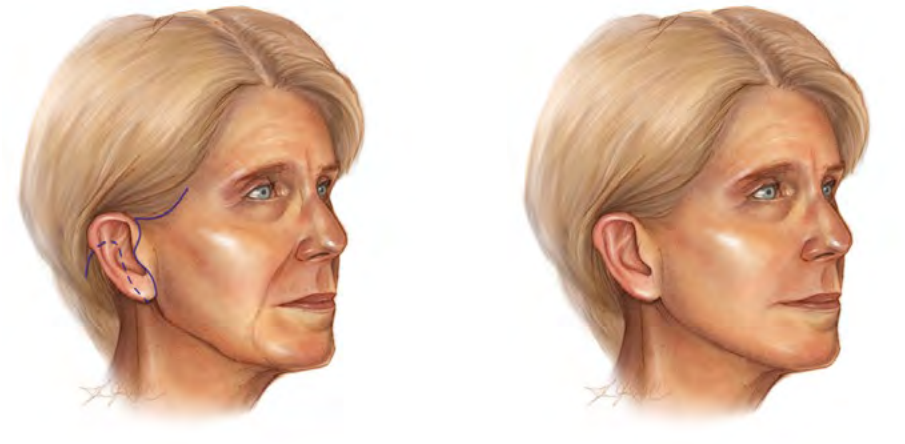
Facelift

Reader is cautioned, diagrammes in this chapter are quite graphic, and though they are illustrations only, they may be disturbing.



As a patient considering rejuvenative or restorative surgery of the face, you probably have certain concerns which you consider to be more important than others. The first thing we do after we sit down together in consultation is to ask you what concerns you the most.

You may have:

- Deep worry lines in the lower mid-forehead and between the eyebrows
- Sagging of your cheeks
- A deep fold running from the corner of the nose past the mouth
- Jowls
- An aged or poorly defined neck
- A chronic sad, or tired expression
- Fullness or "bags" under your eyes
- Deterioration of your skin from environmental damage

Each of these features is caused by specific anatomy changes and the first step involves a consultation and a proper diagnosis. More than any other cosmetic surgery, facial rejuvenation must be individualized.

A surgical plan to rejuvenate the aging face may involve one or several procedures combined at one session or in a series of sessions, depending on many factors. A facelift is traditionally the operation involving the cheeks and neck, but is often combined with other procedures to give a more complete and harmonious result.

A facelift is one of the most potent approaches to making you look like you want to look. But we may need to add other things.

We may combine it with:

- Treatment of the eyelids (blepharoplasty), *link to eyelids page*
- Forehead or brow lift for sagging of the forehead and deep frown lines, *link to forehead page*
- Treatment of the skin
- Addition of volume by injection of fat or manmade filler substances, *link to Botox/filler page*
- Neuro-modulator injections (Botox®), *link to filler/Botox page*
- Other techniques

Anatomy of Aging

It's under the skin that counts. Skin tightening to re-create contours lost with age lasts only a very short time. We know how much the skin expands under tension from what we see in weight gain and pregnancy.

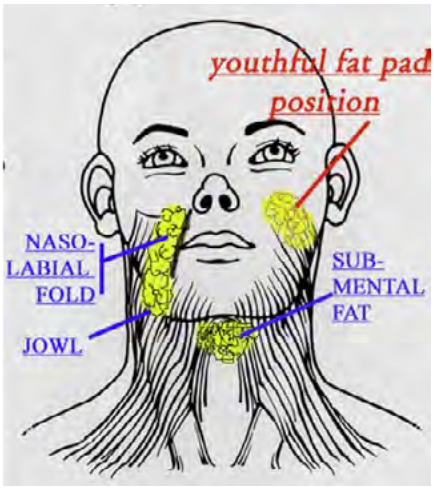
Modern understanding of how to create an effective, natural facelift result came with recognizing that it was the deep tissues (muscles, fat pads) that were the key elements to be considered. Tightening only the skin had often created the undesirable "pulled look", and surgeons by the early 1990s had embraced the idea that a "tight face was not a youthful looking face".

In a way, it was like understanding how to make a bed properly (before the days when duvets became common). Pulling on the bedspread does not make a smooth and tidy bed.

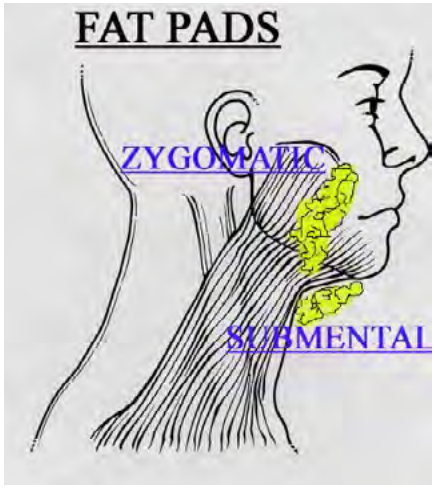
Instead, one needs to smooth and tighten the bottom sheet, blankets and top sheets before laying back down and smoothing the bedspread.

In much the same way, we first lift up the skin Then we, tighten the deeper layers (We often "fluff up the pillow" by adding fat or other fillers). Finally, we lay the skin back down, gently tightening and tailoring out the excess.

When the youthful cheek fullness (zygomatic fat pad) falls downwards and forwards into the central part of the face, it piles up against immobile skin attachments and creates a deep fold (the naso-labial fold) and hangs over the jawline forming the jowls.



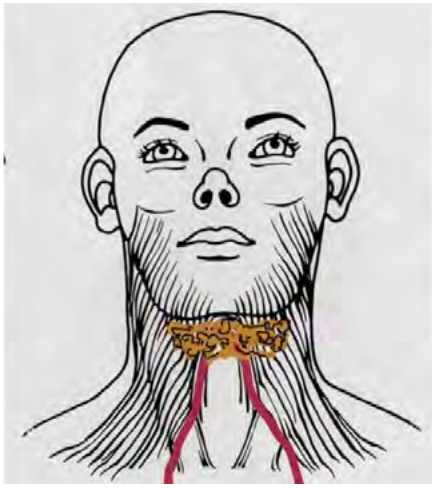
Frontal view, showing descent of fat pad on right and youthful location on left



Side view, showing descent of fat and formation of jowl

When the fat pad falls forwards and downwards, a hollow in the central cheek develops, and the cheek becomes flatter. Fat may also accumulate in the neck.

Platysma Muscle may loosen and fall forward then shorten, causing visible cords.



Platsyma muscle bands may be a prominent feature in the neck

Technical Details

Why that long an incision? Can I just get a neck lift?

My Incision approach is based on what will give the most natural result. While inconspicuous incisions are very important to the success of the operation, the length of the incision plays little role in whether they are ultimately as invisible as possible.

Important influences are:

- Scar location
- Tension on skin
- Hair pattern and re-growth
- How you heal as an individual
- Gentleness of handling during surgery

Length

If you think about it, a tailor cannot narrow a pair of pants by just tucking them in a limited area. The narrowing extends and ensures there isn't an abrupt transition by tapering (taking out a "dart" where needed). We need to remove the maximum skin in certain areas, near the top of the ear, both in front and behind. This needs to taper out to avoid tell-tale puckering and irregularities.

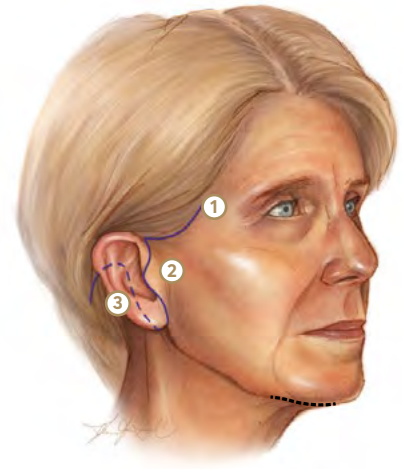
I am not a believer in "Short scar" or "S-lift" procedures, which had a phase of popularity in the early 2000's. They often left patients with unsatisfactory bunching up scars near the earlobe, and eliminated only the least conspicuous part of the incision. They often didn't address the issues in a long lasting manner.

Isolated necklifts don't recognize that the key anatomical structure, the SMAS-platysma complex, extends from the collar bones to the upper cheek, and dealing only with the neck portion causes unnatural movements and disharmony…leading to an obvious and therefore undesired "operated look".

All this without decreased risk.

Incision Location

There are three zones of the incisions.

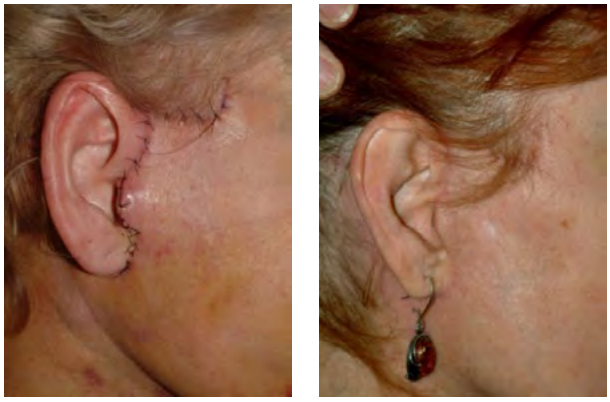


Typical incisions for a facelift. Temple options and possible incision under chin are shown

1. TEMPLE

We have a choice between an incision in the temple hair or one at the edge of the hairline. The temple hairline incision (see photos) may be initially more obvious, but it leads to a more natural result, because it causes little if any disturbance to the natural hairline. A disrupted hairline is one of the most common factors causing long term problems with esthetics of the result.

It takes a little longer to make and repair the incision on the hairline, but is well worth the effort. The result, after healing of the incision has occurred, is a more natural appearance, without the "windblown" change seen in so many "Hollywood faces" in whom the hairline is moved up and back leaving no sideburn and a temple hairline which begins above the ear:



Preservation of the normal hair pattern takes time but is worth it. Here the incision with stitches is shown at 1 week after and at 3 months after surgery.

2. EAR REGION

For decades, surgeons have used an incision which goes in and out of the nuances of the ear-to-cheek junction. In men, an incision running in front of the ear is still used by some surgeons, but I stopped using it many years ago. If hair growing close to the ear is a problem after the beard shift backwards, it can be removed with laser or other methods.

3. BEHIND THE EAR

Here, an argument can be made for either approach, although I choose to go inside the hair nearly always, and carefully line up the hairline when stitching up.

What About the Skin Quality?

Environmental damage – sun, wind and cold, smoking – all ravage the skin. Exposure to these factors will cause fine lines criss-crossing the areas damaged, thinning of the skin, loose, inelastic skin, "age spots" and other features, even when the damage was early in life.

A facelift does not directly address any of these issues although it may make them less apparent because the underlying architecture is so improved. But if you have these concerns, you should discuss possible treatments with your surgeon who may refer you for dermatological care. Laser resurfacing and other such treatments are often the recommended treatments.

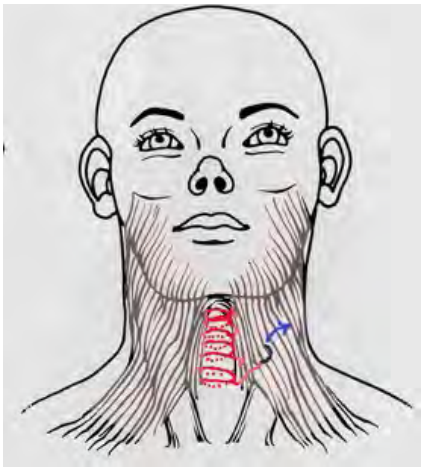
What should we do with the neck?

The neck is subject to endless debate among plastic surgeons, and measures used to treat it are tremendously varied.

Over time, I became less convinced some of the more extreme measures are necessarily more effective. Sometimes they may be justified, but most times not.

Procedures such as extensive deep fat removal, removal of portions of the digastric muscle or the sub-mandibular saliva gland are not worth the increased risk, surgery time, and patient expense. Good support of the cheeks can usually be gained by tightening from the side. Sometimes I will open the central neck, and "plicate" or stitch up, the platysma, sometimes with removal of some redundant muscle. Most of the time, I don't do this anymore. There are some minimally invasive ways of handling the muscle bands, which in milder cases may be the best choice.

But we still do the central neck muscle when the benefits are going to be significant.



More commonly, we remove fat from the neck, by means of gentle liposuction, or by direct fat removal, while recognizing that having some fat under the skin is essential to maintaining a soft, natural *and youthful appearance* to the skin. Excessive fat stripping has caused some awful results over the years. Again, we all recognize a gaunt appearance as not attractive, but instead representing something abnormal, like severe age or disease.

Under the skin (it's what you don't see that matters most)

How the deeper structures are handled influences just how much success is actually achieved.

Our better understanding of the changes of aging at least has made us aware of what we must achieve; how we get to that goal is another matter. Every surgeon has his or her own idea of what is best, weighing surgical skill and experience, risk to the patient, time factors and cost.

My approach to the deep tissues has evolved over the years and continues to change gradually, but the basic idea is one which comes down to common sense: I try to put things back where they were in youth.

Improving on that, by thinning a heavy neck which had been heavy even in youth, by adding a chin implant when the jaw line has always been weak, or by injecting fat to add fullness where it may subtly enhance features, may also play a role, **but the basic aim is to try to keep patients looking like themselves, only better.**

Believe it or not, many facelift operations have been developed over the past ten years which do not have this in mind, instead trying to achieve some form of ideal shape. Unfortunately, this too often leads to bizarre results in which the patient may not even recognize themselves.

Anaesthesia

Surgery is usually done under general anesthesia (completely asleep). We add local anaesthetic by injecting it at the start of and during surgery which helps to minimize post-operative pain and makes for a "lighter" general anaesthetic. While it is certainly possible to do a facelift under local anaesthesia with sedation ("twilight") and this may sound attractive, and I think a modern well run general anaesthetic administered by a qualified anaesthesia specialist provides a patient with the best possible experience. I did many facelifts under sedation but gradually came to realize I was able to do my best work when the patient is asleep and ***I do not sedate patients myself as I believe a qualified doctor specializing in anaesthesia is safer than having me as both "pilot and navigator"***. So the potential cost savings of not paying an anaesthetist is to me a false economy, sacrificing patient safety and my attention.

Procedure

Once you are put to sleep, and the face and scalp have been washed with antiseptics and surrounded with sterile sheets, the operating team does a final "time-out" **safety checklist**.
http://www.who.int/patientsafety/safesurgery/ss_checklist/en/

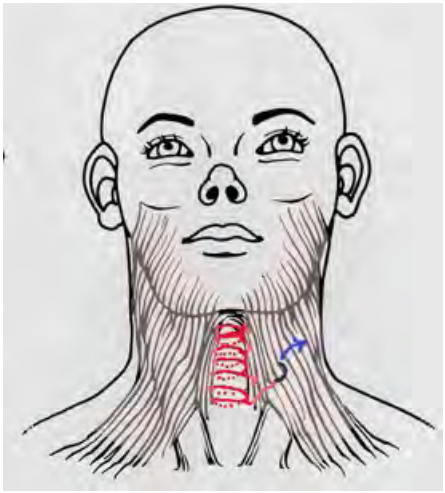
We inject dilute local anaesthetic widely throughout the areas to be treated. Most surgeons also add dilute adrenaline(epinephrine) to reduce bleeding during surgery, although some feel this may lead to bleeding later.

We may start with taking small amounts of fat by means of liposuction for *grafting* into areas we feel will benefit from plumping up (lips, cheeks, jawline, temples etc.

If liposuction of the neck is being done, we usually do it at the start (closed suction Lipoplasty) but some surgeons will do it when the skin has been lifted off, looking directly at the fat (open).

The incision is made and the skin with a little attached fat is separated from the deeper tissues by gradually dividing its attachments. This mobilizes the loose skin for later trimming and also exposes the deeper structures to allow their tightening.

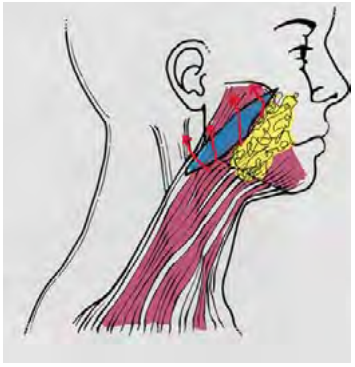
The *DEEP layers*

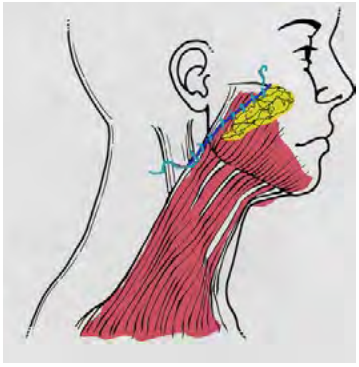


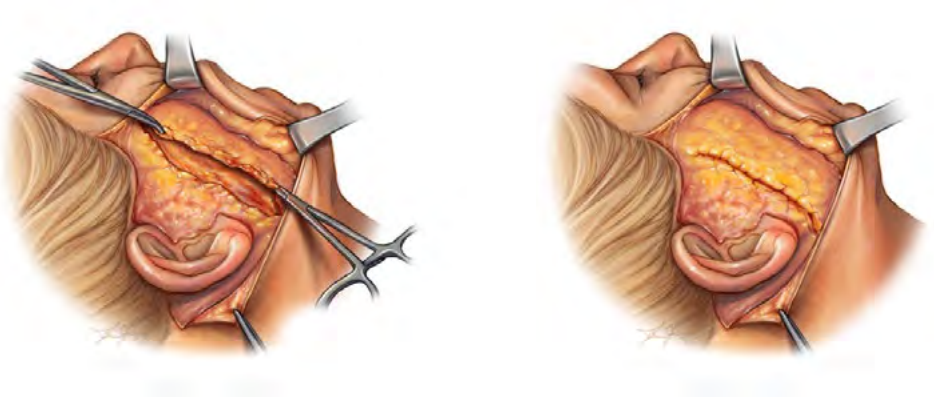
We deal with the sagging fat pads and muscle layer by directly lifting and tightening after carefully identifying the affected structures, separating them as needed to allow free movement, and lifting with internal stitching to secure them in the youthful position.

Sometimes, we use an incision under the chin, to modify and stitch the *platysma muscle and SMAS layer* in the midline before also tightening it from the sides.

There are many patterns surgeons use to deal with the "SMAS", which is the platysma muscle in the neck and jawline extending over the cheek as a thin but pretty strong membrane. I usually take out a strip (a "SMAS-ectomy") and then free and pull up and back on the front edge. This tightens the jawline and neck lifts the fat pads, and supports the cheeks:

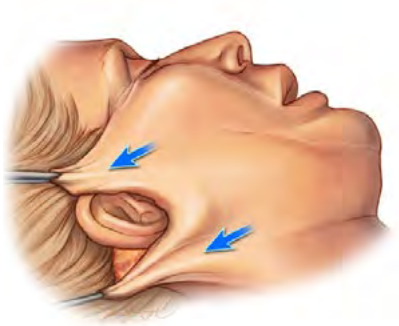






Tightening the deep layer is one of the main manoeuvres in modern facelift technique. Here, a dart is removed from the SMAS and the resulting tightening lifts the fat pad and restores the neck.

Finally, the skin is gently but firmly trimmed as it is laid back in position, trimmed, and stitched with a minimum of tension except at key points.



Risks

- Infection
- Bleeding
- Nerve injuries
  - Sensory
  - Motor
- Wound healing complications (necrosis, etc)

Facelifts, and the related facial rejuvenation operations, all share similar risks and possible complications. Like all surgical procedures, bleeding or infection can occur, although both are unusual. If they do occur, they may require surgical treatment, hospitalization, or may be managed with lesser measures in some cases. Infection, when diagnosed early and not severe, may respond to antibiotics by mouth, for example.

A ***hematoma*** is formed when bleeding occurs and blood accumulates under the skin, forming a thick clot that must be removed. This is the single most common major complication of facelifts and happens about 1-2% of cases in women, and higher in men. Proper treatment will nearly always lead to a result with little or no difference compared to when it hasn't occurred.

Nerve injuries worry nearly every patient thinking about having a facelift. Significant nerve injuries are very rare.

Everyone has some numbness to the cheeks after facelifts- we expect this. The feeling comes back over time. A sensation nerve coming out from the neck which gives feeling to the lower ear and behind can be injured but this is rare.

More worrisome but also rare are ***motor nerve injuries*** causing weakness to the muscles at the corner of the mouth, for example. Studies have shown the vast majority recover 100% with time.

Problems with ***poor or delayed healing*** of the incision can occur, leaving areas with widened scars after crust formation. This is a many times greater risk in smokers. ***All smokers must quit for this surgery.***

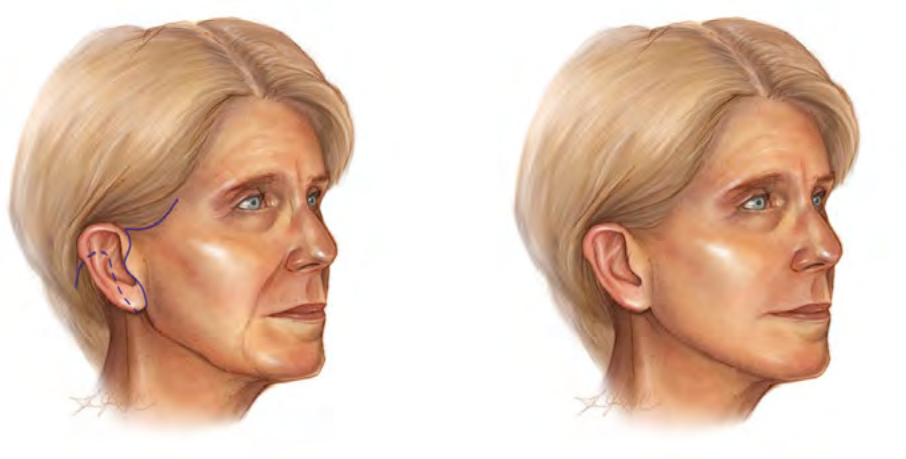
Aftercare and Recovery

I keep my facelift patients overnight. A facelift is an intimidating operation for a non-medical person to care for, and it is my impression patients and their caregiver have a much easier time if they are given information slowly in the first night and morning so they are ready when they go home.

Spending a night in clinic is never seen as a waste. You are in expert hands with professional experienced nurses and I think this enhances the recovery The nurses give post-op teaching and I see my patient the morning after surgery.

Most patients are back to work in two weeks. By then there is usually little or no bruising. Often return to work is even faster. We begin exercise with walking early, and progress rapidly during the time from two to six weeks.

Scars heal (mature) according to a schedule individual to each person, but generally look their worst between 4 and 6 weeks after surgery, stabilize, and then begin to soften and fade, a process that takes from six to eighteen months.



Pre- and Post-Operation

Summary

Facelifts can achieve dramatic and long lasting restoration of the appearance of vitality and some degree of youthfulness. Thorough preparation, including understanding of the risks and benefits, will help achieve your goals.

Meet the Doctor

Benjamin Gelfant, MD FRCSC

Dr Gelfant is a member of the Canadian Society for Aesthetic (Cosmetic) Plastic Surgery (CSAPS), as well as the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS).

More at **drgelfant.com**

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