

# ***Facelift*** ***Manual***

By: Andres Bustillo, MD

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## PRE-SURGERY TO DO-LIST

Do-obtain Extra-strength Tylenol for discomfort.

Do-give us the telephone number of where you will be staying the evenings before and after surgery.

Do-have a responsible adult accompany you and spend the night with you except following very minor procedures.

Do-obtain frozen peas and small Ziploc bags to use as compresses for nose, eyelid, facelift, and reconstructive surgery.

**Do-take Vitamin C 2000 mgs. daily for 1 week before surgery.**

Do-take medications prescribed for blood pressure and heart the morning of surgery and inform us of doing so.

Do-inform us of medication we have not prescribed.

Do-have your hair colored, if desired, the week before facelift surgery.

Do-wash your hair the night before surgery and do not apply hair spray.

Do-bring sunglasses if having eyelid surgery.

Men must shave the morning of surgery.

**Do wear a shirt that buttons or zips down the front (no T- shirts) as we might have you change into a gown.**

**Do not-take Aspirin and Ibuprofen products 2 weeks before surgery.**

**Do not-take Vitamin E for 2 weeks preoperatively.**

Do not-take your Hormone Replacement medication on the morning of surgery.

Do not-take St. John's Wort, Licorice Root, Gingko Biloba, Ginger, Garlic, Cayenne, Bilberry, or Fish Oil supplements for 2 weeks before surgery.

Do not-take Viagra 2 weeks before surgery and 1 week after surgery.

Do not-wear make-up, eye lash extensions, creams or perfume the morning of surgery.

**Do not-eat or drink after midnight before surgery.\*** (except for medications with a small sip of water)

Do not-exercise the morning of surgery.

Do not-drink alcoholic beverages for 5 days before surgery or two weeks after surgery.

Do not-drink caffeine containing beverages for 48 hours before surgery or 1 week after surgery. Slowly reduce your intake over the week before surgery to avoid a headache.

Do not-drink herbal teas 2 weeks before surgery.

Do not-bring valuables with you the morning of surgery.

Do not-wear contact lenses the morning of surgery.

Do not-wear any jewelry or body piercings the morning of surgery.

**General information and preparation for surgery with Dr. Bustillo**

**MUST READ PRIOR TO SURGERY**

It is very important for your safety that we know **ALL MEDICATIONS, VITAMINS OR HERBAL MEDICATIONS** that you are taking.

To prevent any bleeding during or after your surgery, we want to make sure that you are not taking any of the following:

ASPIRIN	FEVERFEW
ALEVE	GARLIC
ADVIL	GINGER
MOTRIN	GINKGO BILOBA
NUPRIN	GINSENG
IBUPROFEN	ANAPROX
INDOCIN	SALICYLATES
NAPROXEN	HEPARIN
ALKA-SELTZER	COUMADIN
ANTI-STEROIDAL, ANTI-INFLAMMATORY AGENTS (NSAID'S)	PLAVIX
MULTIPLE VITAMINS WITH "E" SUPPLEMENTS	VITAMIN E

Please **read package inserts** of any substances which you are taking and make sure that it does not have a warning about causing bleeding or worsening any bleeding disorder.

These medications should be discontinued at least **2 weeks before surgery** and not be re-started until you have checked with your surgeon. If these medications have been prescribed to you by another physician, you must consult with him prior to discontinuing them. **If you have any questions, please ask.**

1. There are certain medications that affect blood clotting. To avoid bleeding during the operation, and to ensure the least possible "black and blue" discoloration following the operation, do not take any Aspirin for 2 weeks before your scheduled procedure.

Many over-the-counter drugs contain Aspirin. Please check any medications you might take to be certain that it is not part of the formula.

The newer anti-arthritis drugs all contain substances which can be many times more potent than Aspirin in their blood clotting interference (i.e., Indocin, Motrin, Clinoril, Advil, Motrin, Nuprin, Mediprin, etc.) These medications must also be discontinued 2 weeks before surgery.

Please advise our office of all medications, prescribed or over-the-counter, that you are currently taking.

2. Please discontinue Vitamin E, just as you are to avoid Aspirin. Vitamin E is present in many multi-vitamins. There is some indication that it too may upset the first stages of the clotting process. You may begin Vitamin E again two weeks after surgery.
3. Vitamin C may aid in preventing bruising and in speeding healing. If you are not one of the rare people who are sensitive to this vitamin, please take 2000 mg. per day (you may divide this into two doses - AM & PM) beginning one week before surgery. If you are a smoker, you must take at least 4000 mg. of Vitamin C a day. Smoking deactivates Vitamin C, accounting for poor healing.
4. Antibiotics are given to help prevent infections. Antibiotics and anti viral medications are used in conjunction

with facial laser and dermabrasion treatments.

5. If you routinely take any medications, if you are allergic to any medications, or if you forget to discuss any medical condition during the consultation, please call me.
6. You must allow yourself a period of time to recover following your operation. The earliest you should expect to be presentable is as follows: Rhinoplasty - usually one week; Eyelids - eight to ten days; Facelift - about two weeks. There are variations to these estimates but most patients are presentable after these time periods. Please remember that it will take more time, in some cases, several months, before you will see the final results of surgery.
7. Alcohol is a potent blood vessel dilator and, in the post-operative condition, can promote swelling of the surgical area and even bleeding. It is best to avoid alcohol intake for at least one week after surgery.
8. You must remain in the Miami metropolitan area for at least one week after surgery. We will help make arrangements for out-of-state and foreign patients if you have no local residence.
9. Getting a suntan before surgery is not a problem. However, it would not be advisable to undergo surgery if you have a severe sunburn.
10. Exercise which increases the heart rate can begin at 3 weeks after surgery. Exercise during the first week post-op can cause bleeding. During the second week after surgery it will increase edema or swelling. At 21 days, you can begin exercising. Begin slowly and progress. At 30 days, full exercise can begin.
11. A frequent question is "...when can sexual activity resume..." As a moderately exertional activity (caloric expenditure), sexual activity can safely be resumed at 2 weeks following facial plastic surgery.
12. Observe, in yourself and in those around you, that the two sides of the human body are not the same. Aesthetic surgery can never make them exactly the same.
13. If you smoke, you must stop one week before surgery and for two weeks after surgery. The harmful effects of smoking are most damaging following facelift surgery. Nicotine's "tourniquet-like" effect on small blood vessels can cause skin death.
14. A slight fever of 100+ is not unusual following facial surgery. This is especially true following nasal surgery. It does not mean you have an infection. This elevation in temperature is a natural response to surgery.
15. Whether you are contemplating or have decided to undergo facial plastic surgery, be prepared to hear all manner of stories and judgments from relatives and friends. If you ask an opinion about your surgery, most people will not be supportive. Many will have some tale of difficulty to tell you; it is an unfortunate fact of human nature. Occasionally, relatives and friends who are told you have made a definite decision about facial surgery are more supportive. After surgery, almost everyone will forget their negative statements. They will admire the results and see, for the first time, what you were talking about.
16. Our purpose and goal in facial aesthetic surgery is improvement and not perfection.

## **Facelift by Dr. Bustillo**

### **Please read prior to surgery**

#### **The Procedure:**

The facelift is really a cheek and neck lift. The areas to be improved include the cheeks, the area around the corner of the mouth, the loose skin at the jawline and the neck.

This procedure can be done under sedation or with general anesthesia. The facelift is always an ambulatory procedure. Appropriate medications are given beforehand to relieve anxiety and ensure tranquilization. The hair is bundled out of the way with small rubber bands and surgical ink lines are drawn. No hair is cut. At the conclusion of the lift, a soft substantial bandage is placed over the top of the head around the cheeks and chin. The bandage acts to protect the skin and to absorb any drainage. It also acts to hemostatically compress the skin against the undersurface areas and to encourage a splinting effect, preventing side-to-side or up-and-down head movement.

#### **The First 24 Hours:**

1. Ambulatory patients, after a short period in the Recovery Room, will return home. It is a time for rest. A bed with two pillows, with the head elevated provides the appropriate positioning for the next 24 hours. Walking to the bathroom or moving about your room is permitted, however great care must be taken not to lift, pull, strain, bend or in any way challenge the healing wounds.
2. This is a time for rest, this is not a time to entertain. A single close friend who is near if needed is about the maximum social contact you should have.
3. Jaw movement with eating, talking or laughing, should be minimized. A good amount of repositioning of facial tissues has occurred over the muscles responsible for jaw movement. Inactivity will facilitate healing. Try to keep your head forward. Turn your head with your shoulders. Talk only when necessary. Be sure your diet is soft or liquid and light. Yawning also places a stress on these fragile surfaces and should be avoided.
4. Cold compresses to the eyes and cheeks continuously through the day and until the hour of sleep will help to reduce swelling in this area. A ziplock bag filled with 1/3 cup of frozen peas applied in a single layer over moistened gauze, makes a good compress. The eye area incorporates some of the loosest and thinnest skin in the body. Even though no surgery may have been done on the eyelids, they do tend to swell. You should use the compresses for the first 48 hours after surgery only.
5. Tendency towards constipation, caused by narcotic pain medication, is controlled by a mild laxative. Drink plenty of fluids.
6. Pain of significant intensity is not usual following facelift. Discomfort and sensation of pressure,

especially over and behind the ears, is quite usual. This is readily controlled with the Percocet (taken with milk). Severe pain should be reported.

7. The initial bandage is removed the day after surgery in our office. All incisions are inspected and any minor blood collections removed. No washing, scrubbing or manipulation is done at this time. The bandage removal is not painful nor is the replacement of a smaller bandage.

A small amount of staining on the bandage can be expected but any sudden painful swelling should be reported. Despite taking all precautions, medications, surgical meticulousness, proper bandaging and the patient's adherence to all directions, blood can accumulate under the elevated skin. A small collection is usual, a large collection is quite rare.

### **The First Week:**

1. A soft bandage will then be placed the day after surgery. This should remain in place for 48 hours. After the bandage is removed you may start applying the antibacterial ointment which was prescribed to you. You may do so by using your fingers and apply in front and back of the ear and on the chin incision. This should be done, three times a day for 2 weeks to keep the incisions moist.

Once the first 24 hours have passed, any possibility of bleeding becomes remote. You may increase your ambulation but continue the soft diet.

Swelling around the eyes is always worse 48 hours after surgery. The cold compresses are soothing and are still effective.

2. Suture removal begins on the fifth to seventh day after surgery. Fine stitches, just in front of the ear (and beneath the chin if this area has been re-sculpted), are removed on the fifth to seventh day. The remaining tiny staples in the temple and in the hair behind the ear will come out on the tenth to fourteenth post-op day.

3. You may shower the morning of the second visit post-operative visit in tepid water. Slowly and carefully clean your hair by rolling it between your fingers. Baby shampoo acts as a good softener. The hair you'll see in the shower drain belongs to the redundant scalp skin removed at surgery.

You may gently groom the hair with a large-toothed comb. A hair dryer, if used at all, must be on a cool setting. The scalp cannot tolerate any heat at this time.

4. The face may be washed or cleansed with a gentle upward movement from the fifth to seventh day on.
5. Following all facelift operations, a small amount of "lumpiness" is always noticed just in front of the ears. This is temporary and related to the repositioning of the tissues beneath the skin. It may take four to six weeks to smooth over.

In this same area, and also behind the ears and in the ear lobes, there is a mild numbness to the touch. This is always a part of the facelift procedure. This numbness begins to disappear in a week or two, moving from front to back. It may take three months for full sensation to return to the ear area. In very rare instances some numbness may persist.

6. It is best that you stay out of the sun for about 2 months. A sunburn could quickly cause the swelling to return. The mild insensitivity of the skin could lead to a severe burn and, possibly, some pigment changes. If you are to be walking between sun and shade, wear a large hat and be sure to apply a sun block or lotion.
7. Any discoloration (black-and-blue) is almost entirely gone by the tenth to fourteenth day. You may notice that the discoloration has migrated from the sides of the neck to the space above the collarbone. This is normal.
8. You may notice some crusting in the hair along the suture lines. This may recur for a period of two to three weeks, but is not a cause for concern. It may be removed gently after wetting the hair in the shower.
9. Temporary hair loss along the incision lines above and behind the ear can occur a week or so following the lift. This is usually a very narrow path when it does occur and can always be covered by the hair in front or above it. Regrowth will usually resume after a few weeks.
10. The "lifting" in the facelift is designed to allow as little tension in front of the ear as possible and as much tension as possible above and behind the ear. This produces a fine line scar in front of the ear and heavier scars in the hair and behind the ear. These scars in the hair may persist for several months, but can usually be camouflaged very satisfactorily with the hair itself. This scar behind the ear is hidden but may remain thick for several weeks.
11. At the end of the first week and the beginning of the second week, you may feel a little blue or depressed. This common reaction to facelift surgery is transient. In the next few days, as the bruising fades, the swelling subsides and you resume your normal life, a sense of elation replaces the down feeling.

This "blue" feeling may occur even though you have read about it and tried to avoid it. Your swelling, bruising and new scars are expected. Only in the movies are the results immediate.

12. The facelift operation can turn back the clock, but it can't stop time. The face can retain its pleasant firmness for five to seven years, and you will not experience any sudden fall or drop in the tissues at that time. Rather it is a gradual process of relaxation that occurs. However, the improvement from facelift surgery is always apparent. For example, if you had a twin who did not have the lift, you would always look better than your sibling.
13. During the first week, walking about without straining, lifting, pulling or bending at the waist is the extent of permitted activity. During the second week, you may increase your activities but still no



heavy lifting. You can turn your head slightly.

At the third week, you may begin exertional exercise, including mild weight-lifting.

By the end of the fourth week, you can resume a fairly normal range of activities including golf, tennis and swimming.

14. Our goal in facelift surgery is improvement. Perfection, as in all plastic surgery, is neither possible nor even desirable. Removal of wrinkles and upward stretching of skin is always done within the limits and tolerances of the tissues. What you can anticipate is looking as fresh, alert and rested as is possible for your age.
15. The facelift operation does not affect the fine wrinkling around the mouth. Nor does it eliminate the very deep lines that run from the outside attachment of the nose to the corner of the mouth. It also does not eliminate the very deep scowl or frown lines between the eyebrows and on the forehead. These require a separate, but different, procedure.
16. It is ok to fly 10 days after surgery.

### **Important wound care instructions for patients undergoing surgery with Dr. Bustillo**

1. Do not wet the incisions until the morning of the fifth or seven day which is when your stitches in front of the ear and chin will be removed.
2. Apply Bactroban ointment on the incisions three times a day for two weeks.
3. Do not clean the incisions or attempt to remove any crusting. Sutures may accidentally be pulled out. You can clean the incisions after the fifth or seventh post-operative day.
4. You do not need to cover the incisions. Allow them to have contact with the air.
5. It is common for some light bleeding to occur. If does not stop or there is swelling of the area, please call our office immediately.
6. Call our office if the area becomes red, painful, or white discharge is seen.

## Frequently Asked Q and A

This a facelift manual written to help inform patients about the facelift procedure as performed by Andres Bustillo, MD. It does not apply for facelifts performed by other surgeons. It is written in a Q and A format, as it covers most of the questions patients have asked me over the last ten years. I hope you find it informative.

(Version 7.16)

Will I be happy with the results of my facelift?

There are various ways to answer this question. I will say that patients that are always happy with their facelift results are those that understand several things. One, that surgery is not magic and there are limits to what it can do. A 60 year old patient with jowls cannot be made to look like a 30 year old. Two, no matter how perfect the result is, you are going to find flaws. This is a fact. Understand it. Three, the result is limited by the quality of your skin. The more elasticity your skin has, the better the result will be. Four, understand that having a little bit of loose skin is better than having a pulled, windswept look. Five, I will do my absolute best to give you the best result possible. That is the best that I can do.

What is the best age to have a facelift?

Well, it really depends on your aging. In general terms, the earlier the facelift is done, the better the results will be. That being said, I think the ideal age ranges from 48-55, as long as the patient needs it. There are many people that age very well into their sixties without needing a facelift. The point is everyone ages at a different rate. Some patients may benefit from a facelift at an earlier age. For example those who suffer from premature aging or have lost significant weight.

I am 65. Is it too late for me to have a facelift?

No. In fact, many patients have a facelift around this age.

Will I still look like myself?

Yes. I am merely repositioning the facial muscles. The two things I guarantee all of my patients that are undergoing a facelift are: you will look much better and no one will be able to tell you had a facelift because you will look very natural.

How long do the results last?

This is a difficult question to answer. The textbook answer is 10 years. The reality is that it varies greatly depending on the person and skin quality. The better the skin quality, the longer lasting the results will be.

What is the follow up process after the facelift?

I will see you the day after the surgery to remove the bandage. I will then you see on the 5<sup>th</sup> (sometimes 6<sup>th</sup>) day after the surgery to remove the stitches in front of the ears and under the chin. Then I will see you on the 10<sup>th</sup> day to remove the stitches behind the ears. I will continue to follow you until you are healed.

Is the recovery painful? Will you give me pain medication?

This varies from patient to patient. About half of the patients report very little to no pain. The other half does report some sort of pain or discomfort for the first few days. The pain medication we prescribe you will be strong enough to take care of any discomfort you may have.

What medications do you prescribe me and how should I take them?

- 1)Extra strength Tylenol (over the counter): take as directed. Should be taken first for pain.
- 2)Percocet: take as directed. Take for breakthrough pain if Tylenol is not sufficient.
- 3)Doxycycline antibiotic: take as directed. Begin the night of surgery after you get home.
- 4)Zofran (ondansetron): take as directed for nausea.
- 4)Medrol Dose Pack: Instructions are on the back of the pill packet. Begin to take these on the morning of the day after surgery.
- 5)Bactroban: see below.

You prescribed me an antibiotic cream called bactroban (muporicin generic is ok). What is this for and

how do I use it?

This antibiotic cream serves 2 purposes. To keep the incisions clean and moist while they heal. Moist incisions heal better. After you remove the soft cotton bandage, apply the bactroban 3 times a day (morning, afternoon, and evening) to the incisions under the chin, in front of the ears, and behind the ears. Start this on the post operation day 3, once you remove the small bandage at home. You can do this with your hands (wash them first) or you can have someone do it for you (after they wash their hands), continue this for 2 weeks.

What medications should I avoid before surgery. Why?

You were given a sheet with a list of medications to avoid. These will make you bleed. If you bleed more than normal, it makes the surgery very difficult for me and the result may not be as good. In addition, you will bruise and swell more than normal. Your recovery will take longer. Note: Alcohol should also be avoided 5 days before surgery for the same reason.

Do I need a nurse to stay with me? What kind of help will I need after surgery?

You need someone to help you with basic needs for the first 24 hours. For example help you go to the bathroom and bring you drinks/food. If you do not have someone or feel that your significant other may not be up to the task, we can provide someone to stay with you the first night.

How should I sleep after surgery?

You should sleep with two pillows for the first two weeks. Another helpful suggestion is to try one pillow and an airplane-type U-shaped pillow on top of the first pillow. This helps some patients. The reason you should elevate your head above your heart is to help with the venous drainage. This will help the swelling subside faster. You do not need to sleep on a recliner. I think a bed is much more comfortable.

What can I eat after surgery?

The first night after surgery, the most important thing is to hydrate. Drink water, Gatorade, or ginger ale. If you are hungry, eat for example a light soup (low sodium) or fruit smoothies. Avoid heavy soups and foods with condiments. On the second day and on, you can eat almost anything you have an appetite for except very hard foods like steaks. Just remember to avoid salty (high sodium) and spicy foods. These will make you swell.

When can I shower after the surgery? When can I wash my hair?

You can shower the day after the surgery, from the neck down. You can clean your face with a small moist washcloth. You can wash your hair the morning of the second post-operative appointment (usually the 5<sup>th</sup> day after surgery). Stand in the shower for about 10 minutes and let water run down your head and face. Use a gentle shampoo, such as Baby Johnson's. You can then blow dry your hair with no heat.

When can I drive after having a facelift?

Patients can usually drive about 5-7 days after the facelift. Everyone heals differently, so it really depends on how you are healing and feeling. If you feel that you can move your face and neck adequately, then you are ok to drive. If you still feel that you have limited mobility, then you should wait. It is important that you are not taking narcotic pain medication if you are going to drive. Use proper judgment.

How soon after my surgery can I fly?

You can fly 10 days after your surgery if everything is healing as planned.

When can I return to work?

Most patients return to work in 14 days. While at this time you are not completely healed yet, you will be presentable at this time. Because the incision areas may not be completely healed yet, you can let the hair down in front of your ears to cover these. This works very well for patients during the healing phase.

When can I start to exercise again? Why do I have to wait? What about yoga or Pilates?

You can begin to exercise 3 weeks after your surgery. Start slowly and progress towards your full work out. You should not work out before the 3 weeks because you are healing and any strenuous activity can cause a blood vessel to "open" and may cause bleeding. In addition working out will cause the operated

areas to swell. Yoga and Pilates are considered exercise and should also be avoided during the first 3 weeks.

How long does the facelift surgery take?

The facelift procedure takes about 3 hours. I take my time and do not rush during surgery.

I have heard that IV anesthesia is safer than general anesthesia?

This is not true. They are both equally safe. The fact is that most anesthesiologists would prefer general anesthesia if their family member was having a 3+ hour surgery.

How is the facelift performed?

The facelift technique that I use is called a deep plane facelift. It is called that because the lifting is done from underneath the muscle instead of lifting the muscle from above. The operation involves going underneath the muscle on the sides of the face and elevating it and then securing it to the deep tissues. This is the part that lifts the jowls and the sagging tissues in the face. The other part of my facelift involves tightening the neck. This is done through a small incision under the chin. Through here, the neck muscles are tightened. This is the part that tightens the neck and improves the neck profile. After all of the tightening is done in the neck and face, the skin is then re-draped and the excess is trimmed.

Why do you use the deep plane technique?

In my hands it delivers reliable, safe, and natural looking results. It addresses the face and neck aging process very well.

You mentioned that I have poor elasticity and that my result will not be as good. What do you mean?

One of the many things that happen to the face and neck with age is that the skin loses elasticity. Elasticity is that characteristic in the skin that gives it recoil when you pull on it. The facelift surgery merely tightens and repositions muscles and fat. It does not improve or change the quality of the skin. After the surgery is done, it is up to the skin to wrap itself around the newly formed face. The greater the elasticity, the better it will do this, and thus the better the result. Patients with poor elasticity will have a better face/neck than before surgery, but there will be some sagging after the surgery. This sagging has nothing to do with the surgery (as I will tighten all of the muscles) but occurs because the skin "gives" as it has poor elasticity.

Should I have the surgery if I have poor elasticity?

This is up to you. There is no question that you will look much better after having the facelift surgery. But it is important that you understand that surgery has limitations based on your anatomy, features, and skin quality.

What are the neck bands that run from the chin down to my neck? I have heard that these neck bands can return after surgery?

The two neck bands that are seen running vertically on the neck when looking at the neck straight on are the platysma bands (the neck muscles). These are the ones that are brought together when the neck is tightened. On rare occasions they can be very resilient and can return. This occurs in 5% of the patients, usually those with very thin necks. If this occurs, they can be re-tightened again, which typically solves the problem.

Why do we get these bands?

Think of the two neck muscles as a hammock that suspends the neck nice and tight. As the neck ages, the neck muscles separate and then drop. This is why a comprehensive facelift must include neck tightening in order to address this part of the neck aging process.

Do all surgeons tighten the neck muscles?

Is this part important? Why do you choose to tighten the neck muscles?

No, not all surgeons do this part. I think it is a very important part of a facelift. This is what actually changes the angle of the neck on profile and what allows me to define the neck. It also eliminates the two neck bands (muscle bands) that may be visible on the neck when looking at it straight on.

What about the horizontal creases on the neck? Do these improve with the surgery?

These creases occur from changes in the neck skin as it ages. Part of the dermis (deeper layer of the skin) thins from repetitive bending of the neck. Because the surgery does not change the quality of the skin, these creases do not improve significantly.

Is the excess skin pulled and cut?

The facelift operation should not involve any pulling of the skin. After the muscles are tightened, the skin is re-draped and the excess is trimmed. When skin is "pulled" bad things happen.

What will happen if the skin is pulled?

Many things will happen if the skin is pulled. The scars become thick and visible, ears become deformed, the face will not look right, the skin will appear shiny, and everything else that is associated with an unsightly facelift result will occur. Think of the Madison Avenue or Palm Beach "windswept" look.

But is skin removed? Because I feel I have lots of excess skin.

Yes, skin is removed. After the muscles are elevated and secured, the excess skin is removed. This is done without forcing any tension or pulling on the skin.

Where are the scars? Will they be visible?

There is an incision underneath the chin made in the natural crease just behind the chin. There are incisions both in front and behind the ear. The ones in front of the ear are made INSIDE the ear, so that there are no visible scars in front of the ear. The ones behind the ear are made inside the crease behind the ear and inside the hair (no hair is cut). There are no incisions in the hairline because these have a possibility of being visible. The scars will not be visible to anyone. You will always be able to see a very small trace of them.

Do you use absorbable stitches?

All of the stitches that are used inside of the face are absorbable. They last about 2 months or so. By that time, the tissues have healed in their place. Permanent stitches do not have any value after 2 months, meaning that they do not continue to support tissues in any way after the tissues have healed. Permanent stitches can, however become infected over time. For these 2 important reasons, I do not use permanent stitches inside the face. The stitches used in front of the ear are not absorbable and are removed the 5<sup>th</sup> day after the surgery. The ones behind the ears are absorbable.

Will my jowls be completely eliminated? Why not?

The jowls will be greatly improved. However, they will not be completely removed. The reason is because it is not possible to completely remove them and have a natural appearance. To completely remove them, a great amount of tension would have to be placed on the skin. As mentioned before, pulling on the skin will lead to poor scars, deformed ears, and an operated appearance.

Will my nasolabial folds (laugh lines) be eliminated? Why not?

The facelift is not very good at eliminating the nasolabial folds. They will be minimally improved. These folds are caused by the descent of the cheek fat pad and can be improved by a combination of the facelift and fillers or fat in the actual folds. I personally think that too much emphasis is placed on these folds. When the rest of the face/eyes are rejuvenated, having some folds give the face "normalcy". Too often I see patients whose folds have been over-filled, which gives the face a strange "unnatural" look.

What about the marionette lines? Will these be eliminated?

The marionette lines will be improved. However, the cause of these lines is both a descent of the tissues and a loss of fat/volume in the area. Therefore, in addition to the facelift, volume in the form of fat or fillers must be added to adequately correct this area.

Do you use fat grafting? If you do, how long does it last?

Not all patients need fat grafting but I do use fat grafting for those patients that need it. The fat is harvested from the belly area and from the thighs. These areas do not change because only small

amounts of fat are taken out. Approximately 50% of the fat that is transferred to the face survives. You will continue to lose this fat over time, just as you lose your own facial fat. In some patients (those with very thin faces), the fat transfer may not be as successful. The fat is transferred to the areas that need volume replenished. The areas that may need fat transfer are: cheeks, tear troughs, nasolabial folds, marionette lines, and temples. Again, you may not need any fat transferred. If you do, I will advise you to which areas should be treated and we can decide together which ones to treat.

I have seen patients that have had fat grafting by other surgeons. They look weird and like “chipmunks”. Will I look like that?

No. You will look very natural. I do not like the “overfilled” or “chipmunk” look. I am very conservative in everything I do. I never over-use, over fill, or over correct.

Do you do liposuction during the facelift?

I do a small amount of liposuction. Liposuction can do more harm than good when it is overdone. For example, it can lead to depressions, hollowed out necks and damaged neck skin. I address fat in the neck by removing it (cutting out) after the facelift has been completed.

Why do you remove the fat after the facelift is completed?

Well, if you liposuction the neck before the facelift and then do the facelift you are lifting areas that were liposuctioned into areas that may not have needed liposuction. Not a good thing. Doing the facelift first and then removing fat from the final result, assures that fat is removed from the areas that needed fat removed. It also assures that no depressions will be left on the face or neck.

Do you use a dressing? When is it removed?

After I finish the surgery, a dressing is placed. I will remove the dressing the next morning after the surgery. The dressing removal is not painful. I will then place a very soft cotton bandage (which is very loose and comfortable). I will then ask you to remove this bandage two days after. For example, if you had surgery Monday morning, I will see you Tuesday morning and will remove the bandage and place the soft cotton bandage. You will remove soft this bandage on Thursday yourself at home. It is then that you can begin using the Bactroban Ointment at home 3 times a day for 2 weeks

Do you use drains? Why?

I do use drains. They are very tiny and they do not need to be touched, manipulated, or emptied by anyone. I remove them the day after the surgery and this part is painless because they are very tiny. I use them because they drain out fluid that would otherwise stay in the face and neck if a drain was not used. Since I started using drains 6 years ago, the patients swell much less and recover faster.

What can I do to help the swelling come down during the first couple of weeks?

Sleeping with head elevated with 2 pillows, avoid salty and spicy foods, avoid extended sun exposure, and eat pineapple. Avoid excessive activity. You should not be running around doing errands or hosting friends at home during the first 2 weeks. This is a time to relax and allow healing to occur. Pineapple contains bromelain and helps to decrease swelling.

I just had my facelift done 5 days ago and my neck feels very tight. Will this loosen?

Yes. Everyone gets this. The neck is tight because I tightened your neck muscles. Over the next 2-3 weeks, this tightness will loosen. Your neck will feel normal once the tightness resolves.

I had my facelift done 7 days ago and I feel that my cheeks are very wide. Will this go away?

Yes. Everyone gets this. Once the swelling goes down your cheeks will look normal and no one will be able to tell you had surgery. I do not like the puffy “chipmunk” look and none of my patients have this look. You will look very natural.

I had my facelift done 10 days ago and I have some lumpiness in front of my ears. Will this go away?

Yes. Everyone gets this. This is the area where the muscle was elevated and repositioned. It is normal for this area to be lumpy and irregular for 2 weeks or so. Everyone gets this and it will go away and look nice and smooth.

I had my facelift done 2 weeks ago and my ears feel numb. Is this normal and will I get sensation back?  
Yes. Everyone gets this either in one or both ears. When the skin is elevated from the deep tissues, the sensory nerves are stretched. The sensation will return. Typically, it either returns in 2 months or 4 months.

I had my facelift done 4 weeks ago and the area under my chin feels very hard. Will this soften?  
Yes. Everyone gets this. The body heals by tightening and contracting the skin and deeper tissues after surgery. This is a normal healing process. The skin and tissues will loosen with time.

I had my facelift done 7 weeks ago and feel that the scars behind the ears are itching and feel thick. Is this normal?  
In a small percentage of patients, the skin behind the ears can sometimes heal thicker than in other areas. Please mention this to me in your next visit and I will inject it with kenalog, which will help this area even out. Do not worry, this happens and can be returned to normal with the kenalog injections.

I had my facelift 2 months ago and love the results. But I feel a small lump in each side of my neck just under my jaw line. They are very small and no one can tell, but I didn't have this before.  
What you are describing are actually your submandibular salivary glands. Everyone has them. You did not see or feel them before because your neck skin was very loose and separated from the deep tissues. Your neck is now picked up and the skin is wrapped around the jaw and neck. That is why you can see and feel them. It's important to understand that this is your normal anatomy. I for one can feel and see my submandibular glands.

I had my surgery 1 year ago. I love the results, but would like the neck to be tighter.  
I tightened the neck muscles as much as possible during the facelift. The evidence is in the tightness that patients feel in the neck for the first few days after the surgery. Unfortunately, there is no way of improving the quality and elasticity of the skin. This is the reason why the neck skin can loosen over time in some patients. For patients who desire a re-tightening of the skin, an isolated neck lift can improve the neck. This can be done a year after your initial surgery.