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INFORMATION BROCHURE

CERVICO-FACIAL LIFT



DEFINITION, OBJECTIVES AND PRINCIPLES

A facelift, or rhytidectomy, is a surgical procedure that improves the visible signs of aging in the face and neck, such as: the loss of youthful contours, sagging, jowls, deep lines between the nose and corner of the mouth and fat that has fallen or disappeared.

Currently, several different types of face and neck lifts exist, which may be local or more extensive. The cervico-facial lift (neck and face lift) is the most frequently performed technique; it surgically corrects the aging signs in the neck and the face from the temples to the jowls. Nevertheless, the type of facelift chosen for you will be tailored to your specific needs.

The aim of a facelift is to treat the loosening and sagging of the face (temples, eyebrows, cheeks, jowls, oval face, jaw line, forehead) and neck tissues. The goal will not be to change the intrinsic shape of your face nor your natural expressions, but rather, simply reposition your different anatomical structures (skin, muscle, fat) so that you can gain the appearance that you had a few years ago.

The cervico-facial lift can be done as soon as aging signs start to appear (usually around 40-45 years old) and a justified request for correction by the patient is made.

This cosmetic procedure cannot be covered by health insurance.

TECHNIQUE

Each surgeon adopts a technique that is unique to him or her and that is adapted to each case to obtain the best results. However, we can retain some basic principles:

First, the necessary skin incisions will be made, and they will be located: in your hair at your temples, down in front of your ears in their natural crease, and back into your hair behind your ears. The scars will therefore be almost entirely hidden, and modern techniques have the advantage of producing shorter incisions than traditional techniques.

After the incisions, the surgeon will detach your skin, the extent of which will depend on your particular case, primarily the amount of tissue relaxation and sagging needed to be corrected. The subcutaneous tissues and muscles (also known as the superficial musculoaponeurotic system, or SMAS) that have fallen will then be repositioned into tension in an extremely precise and proportionate way. The overlying skin will then be draped around the new firmness that has been created by suspending the SAMS and this will correct the sagging and redefine your natural face contours. The excess skin will be trimmed away, and the sutures done without tension to create minimal scarring.

Modern techniques reposition both the skin and the underlying SMAS which provides a natural rejuvenation by avoiding excessive stretching of the skin that causes the classic frozen-like appearance of old techniques. This also allows a durable result because the muscular layer is more solid. Compared to conventional techniques, modern techniques also have the advantage of producing less skin trauma with limited detachment, making the postoperative follow up generally quite simple with less swelling.

During the intervention, any excess fat on the neck, chin, jowls and cheeks can be removed by liposuction. Conversely, if the face is emaciated and could benefit from extra volume, autologous fat can be reinjected into certain facial areas (also known as a lipostructure where your own fat is taken and reinjected elsewhere). These additional techniques are often effective in harmonizing the end result.

Although deep folds and wrinkles are improved with a facelift, they do not disappear completely. Fine lines and expression lines (crow's feet and perioral lines) are not modified at all. An isolated cervicofacial lift will not change or correct the eyelid area either.

Other cosmetic medico-surgical interventions may be performed in conjunction with a facelift to target additional imperfections, such as: surgery of the eyelids (blepharoplasty), correction of lateral eyebrow sagging and of the crow's feet (temporal lifting), correction of forehead sagging and wrinkles, use of suspension threads, hyaluronic acid injections, botulinum toxin injections, PRP and resurfacing techniques (lasers, peels, dermabrasion).

During your consultation with your surgeon, it will be important to point out the imperfections that you want to see improve or disappear. Having understood your request, your surgeon will explain and guide you in your options. Keep in mind that you may even possibly be advised against an initial intervention that interested you and be recommended alternatives.

On average, nearly 10% of facelift patients each year are men. The facelift technique in men has a few peculiarities that your surgeon will take into account, they are associated with the presence of thicker skin, facial hair, and less hair to conceal future scars.

Depending on your particular case and on the degree of change you'd like to see, your facelift choices include:

Short-scar lift (MACS lift)

Duration: 1.5-2.5 hours

Anaesthetic: Local +/- sedation

Hospitalisation: Usually as an outpatient, sometimes 24 hours

Time off work: 7-10 days

Extended face and neck lift

Duration: 2.5-4 hours

Anaesthetic: General

Hospitalisation: Usually 24-48 hours

Time off work: 14-21 days

Cervical lift (neck and lower face)

Duration: 2-3 hours

Anaesthetic: Local +/- sedation

Hospitalisation: Usually as an outpatient, sometimes 24 hours

Time off work: 7-14 days

BEFORE THE OPERATION

Consultation

A consultation and a careful physical examination will be carried out by your surgeon to note all important parameters that need to be taken into account before the operation. You will discuss and agree on the

operation strategy. Your surgeon will also explain the likely outcomes and potential complications (see below). Finally, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

Preparation

In preparation for the intervention, a preoperative blood test will be done. You will also have a consultation with the anesthesiologist, at the latest 48 hours before the operation.

It is important to avoid taking aspirin within 10 days of the operation because it can increase bleeding. You will also be strongly advised to stop smoking, at least one month before and one month after the operation, because tobacco can cause delayed healing.

Your hair will be washed the day before the operation and your make-up removed the day of.

Depending on the type of anesthesia, you will be advised to have an empty stomach (do not eat or drink anything) 6 hours before the procedure.

Smoking : Scientific data is currently unanimous on the harmful effects of smoking in the weeks surrounding surgery. These effects are multiple and can lead to major scarring complications, surgical failures and promote implant infection. For procedures involving skin manipulation such as abdominoplasty, breast surgeries or neck and face lifts, tobacco can also be the cause of serious skin complications. Apart from the risks directly related to the surgical procedure, tobacco can be responsible for respiratory or cardiac complications during anesthesia. With this in mind, the community of plastic surgeons requests complete smoking cessation at least one month before the operation and during the healing phase (usually 15 days after the operation). This also applies to electronic cigarettes.

THE OPERATION

Type of hospitalisation

Concerning the modality of hospitalisation, the operation is usually performed on an "outpatient basis", where discharge is the same day after a few hours of monitoring. However, a short hospital stay may be preferable in some cases, depending on the surgery performed or patient characteristics (e.g., a hypertensive patient). In this case, entry is in the morning (or sometimes the day before) and discharge is authorized the next day.

Type of anesthesia

Three methods of anesthesia are possible:

- Local anesthesia, where an anesthetic product is locally injected to ensure insensitivity of the eyelids
- Local anesthesia with tranquilizers administered intravenously (also known as sedation or "watch" anesthesia)
- General anesthesia, during which you sleep completely

The choice between these different techniques will be the result of a discussion between you, your surgeon and the anesthesiologist.

Duration of the operation

Depending on the surgeon, the technique used, the importance of the corrections to be made and any associated procedures, the operation can last from 2 to 4 hours.

Dressings and bandages

At the end of the procedure, most surgeons make a compression bandage that goes around the head to limit swelling. It will be removed the next day.

AFTER THE INTERVENTION

During the first 10 days, you will have to rest as much as possible and avoid any strenuous efforts. Most patients are back to work 1-2 weeks after the operation.

During the initial recovery period, you should neither be surprised nor worried by the following signs:

- Edema (swelling), which may be more pronounced on the second day than on the first. It will gradually disappear on average within 2 weeks and can be expected to be almost gone by the first month
- Bruises in the neck and chin area which will disappear on average within 2 weeks
- A feeling of uncomfortable tension or unpleasant heaviness, especially behind the ears and around the neck that may last several weeks or even months
- Alternations in ear and cheek sensitivity, which may not return to their normal sensitivity before a couple months after the surgery
- Scars that are still healing. The scars will be hidden around your ears. The only slightly visible area will be in front of your ear and can be temporarily covered by hair styling or makeup the time it heals and fades.

Schematically, you can expect the following timeline:

- *Day 5 or 6: presentable to family and close friends*
- *Day 20: presentable to friends*
- *But to appear in front of other people you prefer not knowing about the operation, you will have to wait 2 to 3 weeks in the absence of complications*

THE RESULT

You will get a good idea of the final result after 2 to 3 months. However, the scars will still be a little pinkish and hard to the touch at this time. They will fade around the sixth month.

Thanks to the progress and great technical improvements that have been made these past years, patients most of the time obtain an effective and natural rejuvenating effect. Patients find their features of approximately 8 or 12 years ago, with a more rested and refreshed appearance. This physical improvement is usually accompanied by increased psychological well-being.

The goal of this surgery is to bring improvement, rather than to achieve perfection. If your wishes are realistic, you should be very satisfied with the result.

Although the cervicofacial lift can make it possible to fight against the ravages of time, facial aging continues to do its work so you may possibly consider a new intervention after 10 years.

Result imperfections

Essentially, they may be attributed to:

- Edema that persists in certain areas beyond the third month and which may require massages
- A partial recurrence of the tissue relaxation, especially of the anterior part of the neck if the ptosis was significant before the operation
- Scars that are too visible or localised hair loss (alopecia) in the region of the temples which may require distant surgical revision (6 months to 1 year after).

POSSIBLE COMPLICATIONS

The cervicofacial lifting, although performed for primarily aesthetic reasons, is nonetheless a true surgical intervention. Therefore, like all operations, whether major or minor, it involves risks and potential complications. Surgery remains particularly subject to the hazards associated with living tissue, the reactions of which are never entirely

predictable. Fortunately, serious complications remain rare and the postoperative effects are generally straightforward. Complications may be related to the anesthesia or to the surgical procedure.

Complications related to anesthesia

The anesthesiologist will inform the patient of the anesthetic risks during the compulsory preoperative consultation. You should be aware that anesthesia induces certain reactions in the body that are sometimes unpredictable and more or less easy to control. However, having a competent anesthesiologist in hand and a qualified surgical context, the risks of complications are statistically very low. It should be kept in mind that the techniques, anesthetics and monitoring methods have made immense progress over the last thirty years, offering optimal safety, especially when the intervention is performed in an elective setting and in a healthy person.

Complications related to the surgical procedure

These risks are limited when your plastic surgeon is qualified and competent and has had adequate training for the specific operation. In practice, the vast majority of facelifts do not experience complications, the postoperative effects are elementary, and patients are fully satisfied with their results. However, every surgical procedure is never completely free from possible complications, and despite their low frequency, you should still be aware of them:

- Hematoma (bleeding): The accumulation of blood is an early complication that may require, if it is important, a return to the operating room to evacuate the blood and stop the bleeding.
- Localised necrosis of the skin: Although rarely seen with modern techniques, it may be responsible for delayed healing (the risk is greatly increased by tobacco intoxication).
- Infection: Exceptional after this type of surgery
- Nerve damage: In particular damage to a branch of the facial nerve, which can lead to paresis or even facial paralysis. This

complication is quite exceptional, and the sequelae of such complications usually disappear within a few months. Even more rarely, paralysis of the spinal nerve (nerve of elevation of the shoulder) may occur.

- Changes in sensitivity: Although normal sensitivity most often returns within 3 to 12 months, alterations in sensitivity may sometimes persist beyond this time, especially near the scars around the ears.
- Unfavorable scarring: Abnormal, hypertrophic or even keloid scars, unpredictable in appearance and evolution, may compromise the aesthetic appearance of the result and require specific local treatments which are often lengthy.

All in all, we should not overestimate the risks but simply be aware that even a seemingly simple surgical procedure will always involve potential complications. Choosing a qualified Plastic Surgeon assures you that he or she has the training and competence required to know how to avoid them or to treat them effectively if necessary.

The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If any new questions arise, we are available to discuss them during another consultation, by phone, or even on the day of the intervention.



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