

Facelift / Necklift

If you're considering a **facelift**...

As people age, the effects of gravity, exposure to the sun, and the stresses of daily life can be seen in their faces. Deep creases form between the nose and mouth; the jawline grows slack and jowly; folds and fat deposits appear around the neck.

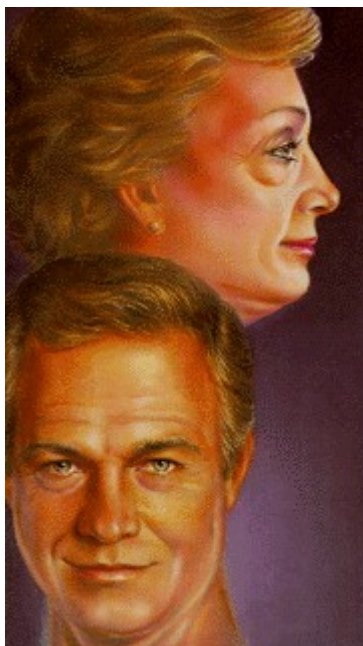
A facelift (technically known as rhytidectomy) can't stop this aging process. What it can do is "set back the clock," improving the most visible signs of aging by removing excess fat, tightening underlying muscles, and redraping the skin of your face and neck. A facelift can be done alone, or in conjunction with other procedures such as a forehead lift, eyelid surgery, or nose reshaping.

If you're considering a facelift, this brochure will give you a basic understanding of the procedure when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don't understand.

The best candidates for a facelift

The best candidate for a facelift is a man or woman whose face and neck have begun to sag, but whose skin still has some elasticity and whose bone structure is strong and well-defined. Most patients are in their forties to sixties, but facelifts can be done successfully on people in their seventies or eighties as well.

A facelift can make you look younger and fresher, and it may enhance your self-confidence in the process. But it can't give you a totally different look, nor can it restore the health and vitality of your youth. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.



A facelift can improve the deep cheek folds, jowls and loose, sagging skin around the neck that come with age.

All surgery carries some uncertainty and risk

When a facelift is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing

Incisions usually begin above the hairline at the temples, follow the natural line in front of the ear, curve behind the earlobe into the crease behind the ear, and into or along the

abilities, and the outcome is never completely predictable.

Complications that can occur include hematoma (a collection of blood under the skin that must be removed by the surgeon), injury to the nerves that control facial muscles (usually temporary), infection, and reactions to the anesthesia. Poor healing of the skin is most likely to affect smokers.

You can reduce your risks by closely following your surgeon's advice both before and after surgery.

Planning your surgery

Facelifts are very individualized procedures. In your initial consultation the surgeon will evaluate your face, including the skin and underlying bone, and discuss your goals for the surgery.

Your surgeon should check for medical conditions that could cause problems during or after surgery, such as uncontrolled high blood pressure, blood clotting problems, or the tendency to form excessive scars. Be sure to tell your surgeon if you smoke or are taking any drugs or medications, especially aspirin or other drugs that affect clotting.

If you decide to have a facelift, your surgeon will explain the techniques and anesthesia he or she will use, the type of facility where the surgery will be performed, and the risks and costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results.

Preparing for your surgery

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications. Carefully following these instructions will help your surgery go more smoothly. If you smoke, it's especially important to stop at least a week or two before and after surgery; smoking inhibits blood flow to the skin, and can interfere with the healing of your incision areas.

If your hair is very short, you might want to let it grow out before surgery, so that it's long enough to hide the scars while they heal.

Whether your facelift is being done on an outpatient or inpatient basis, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two if needed.

Where your surgery will be performed

A facelift may be performed in a surgeon's office-based facility, an outpatient surgery center, or a hospital. It's usually done on an outpatient basis, but some surgeons may hospitalize patients for a day when using general anesthesia. Certain conditions such as diabetes or high blood pressure should be monitored after surgery, and may also require a short inpatient stay.

Types of anesthesia

Most facelifts are performed under local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and your face will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.)

Some surgeons prefer a general anesthesia. In that case, you'll sleep through the operation.

The surgery

A facelift usually takes several hours-or somewhat longer if you're having more than one procedure done. For extensive procedures, some surgeons may schedule two separate sessions.

Every surgeon approaches the procedure in his or her own way. Some complete one side of the face at a time, and others move back and forth between the sides. The exact placement of incisions and the sequence of events depends on your facial structure and your surgeon's technique.



Incisions usually begin above the hairline at the temples, extend in a natural line in front of the ear (or just inside the cartilage at the front of the ear), and continue behind the earlobe to the lower scalp. If the neck needs work, a small incision may also be made under the chin.



Facial, neck tissue and muscle may be separated; fat may be trimmed or suctioned and underlying muscle may be tightened.

In general, the surgeon separates the skin from the fat and muscle below. Fat may be trimmed or suctioned from around the neck and chin to improve the contour. The surgeon then tightens the underlying muscle and membrane, pulls the skin back, and removes the excess. Stitches secure the layers of tissue and close the incisions; metal clips may be used on the scalp.



After deep tissues are tightened, the excess skin is pulled up and back, trimmed and sutured into place.

Following surgery, a small, thin tube may be temporarily placed under the skin behind your ear to drain any blood that might collect there. The surgeon may also wrap your head loosely in bandages to minimize bruising and swelling.

After your surgery

There isn't usually significant discomfort after surgery; if there is, it can be lessened with the pain medication prescribed by your surgeon. (Severe or persistent pain or a sudden swelling of your face should be reported to your surgeon immediately.) Some numbness of the skin is quite normal; it will disappear in a few weeks or months.

Your doctor may tell you to keep your head elevated and as still as possible for a couple of days after surgery, to keep the swelling down.

If you've had a drainage tube inserted, it will be removed one or two days after surgery. Bandages, when used, are usually removed after one to five days. Don't be surprised at the pale, bruised, and puffy face you see. Just keep in mind that in a few weeks you'll be looking normal.

Most of your stitches will be removed after about five days. Your scalp may take longer to heal, and the stitches or metal clips in your hairline could be left in a few days longer.



FACELIFT: FREQUENTLY ASKED QUESTIONS

How is this procedure performed?

The surgeon begins the incision in the area of the temple hair, just above and in front of the ear, and then continues around the lobe, circling the ear before returning to the point of origin in the scalp. The skin is raised outward before the surgeon repositions and tightens the underlying muscle and connective tissue. Some fat may be removed, as well as excess skin. For men, the incision is aligned to accommodate the natural beard lines. In all cases, the incision is placed where it will fall in a natural crease of the skin for camouflage.

After trimming the excess skin, the surgeon closes the incisions with fine sutures and/or metal clips, which permit surgery without shaving hair from the incision site.

How long will it take and what sort of anaesthetic is required?

Depending on the extent of the surgery, the process can take from two to four hours. When the procedure is performed with a combination of mild sedatives, local anesthesia, and a mild intravenous anesthesia, the patient will experience little discomfort. Some surgeons prefer to use general anesthesia for facelifts. Following the surgery, the surgeon will apply a dressing to protect the entire area where the incisions have been made.

Most people come into hospital on the day of their surgery, spend one night in hospital after their surgery and go home the next morning. Dressings are removed the morning after surgery before going home.

How long is the recovery time?

Even though most patients experience very little pain after surgery, the surgeon will still prescribe medication. Some degree of swelling and bruising is unavoidable, and your surgeon may instruct you to use cold compresses to keep swelling to a minimum. If a dressing has been applied, it will be removed within one to two days. The surgeon will also instruct you to keep your head elevated when lying down, to avoid as much activity as possible, and to report any undue discomfort.

In some cases, a drainage tube may have been inserted during surgery. This will be removed on the first or second day after surgery. Surgeons generally recommend that patients avoid vigorous activity. Patients should prearrange for post-surgery support from family and friends.

Recovery usually takes two to three weeks, though many patients go back to work in two weeks. Scars are usually not noticeable after enough time has passed for them to mature. In any case, they are easily disguised in natural skin creases, by the hair, or, in persistent cases, by makeup until total healing has occurred. Bear in mind that the aging process continues after surgery and that some relaxation of tissues will occur over the first few weeks.

Where are the incisions located?

The incisions are designed to be hidden within the hairline or within normal lines and creases in front of and behind the ear. The scars can usually be easily concealed by the hair and with the judicious use of make-up.

What are some of the risks and possible complications?

As with everything else in life there are also risks involved in surgical procedures. No matter how good the Surgeon performing the surgery may be, complications can arise. Therefore before proceeding with any surgery of any kind please discuss all your concerns with your surgeon and ask as many questions as you like so that you are in a position to make an informed decision.

A face-lift is a commonly performed and generally safe operation. For most people, the benefits in terms of improved appearance are much greater than any disadvantages. However, in order to make an informed decision, anyone considering this procedure needs to be aware of the possible side effects and complications.

Side effects are the unwanted but usually mild and temporary effects of a successful procedure. Examples include feeling sick as a result of the general anaesthetic. Anyone having a face-lift should also expect that:

- The face will be very swollen, bruised and sore after surgery,
- The scars will be pink and noticeable at first, but should become fine and less noticeable after a few weeks. It can take up to 12 months for the scars to fade.
- The position of the hairline in front and behind the ear may be raised. In men, the beard may lie closer to the ear.

Complications are unexpected problems that can occur during or after the procedure but most people are not affected. The main possible complications of **any operation** are:

- Excessive bleeding during or soon after the procedure,
- Infection, and
- An abnormal reaction to the anaesthetic.
- It's also possible for a blood clot to develop in a vein in the legs (most people are asked to wear compression stockings to help prevent this).

In addition, complications **specific to a face-lift** include:

- Bleeding under the skin, causing a painful swelling. This is called a haematoma and a further operation may be needed to stop the bleeding and remove the clot. Antibiotics may be needed to help prevent infection.
- Damage to the facial nerves, which can cause numbness and muscle weakness in the face. Occasionally this can be permanent.
- The wound can be slow to heal, especially in people who have diabetes or who smoke. Giving up smoking eight weeks before the operation can reduce this risk.
- Although the Surgeon will be skilled at this operation, it is hard to anticipate precisely what people will look like after surgery. Sometimes, for instance, facial features may be unintentionally accentuated, or it simply may not be the appearance you expected.
- Some people have an inherited tendency to form unusually red or raised scars.

The chance of complications depends on the exact type of procedure that is being performed and other factors such as the person's general health. The surgeon will be able to explain how the risks apply to each patient.

What to expect afterwards

Painkillers will be given to help with any discomfort as the anaesthetic wears off. Suffering from pain can slow down recovery, so it's important to discuss any discomfort with the doctors or nurses.

There may be tubes running from the wound to drain fluid into a bag beside the bed, and a drip may be put in the arm to prevent dehydration until the person starts drinking enough fluid. The dressings will be taken off the day after surgery and cold compresses may be used to help ease swelling.

Before discharge, a nurse will provide advice about caring for the wounds, hygiene and bathing. He or she will also arrange a follow-up appointment with the surgeon.

Anyone who has a general anaesthetic will need to arrange for a friend or relative to drive them home and stay with them for the next 24 hours.

Once home, further painkillers may be taken if needed, as advised by the hospital. The face will still feel very sore and tight for several days and it can take a few weeks for the swelling and bruising to subside. Most people find it easier to eat liquid or soft foods to begin with. Applying a cold compress, such as a bag of frozen peas wrapped in a towel, can help to reduce the swelling and bruising. Ice should never be applied directly to the skin.

While recovering after a face-lift, it is important to:

- Take it easy and avoid vigorous activity until advised by the surgeon,
- Keep the head higher than the body by lying on pillows, and avoiding bending over for a few days - this will help reduce swelling and bruising,
- Avoid washing the hair for a couple of days after the operation,
- Avoid the sun for a few weeks.

Make-up can usually be worn after around seven days, but should be kept away from the stitches. The surgeon will give more advice about this. The stitches will be removed after five to six days. The scars will be red to start with, but they should soften and fade over the following months. Most people feel like returning to work after about three weeks, once the bruising and swelling have gone down.

Any reasons why I may not be suitable for this procedure?

Contraindications to facelift surgery are presented by patients who are:

- Not good candidates from a psychosocial perspective. Motivations for the surgery and realistic expectations are important considerations and answers to questions regarding those items may negate performing the surgery.
- Performing the surgery on patients who smoke ideally should be deferred until smoking cessation has been achieved, although an alternative technique requiring a smaller subdermal flap may be warranted.
- Patients with collagen vascular diseases, keloid formation, bleeding abnormalities, diabetes, prior facial radiation, or other conditions that contribute

to haematoma formation and poor wound healing should be counseled appropriately

Are there any other alternative procedures?

A facelift is the only procedure that removes excess skin. Other treatments that are used to combat the signs of ageing include:

Resurfacing techniques

These remove surface wrinkles. Using chemicals, abrasion or lasers, the outer layer of the skin is removed and new skin grows back in its place.

Tissue augmentation

A substance such as collagen or fat is injected into deep wrinkles to "plump them out". This may need to be repeated every few months.

Anti-wrinkle injections ("Botox")

A substance derived from botulism toxin causes wrinkles to disappear by temporarily paralysing the muscles around them. It is particularly suitable for wrinkles in the forehead and "crow's feet" at the corners of the eyes, but may cause side-effects such as headaches and redness and may leave treated areas expressionless. The effect lasts for about three to six months.

Some people may find non-medical approaches such as massage and facial exercises helpful. There is little evidence to suggest that over-the-counter anti-ageing creams are effective, although a prescription cream containing a form of vitamin A (tretinoin or isotretinoin) has been proved to reduce fine wrinkles.

A Word About Lasers

It is important to differentiate between facial surgery and skin resurfacing with laser. Each is an entirely separate procedure with different goals and vastly different outcomes.

Laser resurfacing aims to change skin texture and diminish facial lines. It has no effect on sagging jowls and cheeks and hanging necks. These "sagging" effects due to gravity will only respond to the tightening of skin and muscle which occurs in facelift surgery.

Of course maximum improvement can be achieved by surgery to eradicate "sagging" and laser to improve skin texture - the procedures are complimentary, not exclusive

This document is intended for informational purposes and is not intended to be a substitute for the advice of a doctor or healthcare professional or a recommendation for any particular treatment plan. Like any printed material, it may become out of date over time. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

Smoking and Surgery

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none">• More coughing• Developing lung collapse• Developing pneumonia• More risk of postoperative and longterm pain	<ul style="list-style-type: none">• Increased infection• Increased risk of bleeding• Poor healing• Wound splitting apart• Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 4 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 4 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix
Iscover

Non-steroidal anti-inflammatory medications

Aclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)
Eazydayz (naproxen)	Tri-Profen (ibuprofen)
Feldene (piroxicam)	Viclofen (diclofenac)
Fenac (diclofenac)	Voltaren (diclofenac)
Indocid (indomethacin)	Voltfast (diclofenac)
Inza (naproxen)	

Herbal and natural preparations

Garlic tablets
Ginger
Gingko
Ginseng
St. John's Wort
Fish Oil

