

## **Facelift - What to Expect**

You decided to undergo a facelift after much discussion with me. The following may help you understand what you can expect in the immediate postoperative period.

The operation will take place at a surgery center and will be done with anesthesia supervision. You should remember very little, if anything, of the procedure itself. You will then proceed to the recovery room. In the recovery room you will gradually wake up. When you wake up you will notice that you have a large dressing wrapped around the sides of your face that will cover your neck. Your eyes will be blurry because we will have put ointment in your eyes to protect them from the bright lights in the operating room. You will be able to see through this blur, and within a few days the blur should completely dissipate.

I leave thin plastic drains on each side, and each one will be connected to a bulb, and all of the bulbs will be pinned to your clothes. You will be going home where I would ask that a friend, family member, or a nurse check on you at least every hour that day. If you are in any pain, please ask for pain medicine. There is no reason to “tough it out.” The medicine will make you feel better and lower your blood pressure which is good for healing and therefore will make you heal better.

Everybody is different in the way that they react to pain; some patients need more than others, some only need them when they go to sleep at night, and some when they get home. I recommend that you take medicine for pain.

The first week after surgery is difficult for some patients, especially the first few days. While you will feel better every day, it takes about a week before you start to feel more like yourself. When the pain medicine wears off, you may begin to feel pain again in which case I would suggest that you either take pain medicine again or try to take two Tylenol which may relieve your pain. If the Tylenol does not work, you can always go back to the stronger medication.

Your neck will feel tight for several days after surgery, and you may have a sore throat or find it hard to swallow. You will be able to breathe well, so do not worry about not being able to swallow air. Your jaw may feel stiff, making it hard to chew. It is not a bad idea to consider a soft diet for the first few days, but you can eat whatever you feel like.

I am available to speak with you at any time regarding any potential problems or difficulties with the surgery. I will see you the first postoperative day and take the drains out, if I put them in, either after the first day or the second day, and, rarely, later. Once the dressing is off, your neck will feel better. Occasionally the drains will stay in longer, and I will determine this based

on the amount of drainage. I will ask a family member to check the amount of drainage that comes out.

Two days or so after surgery, I allow you to shower and wash your hair with any kind of shampoo and conditioner. You will feel much better when you get the dry, crusted material and gook out of your hair. You should shampoo every day after this. Soap and water keep the suture lines clean, and incisions will not get infected because they have already sealed. I will also have you use a topical antibiotic ointment over the incisions. If you go home with the drains in, once the dressing is off, you can still shower and wash your hair. Drape a small towel or cloth belt across your neck, and pin the two holders to it, so the drain catheters, which are held in by a little suture, do not dangle free.

When you get home you do not have to be housebound. If you feel up to it you can go out right away for a walk around the block and can do that every day to get the circulation going. However, do not do anything that will get your blood pressure up or your heart racing. If you do not look too bad you can put on a pair of dark sunglasses and sneak out to a movie or go out for a bite to eat. However, most people do not feel so great after the first week of surgery, and they like to stay pretty close to home. So, fill up the freezer with meals you can pop into the microwave. If you walk, walk less than 2.5 miles per hour.

For about two weeks after surgery you should keep your head above your heart level to reduce the swelling. Sleep with an extra pillow; one is enough. You do not have to be bolt upright. Try to keep the pillow under your shoulders as well as your head so that your chin is not tucked down on your chest. I want to keep the skin under your chin from rolling up. You can flip from side-to-side, but do not spend all night on one side or else that side of your neck and face will be very puffy when you get up in the morning.

Do not bend over for a few weeks to pick up something on the floor; crouch down instead. You can move your head around in all directions twist it side-to-side and up and down. It will not tear anything out, but do only what is comfortable. You do not have to do any special neck stretching exercises. You can drive when you can turn and look over your shoulder comfortably so that you can easily see a car behind you; it is just a matter of safety.

Remember that if you take one of the narcotic pain pills, as you might want to do occasionally for the first week or two, especially before you go to bed at night, that that type of medicine often causes constipation, so take a laxative or over-the-counter stool softener as well.

It is not unusual to come in many times after surgery for reassurance. In general, the routine, however, is that I see you about five days after surgery, and again at a month after surgery. Thereafter, I see you at three months and a year.

I will see you any time, however, that you wish, and obviously if there are any additional requirements, I will be happy to see you any time.

Almost all patients get bruising and get swollen from the surgery. The swelling gets better around five days after surgery. It takes at least two to three weeks for patients to feel comfortable going out socially and back to work, but it may take some patients one month to

six weeks or longer to look “presentable.” It is easier to hide a bruised neck under a scarf or a turtleneck than it is in the face. In general, some bruises stay dark and purple and are difficult to conceal, though we will help you with concealers. In your face, you may get lumps which will diminish over the first two months.

The thing that determines how quickly you will recover from surgery is how well you clot. It is important to go over again the instructions that I gave you preoperatively about both medications, herbals, vitamins, and teas, as well as foods that can cause increased bleeding. Please remember to stop taking all the medicines, herbals, vitamins, teas, or foods that can cause bleeding. This will help your postoperative result.

For a while after surgery your neck is going to feel completely anesthetic. It will be both numb and stiff and feel rock hard to the touch and even bumpy - it will take a few months before it starts to feel normal again. It takes a good while for the nerve endings in the skin which have been separated by the procedure to link up again and for the tissues to regain their normal softness; you just need to give it time. Sometimes a little gentle massage helps speed the process; that is not always necessary.

The numbness happens in everyone. It is part of the operation. At first when you touch your neck you will think you are wearing a scarf or that it belongs to someone else, but it slowly gets better and usually feeling returns completely or almost completely. However, many patients say that even at a year there are some spots that feel a little numb. These are under the chin, and there may be a slight loss of sensation that may be permanent. Most patients, however, say that they do not think about it unless they happen to carefully stroke this area under their chin.

Many patients state, as well, that during the first few months after surgery out of the blue they will get a sudden pulling sensation or a stinging in the neck or cheek that lasts a split second and disappears. This represents the nerves coming back to life and is common and normal.

Early postoperatively there also may be a ridge which you can feel under the skin which is the path from one of the drains. Often a little cylinder of blood forms around the catheter, and it can take a month or two for that to go away. Some skin pleats or puckers may also form beneath your ear or below your earlobe where the skin has gathered. These folds usually smooth out with time and massage. That, too, can take several months.

When you come back to see us at your three-month visit, you should look very good, but you still will not be you're at your best. Often the area under your chin or lower cheeks is still a little swollen. Many times you look better at six months to a year after surgery than at three months.

The scars under your chin and behind your ears may be a little bumpy and red at three months. Sometimes it takes six months or a year for these scars to completely fade and flatten. For a while you may want to dab a little makeup on the scar under the chin to conceal it better. If any of the scars start to get more bumpy or elevated, you should come in so that I can have a look.

You should know most patients feel discouraged around day three. It is as though they wish they had not done the surgery. They lack both energy and are unhappy that they made the choice to have surgery. I do not know why this occurs, but it occurs in almost everyone. In the first two weeks, also, every patient says that there is a loss of energy. It may be the anesthesia; it may be from the stress of surgery; but whatever the reason, around 2:00 you will probably just feel like you have run out of steam and want to lie down and take a nap. Do it, it is perfectly normal, and it is temporary, so do not worry.

There is another phenomenon that should be expected to some degree: post-operative depression. There is a great deal of excitement and emotions that accompany the pre-operative period. All of a sudden the surgery is over in a blink of an eye. It becomes a non-event followed by the recovery period with some discomfort (albeit minimal) and in some cases depression. This process and the normal let down feeling are completely natural as the body is always working in cycles. So the natural high a patient feels before surgery results in a natural low after surgery. Most patients tell me that talking about these typical post-surgery lows helps. So please tell me about these lows since you can trust that I will help you move through these stages. **Simply reviewing this knowledge before to surgery helps patients prepare for after surgery.**

In terms of exercise after surgery, I suggest nothing strenuous for at least ten days. Some very light arm weights and moderate treadmill work are okay after that. Do not scrub the floor, vacuum, rearrange the furniture, lie on your back and do sit-ups, do yoga with downward postures, or run intensely for three to four weeks. Give your neck and face time to begin to heal so that you will not stir up new bleeding or swelling or pull something apart. Take it easy for a while and then start in slowly and let comfort be your guide. If you feel tight or something hurts, stop and wait a few days and then try again. It may take a few weeks, a month, or even longer before you are back to your usual routine. This goes for golf and tennis as well. Wait a month after surgery and then go out and hit some balls at the driving range or rally easily with a tennis partner and see how you feel. When you feel you are ready, play a few holes or a game or two and be prepared to stop if you do not feel good.

It is a good idea to get your hair colored just before the surgery so it will last for a while. You can color it again about three weeks after surgery. You can get a professional body massage lying on your back a few weeks after surgery but no facial or neck massages by a masseuse for three months and no massages where you will be lying on your belly with your face in a doughnut support for three months.

We discussed the risks of the surgery. The biggest risk is a hematoma. This represents blood underneath the skin that is too large for the drains to handle. This happens very rarely but usually within the first 24 to 48 hours after surgery, and it can happen because the blood pressure shoots up. If this does happen, I may have to bring you back to the operating room and open one of the incisions and clean things out to stop the bleeding. While this is a nuisance for both of us, it is usually nothing to worry about other than more bruising and swelling for the first week or two after surgery, though it is possible that the blood supply to the skin could be comprised, and very rarely some skin loss can occur. This is why it needs to be done. If we do this, there will be a charge through the surgery center or the hospital or office that will be in addition to the cost of the surgery. Fortunately, this happens very rarely.

Another possibility is weakness of the depressor muscle on one or both sides of the lower lip. This happens by pulling tightly on the muscle or from using a cautery or by dissecting under the muscle. It happens about 5% of the time, and the best thing to do about it is to ignore it since it will almost always get better on its own, but this may take a month or two or more. Rarely does it take four to six or even eight months to go away. Exceedingly rarely it is permanent, though this has not yet happened to me in my practice. When it does happen, it is often so minor that it is hard to see, although occasionally it can be noticeable. While you are waiting for it to get better, a little Botox injection on the opposite side will usually do a very good job of evening out the position of the lips.

It is also possible that instead of getting a hematoma, you will get straw-colored fluid. This represents fluid in the muscle pouring out. This can weaken the tightening of the procedure that I have done, and in this instance, over whatever period of time is necessary for a week or two, I will aspirate this fluid and possibly put in a drain. This will prevent the skin from looking wrinkled after the surgery.

The information contained in this is not comprehensive, but it does present what I feel to be the most salient and important things that you should know before embarking on a surgery of this type. I am going to ask you to sign a consent suggesting that you have read and understood this and that all your questions have been answered, and I would welcome the opportunity to discuss any portion of this or anything additional should you so desire.