

Face and Neck lift Surgery

Facelift surgery is one way to counteract the effects of age and gravity, to “turn back the clock”, helping a patient to look like his or her younger version. In this procedure, by removing excess and saggy skin, the deep folds become less prominent. There is lifting and tightening of deep facial tissues. The outcome of surgery can help to achieve not just a younger but simply a better version at a given age.

With age skin becomes less elastic and facial tissue loses its volume and with the effect of gravity it results in “jowls” on the lower face with deep wrinkles and loose skin on the neck. Generally, the face and neck lift does not address the area of the cheek, also called mid-face. Some very aggressive techniques improve the depth of naso-labial folds and lines around the corner of the mouth, but it does not change anything on the lips. Face and neck lift improve the lower face and the neck.

Classical face and neck lift

This is an extensive procedure with a scar resulting inside the hairline at the temple, in front and behind the ear and going across inside the hairline behind the ear. There can be an additional scar under the chin. There is extensive undermining of the skin by raising the skin flaps and then there are various ways of tightening the deep tissue by SMAS dissection and repositioning. As the dissection is quite deep and close to the nerves which move our muscles, there is more risk to bruising or injury to these facial nerve branches leading to weakness of muscles and asymmetry. This type of face and neck lift has been a time tested procedure but at times there is a longer down time with a serious risk of bleeding, collection of blood, facial nerve weakness and possible loss of skin resulting in prominent scarring.

Thread face and neck lift

This procedure appeals to a lot of people because of the less invasiveness and hidden scars but it is suitable only for a small number of people who have very early age related changes with minimal excess and loose skin on their face and neck. If used in patients where excess skin needs to be removed, and deep tissue needs to be repositioned, then thread lifts are unlikely to give desired effect.

Mini facelift

There are a variety of facelifts under this section which generally improve the area of jowls without much effect on the neck. Usually the scar goes around the sideburn, in front of the ear and to a variable length behind the ear. MACS facelift is also included in this category.

‘R’ face and neck lift

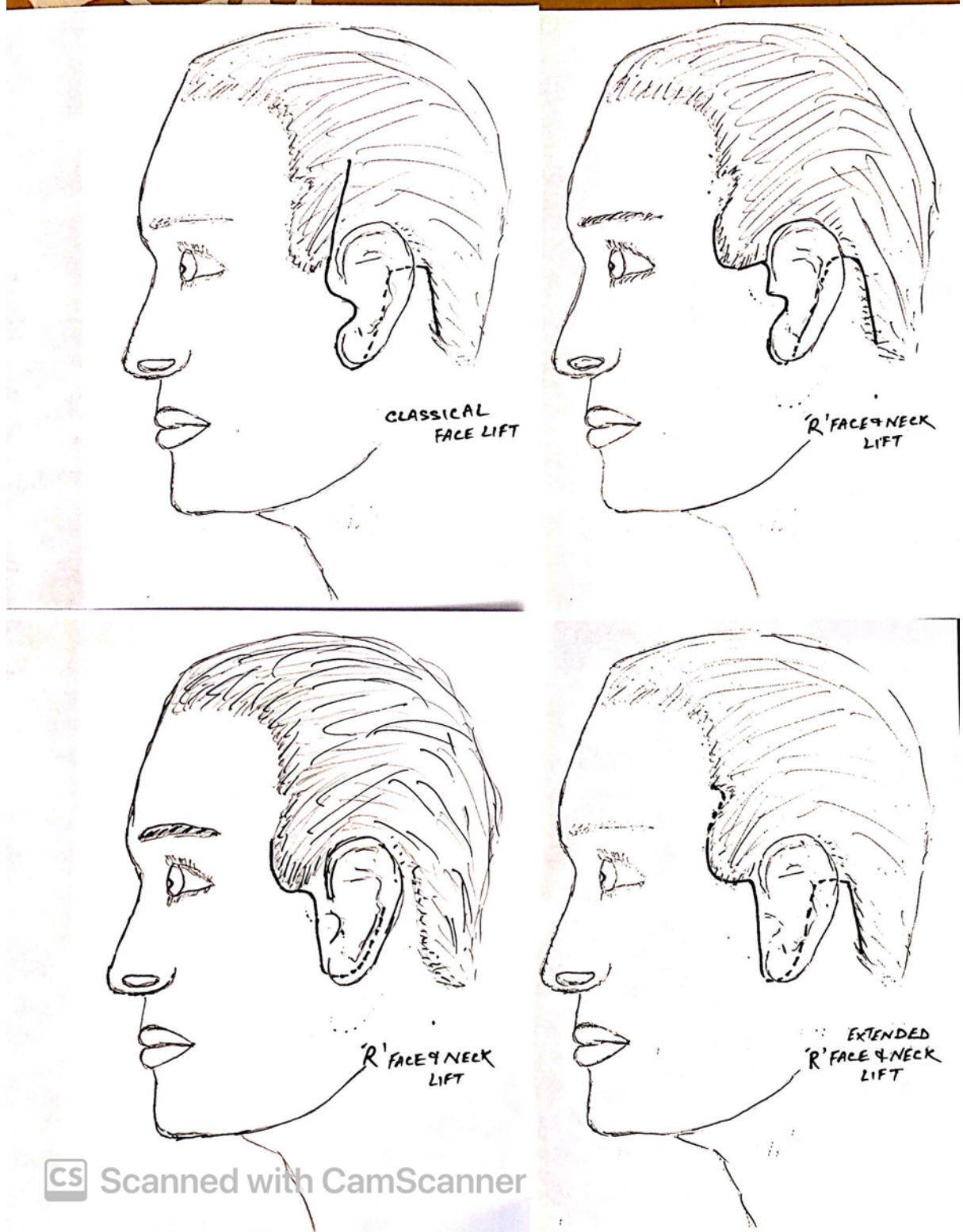
The resulting scars are around the sideburn and extend on the temple at the hairline to a variable extent and then go in front of the ear and two thirds of the way behind the ear. In the extended version of the ‘R’ face and neck lift the scar behind the ear goes over the bone to the hairline. This type of facelift is more suitable for patients who have very extensive skin laxity on their neck. This is a skin excision only facelift. The amount of excess skin is pre-judged and marked. There is very little undermining of skin. There is no deep dissection of the SMAS layer after excision of pre-judged skin. It is easy to approach the platysma, which is a SMAS layer in the neck, and allows us to lift this part of SMAS and hitch it to the fascia at the temple. As the skin margins are approximated it takes the deep tissue and SMAS with it and helps to bring back the volume to the face by moving the jowls up on the cheeks and loose and lax tissue of the neck is re-draped, partly moving to the face, and the rest is moved behind the ear. As there is no skin undermining and dissection does not go deep to the level of the nerves which move our muscles, there is very negligible risk to the nerves or collection of blood. The down time is very short. There is hardly any swelling or bruising on

the face and neck. There can be slight swelling very close to the suture line. The difference between a mini facelift and 'R' face and neck lift is its effect on the neck which is quite significant. If someone has significant excess fat under the chin and at the neck then liposuction can be performed at the same time. Some patients have very prominent muscle bands at the neck which can be addressed through a small scar under the chin at the same time which helps to make these bands much less noticeable but they are unlikely to disappear completely. Some patients who have very strong muscle bands do require some Botox a few months down the line.

How 'R' face and neck lift is different from other types of facelift

1. Scars – the classical facelift scar starts inside the hairline at the temple and most of the time the sideburn can end up quite high on the temple leaving an unnatural appearance. The scars from most mini facelifts, MACS facelift and 'R' face and neck lift starts around the sideburn so that the hairline stays where it is normally present then the scar goes in front of the ear and to a variable extent behind the ear. The extended version of 'R' face and neck lift has a scar similar to the classical facelift behind the ear which ends up at the hairline. Some surgeons choose to place the scar at the margin of the tragus of the ear rather than in the crease in front of the ear. In 'R' face and neck lift dissolvable sutures are used, therefore there are no stitches to come out and there are no metal staples to be removed.

Difference in scars



2. Deep tissue dissection – the classical type of facelifts and in some mini facelifts there are skin flaps and deep tissue is raised as a SMAS flap but in the 'R' face and neck lift there is pre-excision of skin as judged appropriate for every patient. There is very little undermining of the skin, repositioning of SMAS and deep tissue is by mobility of the skin rather than deep dissection. Deep non-absorbable sutures are used to

reposition the jowls to the cheeks and loose and lax skin from the neck to the face and behind the ear.

3. Anaesthesia – as there is no extensive undermining and deep dissection the 'R' face and neck lift can safely be performed under local anaesthesia only or combined with sedation. Some patients feel more comfortable to be put to sleep or it can be the choice of the surgeon.
4. Day-case or inpatient – 'R' face and neck lift can safely be performed as a day-case because there is no risk of haematoma or collection of blood. Usually steri-strips are applied to the suture line. A bandage comprising of gauze, wool and crepe bandage is applied for the comfort of the patient which can be removed the next morning by the patient or by the surgeon if the patient stays overnight as an in-patient. The steri-strips are kept in place for 4-5 days and then the patient can take a shower. Generally we advise the use of a corset for comfort and to help the scars settle down better. It is important to use a corset for a couple of weeks in patients where liposuction of the neck is performed.
5. Down time – the down time in this type of facelift is very short. After 2-3 days if the patient has their hair down then it is very difficult to tell if they have had recent surgery on their face and neck. Generally it feels very tight at the neck but is very temporary. Patients should make sure that the neck movement is comfortable before they start driving.

What you don't get from 'R' face and neck lift

The age-related changes appear all over the face and neck. Forehead, eyebrows, eyelids and cheek are outside the domain of 'R' face and neck lift. Different procedures are required for repositioning of eyebrows, dealing with excess skin on the upper eyelids, lower eyelids and repositioning of cheeks or mid-face. A procedure for these areas can be performed at the same time when 'R' face and neck lift is performed.

It is important to understand that the depth of naso-labial folds, marionette lines or creases close to the corner of the mouth are not dealt with completely by face and neck lift. The deep and fine lines on the lips are not dealt with by any type of face and neck lift. One needs to address these areas separately, at the same time or at a different stage. The use of fillers, lasers and non-surgical procedures are required to address these areas.

Result of 'R' face and neck lift

Generally the result of face and neck lift is dependent on the age, quality of skin, volume of soft tissue, history of smoking or sun damage, weight, BMI and type of face and neck. Patients with longer faces get better results than patients with rounder faces. Patients with a strong jaw and chin with a better angle between the chin and neck get a better result than patients with a small chin and less defined angle between the chin and the neck. Patients with a long thin neck get better results than patients with short and heavy necks.

How long does the result last?

This is subjective and depends on various factors. The clock goes back and the ageing process starts again. This process can be delayed by reducing changes in the weight, protecting the skin from sun damage and smoking, and the use of good quality skin care complemented by non-surgical procedures. Some patients will end up having some skin laxity in the years to come which can be addressed by further excision of skin under local anaesthesia and should be considered as a maintenance procedure.

Scars

After wound healing scars go through different stages. Generally they become slightly pink, raised and prominent and then in a few weeks' time they go flat and pale in colour. An ideal scar is a fine line with a colour that matches the skin but this is not the case most of the time. A small number of patients are prone to have hypertrophic scars. These scars remain pink and raised for a long time and then settle by themselves or with the help of treatment including steroid injections. The scars can become stretched and wide and rarely some people can develop keloid scars. Usually the surgical technique is the same but outcome can be different depending on the factors related to the patients themselves. The wounds which take longer to heal due to infection or suture problem can end up with slightly wide and stretched scars. The scar around the sideburn and at hairline on the temple can be prominent and noticeable. If you tie your hair back then these scars can be visible.

Pixie-ear deformity

In some patients the scar around the earlobe can stretch and as the tissue of the neck pulls it down the earlobe can end up in a longer length. If this deformity is severe and noticeable then at times it requires revision.

Scar care

The general advice regarding scar care is given after the procedure which starts with massaging the scars with moisturising cream and then to use any scar creams which have silicone which helps the hypertrophic scars to settle down. Massaging the scars with slight pressure is the key to help the scars to settle down. If you end up having stretched scars around the sideburn or at the temple then there are separate options of having medical tattooing as permanent make-up to disguise the scars or to have some hair follicles transplanted into the scar to make it disappear into the hairline. These options of dealing with the scars are not part of the package of 'R' face and neck lift. This will be a separate cost to keep in mind.