

RHYTIDECTOMY (Facelift)

A facelift rejuvenates the neck and lower half of the face, but it does not treat forehead wrinkles or wrinkles around the eyes. It reduces sagging skin at the neck, cheeks and jowls. The potential risks are outlined below.

1. Incisions and hairline changes: The scars for the facelift start at the temple, right at the hairline. The scar may be slightly visible early on but the hairline will stay in the same position (the side burn won't move). Dr. Pautler prefers this approach rather than putting the scar in the hair, which can cause the sideburn to lift and produce a very characteristic "tight" and unnatural look even with short hairstyles. Another similar area is behind the ear, where the scar can be in the hair or at the hairline. Here, too, Dr. Pautler prefers to place the scar at the hairline to keep the hair at the natural position. If the scar is placed in the hair, the hairline may rise and look "operated upon" (too much skin showing behind the ear). Scar visibility, which is temporary, and can be concealed with certain hairstyles, is far more preferable than an obviously unnaturally pulled and raised hairline, which will never go away with time.
2. Asymmetry: All of us have asymmetric faces, but we hardly notice during casual glances in the mirror. After surgery, patients examine themselves more so than ever before and that is when asymmetries seem to get noticed for the first time. Most post-surgical asymmetries improve with time and healing, and any long-term asymmetries that are bothersome to the patient can be surgically corrected.
3. Nerve injury: The facial nerve that animates the muscles of expression has many small branches that go to the mouth, brows, and eyelid muscles. These small branches can get injured or even cut during the surgery, and temporary weakness of some of the muscles can occur. Examples include: a crooked mouth during grimacing, a slightly asymmetric smile, or an eyebrow that goes slightly higher than the other during expressions of surprise. These rare occurrences most often resolve over time, as the fine branches heal and regenerate. Permanent damage is extremely unusual, but should it be the case, physical therapy for facial expression may be needed.
4. Numbness: The whole lower part of the face may have areas of numbness that may make the face feel swollen or big. This is common and resolves with time. Areas that are particularly prone to numbness are the earlobes, as the nerve that supplies them is very difficult to preserve during the surgery.
5. Hematoma or seroma: This means a large collection of blood or body fluid under the skin that is too large for spontaneous absorption. The blood or fluid may get in the way of circulation to the overlying skin or become infected. It may need to be removed with a long suction device, and in rare cases, a return to the operating room may be needed.

6. Skin loss: This can occur from poor circulation to the skin in combination with some tension from the surgery, which at times is unavoidable. It is often preceded by blisters, redness, and in rare instances, small areas of skin death that look like small ulcers. It most frequently occurs behind the ears, but other areas can be affected too. The areas will need topical medicine and will heal in a delayed fashion. Scarring is rare but can occur. This complication occurs more frequently in smokers, diabetics, and people who take steroids.
7. Sagging: After healing, some patients may feel that their skin was not pulled tight enough. This may result from an unusually large amount of swelling or from poor skin elasticity that makes the skin stretch sooner than desired. This is an unalterable feature in some patient's skin. Additional surgery may be required.
8. Prolonged swelling and pain: In a rare subset of patients, unusually long swelling can occur, and most often this is in the cheeks in front of the ears. Sometimes it gets worse with eating. It is most often related to the tissue of the parotid gland that can get injured during surgery and resolves with time. Associated pain is also unusual but can occur; with or without associated redness of the face. Exercise or alcohol can sometimes exacerbate this for unknown reasons, and treatment consists of ice and massage. This category of complications is fortunately exceedingly rare.