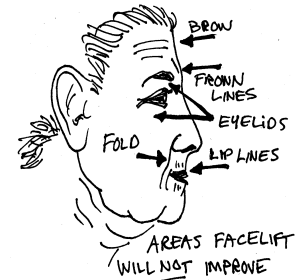
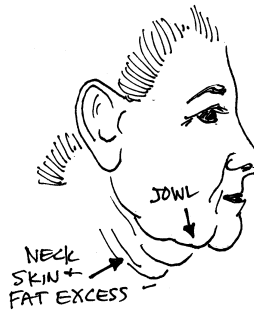


FACELIFT

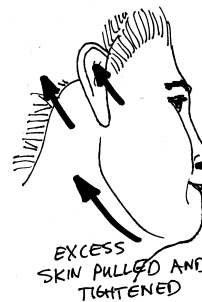
The facelift operation is designed to remove excess fat tissue from the neck region, tighten the muscles of the neck and to remove excess skin and redrape the remaining skin of the face and neck. It will help redefine the jaw and neck lines. It is limited in its ability to address several areas of the face which may also show the effects of aging. These include the forehead, area between the brows, eyelids, lip lines and the nasolabial fold located near the border of the mouth and nose. There are other operations which may be available if these areas are of specific concern.



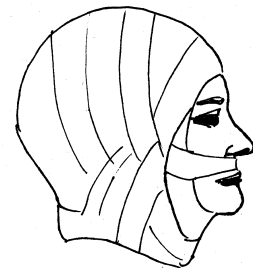
This operation requires an incision starting in the hairline in front of the ear, courses down in front of and often within the confines of the ear and extends behind the ear and into the hairline. In most cases an additional incision beneath the chin will be needed to treat the neck. This is hidden in the natural crease of the chin.



The skin of the face and neck are elevated off the underlying muscle, the underlying tightening is done, the skin redraped and the excess removed. Several layers of fine sutures will be used to close the incisions. This will result in a tighter neck and help redefine the jaw. Sutures are usually removed at 3-4 days and a second set at 5-7 days.



A drain (plastic tubing and a reservoir) will be placed prior to skin suturing. This will help remove any blood or serum that may accumulate beneath the skin. You will then be wrapped in a compressive dressing as shown to the right. These measures will help lessen the amount of bruising and swelling and hasten your recovery. The drain and dressing will be removed in the office 2-3 days after surgery.



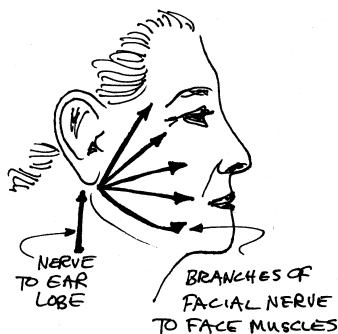
FACELIFT PAGE 2

Postoperatively, there will be swelling and tightness associated with the operation. This will improve over several weeks. The majority of the swelling and bruising will be greatly improved in 2-3 weeks but some residual discoloration may be apparent for up to 2 months. This can usually be concealed with make up after 7-10 days. The skin of the face will be numb to touch for up to 2 months but will gradually return to normal in most people. Pain with this procedure is generally not severe with the sorest location being around the ear incisions.

As with any operation there are potential complications to be considered. These may be related to the scar. The scar location has been discussed and the scarring behind the ear may be irregular for up to six to twelve months. In addition the scars in this area and those directly in front of the ear *usually* heal with a fine and minimally detectable scar. However, occasionally the blood supply to this area is compromised by age or smoking and this may result in a small area of skin death. This usually results in a period of delayed healing and may require local wound care. Hiding this area with cover-up make-up may be difficult. This area may then heal with a wider than usual scar and this area may need revision at a later date. ***Smoking is a primary risk factor for skin death and excessive scarring. You should note that if you continue to smoke in the immediate preoperative and postoperative period this skin death may result. You should stop smoking for a period of 2 weeks prior to and 3 weeks following your surgery.***



The hairline directly in front of the ear may be elevated from 1/8 to 3/4 inch and although this usually is an imperceptible change someone with high hairlines may have to alter hairstyle to compensate. In the male, this elevation may result in a thinning or elevation of the sideburns and may also result in the redistribution of beard hair immediately behind and beneath the ear. This frequently requires permanent hair removal or at the very least, makes shaving difficult. Scars within the hairline are usually camouflaged but if they widen or if hair loss occurs along the incision, they may be quite visible.



This operation involves dissection immediately beneath the skin and above the muscles which move the face. This nerve is called the FACIAL nerve. *The possibility of nerve damage exists.* This may range from a minor weakness and irregularity during expression or full nerve paralysis and gross facial asymmetry. This is a rare complication but may be irreversible. In addition to the possibility of injury to those nerves which supply muscles there are additional nerves which supply feeling to areas of the face and these may likewise be interrupted at the time of operation. As mentioned, temporary facial numbness is common postop. However, nerve dysfunction may result in a permanent decreased sensation in a small isolated area or a larger area may be involved. This may involve the earlobe. Once again this complication occurs infrequently.

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In any operation there are other risks to be considered. These include bleeding, infection, numbness, chronic pain or discomfort, reactions to the medications or anesthetics, asymmetry, removal of too much or too little skin or fat and /or failure to achieve your desired appearance. Efforts will be made to reduce the risks of this operation. You must help by following all preoperative and postoperative instructions and by keeping all scheduled appointments. You must report any changes in your condition to the office so that treatment may be altered if necessary. If you smoke, your healing will be delayed and you increase the risk of a complication following your surgery. Any potential problems could result in the need for additional surgery and recovery time, time lost from work, possible hospitalization, financial loss, disappointment and/or psychological stress to you. Please take time to consider this operation carefully and to ask any questions you may have regarding the procedure, risk or healing.