleeding and potentially nerve injury depending on the extent of the previous surgery. If it is a long time since the first surgery, you will also have had some ageing of your facial and neck tissue which can affect the quality of your skin. You may not have the same result as before or require more extensive and/or more complex surgery. Sometimes in this situation, unexpected problems can arise necessitating a change in the planned procedure e.g. performing a different type of SMAS lift or altering how a neck lift is done or how the skin is lifted or altering the extent of surgery performed.

### **Internal tissue damage from biostimulators and energy based treatments**

An increasing number of patients undergoing face and neck lifting surgery have previously had a variety of non-surgical treatments. Some of these treatments can produce internal tissue damage (and indeed this might be one of the ways that they induce tissue tightening). Therefore, we are seeing an increasing amount of internal indiscriminate scarring during face and neck lifting in this group of patients. This makes the surgery more challenging and increases both the length of time it takes to perform the surgery and increases some of the risks of undergoing surgery as described above.

### **Submandibular glands**

Submandibular glands are the salivary glands that are tucked under your jawline on both sides. They are not normally visible but can drop lower and increase in size with ageing. If your submandibular glands are large and/or have dropped in position with ageing, they can be more visible in your neck after facelift and neck lift surgery when the overlying skin

and muscle are lifted and tightened. This appears as a fullness under the jawline on one or both sides. The glands can be reduced in size by being partially removed during neck lift surgery and we will discuss this with you if we feel that this should be considered in your case. Reduction of the submandibular gland is associated with some risks including bleeding, nerve damage (lower lip movement), salivary collections and rarely, a dry mouth. The risks of this surgery may outweigh the benefits for some. However, if visibility of the gland in your neck after surgery is likely and would bother you, then gland reduction would need to be part of your neck lift surgery. If not done as part of your neck lift and the glands are visible afterwards, further surgery would be needed to reduce this. In patients in whom their submandibular salivary glands are contributing to their neck shape, not only would ignoring the glands impact on the quality of the outcome of the procedure, but in addition, the longevity of the surgical result will be compromised.

## **CONCLUSIONS**

By restoring ageing features, facelifts and neck lifts can have a dramatic effect on your appearance allowing you to outwardly show the energy and self-confidence you are truly feeling. We hope this information has helped you to understand what they can achieve and what is involved.