



KATARZYNA MACKENZIE

PLASTIC SURGEON

Facelift

A facelift, technically known as rhyidectomy is a cosmetic procedure designed to correct signs of ageing by repositioning the support structures of the face and then re-draping the skin to a natural, more youthful appearance.

A facelift is now a sophisticated procedure which can be tailored to individual needs. For most patients, it will produce a significant rejuvenation and improvement in facial appearance for many years without appearing operated or overly tight.

Length of surgery	3-4 hours
Anaesthesia	General anaesthetic
Hospital stay	1 night stay
Risks/complications of surgery	Frequent: Bruising, swelling, temporary numbness Infrequent: Infection 1-2%, unsightly scarring, asymmetry, bleeding (haematoma 2-5%), permanent numbness, facial nerve injury, temporary hair loss, ear numbness due to greater auricular nerve injury
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 the first 7-10 nights
Duration of results	5-10 years

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Facelift 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 facelift 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 facial or eye 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

Not all people age the same way, and this is especially true of the way different people's faces age. In some, the forehead and brows are more of a problem, in others it may be puffy eyelid bags or excess eyelid skin, and in others the neck or jowls. Careful analysis is important in order to choose the combination of appropriate treatments that are correct for your face, and to prevent the unusual expressions that can occur following the use of inappropriate surgical techniques.

As we age, several things change in our face; the skin becomes thinner and less elastic, the fatty tissue descends and the supporting structures of our tissues become stretched and weaken.

In time, our cheeks begin to sag, the crease running from the nostrils to the sides of the mouth is accentuated, and our jaw line and chin lose their smooth, refined appearance. As we age we also tend to lose some of our facial fat and our skin loses some of its elasticity, leading to more sagging of our features.

Exposure to ultraviolet light plays a role as well. People who live in tropical climates, where the sun is strongest, often have prematurely aged skin, irrespective of their ethnic characteristics. In these areas, people may seek face lifts in their forties or even younger.

It is important, however, to remember that while a facelift can help refresh your appearance it will not erase permanent creases, particularly around your lips. Additional procedures like dermabrasion, laser resurfacing and chemical peels can improve those lines and can be performed in conjunction with your face lift.

The aim is to produce a natural, un-operated appearance which enhances facial contours and is durable. The avoidance of tension or stretching of the skin is crucial.

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Who is a good candidate 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 fifties to seventies, but facelifts can be successful on people in their forties or eighties and increasingly is undertaken on younger patients, particularly those whose face has aged with smoking or excess sun exposure. A facelift can make you look younger and fresher and it may enhance your self-confidence in the process, but it should not 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 Dr Mackenzie.

If you experience any of the following, you could be a candidate for a facelift:

- Unsightly jowls
- Sagging skin around the jawline, nose, forehead
- Deep creases around the eyes or around the mouth
- Loss of facial volume
- Double chin
- Unhappiness with the appearance of the face due to aging

Are there any reasons for a patient to not have a facelift?

Patients who are actively smoking or on blood thinning medication such as aspirin and warfarin are at a high risk of complications such as bleeding, wound infections and delayed wound healing. It is advisable to not consume nicotine in any form for six weeks before a facelift and a similar time after. Medications 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 makes a good facelift?

A good facelift should give someone the appearance of being refreshed, alert and confident, as people do when they have just returned from a holiday. A good facelift could be described as returning the look of freshness and vitality that person had when younger. It is the overall facial appearance that registers with us, as our eye is not drawn to any single area of the face. It should reveal the original, individual face as it subtly lifts the mask of ageing and does not impose any change in natural appearance or leave any obvious traces of surgery.

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What to expect from a facelift 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 face. 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 surgery
- Discuss normal differences in facial symmetry you've probably never noticed before
- Gently lift your facial 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
- Explain some of the modifications that may improve the overall results of face lift surgery. These modifications, all of which can be individually tailored to suit your needs, include deep (SMAS) lifts, chin fat removal, and remodelling of the neck muscles

In addition, you'll learn about procedures that can be done at the same time as your facelift, including 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 facelift. The standard incision passes from the hairline in front of the ear, then inside the ear down to the earlobe and then behind the ear into the hair. In this way, the scars are concealed either in hair or inside the ear, and it allows good access to the underlying tissues of the face. Sometimes, the incision behind the ear is not needed and this is called a short-scar facelift. It is only useful when the neck does not need to be corrected significantly. Additional incisions can also be used such as an incision within the hair of the temple region and occasionally under the chin. Dr Mackenzie will discuss with you the proposed incisions that she intends to use for you.

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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 facelift 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 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.

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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?

The face is made up of several layers like the layers of an onion. These consist (from outside in) of the skin, the subcutaneous fat, the supporting layer of the facial skin, the deep muscles of the face with their nerve supply, and then lastly the facial bones. The supporting layer of the facial skin is also called the Superficial Musculo Aponeurotic System or SMAS. This is the layer that becomes weakened and stretched with time. In the past, facelift surgery involved excision of loose skin only but this tended to produce a very short-lived improvement and if tightened too much, could give a "wind swept" look. Modern facelift procedures concentrate on tightening the SMAS layer and then re-positioning the skin without any excess tension. This produces a much more natural youthful look that will last a great deal longer.

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 with one night stay in hospital afterwards. Local anaesthetic is also used to relieve the post-operative discomfort in the first 24 hours.

After the anaesthetic has been administered and you are asleep Dr Mackenzie prepares the hair and face for surgery. She does not shave any hair at all during facelift as it can easily be parted with hair gel. Dr Mackenzie infiltrates the 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 facelift. The incisions are then made around the ear and extending into the scalp. Sometimes an additional incision is made under the chin to allow for fat removal and specific tightening of the neck muscles centrally.

The skin of the face and neck is then carefully lifted from the underlying muscle and fatty tissue. At this stage fat may be trimmed from around the neck and chin to improve the contour of the jawline. Dr

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Mackenzie then tightens the underlying muscle and fatty tissue (SMAS) before pulling the skin back and removing the excess. Stitches are then used to secure the skin and close the incisions although metal clips may be used in the scalp as this is beneficial for hair growth.

A head 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 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.

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 and dark glasses 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 cheeks and neck. You may be prescribed some mild painkiller tablets (Panadol/Paracetamol), some antibiotics and some antiviral tablets. 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 face 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 facelift?

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

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Full resolution, to a point where one can judge an end result critically, will take 4-6 months and in most adults, scars mature completely over a period of 9-12 months. Fortunately, in facial aesthetic surgery, 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.

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. It takes longer to recover from deeper plane facelift and may take up to twelve weeks for all the signs to disappear.

What happens after the operation?

In Hospital (1-2 days)

- A light padded dressing will usually be applied at the end of the operation which remains in place for 24 hours
- You will be nursed in a semi-sitting position in bed immediately after the operation, which helps to reduce swelling
- There is not usually much pain or discomfort although this can be subjective
- On the day after surgery, the bandages will be removed and your hair will be washed by the nurses before going home

At home (2-10 days)

- It is helpful to rest/sleep with three or four pillows for the first week after surgery in order for swelling to subside more quickly
- Swelling will tend to increase during the first 3-4 days after surgery (this is normal) and then subside over the next few weeks. It may be a little slower to subside in warmer weather
- Try not to drink too much water. This is not the time to be drinking 1-2 litres of water each day in the hope of "flushing" out the system. The brain releases a hormone after surgery which tends to retain water and so if you drink a lot you will retain fluid and create more swelling. Please just quench your thirst and then drink fruit juice or tea as these will give less fluid retention and swelling
- It is important to avoid bending forwards as this may cause more swelling. It is better to avoid washing hair unless sitting with the head back like at the hairdresser. This will be done before leaving hospital and can then be repeated after 3-4 days
- You should also avoid very hot drinks for the first week as well as avoiding very chewy foods as this helps facial swelling to settle quicker
- It is very helpful to rest as much as possible for the first five days and then return gently to normal activities over seven to ten days
- After a week Dr Mackenzie will arrange to see you to remove the stitches

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The first 2-6 weeks after surgery

- The face (and eyelids if they have also been operated on) may feel a little tight. This is normal and related to swelling and scar maturation. Occasionally the eyes may feel a little “gritty” after surgery and if this is the case then it is helpful to use a lubricating ointment at night
- The cheeks and ears will feel numb for about three months after the operation; this is quite normal and recovers spontaneously
- In general, it is best to continue with your usual facial skin care regime as the risk of sensitivity to a new product is best avoided
- You may visit your hairdresser after 10-14 days but as mentioned earlier no colorants should be used for 4 weeks
- You should not drive for at least one week after surgery or until such time as your neck movements are comfortable
- Most patients can return to work after 2 weeks although you may wish to avoid major social events for 3-4 weeks until the fine swelling has settled
- You may resume your usual sporting activity at 3-4 weeks but prior to that it is best to avoid exercise as it will prolong the swelling in your face

How long does the effect of a facelift last?

This is one of the most frequent questions which patients ask. The effects of a facelift can last up to five to ten years following surgery. A facelift does not stop the process of ageing but can make the effect of the ageing process less obvious.

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 facelift or 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?

Fortunately, significant complications from facelift surgery are infrequent. However, all surgery carries some uncertainty and risk and they include:

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- Very rarely the branches of the facial nerve which is responsible for movements of the muscles of expression in the face can be bruised and stop working for a short time, however the chances of permanent nerve damage are minute (0.7%). This may cause facial distortion - weakness of the eyebrows or around the mouth
- Very occasionally patients may need a small revision procedure. Depending upon the nature and extent of the procedure that you need Dr Mackenzie will discuss the potential complications with you in detail during your consultation
- If blood collects under the skin in the first few hours after surgery (haematoma) there is occasionally a need to return to theatre to remove this, but it rarely has long-term consequences
- The overall incidence is approximately 5% in all face-lifting procedures. 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
- Excessive bruising and swelling is uncommon but can occur as with any operation. This is rarely significant but does prolong recovery back to normal
- 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
- Numbness to the face always happens to a certain extent, particularly in the cheeks. This normally takes between 12 and 18 months to completely resolve. As this recovers you may notice some tingling or pins and needles. Ear lobe may be numb
- 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 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
- Temporary hair loss particularly in the region of the temple is seen occasionally (usually only in smokers) although this invariably recovers over a period of three to six months
- Wound healing in the face is generally very quick and reliable. 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
- Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Make up can be used to cover up the signs of bruising while it resolves. Arnica may be helpful to settle bruising quicker
- 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

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but regularly in the week following her operation. This will help restore your circulation and reduce the chance of clots forming

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.