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CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

# Neck lift

Platysmaplasty and neck contouring
On its own or with a facelift

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Sevenoaks & Oxted

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This booklet explains a neck lift, 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 neck lift, or you're about to.

It explains what the operation involves, who it suits, the alternatives, 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 neck lift is

With age the skin of the neck loosens and the thin platysma muscle separates into two vertical bands. Fat can also collect under the chin, blurring the angle between the jaw and the neck.

A neck lift (lower rhytidectomy) tightens the platysma muscle, removes excess fat and skin, and re-drapes the neck smoothly. It is often combined with a facelift, because the lower face and neck age together.

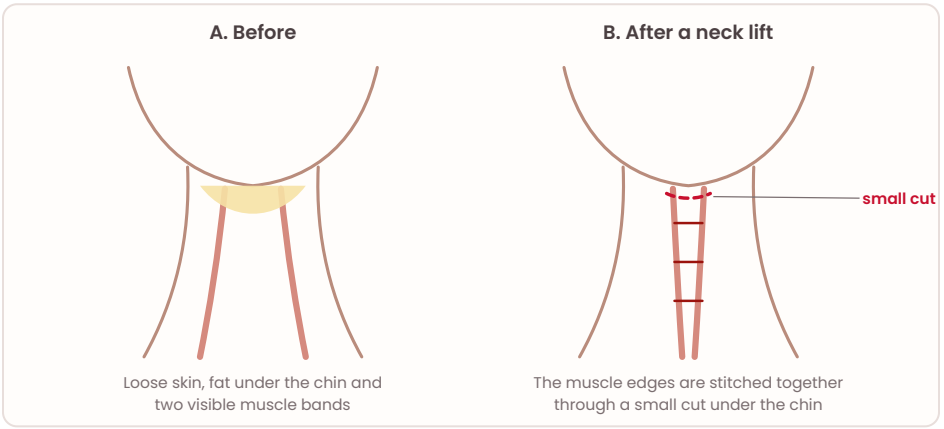



*Figure 1. How the muscle bands are tightened through a small cut under the chin. A simplified drawing for guidance only.*

### What the operation can include

**Muscle tightening (platysmaplasty)** for neck bands

The inner edges of the platysma muscle are stitched together in the midline through a 2–3 cm cut in the crease under the chin.

**Removing fat under the chin** for fullness

Fat can be removed by liposuction or directly through the same small cut.

**Skin tightening and removal** for loose skin

Loose skin is lifted and trimmed through incisions behind the ears that run into the hairline.

## 03 Is it right for you?

You're likely to be a good candidate if:

- you have loose skin, muscle bands or fullness under the chin
- you are in good general health and don't smoke, or can stop
- your weight is stable
- you have realistic expectations

### What the operation won't do

- **It won't treat jowls or the cheeks on its own.** A facelift is needed for these.
- **It won't remove fine lines or crepey skin texture** completely.
- **It won't stop the neck from ageing** in the future.

### Please tell Mr Kumar if you have, or have had

- you smoke, vape or use nicotine replacement

**Please tell Mr Kumar if you have, or have had (continued)**

- high blood pressure
- 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 surgery, fillers or radiotherapy in the area
- 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:

- liposuction of the neck alone, if your skin is still firm
- skin tightening treatments, such as radiofrequency, for mild laxity
- anti-wrinkle injections to soften muscle bands, which lasts a few months
- a facelift and neck lift together, if the lower face is also a concern
- deciding not to have any treatment for now.

## 05 What you can expect from the result

Most people find their jawline and neck look more defined and less tired.

**2 weeks**
Most bruising has gone

**6 weeks**
Most swelling settled

**6–12 months**
Final result

- The neck can feel tight and lumpy for several weeks, which settles.
- Results are long-lasting, but the neck will continue to age naturally.

## 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 4–6 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.
- **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- **arrange for someone to take you home** and stay with you for the first night
- **plan about 2 weeks off work** and avoid long-haul flights for 4–6 weeks

## 07 Anaesthetic and where it happens

A neck lift is usually done under general anaesthetic. Smaller procedures can sometimes be done under local anaesthetic with sedation. Most people stay one night.

## 08 The operation

Mr Kumar marks your neck with you sitting up. The operation takes about 2–3 hours on its own.

Fat is removed through the cut under the chin, the platysma muscle edges are stitched together, and the skin is lifted and trimmed through the incisions behind the ears. A small drain may be used, and a supportive chin strap or dressing is put on.

## 09 Straight afterwards

Your neck will feel tight, swollen and numb. Swallowing may feel a little strange for a few days. Keep your head raised and avoid bending your neck forward sharply.

## 10 Recovery

| When | What to expect |
|---|---|
| **Days 1–3** | Swelling and tightness. Wear the chin strap as advised. |
| **Day 7** | Stitches removed; bruising fading. |
| **Weeks 2–3** | Return to desk work and driving. |
| **Week 4** | Return to exercise. |
| **3–6 months** | Swelling settles fully; scars soften. |

## 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 | UNCOMMON | RARE | VERY RARE |
|---|---|---|---|
| more than 1 in 100 | 1 in 100 to 1 in 1,000 | 1 in 1,000 to 1 in 10,000 | fewer than 1 in 10,000 |

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, which may spread to the upper chest.
- Tightness and numbness of the neck and under the chin for several weeks.
- Firm, lumpy areas under the skin while it heals.

### Other complications

- **Collection of blood (haematoma)** ABOUT 1 IN 50
  Usually in the first 24 hours. A large one needs a return to theatre.

- **Irregularities or a ridge under the chin** UNCOMMON
  Small lumps or a visible edge can occur and usually soften. Occasionally a small revision is needed.
- **Temporary weakness of the lower lip** UNCOMMON
  Bruising of the marginal mandibular nerve can make your smile look uneven. It almost always recovers within weeks to months.
- **Infection** UNCOMMON
  Usually treated with antibiotics.
- **Noticeable or thickened scars** UNCOMMON
  Scars occasionally become red, raised or stretched. Most improve with time, massage or treatment.
- **Residual bands or looseness** UNCOMMON
  Some bands or looseness may remain or return, and further treatment may be needed.

## Rare but serious complications

**Please read this section carefully.**

- **Permanent nerve weakness** RARE
  Very occasionally weakness of the lower lip doesn't fully recover.
- **Bleeding causing pressure in the neck** RARE
  A large bleed can cause swelling that affects breathing. This needs emergency treatment.
- **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.

## 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**

- any difficulty breathing or swallowing, or rapidly increasing swelling of the neck
- chest pain, shortness of breath or coughing up blood
- confusion, unusual drowsiness, or feeling faint or collapsing

**Contact us promptly if you have**

- a painful, swollen calf
- redness that is spreading, warmth, discharge from a wound, or a temperature. These can be signs of infection.
- swelling that is increasing quickly or is much worse on one side
- bleeding that doesn't stop with 10 minutes of firm pressure
- pain that is getting worse rather than better, or isn't controlled by your painkillers
- an area of skin that becomes dark, purple or black

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.

# Notes

# Notes

# Notes

# 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.

| | |
|---|---|
| Telephone | 020 3026 9695 |
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Neck lift information leaflet. Version 1.0, October 2026. This booklet is for general information and does not replace a consultation with Mr Kumar.