



KATARZYNA MACKENZIE

PLASTIC SURGEON

Neck Lift

Neck lift, also known as platysmaplasty or cervicoplasty, improves signs of aging in the neck by repositioning and reshaping loose or sagging skin and muscle, and may also reduce excess fat deposits in the neck, and beneath the chin. It enhances the appearance of the neck by tightening the skin and underlying muscles and improving the contour of the jawline.

This procedure is often performed in conjunction with liposuction or a facelift but may also be done as a stand-alone procedure.

Length of surgery	2-3 hours
Anaesthesia	General anaesthetic
Hospital stay	1 night stay
Risks/complications of surgery	Frequent: Bruising, swelling Infrequent: Infection, unsightly scarring, asymmetry, bleeding (haematoma), permanent numbness, facial nerve injury which could cause weakness of the lower lip, ear numbness due to greater auricular nerve injury, delayed wound healing, temporary or permanent hair loss along the incisions
Recovery	5 – 14 days until socialising with close friends and family 2 weeks until return to work and normal social engagements with make up 3-4 weeks until swelling disappears 6 weeks until return to gym and other strenuous activities 3-6 months until final result – scars continue to improve over the next 12 months
Driving	2-3 weeks
Sleeping position	Sleep on your back if possible with 3-4 pillows for first 7-10 nights
Duration of results	Recurrence of skin laxity in 5-7 years

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Neck lift information sheet

Any plastic surgery procedure is a very personal choice and understandably there are a number of questions that arise. This information sheet is a general guide for patients considering a neck lift operation under the care of Dr Mackenzie. It should provide the answers to some questions that you may have. There are many factors that can affect your individual operation, your recovery and the long-term result. Some of these factors include your overall health, your skin type, previous neck and facial surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Dr Mackenzie and are not covered here. Please feel free to ask her any further questions before you sign the consent form.

Introduction

For people with loose sagging skin under the chin, vertical bands in the neck, "turkey wattles" or necks that are too heavy, neck lift surgery - either alone or in combination with other cosmetic procedures - can produce very gratifying results. The loss of youthful contours in the face and neck can be due to a variety of factors, including heredity, gravity, environmental conditions and stress.

Most facelifts will have a positive influence on neck contour but in some patients, when the angle between neck and chin is poor or where muscle bands are very visible (platysma bands), a platysmaplasty will be necessary. This will restore tension in the platysma muscle beneath the neck skin. It is sometimes done from behind the ear (lateral platysmaplasty) but may require an incision under the chin (anterior platysmaplasty). Very gentle fat contouring using a syringe is frequently helpful.

The quality of the result will depend upon the elasticity of the neck skin and degree of sun damage to the area. As a restorative surgery, a neck lift does not change your fundamental appearance and cannot stop the aging process.

Who is a good candidate for a neck lift?

In general, good candidates for a neck lift include:

- Healthy individuals who do not have medical conditions that impair healing
- Non-smokers
- Individuals with a positive outlook and realistic expectations
- If you have a turkey wattle that makes you look much older than your age
- If you have excess of fat and skin in your neck
- If you have lost the distinct jawline

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Some people feel they are not ready for a full facelift because the upper face is still pleasing. However, many patients will note excess wrinkling of the neck skin, a double chin or "turkey wattle" and jowl lines. When the neck area doesn't match the upper facial appearance, a neck lift may be a good solution.

Are there any reasons for a patient to not have a neck lift?

Patients who are actively smoking or on blood thinning medications such as aspirin and warfarin are at a high risk of complications such as bleeding or wound infections and delayed wound healing. It is advisable to not consume nicotine in any form for six weeks before a neck lift and a similar time after. Medication such as aspirin or warfarin may need to be stopped (if this is not for an essential or life-threatening condition) at the appropriate time before surgery. This should be discussed with Dr Mackenzie or GP.

What to expect from a neck lift consultation?

You would normally meet Dr Mackenzie for at least two pre-operative consultations. The first of which is mainly about assessment and the formulation of an operative plan specific to your neck. It also involves taking some photographs. Dr Mackenzie usually summarises this consultation in a letter to you and if you decide to move forward towards surgery, a second consultation is scheduled to go over things once more and discuss the possible complications in more detail. It is usual for Dr Mackenzie to write to your GP but often patients do not want this, in which case no communication is made.

When you meet with Dr Mackenzie, you'll have an opportunity to share your feelings about the results you want to achieve, learn about what will happen during your surgery and help design a procedure that meets your individual needs. It is often helpful to bring a photograph of yourself from the time when you thought you looked your best.

Dr Mackenzie will:

- Take a medical history and ask about any previous facial and neck surgery
- Discuss normal differences in facial and neck symmetry you've probably never noticed before
- Gently lift your facial and neck skin to assess what you might be able to expect after your surgery
- Explain some of the other effects of surgery, like the fact that the position of your hair in front of your ear may be elevated and that, in men, the beard may be advanced under and behind the ear requiring shaving in that area
- Discuss the extent and position of scars you can expect
- Take photographs
- Discuss likely outcome of a neck lift and any risks or potential complications

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Often, in particular for patients after their mid-40s, the lower part of the submandibular glands is palpable below the jaw line, and with a more simplistic approach to neck rejuvenation may sometimes become more visible at the surgery. It is possible during the neck lift procedure to address both the superficial and deep seated fatty tissue in the neck, as well as trim the lower poles of the submandibular glands, for a more detailed neck contouring.

In addition, you'll learn about procedures that can be done at the same time as your neck lift, including facelift, correction of eye bags (blepharoplasty), forehead lift and the use of fat from other parts of your body to restore lost volume to the central part of your face.

Where will the incisions be?

Several incisions can be used for a neck lift, depending on the extent of the surgery and the structures being altered. If a corset platysmaplasty is planned (in which the platysma muscles are tightly sewn together to create a smooth neck contour) a small incision is made under your chin (submental incision) along with a limited facelift-type incision behind each ear. For younger patients who request a neck lift with minimal change to the face, the neck correction can sometimes be accomplished with only the submental incision or with only the incision behind each ear.

All incisions produce scars, which usually settle down over several months. However, some scars can be troublesome. Hypertrophic scars are red, raised and itchy for several months following the operation. They are more common in red haired people or patients receiving a lot of sunshine. These can be treated but frequently result in a wide stretched scar. Keloid scars are larger and more difficult to treat but these are extremely rare following neck lift surgery.

Preparation for surgery

It is important to avoid taking any aspirin or products containing aspirin for 2 weeks either side of the operation since aspirin has an adverse effect on bruising as it thins the blood. The same is true for non-steroidal anti-inflammatory drugs (such as Brufen, Nurofen and Voltaren) and vitamin E tablets. You may also be asked to stop taking naturopathic substances such as garlic, ginko, ginseng and St John's Wort as they may affect clotting and anaesthesia. Always tell your surgeon EVERYTHING you are taking.

Some patients find homeopathic remedies such as arnica helpful to reduce bruising although it is very difficult to prove their efficacy scientifically. If you wish to use arnica you should begin 2-3 days before the operation and continue for a week afterward. If you are a smoker it is absolutely imperative that you to stop for 6 weeks before surgery and for 6 weeks afterwards so as not to restrict the circulation

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to the skin. This restriction applies to all forms of nicotine including patches, inhalers and nicotine chewing gum!

For procedures lasting longer than 1 hour it is normal practice to stop the contraceptive pill one cycle before the date of surgery. For smaller procedures may not be necessary and you should discuss this with Dr Mackenzie before surgery.

Surgery requiring general anaesthesia is most safely conducted when patients are fit and healthy. General anaesthetic is unwise in patients who are unwell with viral illness or colds.

Hair tinting may be continued up to the time of surgery but strong bleach containing colorants should be avoided for six weeks afterwards. Please wash your hair thoroughly with a mild shampoo the day before surgery and come to the hospital with no make up on the morning of the operation.

On the night before surgery we would ask that you eat well and remain well hydrated. In most cases you will be asked to come to the hospital at 7:00am on the morning of surgery, having had nothing to eat from midnight. Clear water can be drunk up to 2 hours before surgery and tea without milk or coffee without milk can also be taken. Milk is considered to be solid food and cannot be taken within 6 hours of the start of surgery.

On the morning of surgery, you will be admitted to the ward. You will meet the anaesthetist who will discuss the anaesthetic with you in detail and you will also see Dr Mackenzie who will mark the surgical site as required and complete the consent form for surgery with you.

While making preparations, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days at home.

What are the principles of the surgery?

As a stand-alone procedure, a neck lift can be done with liposuction alone, if only fat is being removed and the skin quality is good. When there are more significant signs of aging, such as a turkey wattle, jowling, excess fat, sagging skin, and a prominent platysma muscle, a more extensive procedure is required that will address all of those problem areas.

If only minimal contouring is needed, this procedure can be done with liposuction alone.

The procedure for a full neck lift is as follows:

- Incisions are made under the chin and/or behind the ears depending on the procedure that has been chosen
- The platysma muscle is tightened and sewn together (corset platysmaplasty) similar to the way shoelaces are cinched

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- Excess skin and fat are carefully trimmed away
- Tissue and skin are repositioned and secured with sutures
- Incisions are closed and drains may be placed before the wounds are bandaged

What is involved in the operation?

On the day of surgery, you must have nothing to eat or drink from midnight the night before and arrive at the hospital at 7.00 am. You should not wear make-up or cream on your face. Do not take any medications without first checking with Dr Mackenzie that these will not interfere with the operation. It is a good idea to bring some small headphones with an Ipod (or Smartphone equivalent) with you because you will not feel like reading after the operation.

The operation is performed under general anaesthetic as a day case or one night stay in hospital afterwards. Local anaesthetic is also used to relieve the post-operative discomfort in the first 24 hours.

Neck lift surgery usually takes between two and three hours, longer if it is being performed in conjunction with a facelift or other procedure. If it is being performed alone, neck lift surgery is usually done as a day case.

After the anaesthetic has been administered and you are asleep Dr Mackenzie prepares the hair and face/neck for surgery. She does not shave any hair at all during neck lift as it can easily be parted with hair gel. Dr Mackenzie infiltrates the neck/face with a salt solution containing local anaesthetic, adrenaline, steroid (tumescent infiltration) as this reduces swelling and bruising after surgery and has been proven to improve scars after neck lift.

If you are having cervicoplasty surgery to correct loose and sagging skin, Dr Mackenzie will make incision behind the ear and in front of the lower part of the ear (the lower part of the full facelift and neck lift incision). The underneath supporting layer of tissue in the neck is tightened and/or repositioned and the skin redraped with the excess skin removed. This procedure tightens the loose skin on the front and sides of the neck and will improve the contour of the jawline and jowl appearance. If you have vertical bands or wattles that need to be addressed by platysmaplasty surgery, Dr Mackenzie will make a small incision under your chin to reach your neck muscles and move them as needed. If the salivary glands present under the jawbone have drooped downwards and are contributing to loss of definition of the jawline, these can be repositioned or in some cases partially removed via this incision.

A neck lift is usually performed in conjunction with a facelift as together they provide the most comprehensive facial rejuvenation and each compliments the effect of the other.

A bandage is applied around the face and neck for the first night, but this is removed before you leave the hospital the following day. There may also be some small drains in place. You will be nursed

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propped up in bed and it is very important that you try to remain as calm as possible to avoid big changes to your blood pressure. DO NOT APPLY ICE to the neck as this can compromise blood flow and result in skin death.

Dr Mackenzie may also fit you with a compression bandage and instruct you to wear it continuously for two weeks.

What to expect immediately after the surgery?

A certain amount of bruising will always occur and for this reason it is a good idea to take a scarf to the hospital to wear on your way home. An overnight stay in hospital is all that is normally needed. However, if you do not live locally Dr Mackenzie may suggest staying an extra night in hospital for your comfort.

You will be seen by Dr Mackenzie personally after the operation. At home, rest and sleep well propped up on at least four pillows. You should avoid alcohol for five days. You can expect moderate discomfort with moderate swelling, black and blue discolouration of the neck. You may be prescribed some mild painkiller tablets (Panadol/Paracetamol), some antibiotics and some antiviral tablets. Aspirin and anti-inflammatory medication should be avoided as these can promote bleeding.

If you have any significant worsening pain or swelling, then you must inform the nurses or Dr Mackenzie immediately. You will feel tightness and numbness for a couple of weeks after the surgery.

The nurses should wash your hair the day after surgery by tilting your head backwards over the sink and then drying with a cool dryer. Most of the sutures are removed on the seventh post-operative day. You may wear makeup on the tenth day after the sutures have been removed.

By two weeks your neck will usually be free of any bruising, but it is wiser to calculate on being out of action for three weeks in all, as there is much individual variation in the rate of healing and the degree of bruising. Avoid sport and strenuous activity for four to six weeks and avoid prolonged exposure to the sun and heat for three months after surgery to avoid persistent swelling.

How long does it take to recover from a neck lift?

In general swelling and bruising after these procedures nowadays tend to be less than might be expected. After a neck lift surgery alone most can expect to be presentable after 10-14 days. When facelift is combined with a neck lift it is wise to leave 2-3 weeks for recovery to return to work and normal social engagements.

Full resolution, to a point where one can judge an end result critically, will take 3-6 months and in most adults, scars mature completely over a period of 9-12 months. Fortunately, in facial aesthetic surgery,

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scars are well hidden in natural body contours (e.g. around the ear) and tend to be hard to detect even when they are new. It is important that the surgical incisions are not subjected to excessive force, abrasion or motion during the time of healing. Avoid wearing any clothing that must go over your head.

You should be able to return to work in one to two weeks, however you will need to avoid physical activities like sports for at least three weeks, possibly longer.

People are unique and just as they age differently, so recovery times also differ. The time taken before returning to work very much depends on what surgery you've had and what work you do. In general, after facial rejuvenation surgery it is wise to allow two to six weeks recovery time.

How long does the effect of a neck lift last?

Although good results are expected from the procedure, there is no guarantee. In some situations, it may not be possible to achieve optimal results with a single surgical procedure and another surgery may be necessary.

The effects of a neck lift can last up to five to ten years following surgery. A neck lift does not stop the process of ageing but can make the effect of the ageing process less obvious. Life-long sun protection and a healthy lifestyle will help extend the results of your rejuvenated, more youthful appearance.

Seeing the results

At first your face and neck skin may seem too tight. This usually settles down within six weeks of the operation. Most patients are pleased with the final result, but some find their new shape difficult to get used to. This may happen to you. You cannot judge the final result of your neck lift for about six to nine months.

Even if the operation is a success, you may need another operation in the future to have the skin tightened again.

What are the complications of this procedure?

The decision to have a neck lift is extremely personal. You will have to decide if the benefits will achieve your goals, and if the risks and potential complications of a neck lift are acceptable.

You will be asked to sign consent forms to ensure that you fully understand the procedure and any risks and potential complications.

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Neck lift surgery risks include:

- Anaesthesia risks
- Bleeding (hematoma). The most common time for it to arise is within the first twelve hours after surgery when you will be in hospital. It normally does not influence the ultimate outcome of the surgery but is a temporary hiccup
- Seroma
- Temporary or permanent hair loss along the incisions
- Facial asymmetry
- Very rarely the branches of the facial nerve which is responsible for movements of the muscles of expression in the face (weakness of the lower lip) can be bruised and stop working for a short time, however the chances of permanent nerve damage are minute
- Numbness and tightness in the neck area; this normally takes between 12 and 18 months to completely resolve. As this recovers you may notice some tingling or pins and needles
- Infection around the scars can happen with the incidence being approximately 1-2%, but the antibiotics that Dr Mackenzie prescribes reduces the chance of this taking place
- Unfavourable scarring
- Excessive bruising and swelling is uncommon but can occur as with any operation. This is rarely significant but does prolong recovery back to normal
- Skin irregularities and discoloration
- Skin loss
- Sutures may spontaneously surface through the skin, become visible or produce irritation and require removal
- Persistent pain
- Poor wound healing. Occasionally a slow healing wound may be seen. This happens usually behind the ear since the skin there is most fragile. Such problems are, fortunately, very uncommon indeed but are known to be more likely in smokers and diabetic patients.
- Rare risk of deep venous thrombosis with cardiac or pulmonary sequelae. With any surgery that takes more than about an hour there is an increased risk of clots in the leg veins (deep vein thrombosis). Because of this, it is important that, apart from the measures taken during the hospital stay, you continue gentle mobilisation, exercising your feet lightly but regularly in the week following her operation. This will help restore your circulation and reduce the chance of clots forming
- Unsatisfactory results which may require revisional surgery
- Scars do not usually present a major problem and in the early days are easily concealed with a little makeup. Occasionally small cysts may develop along the lines of the incision. They usually resolve spontaneously but may require attention. The most obvious scars are behind the ears where tension is maximal. You would be advised not to wear your hair tied up or back for at least six months, in order that your hair can flow forwards and cover the scars. Men may find they have to shave behind the ears because of the re-positioned beard. Scars can stretch

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just in front of the ear and occasionally Dr Mackenzie may need to undertake a small scar revision under local anaesthetic as a day case procedure

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 unrealistic expectations, from a post-operative complication or for some other reason. If further procedures are warranted, there may be further costs involved, and this will be explained. Dr Mackenzie will ensure you understand what can be achieved by facelift surgery. If you have any concerns, or feel that things need further explanation, please do not hesitate to ask.