



RHYTIDECTOMY Surgical Facelift

Notes for Guidance

It is helpful to understand the basic construction of facial skin in order to appreciate the various facial cosmetic treatments, including facelift. The skin is made up of two principle layers; the visible surface layer called the epidermis, and the inner layer called the dermis. This inner layer, the dermis, supports the surface skin and gives it its shape and tone. An important part of this layer is a network of collagen and elastin fibres, which in the young skin are firm and elastic, with the necessary resilience to recover from the lines and wrinkles created by facial expressions such as smiling and frowning. However, with the ageing process we find that the collagen network starts to weaken, the supporting bones gradually shrink a little, facial fatty tissues decrease, muscles slacken and the skin loses its elasticity.

This ageing process is genetically controlled, but over the years these biological influences are accelerated by excess exposure to sunlight, by the effect of gravity, and general stress and strain. Thus the skin sags, resulting in the looseness, folds and wrinkles that we associate with age. This happens to different people at different chronological ages, which can mean that a person may look older than they might be, or wish to look, or in fact feel. Indeed, age is more an attitude of mind - one is as young as one feels.

There is no substitute for the facelift operation if facial sagging is predominant, muscle tone is poor, and lines and wrinkles that once disappeared naturally have become a permanent feature - only a surgical facelift will provide a significant improvement.

The surgical name for a facelift is Rhytidectomy. It is the general term applying to the various techniques used to tighten, uplift and remove excess skin, while supporting the underlying muscle tissue, and to reduce certain lines and wrinkles thus creating a more youthful appearance. A brow lift or upper facelift corrects the forehead or eye area. It does not remove actual eyebags - this is an additional procedure and often done along with the facelift.

A lower facelift tightens sagging skin in the lower half of the face and neck, improves jaw line jowls, and flabby cheeks. One may have either a full facelift or a half facelift, according to what is needed. The experienced surgeon can advise on these points, so you may want to discuss this option with him. Facelifting is most appropriate and effective in the forty years and over age group. The effects do last between five and ten years approximately for the 'standard' facelift.

Nowadays, results have improved due to additional tightening of muscles (SMAS) and liposuction under the neck, which is sometimes necessary to complete the end result.

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An important point to note here is that it should not be thought that the skin would age more rapidly after surgery. The ageing process of the skin appears slowed down, or at the very least remains unaltered for a time.

The operation is carried out either under a twilight anaesthesia. Many different techniques and variations of basic procedures are used in Rhytidectomy, but for the purposes of these notes for guidance, we will explain the operation in simple terms. In the standard facelift procedure for the lower face, an incision is made in front of and behind each ear, and the skin is then stretched backwards and upwards, the excess is removed and the skin sutured into position at the incision points.

For a brow lift, the excess skin is trimmed via incisions just inside the natural hairline before lifting the remaining forehead skin upwards and suturing in place to remove the frown lines. A double-layered lift (supra-facial musculoaponeurotic system - SMAS) works along the same lines. The SMAS procedure involves working on the facial muscle and fatty tissue below the skin.

It should be noted that in any facelift operation the skin is not drastically stretched, it is only put under a similar tension comparable to that previous to ageing and sagging. This is a rejuvenating process.

The operation time is two to three hours, or more, for a standard facelift procedure. The time varies depending on the complexity of the case. An overnight stay in the hospital is required. Sometimes two nights are required but the surgeon will decide on these points in discussion with you. After the operation, the face is bandaged in compression dressings and facial movements must be restricted for the first few days. Stitches are removed between five to twelve days after surgery, and normally after about two weeks you will be able to return to work and to socialise as normal.

Patience is required however, as the time it takes for the facelift to settle down properly and for the full effect to be achieved is three to six months. Post-operatively it is helpful to massage the face with moisturising cream. It is very important to carefully follow the surgeon's directions on aftercare to ensure the best results.

As with any surgery there are risks, but fortunately complications are rare and can be treated by routine procedures, and are not hazardous to the patient's health. These are some of the risks and complications you should be aware of:

Possible Complications

When a facelift is performed by a qualified plastic aesthetic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing abilities, and the outcome is never completely predictable.



The most common complications following a facelift include the following:

1. **Haematoma:** Abnormal collection of blood under the facial skin (comprises 70% of all facelift complications): You should expect a small amount of bleeding from your incision line during the first 24 to 36 hours after your surgery. Any type of surgery may result in excessive bleeding in the operated area. This may be due to a temporary increase in blood pressure, for example due to coughing. It can also occur from the effects of medication like aspirin or anti-inflammatory drugs. Bleeding is usually manifested by acute swelling of the area, discolouration of the skin, pain and a feeling of tension. External compression of the wound usually stops it. If the accumulation of blood is small, it may be allowed to absorb by itself or aspiration may be indicated. However, if it is large, formal drainage in an operating room may be necessary.
2. **Post operative swelling:** Some swelling after your operation is normal. Time and elevation of the head are the two most important factors in reducing swelling. Ice may also be carefully used to decrease swelling.
3. **Bruising:** If you bruise easily, discolouration may remain for several weeks after surgery. You should advise us of any past history of bleeding disorder. In rare cases, discolouration may be permanent.
4. **Nerve injury:** In general, nerve injuries following facelift are rare. All patients have a temporary loss or alteration of sensation in the area of the facelift, as well as the earlobes and ear margins. Sensation spontaneously returns within a relatively short period of time and is usually complete in 3-4 months. Only in rare instances will sensation fail to return. The reported incidence of nerve injury is less than 1%.
5. **Unsightly scarring:** The normal healing of wounds is a physiological process which continues to take place in the depths of the tissues for many months before final resolution. At first, the surgical scar is almost invisible. Then it becomes red and somewhat elevated for about 3 months. Factors that can influence the quality of healing include smoking, obesity, infection and nutrition. Sun exposure of a new scar should be avoided for the first year following your operation. An immature scar exposed to sun may become more visible and pigmented.
6. **Skin slough:** death (necrosis) of tissue resulting in delayed healing. When blood circulation is inadequate to bring sufficient oxygen to the tissues, some of the tissue furthest away from the blood supply may be lost. The skin will become discoloured and form a dark dry crust which will eventually separate off. The underlying normal tissues heal by themselves. This may leave a wide scar.



7. Fluid collection (seroma): This is a collection of serum in small pockets beneath the skin, in most cases in the cheeks. Generally, the seroma will spontaneously resorb. Occasionally, needle aspiration is necessary.
8. Infection: Infection following a facelift is rare. The incidence is less than 1% and severe infections are extremely uncommon. However, any surgical wound can become infected. An infection usually will become apparent a few days after the surgery. The signs are: pain, redness, heat and swelling. Antibiotics and dressing changes will often control it.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.