



# FACELIFT

## Background

Facelifting is the general term referring to a variety of techniques for tightening of facial skin. The standard incision runs in front of the ear, but varies for each individual. There are many confusing terms relating to position and length of scarring and the plane of dissection used. In essence, the length of the scar is proportional to the degree of skin laxity. As in most cosmetic surgery, more invasive surgery, that may produce more durable results, carries higher risks and demands more surgical skill and experience. There are several types of facelift:

**Skin-only (subcutaneous)** – the original and still good for a short operation with little downtime, but with the skin not being particularly strong it tends not to last. With tension on the scars in the skin, stretch or overactive scars may result.

**SMAS (superficial musculo-aponeurotic system)** – lifts have almost entirely replaced skin-only due to their greater durability. Against the improved longevity are longer downtime and more surgical risk. There is a range of options here too:

- **SMAS plication** – the SMAS is gathered to tighten and lift it. Good for shorter downtime and safety, but limited effect and moderate longevity
- **SMAS excision** – again safe, but more invasive and with good long-term stability
- **SMAS flap** – the SMAS is dissected, lifted and repositioned higher on the face. It is a powerful technique, but needs experience as the facial nerve lies directly beneath the SMAS. It also tends to avoid the 'over-stretched look'. The 'extended SMAS flap' may be used to assist with nasolabial folds and sagging cheeks, but requires a degree more skill to perform safely.
- **Subperiosteal** – this is a layer beneath the SMAS and tightly applied to bone. Its popularity is waning because of the swelling that takes many months to subside and other technical issues.

## Pre-Operative Consultation

Detailed consultation includes your medical history, and any medications. Smoking can cause skin slough and healing problems so must be ceased. Results depend on many factors including age, skin condition, severity of laxity and wrinkles, surgeon skill and, of course, expectations.

## Operative Procedure

General anaesthetic (GA) is required and you will awake with a light dressing and small wound drains. Both are removed prior to discharge the next morning.

## Post-Operative Advice

Whilst you should return to light daily activities quickly afterwards the first 24 hours are best spent in hospital. This is for head elevation, analgesia and regular post-operative observation. You should be able to gently wash your hair the next day. Stitch and clip removal is required 7 days afterwards.

Bruising may be present for up to three weeks, depending on the extent, type of surgery, and your own tendency to bruise. However, with proper make-up most are presentable two weeks after surgery. Scars are generally difficult to see if placed correctly and they will continue to improve for many months, not being fully 'mature' until 12-18 months after surgery.

## Risks and Complications

Whilst any operation has the potential for complications, these are rare, but include infection, bleeding, nerve damage, asymmetry and so forth. Particularly important are your own expectations as to whether the operation can achieve the result you desire and at what cost in terms of the scar and any risks.

CASE STUDY 1: 60-YEAR ♀ SMAS LIFT, BROW LIFT, LOWER BLEPHS, RHINOPLASTY



PRE-OP



POST-OP 3 MONTHS

CASE STUDY 1: 60-YEAR ♀ SMAS, BROW LIFT, UPPER AND LOWER BLEPHAROPLASTY



PRE-OP



POST-OP 3 MONTHS