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Facelift

A facelift is a surgical procedure to repair sagging, drooping, and wrinkled skin of the face and neck.

Description

A facelift can be done alone or with nose reshaping, a forehead lift, or eyelid surgery.

While you are sleepy and pain-free (conscious sedation), or deeply asleep and pain-free (general anesthesia), the plastic surgeon will make surgical cuts that begin above the hairline at the temples, extend behind the earlobe, and to the lower scalp. Often, this is one cut. An incision may be made beneath your chin.

Many different techniques exist. The outcomes for each one are similar but how long the improvement lasts may vary.

During a facelift, the surgeon may:

- Remove and lift some of the fat and muscle underneath the skin (called the SMAS layer; this is the main lifting part of the facelift)
- Remove or move loose skin
- Tighten muscles
- Perform liposuction of the neck and jowls
- Use stitches (sutures) to close the cuts

Why the Procedure is Performed

Sagging or wrinkled skin occurs naturally as you get older. Folds and fat deposits appear around the neck. Deep creases form between the nose and mouth. The jawline grows jowly and slack. Genes, poor diet, smoking, or obesity can make skin problems start sooner or get worse faster.

A facelift can help improve some of the visible signs of aging. Fixing damage to skin, fat, and muscles can restore a younger, more refreshed and less tired look.

People have a facelift because they are not satisfied with the signs of aging on their face, but they are in otherwise good health.

Risks

Risks of anesthesia and surgery in general are:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots, or infection

Risks of face lift surgery include:

- A pocket of blood under the skin (hematoma) that may need to be drained surgically
- Damage to the nerves that control muscles of the face (this is usually temporary, but may be permanent)
- Wounds that do not heal well
- Pain that does not go away
- Numbness or other changes in skin sensation

Although most people are happy with the outcomes, poor cosmetic results that may need more surgery include:

- Unpleasant scarring
- Unevenness of the face
- Fluid that collects under the skin (seroma or sialocele)
- Irregular skin shape (contour)
- Changes in skin color
- Sutures that are noticeable or cause irritation

Before the Procedure

Before your surgery, you will have a consultation. This will include a history, physical exam, and a psychological evaluation. You may want to bring someone (such as your spouse) with you during the visit.

Feel free to ask questions. Be sure you understand the answers to your questions. You must understand fully the preoperative preparations, the facelift procedure, the improvement that can be expected, and the care after surgery.

Tell your surgeon or nurse if:

- You are or could be pregnant
- You are taking any medicines, including medicines, supplements, or herbs you bought without a prescription

During the week before your surgery:

- You may be asked to temporarily stop taking medicines that reduce the ability of your blood to clot. These medicines are called blood thinners. This includes over-the-counter medicines and supplements such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), and vitamin E. Many prescription medicines are also blood thinners.

- Ask your surgeon which medicines you should still take on the day of surgery.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water.

Arrive at the hospital on time.

Be sure to follow any other specific instructions from your surgeon.

After the Procedure

Your surgeon may temporarily place a small, thin drainage tube under the skin behind the ear to drain any blood that might collect there. Your head will be wrapped loosely in bandages to reduce bruising and swelling.

You should not have much discomfort after surgery. You can relieve any discomfort you do feel with pain medicine the surgeon prescribes. Some numbness of the skin is normal and will disappear in a few weeks or months.

Your head needs to be raised on 2 pillows (or at a 30-degree angle) for a couple of days after the surgery to keep the swelling down. The drainage tube will be removed 1 to 2 days after surgery if one was inserted. Bandages are usually removed after 1 to 5 days. Your face will look pale, bruised, and puffy, but in 4 to 6 weeks it will look normal.

Some of the stitches will be removed in 5 days. The stitches or metal clips in the hairline might be left in for a few extra days if the scalp takes longer to heal.

You should avoid:

- Taking any aspirin, ibuprofen, or other nonsteroidal anti-inflammatory drugs (NSAIDs) for the first few days
- Smoking and being exposed to secondhand smoke
- Straining, bending, and lifting right after the surgery

Follow instructions about using concealing makeup after the first week. Mild swelling may continue for several weeks. You may also have numbness of the face and ears for up to several months.

Outlook (Prognosis)

Most people are pleased with the results.

You will have swelling, bruising, skin discoloration, tenderness, and numbness for 10 to 14 days or longer after the surgery. Most of the surgical scars are hidden in the hairline or the natural lines of the face and will fade over time. Your surgeon will probably advise you to limit your sun exposure.

Alternative Names

Rhytidectomy; Facialplasty; Cosmetic surgery of the face

References

Niamtu J, Nayak M, Bharti G, Willis Z, Cuzalina A, Gentile R. Face and neck lift (cervicofacial rhytidectomy). In: Niamtu J, ed. *Cosmetic Facial Surgery*. 3rd ed. Philadelphia, PA: Elsevier; 2023:chap 3.

Warren RJ. Principles and surgical approaches of facelift. In: Rubin JP, Matarasso A, eds. *Plastic Surgery: Volume 2: Aesthetic Surgery*. 5th ed. Philadelphia, PA: Elsevier; 2024:chap 9.3.

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