FACE & NECK LIFT

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Information delivered to : **Doctor :**

Patient's name :

Date :

This document has been created under the authority of **the French Society of Plastic Reconstructive and Aesthetic surgery** (*Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE*) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide decide to undertake a face lift.

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

DEFINITION

There are many different types of face and neck lift which allow correction and improvement of age-related unsightly aspects of the face and neck, either locally or over a more extensive area.

Face- and neck-lift is the most often performed procedure; this means surgical correction of aging of the neck and also the face from the temples to the jowls.

This cosmetic procedure is not reimbursed by health insurance.

AIMS

The aim of the operation is to remedy the sagging and laxity of the skin and muscles of the face (temples eyebrows, cheeks, jowls, and the oval of the face) and the neck as well as treating lack or excess of subcutaneous fatty tissue.

The aim of this operation is not to change the form and aspect of the face. But simply by restoring the different anatomical structures of the face and neck (the skin, the muscles and the fat) enabling the patient to look as he or she did some years earlier.

PRINCIPLES

The muscles are retentioned, to correct slackness. The skin is then draped as required over the new curves, without excessive stretching. This dual action allows a natural appearance (as the skin is not over-stretched), which is durable (as there is a strong underlying muscle layer). The healing process is generally uneventful (the skin is less bruised because it is less traumatized, as skin tension and undermining are limited). Excess fat, if present can be treated by liposuction.

On the other hand, if the face appears emaciated, this can be corrected at the same time by re-injection of autologous fat (liposculpture).

Thus the face and the neck may be said to be 'rebuilt' or 'reconstructed'.

However frown lines, crow's feet around the eyes, and wrinkles around the mouth & lips will not be changed.
Deep wrinkles will be improved by the tightening of the skin but will not completely disappear.
The appearance of the eyelids will not be improved by a face & neck lift in isolation.

The incisions necessary for the procedure are mainly hidden in the hair (at the temples and the nape of the neck) and around the ears. The scar is thus almost entirely concealed.

A face lift can be carried out as soon as signs of aging appear. Sagging skin drooping cheeks wrinkles...a serious request for corrective surgery generally happens from 40 to 45 years of age.

This procedure can be carried out at the same time as other facial cosmetic procedures : blepharoplasty (for the eyelids), correction of drooping outer eyebrows & correction of " crow's feet (temple lift) correction of a drooping & or wrinkled forehead)Forehead or brow lift, which may be by a conventional or endoscopic technic It can be completed by other treatment medical or chirurgical treatments such as : (laser resurfacing, mechanical resurfacing chemical peels, injections of "fillers" such as hyaluronic acid , and injections of botulin toxin (Botox).

During your consultation with your surgeon it is very important to point out to him all the negative changes in your appearance due to age that's you would wish to be improved or see disappear.

Once having completely understood your requirements.

He will become your guide in judging the results that are possible & probable as well as in choosing the appropriate Surgery.

He may possible advice against surgery or suggests alternative forms of treatment.

BEFORE THE OPERATION

A through medical checkup will be prescribed before surgery

Consultation with an anesthetist is mandatory and will be arranged at least 48hours before surgery.

No medication which contains aspirin should be taken for 3 weeks preceding surgery.

It is strongly recommended to stop smoking for at least 1 month before & a minimum of 2 weeks after surgery.

Smoking seriously increases the risks of post-operative complications in any surgical procedure stopping smoking 6 to 8 weeks pre operatively effectively eliminates the increased risks.

Your hair clean on arriving at the clinic & all make up must be removed.

You must be fasting (no food, drink, cigarettes or chewing gum) for at least 6 hours before surgery.

HOSPITAL STAY AND TYPE OF ANESTHESIA

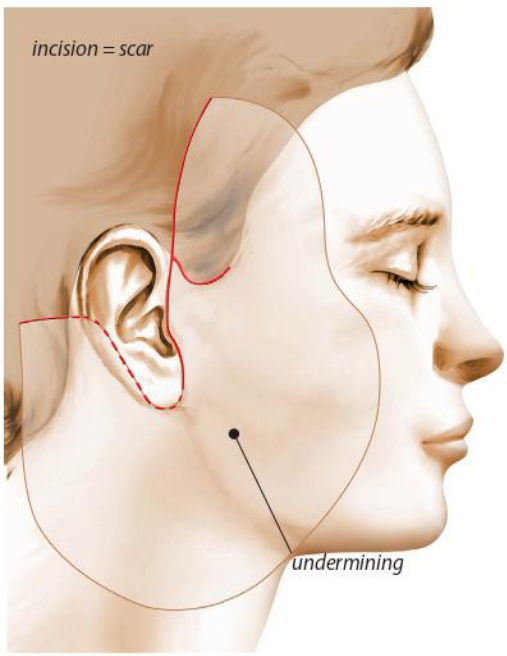
Type of anaesthesia

A face-lift can be carried out under general anaesthesia or local anaesthesia with intravenous sedation ('twilight' anaesthesia). The type of anaesthesia will be chosen after discussion between yourself, the surgeon and the anaesthetist.

Hospital stay

A 24-48 hour hospital stay is usually necessary.

THE PROCEDURE



Each surgeon has adopted his or her own specific technique which he or she adapts in order to obtain the best results in each case.

We can however give some basic points :

The incision is almost completely hidden in the hair, or around the ears.

Once these incisions are made, the skin is undermined to a greater or lesser extent in each case, according to the degree of sagging of the skin.

The muscle layer is then carefully and precisely tightened to correct laxity, without affecting the normal expression of the face.

If there are localized fat deposits, which can form on the neck, the chin, the jowls or the cheeks, lipoaspiration or mechanical removal is performed during the operation. If on the contrary there is lack of subcutaneous fatty tissue, a lipostructure using the patient's own body fat can often be helpful in achieving a harmonious result.

The undermined skin falls naturally back into place over the shape created by repositioned muscles lipoaspiration or lipostructure excess skin is then removed, and stitches placed without excess tension.

At the end of the procedure most surgeons prefer a full head dressing leaving just the centre of the face exposed.

For men this surgery has its particularities the skin is thicker,

The position of the beard may change; scars are harder to hide if hair is thin or thinning.

Your surgeon will explain these details in full during the consultation.

According to the surgeon & the extent of the corrections performed surgery can take approximately between 2 & 4 hours.

AFTER THE OPERATION

You will be able to go home on the first or second day after the operation.

For the first 10 days you are advised to rest as much as possible and avoid any major physical effort.

During this period you should not be surprised by, or worried by, the foolowing :

- Edema (swelling) which can be worse on the second day than the first.
- bruising around the neck and chin
- A sensation of painful tightness especially behind the ears, and around the neck.

This bruising and swelling generally disappears in the two weeks following surgery.

After one month all signs of swelling have usually practically disappeared. The zones from which the skin was detached may feel slightly hardened; this is perceptible to the touch, but not visible.

The ears and cheeks will not regain normal sensitivity for some months.

Rarely a disagreeable feeling of tightness and heaviness can last several weeks or months but will eventually disappear.

Scars are hidden in the hair & only viable around the ear, they may be disguised by an appropriate hair style & make up for the first few months.

Briefly one is:

- visible for close friends and family about 5/6 days after surgery
- About the twelfth day for friends
- However for people who don't want to know about your surgery it is necessary to allow 3 to 4 weeks if there are no post-operative incidents.

● *THE RESULT*

After two or three months one can have a good idea of the final result. The scars, however will still be slightly pink and hard to the touch, and will not fade until the sixth month after the operation.

Thank to progress achieved in pre & post-operative care as well as in surgical technics one can obtain a considerable rejuvenation which nevertheless looks quite natural. The face does not have a 'surgical' appearance and has regained the features which it had eight to twelve years before. This gives a general impression of a person who is relaxed and refreshed.

This physical improvement is also in general accompanied by an improvement in psychological well-being.

The object of this surgery in to obtain an improvement but not to achieve perfection; If your wishes are realistic then the results of your surgery should give you great satisfaction.

In the long term, a face- and neck-lift put back the ravages of time, but the aging process continues, and a second similar procedure can be envisaged after about ten years.

● *DISAPPOINTING RESULTS*

These can be essentially

- Edema (swelling) which persists in certain zones three months after the procedure and which may need to be treated by massage.
- A partial relapse of sagging skin (ptosis) particularly at the front of the neck, when this was a major problem before surgery.
- Visible scars or hair loss around the temples (alopecia) which can require revision surgery after six months to a year.

● *POSSIBLE COMPLICATIONS*

A face lift, although essentially an aesthetic procedure, is nevertheless an operation, and this means that the risks inherent to any surgery apply here.

We must distinguish here between risks related to the anaesthesia and those related to the surgery.

- For the anaesthesia, the risks will be explained by the anaesthesiologist during the preoperative consultation. You must be aware that anaesthesia can cause unforeseeable reactions, which can be more or less easy to control: the presence of an experienced anaesthesiologist, in a surgical context, means that these risks are statistically very rare.
- In fact technics, anaesthetic products and monitoring methods have progressed considerably over the last twenty years, giving optimal safety, especially when the operation is not an emergency and the patient is in good general health.
- Concerning surgery : by choosing a competent, qualified Plastic Surgeon, used to performing this procedure, you limit the risks, without however eliminating them completely.

Fortunately, post-operative follow up is generally simple and real complications are rare following a face- and neck-lift which has been carried out correctly.

In fact practically all the operations go well and patients are satysfied.

In spite of the fact that complications are so rare you must be aware of the following possible problems :

- hematoma : this must be rapidly drained.
- Infection : This is extremely rare
- Skin death (necrosis): this delays the healing process. Smoking greatly increase that danger
- Nerve damage: in particular damage to a branch of the facial nerve, this can lead to paresis, or facial paralysis. This is rare and the after-effects usually disappear in a few months.
- Exceptionally a paralysis of the spinal nerve(nerve which allow an elevation of the shoulder) has been described
- Abnormal scars, either hypertrophic or keloidal : they are impossible to foresee, and their development is unpredictable. They can threaten the aesthetic result and require specific local treatment over a long period.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor one, always has some degree of unforeseeable unknown factors.

You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.

These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

PERSONNAL OBSERVATIONS :