

PATIENT INFORMATION

Facelift surgery

Deep plane and SMAS facelift
Often combined with a neck lift

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This booklet explains facelift, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about a facelift, or you're about to.

It explains what a facelift involves, the different techniques, who it suits, the other options open to you, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What a facelift is

Why the face changes with age

As we get older the skin loses elasticity, and the deeper supporting layer of the face, called the SMAS (superficial musculo-aponeurotic system), slackens and descends. Fat in the cheeks also moves down. This is what causes jowls, a softer jawline, deeper lines from the nose to the mouth, and loose skin in the neck.

What a facelift does

A facelift (rhytidectomy) repositions these deeper tissues so that they carry the lift, then re-drapes the skin without tension. Lifting only the skin tends to look tight and doesn't last, so Mr Kumar always treats the deeper layer as well. The aim is for you to look fresher and more rested, not different.

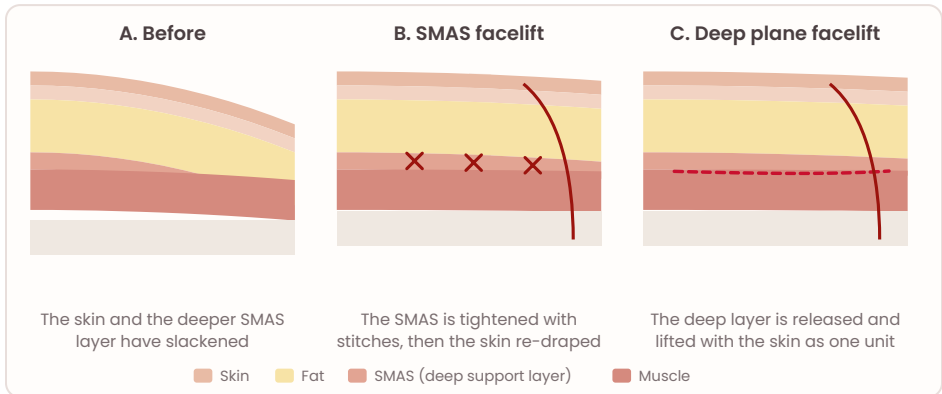


Figure 1. How the deeper layer is treated in a SMAS and a deep plane facelift. A simplified drawing for guidance only.

The techniques

Deep plane facelift the most comprehensive

The SMAS is released from the deeper structures and lifted together with the skin as one unit. This moves the cheeks, jowls and neck more completely and tends to give a natural, long-lasting result. It is a longer, more technical operation.

SMAS facelift well established

The SMAS is tightened and secured with stitches (plication or SMAS-ectomy), and the extra skin is then removed. It suits early to moderate jowling and is slightly quicker to recover from.

Neck lift often combined

If the neck is loose, or there are muscle bands or fat under the chin, a neck lift is usually done at the same time through a small cut under the chin. There is a separate booklet about neck lifts.

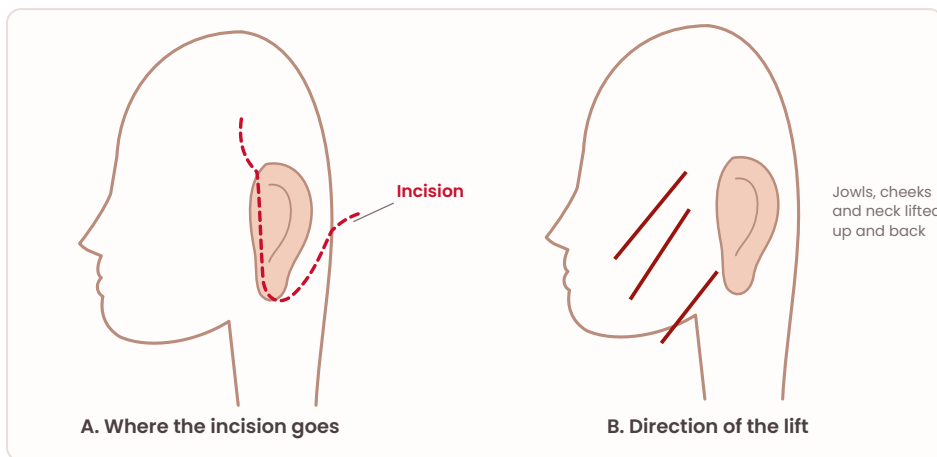


Figure 2. Where the incisions usually go, and the direction of the lift. Your incisions may differ slightly.

Where the scars are

The incision usually starts in or along the temple hairline, runs down in the natural crease in front of the ear, around the earlobe, and up behind the ear into the hairline. A small cut under the chin is added for a neck lift. The scars are red at first and then fade over 12–18 months; most people find them hard to see once healed.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you are bothered by jowls, a loss of jawline definition or loose skin in the neck
- ✓ you are in good general health
- ✓ you don't smoke, or you can stop well before and after surgery
- ✓ your weight is stable
- ✓ you have realistic expectations and want to look refreshed, not different

What the operation won't do

- **It won't stop the face ageing.** You will continue to age from your new starting point.
- **It won't change skin texture,** fine lines or sun damage. Skin treatments such as laser resurfacing can help with these.
- **It doesn't treat the eyes or brow on its own.** Eyelid surgery or a brow lift may be needed for these areas.
- **It won't replace lost volume everywhere.** Fat grafting is sometimes added for hollows.

Please tell Mr Kumar if you have, or have had

- high blood pressure, which increases the risk of bleeding after a facelift
- you smoke, vape or use nicotine replacement, as this greatly increases the risk of skin healing problems
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- previous facial surgery, fillers, threads or radiotherapy to the face
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

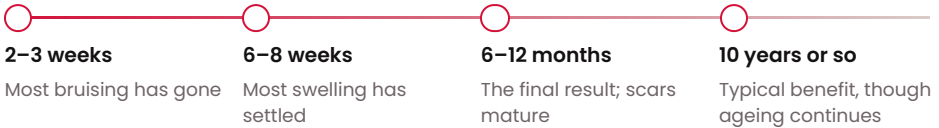
You don't have to have this operation. Depending on what bothers you, the alternatives include:

- non-surgical treatments, such as anti-wrinkle injections, dermal fillers, skin tightening devices or laser resurfacing. These have less downtime but much smaller and shorter-lived effects on sagging.
- a smaller operation, such as a neck lift alone, if your main concern is the neck
- eyelid surgery or a brow lift, if your main concern is around the eyes

- deciding not to have any treatment for now.

05 What you can expect from the result

Most people are very pleased with how much fresher they look. No surgeon can guarantee a particular result.



Please bear in mind:

- The two sides of the face are never exactly the same, before or after surgery.
- Some tightness and numbness in front of the ears and in the neck is normal for several months.
- Your face will continue to age naturally. Sun protection, not smoking and a stable weight help the result last.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **make sure your blood pressure is well controlled**, and take your usual blood pressure tablets on the morning of surgery
- ✓ **wash your hair** the night before, and don't use hair products on the day
- ✓ **arrange for someone to take you home** and stay with you for the first few days
- ✓ **plan 2–3 weeks off work** and social events, and avoid long-haul flights for about 4–6 weeks

07 Anaesthetic and where it happens

A facelift is usually done under general anaesthetic, sometimes with local anaesthetic as well to reduce bleeding and help with comfort afterwards. Your anaesthetist will explain the anaesthetic separately.

You will normally stay in hospital for one night.

08 The operation

Mr Kumar will mark your face before you go to theatre. The operation takes around 3–4 hours, or longer if other procedures such as a neck lift or eyelid surgery are done at the same time.

Through the incisions around the ears, the skin is lifted and the SMAS is either tightened or released and lifted, depending on the technique. The excess skin is trimmed and the incisions are closed carefully with fine stitches. Small drains may be left in to stop fluid collecting, and a light dressing or support garment is put on.

09 Straight afterwards

Your face will feel tight, swollen and numb, especially in front of the ears and in the neck. Most people describe discomfort rather than severe pain, and it is usually well controlled with simple painkillers.

Keep your head raised on two or three pillows. The nurses will check your blood pressure, which is important for preventing bleeding. Drains, if used, are usually removed the next morning before you go home.

10 Recovery

When	What to expect
Day 1	Home after one night. Rest with your head raised and avoid bending or straining.
Days 2–3	Swelling and bruising are usually at their worst. Cold compresses can help.
Day 5–7	Stitches are removed. You can usually wash your hair after 48 hours, gently.
Week 2	Most bruising has faded. Many people feel comfortable being seen in public.
Weeks 2–3	Return to desk work. Driving once you can turn your head comfortably.
Weeks 4–6	Return to exercise. Sleep normally rather than on your back.
3–12 months	Remaining swelling and numbness settle; scars soften and fade.

- ✓ **Avoid heavy lifting, bending and strenuous exercise** for the first 2–3 weeks, as they raise your blood pressure.
- ✓ **Don't use hair dye** for about 4–6 weeks.
- ✓ **Protect your scars from the sun** for at least a year, and avoid saunas and steam rooms for a month.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON

more than 1 in 100

UNCOMMON

1 in 100 to 1 in 1,000

RARE

1 in 1,000 to 1 in 10,000

VERY RARE

fewer than 1 in 10,000

Overall, serious complications after a facelift are uncommon. The most important risks are bleeding and, much less often, injury to the nerves of the face. Smoking and high blood pressure both increase the risk of problems.

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Swelling and bruising of the face and neck, which may spread down to the chest.
- Tightness and numbness of the cheeks, in front of the ears and in the neck, which usually recovers over weeks to months.
- Discomfort, especially when chewing or turning your head, for the first week or two.
- Scars around the ears, which are red at first and then fade.

Other complications

- **Collection of blood (haematoma)** ABOUT 1 IN 30

Bleeding under the skin, usually in the first 24 hours. It is more common in men (up to about 1 in 12) and in people with high blood pressure. A large haematoma needs a return to theatre to remove it, and usually heals well if treated promptly.

- **Temporary weakness of the face** ABOUT 1 IN 50

Bruising or stretching of a branch of the facial nerve can weaken part of the face, for example the corner of the mouth or the forehead. This almost always recovers, usually within weeks to a few months.

- **Numbness of the ear** UNCOMMON

The nerve that gives feeling to the earlobe can be injured, leaving it numb. This usually improves but can occasionally be permanent.

- **Skin healing problems** ABOUT 1 IN 100

Part of the skin edge, usually behind the ear, may heal slowly or form a scab. This is much more common in smokers. It usually heals with dressings but can leave a wider scar.

- **Infection** UNCOMMON

Usually treated with antibiotics.

- **Noticeable, stretched or thickened scars** UNCOMMON

Scars occasionally widen or become raised. These can often be improved with treatment or a small revision.

- **Hair loss near the scars** UNCOMMON

Some thinning of hair around the temple incision. It often regrows over a few months.

- **Change in the shape of the hairline or earlobe** UNCOMMON

The sideburn may move up slightly, or the earlobe may be pulled down. Careful planning reduces this.

- **Asymmetry or a result you are not happy with** UNCOMMON

Small differences between the two sides are normal. Occasionally some looseness returns early and a small tuck-up procedure is needed.

Rare but serious complications

Please read this section carefully.

- **Permanent weakness of part of the face** RARE

Very occasionally a nerve injury doesn't recover fully, affecting movement of the mouth, eyebrow or eyelid.

- **Blood clots in the leg or lung** RARE

Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

- **Loss of a large area of skin** RARE

Usually only in smokers. It may need dressings for several weeks and can leave a scar.

- **Collection of saliva (sialocele)** RARE

If the salivary gland in the cheek is injured, saliva can collect under the skin. It usually settles with drainage and time.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- sudden, rapidly increasing swelling or tightness of the face or neck, especially on one side, or any difficulty breathing or swallowing
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- swelling or pain that is much worse on one side
- redness that is spreading, warmth, discharge from a wound, or a temperature
- an area of skin that becomes dark, purple or black, especially behind the ear
- bleeding that doesn't stop with 10 minutes of gentle, firm pressure
- new weakness of your face, such as an uneven smile

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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