

Who would benefit from this procedure?

There are a number of procedures available for people who have noticed sagging skin along the jawline, neck, cheeks and upper face. A full face facelift will give a smoother contour to the jaw, cheek and upper face while a **necklift** will give a smoother neck profile. Both these procedures aim to remove excess skin and reduce the amount of wrinkles or folds. A **lower facelift** concentrates on the lower cheek and jawline while a mini-facelift aims to address early changes. Surgery to correct these changes can make a significant difference and Mr Dheansa always ensures that the final result is as natural as possible.

Face and necklift surgery is usually performed under a general anaesthetic except for a mini-facelift which can be performed under local anaesthetic. These procedures can be combined with other surgery in many situations

What happens before the surgery?

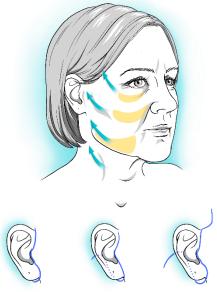
You should have had a full discussion about the procedure, its suitability, outcomes, complications and long-term effects with Mr Dheansa. You should be clear about the incisions to be used, the area(s) to be treated, length of stay and the costs of the procedure. Knowledge of your general health will allow assessment of fitness for an anaesthetic. If you are unclear about any aspect of your care or the procedure itself you must contact Mr Dheansa (contact details below) to clarify the situation before committing to surgery.

How is it done?

Mr Dheansa tailors his approach to each patient and this often means there will be a slight variation according to the patient's needs.

A full facelift requires an incision from the forehead (just at the hairline) going to in front of the ear and then finishing behind the ear. A lower facelift incision starts at the top of the ear and goes back behind the ear like a full facelift. A mini-facelift incision is mostly in front of the ear with a small part going just behind it. A necklift incision starts just in front of the ear and goes behind it to reach the lower hairline on the back of the head.

In all types of face or necklift the skin is lifted to expose the fibrous layer beneath (the SMAS). The SMAS is then sutured to tighten it and give a better profile to the tissues underneath the skin. In the neck the platysma muscle, which lies just under the skin, is tightened to create a more defined neck shape. After this the skin is re-draped and any excess removed.



Baljit Dheansa FRCS MSc FRCS(Plast) April 2020

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Often a drain tube is inserted under the skin to collect any fluid and this comes out from the skin behind the ear. The skin is sutured with a combination of stitches that need to be removed and dissolving stitches.

The only dressings required are usually paper strips or paraffin ointment to cover the wound. Once you are awake you will return to the ward where you will be encouraged to keep your head up and take things easy until you have fully recovered from the anaesthetic.

What happens after the surgery?

Facelift surgery usually requires a two night stay. Some smaller procedures require an overnight stay and local anaesthetic minifacelifts can be done as a day case.

If you are planned to be a day case Mr Dheansa will review you once you have recovered from the operation. If all is well you will be able to go home. For those staying one or two nights Mr Dheansa will review you in the evening and again the following morning (and the next day too). He will keep in touch with the ward team and make a decision regarding how much you can do and when to remove the drains if you have any. You will be able to shower and wash your hair the day after surgery.

Mr Dheansa will check on you before you are discharged and go over any post-operative instructions. You will be encouraged to sleep as upright as possible for the first week or two. This will help reduce swelling and discomfort. Using lots of pillows in bed at home will be useful.

Washing your face or having a shower is possible at home but it is important to be careful around your wounds. You may need to apply paraffin ointment to them on a daily basis.

It is best to take things easy in the first two weeks and only consider increasing activity after this time. You may need to avoid strenuous physical activity or sport for four weeks but it is best to discuss this with Mr Dheansa. However most people can return to work within a week providing there is no strenuous activity. Sometimes bruising can emerge which may take a couple of weeks or longer to resolve. If the neck has been treated it is best to avoid driving until it is easy to move the neck as it will feel tight in the first few days.

Mr Dheansa will normally see you a week after your operation. He will check your face and neck to make sure everything is healing well before removing the sutures. He will normally see you at least two to three times after that to ensure that all is progressing well. At each visit he will go over what you can and can't do. Usually it takes about 6 weeks to fully settle after surgery.

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You can wash your face as often as you normally would. However it is best to avoid rubbing around your wounds for the first couple of weeks. Once you are fully healed it is best to gently moisturise the scars 2-3 times a day to help them mature. A simple moisturiser like E45 is ideal.

Massaging and moisturising should continue for at least 6 weeks. You should also massage the cheeks and neck from the centre out to the sides 2-3 times a day to help reduce swelling.

It is best to avoid bending down as much as possible in the first 2 weeks to avoid swelling. This is also the reason to avoid strenuous activity and sport. After a couple of weeks start gently increasing activity but reduce it if swelling of the face increases.

Makeup can be worn as soon as the wounds are healed and it is best to use a moisturiser with sun protection to protect the scars.

What should I expect post-op?

You will be swollen initially and bruising takes a few days to appear sometimes. You may notice some soreness but the skin itself will have reduced sensation.

Over a couple of weeks the swelling will reduce and look less tight. The more upright you are initially the less swelling you will have

Will my scars change?

All scars go through a maturing process and go through a series of changes before settling down. This process varies from person to person as well as from site to site on the same person. Generally once a wound has healed the scar will be a thin pale line. Over the ensuing 6-12 weeks the scar may become raised, pink and wider. It often becomes itchy too. It then stabilises before slowly becoming flatter, paler and less itchy. This can take up to a further 12 months. Even after this time scars continue to improve but at a much slower rate.

Avoid sunlight on the scar for the first year to avoid it getting burnt and then subsequently dark. It is very hard to make it pale again. Mr Dheansa will advise you of any further precautions or actions if required.

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Are there any potential risks?

There are potential risks and complications with any operation and it is important to be aware of them before committing to any surgery. You may also have particular circumstances that affect the final outcome and these will be discussed with you at your consultation.

Nerves

Nerves which supply the muscles of the face run just under the SMAS layer and rarely can get injured. This can lead to facial weakness and asymmetry. The nerves often recover fully but there is a risk that there may be some permanent weakness

Expectations

As with any procedure it is important to have appropriate expectations. Your discussions with Mr Dheansa should give you a good idea of what to expect but rarely you may feel that your face or neck have been over or under corrected. It is important to have a clear idea of what you want before the surgery to avoid any disappointment.

Abnormal Scars

Sometimes even if all heals well a patient may develop abnormal scars (pink, wide, raised and itchy). Patients may already have noticed such a tendency from previous scars. Such scars take a very long time to settle (up to 18 months) and may be difficult to treat.

Anaesthetic

You will be assessed for fitness for anaesthetic and providing this is appropriate the risks from general anaesthetic are low. Anaesthetic can sometimes cause a reaction though this is very rare.

Asymmetry

People are rarely exactly symmetrical and the intention of any surgery is to get both sides as equal as possible. However, the healing process is not always predictable and may result in minor differences from one side to the other.

Bleeding

Rarely there may be significant bleeding under the skin that does not settle. Should this occur you may have to return to theatre to control the bleeding. This should not have any long term effect should it occur.

Bruising/Swelling

Some patients may experience some bruising. This often results in increased swelling and some tenderness. The skin may become discoloured and take a few weeks to settle down.

Clots

Clots in the leg (DVT) or chest infection are uncommon with this operation.

Delayed Wound Healing

Sometimes if there is a lot of swelling or bruising or infection the wound may open up. In such circumstances you may need to have dressings for a few weeks and the resulting scar may be less than perfect.

Dog Ears/Change in Contour

Some wounds can result in a slight dip in the middle if the tissues are not elastic enough. Dips tend to improve over time. Conversely the ends of a wound may have slight bumps (dog ears) which again usually settle but may require a minor procedure to correct.

Numbness

The treated area will lose sensation (feeling) after the operation and it will take several weeks for it to return. Some areas may remain numb.

Pain

Usually controlled with painkillers and again often resolves within a week or so

Wound Infection

Wounds can get infected. If you notice increasing redness, pain or an offensive odour from the wound, contact Mr Dheansa as soon as possible. If this should occur you will need to have antibiotics and frequent dressings. The wound may take longer to heal.

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Frequently Asked Questions

How long is the operation?

About 90 mins for a mini facelift

3 hours for a lower facelift

4 hours for a full facelift

5 hours for a full facelift and neck

How long should I keep taking pain killer?

You will often need pain killers for at least a week but everyone is different you may need to take them for longer

When can I go to the gym?

You should avoid the gym till about 4 weeks after the operation but check with Mr Dheansa first

How long till the final result?

It takes about 3 months for your face to settle

When can I fly?

Generally it is ok to fly 2-3 weeks after the surgery but this depends on length of flight and your recovery. Check with Mr Dheansa before flying

Contact Information

General Enquiries Call Debbie Lovell or Kelly Walter Tel: 01342 330 383 Email: enquiry@my-plastic-surgeon.co.uk

Post-Operative Enquires

Call Debbie or Kelly or out of hours call the hospital switchboard where you had your procedure and ask to speak to the RMO (Resident Medical Officer).

The McIndoe Centre

Holtye Road, East Grinstead, West Sussex, RH19 3EB Tel: 01342 330 300

Spire Gatwick Park Hospital

Povey Cross Road, Horley, Surrey, RH6 oBB Tel: 01293 785 511

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