

FACIAL PLASTIC SURGERY

THE FACE LIFT-PATIENT INFORMATION

RHYTIDOPLASTY-The desire to look young is no prerogative of any one class, and it is not the good fortune of everyone to grow old gracefully. The removal of wrinkles, folds and fat is justifiable if the patients are chosen with discrimination.

At first these manifestations are insignificant and in women, can be concealed by the careful application of cosmetics. As they become more pronounced, however, nothing that the patient can do will obliterate or disguise them. Gradual loss of youthful appearance, or physical attractiveness is a matter of deep emotional concern; not only for aesthetic and psychological reasons, but in some instances for economic considerations as well.

The face lift operation is designed to remove wrinkling caused by loose skin, and to lift or tighten the fatty tissues of the face and neck which tend to sag increasingly with advancing years. This excess skin occurs most often along the jaw (jowls) and in the neck. The skin is undermined and redraped with the excess being removed. It has become the second most popular cosmetic operation because, as medical advances increase the life span, many aging women and men find that they look older than they feel physically and mentally. The operation may be done for one of two reasons: to stop the advance of aging, i.e., to help relatively young individuals (about 40) to appear to stay young, or it may have as its purpose to cause one who is already well wrinkled to appear younger.

Naturally, everyone contemplating the operation is interested in how much improvement they can expect and for what duration. The amount of improvement depends on the degree of wrinkling present. If it is marked, the results may be dramatic. If sagging is early, and the operation is being done to attempt to keep the patient young, the improvement may be more subtle. Remarks will be made that the patient looks less "tired" and more "alive". A face-lift will only partially relieve the creases, which run from the nose to the corner of the mouth. Fines lines around the mouth are not affected. Often, additional procedures will be recommended to achieve optimal results, such as a blepharoplasty (eyelid surgery) or a chemical peel.

The duration of improvement cannot be accurately predicted. If wrinkling is severe, it will obviously take a longer time for the condition to become as bad as it was before surgery. If the degenerative process in the skin is very rapid, the wrinkling and sagging will occur more rapidly. A face that is simply fat will be improved, but for a short time. In ideal cases, however, the duration of improvement is from 5-10 years or longer. No operation can permanently prevent aging, but the individual **never appears** as old as they might if the operation had not been done.

Not everyone seeking rehabilitation of the aging skin of the face and neck is an acceptable candidate for plastic surgery. Those with serious medical problems are excluded. Those who are obese, or who have short thick nerves have little chance for a worthwhile result. Finally, those with unrealistic expectations are not accepted.

The operation can be done under local anesthesia with sedation, or general anesthesia, and takes about 3-4 hours. Technically, it consists of tightening the skin and the underlying tissue of the face and excising the excess skin. The operation can be performed in the office operating room, or in the hospital. If performed in a hospital, an overnight stay may be recommended.

POSSIBLE COMPLICATIONS

Any type of surgery carries a small risk of complications, and a face-lift is no exception. It is good medical practice that you be informed of possible complications prior to surgery. The following problems may arise after surgery, occurring in about 2-3% of the cases.

1. **Hematoma** (blood clot)-Blood may collect under the undermined skin. This may need to be removed depending upon the size of the collection. Such removal may require a general anesthetic.
2. **Infection**-Occasionally a small area of infection can occur. It is possible that the ear cartilage could become infected. This might require hospitalization for antibiotics given by vein. This may lead to permanent scarring.
3. **Numbness of the ear**-This occurs due to a bruised nerve. This is many times unavoidable as the nerve lies directly beneath the skin. Most numbness, should it occur, will usually clear within six months. Some numbness may be permanent.
4. **Loss of skin**-This may be related to a hematoma, or can occur without a hematoma. The most common areas are behind and in front of the ear. Smoking is forbidden two weeks prior, and two weeks after surgery as this increases the risk of skin loss and subsequent scarring. Should skin loss occur, healing with a scar will result, and may require some revision surgery.
5. **Paralysis of a branch or branches of the facial nerve**-The facial nerve supplies the muscles of the face. Should damage to this nerve occur, depending upon the branch, you may have trouble wrinkling your forehead, fully closing your eye, or smiling. Should this occur it will many times, but not always, clear after a few weeks or months. On very rare occasions the weakness or paralysis may be permanent.
6. **Hair loss**-This can occur usually in the hair of the temple.
7. **Scars**- If you are known to form thick scars these could also form on the face and head. Even if you "heal well" some scar is inevitable. We take great pains to make the scar in front of the ear as invisible as possible. Scars behind the ear and in the hair, however, may be somewhat thick because this is where the tension is placed.

Necessarily, then your hairline at the nape of the neck may become angulated, and the tuft of hair at the beginning of the sideburn is raised. This is not conducive to wearing the hair up.

PRE-OPERATIVE INSTRUCTIONS TO THE PATIENT

1. Wash your hair two nights before and again the night before surgery. Do not apply spray, dye, or any other chemicals.
2. Do not eat or drink anything after midnight. You may brush your teeth. Do not wear any makeup.
3. If you have been given medication to take before coming to the hospital, do so with a **small** sip of water.
4. Stop smoking two weeks prior to surgery. Smoking causes an increased risk of loss of skin, and subsequent scar formation.
- 5.

Avoid Aspirin, Ibuprofen (Motrin, Advil, etc.), and anti-inflammatory medicines for two weeks prior, and two weeks after surgery. These medicines increase the risk of bleeding and subsequent scar formation.

POST-OPERATIVE INSTRUCTIONS

The following instructions are based on experience with many face-lift operations. They will answer practically every question that may arise regarding the “do’s” and “don’ts” after surgery. You and your family should read them several times so that you may become thoroughly familiar with them. Attempt to follow them faithfully—those who do so generally have the smoothest post-operative course, which of course, favors proper healing.

GETTING OUT OF BED-We usually recommend your remaining in bed for the first 24 hours following surgery except to use the bathroom. After this you can stay up (sitting, standing, and walking as much as you can tolerate).

DRESSING-A pressure dressing will be applied before you leave the operating room; it is to remain in place for about 48 hours after surgery. Keep your dressing dry, and try to remain as quiet as possible during this time. A great deal of talking, and having too many visitors is strongly discouraged. If your dressing feels excessively tight, or uncomfortable, report it to us.

PAIN-There is usually little actual pain following a face lift, but you may experience a deep, bruised sensation as a result of the swelling, and the face may seem heavy. As is usually the case with such things, this seems worse at night and when one becomes nervous. Unfortunately, the usually prescribed painkillers can cause sensations of lightheadedness, particularly in the immediate post-operative period, and consequently may make recovery more tedious. Therefore, it is better to try the application of cold compresses before resorting to drugs. If this is not effective, we generally prescribe pain shots, or pain pills. If the pain is severe, notify our office. Under no circumstances should Aspirin, Ibuprofen (Motrin, Advil, etc.) or medicines containing Aspirin or Salicylates be taken as they may predispose you to bleeding.

SWELLING-Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount varies from person to person, but it always seems more in the face since there is looseness of the tissues, and because even a small amount makes the features appear distorted. Sometimes the swelling becomes a little greater the second day after your operation. It may be more pronounced along the jaw lines, and is generally worse when you first arise in the morning (proof that it is better to keep the head up as much as possible as soon as we let you out of bed). The swelling itself is not serious, and it is not an indication that something is going wrong with your operation. The following measures will help the swelling subside:

1. **STAY UP** (sitting, standing, walking around) as much as possible after the first 24 hours. **THIS IS IMPORTANT!** Of course, you should rest when you tire.
2. **AVOID TURNING THE HEAD** or bending the neck. When you must turn, move the shoulders and head as one unit, or as though you had a “stiff neck”. Do this for 2 weeks. Also, keep facial movements, and excessive talking to a minimum.
3. **AVOID BENDING OVER OR LIFTING** heavy things for one week. Besides aggravating swelling, this may raise the blood pressure and start hemorrhage.
4. **AVOID HITTING OR BUMPING YOUR FACE AND NECK.** It is wise not to pick up small children, and you should sleep alone for one week after your operation.
5. **SLEEP WITH THE HEAD OF THE BED ELEVATED** for 14 days after your operation. To

accomplish this, place 2-3 pillows under the head of the mattress, and 1-2 on top of it. Try not to roll on your face; this tends to tear down the supporting stitches used under the skin of your face. It is necessary to sleep on your back for 21 nights. Some patients find a reclining chair placed at a 45-degree angle to be more comfortable.

6. SUPPORT THE SWOLLEN TISSUES with a chin sling or with a neck collar according to the directions we will give you. Wear it constantly until one week has elapsed from the date of your operation. You should continue wearing the sling during sleep for the first 21 days. It is beneficial to wear the sling during the day when you are alone during the same 21 day period.

7 ICE COMPRESSES – light ice packs placed over a washcloth applied across the cheeks, jaws, and neck for 20 minutes several times daily during the first week may reduce the swelling, discomfort, and discoloration. Avoid getting your dressing wet with the ice compress.

8. AVOID STRAINING-There should be no heavy lifting, or excessive straining. An over-the-counter laxative can be recommended by your pharmacist if needed.

DISCOLORATION-It is not unusual to have varying amounts of bruising around the face for many days. It may become more pronounced in the neck after a few days. The discoloration usually does not last more than two weeks, all the while decreasing in intensity. The measures previously described that help the swelling to subside will also help the discoloration, however, there is no medication which will cause it to disappear rapidly, only “tincture of time”. You can camouflage the discoloration to some extent by wearing a thick make-up. A water based make-up, PANCAKE, by Max Factor (two shades darker than your skin color), may be applied with a moist sponge, after it dries, a second layer may be applied. It can be removed with water. Merle Norman’s Retouch Cover Cream (two shades darker than your skin color) may be used over “hard to cover areas”, but this is somewhat more difficult to remove. Do not apply make-up over the incisions themselves until several days after the sutures have been removed, however, you can bring it up to the line of the incisions.

MEDICATIONS- Pain medicine, antibiotics, and other medicines are prescribed for you after surgery. Please utilize these per our instructions.

HEMMORRAGE-If hemorrhage occurs elevate your head, apply ice compresses about the face and neck, and notify our office immediately. You will probably be told to return to the office or the hospital.

TEMPERATURE-Generally, the body temperature does not rise much above 101 degrees following the face lift. Patient will often think they have an increased temperature because they feel warm, but in reality do not. To be sure, you should measure your temperature by mouth. Report any persistent temperature above 101 degrees.

WEAKNESS- it is not unusual after a person has an anesthetic, or any type of operation for them to feel weak, have palpitations, break out in “cold sweats”, or get dizzy. This gradually clears up in a few days without medication.

DEPRESSION- It is not unusual for an individual to go through a period of mild depression after cosmetic surgery because no matter how much they wanted the operation beforehand, and how much they were told about what to expect post-operatively, they are shocked when they see their face swollen and perhaps discolored. Be realistic and realize that this is a very temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of post-operative care, and trying to divert one’s attention to other thoughts.

NUMBNESS-Parts of the face, neck and ears sometimes feel weak or numb after the face lift operation. This is usually temporary. Most areas will return to full sensation during the six months after surgery.

TIGHTNESS OF THE FACE- The skin of the face may feel tight for awhile, and you may feel that it interferes with your smile. This will disappear within a few weeks.

THINNING OF THE HAIR-There may be thinning of the hair in areas adjacent to the suture lines in the temple and behind the ear. This is usually temporary.

RESUMING ACTIVITIES

- a. **WEARING GLASSES AND CONTACT LENSES. EYEGLASSES** may be worn as soon as the bandages are removed. Please make sure that there is no pressure on the incisions behind the ear. **CONTACT LENSES** may be inserted two days after surgery unless eyelid surgery was performed. Then refer to the eyelid surgery instruction sheet.
- b. **HAIR AND BODY CARE.** You may wash your hair out with luke warm water in a shower and comb it out with a large toothed comb 5 days after your operation. You may **HAVE YOUR HAIR WASHED** at a salon one week after your surgery, but do not use the usual type heat hair dryer, use the cap type. **BE CAREFUL** not to rest your neck on the rim of the wash bowl in the area of incisions. Hair coloring should be delayed until three weeks after your surgery.

Use cotton balls to wash the face gently with a mild soap (Ivory, etc.) twice daily the first week. Use a gentle upward motion.

DO NOT TWEEZE THE EYEBROWS FOR ONE WEEK.

- c. **HOUSEHOLD ACTIVITIES.** You may be up and around the house with your usual activities except those specifically outlined previously.
- d. **PULLOVER CLOTHING.** You should wear clothing that fastens either in the front or the back rather than the type that must be pulled over the head for one week.
- e. **ATHLETICS.** No swimming, strenuous activity, heavy lifting, or exercises that involve turning the head for six weeks.
- f. **KEEPING A “STIFF “ FACE AND NECK.** You should not move the face and neck excessively until the skin heals to the underlying tissues. Toward this end:
 - 1. Avoid excessive grinning and smiling.
 - 2. Don't **turn the head** without turning the neck and shoulders as one unit. When you must turn, do so as if you had a “crick” in the neck. Do this for a period of 2 weeks.
 - 3. Don't **bend** the head forward or extend the neck backward for the same period.
 - 4. **Avoid** gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger, or easily chewable food is permissible. Steaks, french bread, etc., should not be eaten for at least one week.
 - 5. Do not drink with a **straw** for one week.
 - 6. yawning with the mouth opened widely for 2 weeks.
- g. **NO SMOKING** for two weeks after surgery. Smoking decreases the blood supply to the facial skin

flaps, and markedly increases the risk of tissue loss, and subsequent scarring.

- h. RETURNING TO WORK AND RESUMING SOCIAL ACTIVITIES.** When you should return to work depends on the amount of physical activity and public contact your job involves, and also the amount of swelling and discoloration you develop. The average patient may return to work to go out socially 2 weeks after surgery when these factors are minimal—you will have to play this by ear.
- i. AVOID EXCESSIVE SUNNING** of the face for a period of six months. Use a hat and SPF #15 sunscreen with any prolonged exposure. Ordinary minimal exposure is not harmful.

YOUR SCARS

Clean all suture lines with hydrogen peroxide and apply a light layer of Bacitracin Ointment twice daily for 7 days. After all sutures have been removed the scars will appear a deep pink color. There will be varying amounts of swelling in and around the scars themselves. With the passage of time, the pink will become white, the firmness of the scar will soften, and they will become less noticeable. Each individual varies with respect to healing, but it takes approximately one year for these changes to occur in most scars.

YOUR FIRST OFFICE VISIT

Upon arriving home you should already have an appointment for a return visit. Don't build up a feeling of fear and anxiety about what is going to be done to you on your first post-operative visit. A few of the skin sutures may be removed, and the progress of your healing will be checked. Removing sutures may be quick and uncomplicated because it is done with small delicate instruments to minimize discomfort. You will probably feel much better after the first office visit. Similar treatment will be given during subsequent office visits. Ordinarily, all sutures are removed within two weeks from the day of your surgery. Do not disturb them yourself during this time. Occasionally, crusting will occur around the sutures. We will soften and remove some during each office visit.

FINALLY-Remember the things you were told before your operation, namely:

1. When the bandages are first removed, the face will appear swollen, and there will be varying amounts of discoloration. This swelling will subside to a very large extent within two weeks, however, it will take 6-8 weeks for all the swelling to disappear and for your face to reach its final contour.
2. The discoloration will gradually disappear over a period of 10-14 days in most cases.
3. Report:
 - a. Temperature elevation above 101 degrees.
 - b. Sudden swelling or discoloration.
 - c. Bleeding.
 - d. Excessive pain on one side of the face as compared to the other side.
 - e. Discharge from wound or other evidence of infection.
 - f. Development of any drug reaction.

Feel free to call our office at any time if you have any problems or questions.

I have read and understand the above information. I have been given the opportunity to ask any questions regarding this surgery.

Signature: _____ **Witness:** _____

Date: _____ Date: _____