

Facelift

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Facelift

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As part of the ageing process our skin progressively loses its elasticity and our muscles tend to slacken. The stresses of daily life, effects of gravity and exposure to sun can be seen on our faces. The folds and smile lines deepen, the corners of the mouth droop, the jaw line sags and the skin of the neck becomes slack. Around the eyes, the eyebrows droop and the skin of the eyelids gathers in loose folds. In skin the first sign is fine wrinkles developing around the lips, at the outer corners of the eye and lines of expression. The rate at which this happens varies from one person to another and is probably determined by our genes. Ageing of the skin of the face does not necessarily reflect the rate that the rest of our body and mind is ageing and many people feel frustrated that the face they see in the mirror is not the one they feel should be there. Substantial weight loss can produce similar changes in facial appearance to those of the ageing process.

Who will benefit from a facelift?

The best candidate is one whose face and neck has begun to sag, but whose skin still has some elasticity and whose bone structure is strong and well defined. Most patients are in their 40's to 60's, but facelifts can be done successfully on people in their 70's or 80's.

It should not be obvious that a patient has had a facelift, but instead they look fresher and cheerful. It is a procedure that technically works well but also increases morale and is well appreciated by the patient.

What a facelift does not do?

A facelift does not replace ageing skin it merely pulls existing skin and its underlying layer tighter. A facelift works better for the lower half of the face and particularly the jaw line. Skin around the mouth area is not affected by a face-lift and the neck may need additional surgery.

What should you do before the operation?

If you are overweight and intend to lose it you should do so before the operation. This allows the surgeon to remove more skin and therefore achieve a more pleasing result.

You should avoid taking tablets containing aspirin and non steroidal anti-inflammatory drugs such as Voltarol

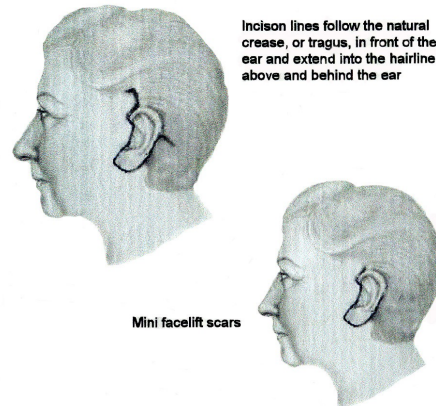
and Indocid for at least two weeks before surgery as they increase the risk of bleeding.

You should stop smoking at least two weeks before surgery as this is the main cause of reduced healing. It decreases circulation of the skinflaps, particularly behind the ears.

The surgery

A facelift is carried out in a hospital under local or general anaesthetic. The procedure, although long, can be combined with other operations. The most common however would be an eyelid reduction.

Incisions are made above the hair line at the temples (see illustration) and extend in a natural line down the front of the ear, or just inside the cartilage at the front of the ear, and continue around behind the earlobe and up in the crease behind the ear. Mini facelift scars are less extensive and may extend more into the temple area.



Sometimes only the skin is lifted following separation from the underlying platysma muscle. More usually however the platysma muscle and its fibrous attachments (SMAS) is dissected free and sutured tightly to the solid structures in front and behind the ear. At other times the skin and the SMAS layer are lifted together as a single layer, but will still be sutured separately. Fat along the jaw line and under the chin may be removed by liposuction or on occasion through an incision under the chin. The skin is sutured so that it is lifted upwards and backwards, just as when one lifts the skin when looking in the mirror. A head bandage may be used for 24 hours but a soft neck collar will be used once the bandage is removed and after a hairwash. A cooling device (Hilotherapy) will probably be used post-operatively to aid comfort and reduce swelling.

After your surgery there is usually some bruising of the cheeks and with gravity this tends to descend into the neck. Discomfort is usually mild and can be controlled with Paracetamol. It is normal for there to be some numbness of the skin of the cheeks and ears. This will usually disappear in a few weeks or months. It is better to keep the head elevated for a couple of days to reduce swelling. Avoid strenuous activity, saunas and massage for at least two weeks. The neck collar can be released regularly but should be used at night and through the day for 2 weeks.

At the beginning your face will look a little puffy and may feel rather strange and stiff. The scars can be very well hidden by women with their hair and disc shaped earrings so that they should be able to resume work and social activities within a couple of weeks. Camouflage make-up can be helpful in masking bruising.

Men find it more difficult to disguise the scars and will need to shave their beard closer to the ear in front and also behind the ear where the skin has been lifted.

The scars in the hair do not usually show. There may be some slight reduction in hair growth in the temples, but this is not usually a problem unless the hair is very thin and repeated facelifts are being carried out.

How long does a facelift last?

A facelift does not stop the clock, but it does put the clock back. The effect of the facelift is likely to always be there in that you will not look as old as you would have done if it had not been carried out. Adjunct procedures such as fillers, botox, skin resurfacing, fat grafting, Ellevate (neck suture) or specific neck procedures may be necessary thereafter.

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