Facelift and Necklift

As part of the aging process which happens to all of us sooner or late, our skin progressively loses its elasticity and our muscles tend to slacken. The stresses of daily life, effects of gravity and exposure to sun can be seen on our faces. The folds and smile lines deepen, the corners of the mouth droop, the jaw line sags and the skin of the neck becomes slack. Around the eyes, the eyebrows droop and the skin of the eyelids gathers in loose folds. In the skin the first sign is fine wrinkles developing around the lips, at the outer corners of the eye and lines of expression. The rate at which this happens varies from one person to another and is probably determined by our genes. Aging of the skin of the face does not necessarily reflect the rate that the rest of our body and mind is ageing and many people feel frustrated that the face they see in the mirror is not the one they feel should be there. Substantial weight loss can produce similar changes in facial appearance to those of the aging process.

Quick Links

What is facelift and necklift surgery?

A facelift is an operation to tighten and lift the loose skin of your face below the eyes. (Anything above the eyes is a browlift.) A necklift tightens and lifts the skin of the neck.

Why have a facelift or necklift?

As you age, your skin gets less elastic and droops, and your facial muscles slacken. The natural fat under the skin also sags, making you look older. The rate this happens at varies from person to person, and is probably determined by your genes. The stresses of daily life, the effect of gravity and exposure to the sun also affect your face. Drastic weight loss can also age the face. The rate your face ages does not necessarily reflect the rate that the rest of your body and mind is ageing, and you may feel that the face you see in the mirror is not the one you should have.  
A facelift gives the best results if your face and neck have started to sag but your skin still has some elasticity and your bone structure is strong and well defined. Most people who have facelifts are in their 40s to 60s, but facelifts can be done successfully on people in their 70s or 80s.  
It should not be obvious that you have had a facelift, but you should look younger, healthier, lively and cheerful.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor. Your surgeon will examine your face and neck, and may take some photographs for your medical records. They will ask you to sign a consent form for taking, storing and using the photographs.  
The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.  
A facelift improves the lower half of the face, particularly the jawline. If you have sagging eyebrows and wrinkles on your forehead, your surgeon may suggest a browlift. Loose skin with fine wrinkles, freckles and rough areas will benefit more from a chemical peel or laser resurfacing, which can be performed with a facelift, browlift or necklift.

How is the surgery performed?

A facelift involves raising and repositioning the skin and soft tissue of the face. During the operation, cuts are made on both sides of the face in front of the ear, extending up along the hairline, just in front of or behind the cartilage, and around behind the earlobe, into the crease behind the ear and then into the lower scalp. Occasionally, the surgeon may need to make a small cut under the chin for the necklift part of the surgery.  
Sometimes only the skin above the neck is lifted (a facelift only).  
Sometimes the neck muscle and the skin over it is just tightened by stitching them together (a necklift only).  
Sometimes the neck muscle and the skin over and above it are tightened and then lifted and stitched tightly to the solid structures in front of and behind the ear (a facelift and necklift).  
Excess skin is then removed, and the remaining skin is sewn into position.  
Fat and tissue is redistributed, and is sometimes added to the face.

The standard facelift helps the lower half of the face, but modifications of the procedure can improve the upper face by lifting the outer angle of the eye and reducing crow’s feet (also known as laughter lines).

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.  
If you intend to lose weight, you should do so before the operation. This allows the surgeon to remove more skin and so achieve a better result. You should avoid taking tablets containing aspirin, as well as non-steroidal anti-inflammatory drugs, such as Voltarol and Indomethacin, for at least two weeks before the operation as they increase the risk of bleeding.  
If you are planning to have your hair permed, bleached or coloured, do this before your operation as fresh scars are sensitive to these chemicals for a few weeks.  
If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications, particularly the risk of the flaps of skin behind the ear losing their blood supply. Do not worry about removing hair near where we will be making cuts, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

What is the alternative treatment?

Facelifts and necklifts are the most effective ways of tightening the skin of your face and neck. They do not get rid of wrinkles around your eyes, forehead and mouth. Other treatments such as Botox injections can help with this.  
Facelifts and necklifts do not change the texture and look of your skin, though treatments such as laser resurfacing (where a laser is used to burn the surface of your skin in a controlled way) or chemical peels (where a chemical is applied to peel off the surface of the skin) may help with this. Sometimes, fat grafting or lipofilling (where fat removed by liposuction from another part of the body, such as the hips or thighs, is injected into the face) can be performed instead of or as well as facelift, to make your face and skin look younger. Sometimes sagging eyebrows can be the main problem. In this case, a browlift, either on its own or with a facelift or necklift, may help to tighten the skin on your face.

What are the main risks and complications of facelifts and necklifts?

As with all operations, there are risks involved in having a facelift or necklift. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Complications associated with the surgery

* **Scars** There will be scars from the surgery, but most of these will be hidden in the hairline. The scars will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them. If the scars stretch, they can create a bald strip of hair in the hairline, but this is not normally obvious.
* **Bleeding** Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery. Small areas of bleeding can cause irregularities in your skin, which usually settle in the months after the operation. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure. Men are twice as likely to experience heavy bleeding.
* **Healing problems** The edges of the wounds can come apart, particularly at the ends of the scar. Usually this problem is solved by dressing the wounds, but you may need further surgery to remove the tissue that hasn’t healed properly. Smokers are much more likely to have healing problems.
* **Loss of blood supply to skin** Some areas of skin may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, and this can affect the final result. There may be lumpiness or an uneven surface in an area affected by necrosis. Smokers are more likely to lose the blood supply to the skin during surgery. This risk is also more likely if the operation involves separating a lot of skin from the tissue beneath it.
* **Change of the colour of skin** After the surgery, most patients will get some change in the colour of their skin where the operation was performed. This can usually be covered with make-up.
* **Infection** If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery.
* **Extrusion** This is where deep stitches poke out through the skin. These can easily be removed.
* **Swelling, bruising and pain** There will be some swelling and bruising of the face after the operation, and this can take weeks to settle. There may be long-term pain, but this is uncommon.
* **Asymmetry** This is where the sides of the face and neck are not symmetrical. Minor areas of unevenness are common and usually settle with time. Sometimes the scars can change the appearance of the earlobe or the cartilage in front of the ear (the tragus), but these problems can usually be adjusted with a procedure under local anaesthetic.
* **Increased or reduced sensation** After the surgery, most patients will get some alteration in the sensation in their face and neck, most commonly numbness near the scar. In rare cases, the change in sensation may be permanent.
* **Damage to deeper structures** Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles and structures in the neck. The facial nerve controls the normal movements of the muscles in your face. If part of the nerve is damaged, there can be weakened movement of the eyebrow and lip. This damage may be temporary or permanent.
* **Unsatisfactory result** Sometimes, patients are not satisfied with the result of their facelift or necklift. This may be to do with the look or feel of the face or neck, or the shape not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the appearance and shape you want, and whether this can be safely achieved with a good outcome. Although facelifts and necklifts are usually successful and can produce dramatic results, a facelift cannot make you look 18 again, and you should be aware of the limitations before you agree to have surgery.
* **Change over time** The appearance of the face and neck will change as a result of ageing or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the facelift or necklift.
* **Allergic reaction** Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

Risks of anaesthetic

* **Allergic reactions** You could have an allergic reaction to the anaesthetic.
* **Chest infection** There is a small risk of chest infection. The risk is higher if you smoke.
* **Blood clots** Blood clots can form in the leg (called a deep vein thrombosis or ‘DVT’). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or ‘PE’). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.
* **Heart attack or stroke** A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.
* **Death** As with all surgery, it is possible to die as a result of the operation.

What to expect after the operation

Facelifts and necklifts are usually carried under a general anaesthetic (so you would be asleep) or a local anaesthetic (where the whole area is numbed with injections and you might be sedated). The operation takes between two and five hours.  
You might be given antibiotics to keep the wound clean. You may have drainage tubes in your face or neck to drain away any fluid or blood. These tubes will be taken out when the fluid or blood has stopped draining, usually before you go home.  
You might go home the same day, but most likely you will stay in hospital overnight. If you do go home on the same day, a responsible adult should stay with you for the night. Your face and neck will feel tight and sore. Simple painkillers should be enough to keep you comfortable.

Dressings

You will have some dressings on your face and neck. Most surgeons will bandage your face to reduce bruising and swelling. These bandages will stay on for one or two days, and the stitches will be removed after seven or eight days.

Recovery

It is normal for there to be some numbness of the skin of the cheeks and ears. This will usually improve in a few weeks or months, although there may be long-term loss of sensitivity of the skin in front of your ears. It is better to keep your head up to reduce swelling. In particular, sleep with extra pillows to keep your head raised for the first few days after surgery. You will be out of bed on the same day as your surgery, and doing light activities after two weeks. Avoid strenuous activity, saunas and massage for at least two weeks. At first your face will look a little puffy and may feel rather strange and stiff. The scars can be very well hidden with your hair so that you can return to work and socialising within a couple of weeks. Men find it more difficult than women to disguise the scars, and their beard will grow closer to their ears as a result of the skin being lifted.  
Camouflage make-up can be helpful in covering bruising. The scars in the hairline do not usually show, but the hair will have been cut shorter immediately around the wound. There may be some slight reduction in hair growth in the temples, but this is not usually a problem unless the hair is very thin and several facelifts are carried out.  
Do not lift heavy things for several weeks, and avoid bending down or having sex for at least two weeks. With all activities, start gently. Do not drive until you feel safe and are comfortable wearing a seatbelt. Check your insurance documents if you are not sure.

Seeing the results

At first your face and neck skin may seem too tight. This usually settles down within six weeks of the operation. Most patients are pleased with the final result, but some find their new shape difficult to get used to. This may happen to you. You cannot judge the final result of your facelift or necklift for about six to nine months. Even if the operation is a success, you may need another operation in the future to have the skin tightened again.

Your aftercare

* To protect your body, and get the best result, look after yourself.
* Avoid vigorous activities after your operation.
* Protect your wounds as you are told to.
* Putting on weight or being pregnant will affect the results.
* Maintain a healthy weight and level of exercise.