

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 Paul Harris. It should provide the answers to some questions that you may have. There are many additional 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 Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

What is a facelift?

As we age, several things change on our face; the skin becomes thinner and less elastic, the fatty tissue descends slightly and the supporting structures of our tissues become stretched and weakened. This leads to an increasingly tired look that gets more and more difficult to correct with good skin care and make up. Repositioning the tissues and strengthening their support structures can be undertaken surgically to correct these signs of ageing. Such an operation is called a facelift or rhytidectomy (removal of wrinkles).

Different types of facelift are undertaken for the various parts of the face and neck, and Mr Harris will discuss with you the areas specific to your face that can be improved. Such surgery can be combined with procedures to rejuvenate of the eyelids (blepharoplasty) or the brow (brow lift).

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.

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 Mr Harris.

What is involved in the operation?

You would normally meet Mr Harris 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 may also involve taking some photographs. Mr Harris 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 Mr Harris to write to your GP but often patients do not want this, in which case no communication is made.

The operation is usually 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. No Aspirin or medicines containing Aspirin should be taken for two weeks before surgery since it interferes with normal blood clotting. Smokers should cut down as much as possible for at least three days before surgery to reduce postoperative coughing and bleeding.

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 Mr Harris 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.

After your operation, your face will be covered with a dressing of cotton wool and a bandage, 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.

You will be seen by Mr Harris personally after the operation and either by him again or a member of his team prior to your discharge the following day. At home, rest and sleep well propped up on at least four pillows. You should avoid smoking for 48 hours after your operation and no 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 Mr Harris 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 will then also be seen on the tenth day for removal of the remainder of the sutures and hair staples. 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.

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. Mr Harris will discuss with you the proposed incisions that he intends to use for you.

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.

Are there any long-term complications?

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. 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, but the antibiotics that Mr Harris prescribes reduces the chance of this taking place. Very rarely nerves to the muscles of the face can be bruised and stop working for a short time, however the chances of permanent nerve damage are minute. Numbness to the face always happens to a certain extent. This normally takes between 12 and 18 months to completely resolve.

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 Mr Harris may need to undertake a small scar revision under local anaesthetic as an out-patient procedure.

Will I be happy with my new look?

It is important for you to realise that the results may not be immediately apparent until after the swelling and bruising have gone and the scars mature. For this reason, some patients are a little disappointed at first. However, once things begin to settle the results become increasingly clear and the majority of patients are very happy with their new look. Friends and relatives often comment that you look well or healthy, without realising that you have had surgery. Mr Harris will work hard to avoid the 'American look' of an over-operated face and will try to achieve a natural rejuvenated appearance.

Having a facelift does not stop the clock, your face will age with time and you may wish to repeat the surgery eight or ten years later. However, the effect of the surgery is permanent and you will continue to look better than if you had never had a facelift at all.

The Practice

Mr Harris practices from No.5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Although some patients are referred by their General Practitioner, the majority are recommended by previous patients. You may, therefore, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:

nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878