



Patient Information Guide

Face Lift

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Topics to be discussed with your Surgeon - Things you need to know

1. SURGICAL CONSULTATION

Anatomy

As we age there is a change in all the anatomical components of the body. In the face in particular the soft tissues change, moving with gravity off the bony skeleton in a forward and downward direction. After a history and examination your surgeon will discuss your areas of concern and how to address them.

In facial rejuvenation your surgeon will need to address to some extent 3 components namely, the skin laxity/amount, a tightening to the support layer under the skin called the SMAS (Subcutaneous Muscular Aponeurotic System) and the soft tissues.

Often with facial rejuvenation treatments, a combination of techniques are used to obtain the best results, and this may include treatments to the eyes, brow, neck, and soft tissue augmentation to the cheeks, lips and folds.

How the operation is performed:

Depending on the type of facelift performed, the operation can be performed either under local anaesthetic or a general anaesthetic, as a day case procedure or with a planned overnight stay.

Types of facelift surgery.

1. "Hitch lifts" – these come under various names including the 1 Hitch stitch, or the FLICK lift®. They are performed under Local Anaesthetic, day case treatments for the younger patients, who want a small lift along the cheekbone only.
2. "SMAS tightening type" facelifts – these are performed under local or general anaesthetic, with the aim to address cheek and jowl areas.

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The site of the Incision:

Your surgeon will explain his/her preferred technique, and demonstrate where the incision is to be placed. The ideal scar is a hidden one, and for the Hitch lifts this is usually within the hairline along the cheekbone. For the bigger SMAS type of facelift the scar runs in front of the ear and for a variable distance behind it.

The types of Stitches/sutures:

Two main type of sutures are used during the operation, the first being deeper sutures to elevate the SMAS and hold the tension of the wound, which can be permanent or absorbable. The skin sutures are often dissolvable and don't need to be removed, but your surgeon may place a few key sutures that will need to be removed 1 week after surgery.

Surgical drains

In most facelifts drains have not been shown to have any additional benefit, so are often not used

Asymmetry:

We are all born with some minor asymmetry of the face. This is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

Potential risks of the operation:

- 1) **Swelling and bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle. The face will feel tight initially and as the swelling goes a slight feeling of “give” is to be expected/anticipated.
- 2) **Bleeding** – If it occurs one side of the face may be more swollen than the other and painful. On occasion that simple pressure does not stop the bleed you may need to return to theatre.
- 3) **Infection** –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away. Minor wound edge problems can be treated with appropriate antibiotics and specialized dressings.
- 4) **Scarring** – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually will be a bit red and raised and lumpy for the first few months and then take around 1 or 2-years to fade.

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- 5) **Alteration in sensation**- it is not uncommon to have altered sensation around the operation area including the scar. This will improve over time.
- 6) **Stitches** – very occasionally a deep suture (stitch) takes longer than expected to be absorbed by the body and then works its way to the surface and looks just like a small pimple within the scar. This may cause anxiety, but in fact is a minor problem that the plastic surgery nurses can manage easily in the dressing clinic all it takes is a clean of the area and a quick pull with some tweezers to remove it.
- 7) **Loss of skin** – This is a result of too much tension in the wound resulting in the skin dying and although very rare, this can occur to the facelift skin edges. This may require further surgery.
- 8) **Pigmentation changes** – pigmentation changes along the scar or where the skin has been lifted off the deep tissues are rare, and possibly more common in darker skin.
- 9) **Hair loss**- if undue tension is placed along the scar, particularly along the hairline an area of hair loss may result. This can be a temporary or permanent feature.
- 10) **Damage to the facial nerve** – the facial nerve lies below the parotid gland and SMAS layer and supplies the muscles of facial animation. If this is injured during the operation the resulting weakness on one side of the face looks similar to that of a stroke victim. You may need to go back to theatre, as it can be caused by a deep suture, which needs to be released and the nerve explored and repaired.
- 11) **Revision surgery** – this may be needed if there are problems with scar, asymmetry or differential tension within the facelift. Often this is minor, and can be done under local anaesthetic as a day case procedure.

DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.

Post-operative dressings/support:

You will wake up in recovery with simple dressings covering the wounds and possibly a further head or facial dressing/garment depending on the type of facelift performed.

How will the face feel after the Operation?

The face will be supported in the dressings, but may feel swollen, firm, and bruising may develop over the first 24-48hours.

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What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.

Pre-assessment:

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.

2. PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

We routinely give you medication to help bruising and swelling so, I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

Food and drink

If you are having a general anaesthetic, NO food for 6 hours before your admission. After that time you may drink only small sips of clear fluid (i.e.; black tea, black coffee, water only) up to 2 hours prior to your admission.

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3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown. All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep. You must also remove all nail varnish and acrylic nails.

What will happen when I wake up?

You will find yourself sitting upright, supported with pillows. It is important that you remain in this position to help reduce the swelling unless indicated otherwise. You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. Because you are lying / sitting more upright than normal for the first few days after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

4. AFTER YOUR OPERATION

Travelling – home and afterwards

It is recommended that you do not drive for 14 days following surgery. Please check your own car insurance company rules, as they are all different.

Follow up care

You will need to return to your hospital/ medical centre after one week. This appointment will be made at the time of your pre-assessment.

At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, & add to the swelling. You can potter about & undertake activities that do not involve pulling, pushing & lifting.

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5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day. You can drive and start lifting light objects from 2 weeks. You may start lower leg exercise after 4 weeks. Strenuous Gym activities, aerobics or sports should be avoided for six weeks.

Skin care: Do not be scared to gently rub massage the face after the first 2 weeks as this will help with swelling in the tissues. From 6 weeks on gentle massage along the scar in circular motions will help with scar softening. case you feel lightheaded. Because you are lying / sitting more upright than normal for the first few day after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

6. GENERAL INFO /FAQ'S

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling.

Will I be in much pain?

It will be uncomfortable over the first few days; this varies from person to person. Analgesia (painkillers) will be prescribed to take home.

What about Work / Sport / Leisure?

It is recommended that you take 2 to 3 weeks off work. If you have an active hobby / leisure interest, please ask the surgeon or nurse for advice. It is also advisable to avoid bending forward too much at first.

Bathing: Please keep the wounds dry for the first week. You may take a shallow bath. After you first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

Should I take special precautions when bathing?

Do not sit out in strong sun for the first 2 weeks after surgery.

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Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

Flying:

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying.