Disclaimer

This movie is an educational resource only and should not be used to make a decision on Meloplasty or Facelift Surgery. All decisions about Meloplasty or Facelift Surgery must be made in conjunction with Your Surgeon or a licensed healthcare provider.

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What is Ageing?

We are all affected by ageing - that irreversible relentless process of tissue degeneration which results in the loss of elasticity and stretching of the skin, its supporting suspensory ligaments and the underlying soft tissues.

The rate of this ageing process varies from individual to individual and depends on the person’s genetically determined constitutional clock. It is hastened by the effects of sun exposure (photoageing), smoking and the stresses of daily life.

(Refer fig. 1)

Because of gravity, it is usually first noted by fine lines which go on to form wrinkles and then furrows in the forehead, about the eyes, lips and mouth.

(Refer fig. 2)

Bags develop about the eyes, deep creases form between the nose and mouth, and jowls with loose skin appear along the jawline and into the neck.

(Refer fig. 3)

Increasing heaviness of the upper eyelid

(Refer fig. 3)
Bags develop around the eyes
(Refer fig. 4)

Creases deepen
(Refer fig. 5)

Folds and fat deposits develop in the neck. The result - "a tired old depressed look."

Deep furrows between eyes
(Refer fig. 6)
Brow sags to give hooded appearance over eyes
(Refer fig. 7)

Jowls with lose skin along the jaw line
(Refer fig. 8)

Folds of fat and muscle ridges develop in the neck
(Refer fig. 9)
What can be done?

There is nothing magical about cosmetic surgery - it cannot stop the ageing process. It cannot turn the clock back to make you look twenty-one, but it can reset the clock and improve the most visible signs of ageing.

It does this by removing excess fat, tightening underlying muscles and redraping the skin of your face and neck by a facelift (technically known as a Meloplasty or Rhytidoplasty).

Patients often say "I want a facelift but I don't want to change." The modern facelift (which is submuscular rather than subcutaneous) can accomplish either a change in appearance or the more common desired effect of a fresh rejuvenated look without alteration in the normal expression of the face.

The aim of cosmetic surgery is to make you look as good as possible and there are many available procedures to accomplish an individual patient's needs. In other words, cosmetic surgery is tailored to the individual. Commonly used techniques include the standard facelift which addresses the lower two thirds of the face and upper neck (as shown).

(Refer fig. 10 to 12)
What can be done?

It can be specifically directed towards the correction of facial muscle and supporting ligament laxity or minimised (as in a mini-facelift) to remove a small amount of loose skin and correct early jowl formation.

The facelift is often combined with an ancillary procedure such as eyelid surgery, a forehead or brow lift, lip lift or augmentation, suction liposculpture to remove fat (especially in the upper neck), nose reshaping, removal of skin blemishes, dermabrasion or chemical peel treatment of the skin or laser resurfacing of various areas.

These surgical combinations can be performed in one or more stages. Your Surgeon will advise you of any combination procedures which may be relevant in your particular case.

(Refer fig. 13)
What is done?
The skin of the temple, cheek and neck was undercut and pulled back, trimming off the excess before closing the incisions with sutures. The tighter the skin was pulled back the tighter and more mask-like the facelift. But being an elastic material, we were aware that the skin would stretch and become loose again.

So a degree of over correction was built in to the surgical procedure. This often produced an unnatural “parchment like” appearance as the tension was taken fully by the skin. The tension was also more likely to result in thickened (hypertrophic) scars and the result - relying only on skin tension-was not long lasting.

To produce a more natural look with better quality scars and to avoid an excess of skin tension, newer techniques have evolved over recent years.

These use similar skin incisions, but involve the dissection and tightening of the suspensory supporting soft tissue structures of the face and neck - the SMAS, Superficial Musculo-Aponeurotic System and the muscles of the eyelids (orbicularis), face (zygomaticus), and neck (platysma).

Skin is redraped (with little tension) over the tightened muscle layer in the direction shown.

Excess skin is removed and sutured into position.

(Refer fig. 14 to 17)
Risks and Complications

Before you make a decision to undergo cosmetic surgery, it is important that you be informed of the potential risks, complications and side effects. The following is a list of side effects which accompany facelift surgery on a relatively common basis. Complications, although rare and unexpected, may occur despite any surgeon's best efforts. Whilst reading and carefully considering this list, please understand that thousands of successful cosmetic procedures have been performed and the occasional occurrence of these limited side effects may be a part of what is considered a successful cosmetic operation. Likewise, although much less likely, the complications listed herein do occasionally occur, despite optimal care and patient co-operation.

Possible Side Effects

Swelling: This is normal following facelift surgery, reaches a maximum at about three days and usually lasts up to three weeks and very occasionally, six to eight weeks.

Pigmentation (discolouration and bruising): Bruising usually comes to the surface within a few days and then gradually resolves over two to three weeks. Occasionally extensive bruising can require many weeks or months to totally resolve. These problems can be common in patients with thin, hypo-pigmented, transparent skin. Patients with darker complexions would be aware of the possibility of residual brown pigmentation. Should this occur, there are treatments which will accelerate its resolution.

Alteration of the hair-line: May occur especially in the side-burn areas. Your surgeon will discuss with you his technique to minimise this often troublesome problem. Male patients should be aware that the hairless area in the front of the ear may be narrowed and that the beard pattern will possibly change, necessitating shaving closer to the ear at the front and maybe behind the ear.

Hair loss: As a result of anaesthesia or the surgery may occur in the temple area or behind the ear. This is usually temporary with normal regrowth noted within several months.

Scarring: Will occur whenever skin is incised and of course all effort is made to place scar lines where they will not be detected by the unknowing observer. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 3-12 months. Scars normally progress through red, itchy, lumpy, white and leathery stages before settling to their final state. Visible incision lines may tend to thicken, require steroid injections or pressure therapy and possibly additional revision surgery will be indicated.

Broken capillaries: With any skin lifting surgery, it is possible to cause some broken capillaries in the skin. This is more so if this condition already exists and can be noticeable on the lower cheeks and neck area. Fortunately laser treatment is available for improving the appearance of broken capillaries and this would require referral to a specialist who deals with this problem.
Loss of or abnormal sensation, feeling of tightness, vice-like feelings, headaches: It is usual to have a reduction in skin sensation after a facelift procedure. This can include the skin around the cheeks, chin and neck and it is also possible to have numbness of the lower portion of the ear and the hairline, both above and below the ears. Feeling will usually return over a period of 8 - 12 weeks, but in some patients this does take a little longer. A feeling of "insects crawling under the skin" can be experienced while the sensations are returning and this should be considered normal. On rare occasions, sensation can be increased and this will slowly return to normal over a period of weeks to months.

Loss of or abnormal sensation, feeling of tightness, vice-like feelings, headaches: When the superficial muscle layer of the neck is tightened, occasionally a feeling of tightness or choking can be experienced. This is not a permanent problem as the muscle layer and sutures do tend to loosen slightly and the feeling of tightness around the neck reduces. However, during the week or weeks that this is present it can be a disconcerting feeling. The same applies to the area around the upper cheeks and temple and occasionally behind the ear.

A vice-like feeling in this area and headaches can be experienced. Again, these settle as the swelling reduces and the tissues soften and relax. Significant pain is not common after facelift surgery and if it is experienced, it is mostly temporary.

Possible Complications:

Infection: This is extremely rare despite the proximity of hair around the wound, as the face has an excellent blood supply. Antibiotics may be administered to further minimise this possibility where indicated.

Blood clots or haematoma: Although all care is taken to minimise bleeding, occasionally a blood vessel will continue to bleed after surgery producing a swelling or mass of blood (usually clotted). This clot or haematoma is usually noted within the first 24 to 48 hours after surgery and may require further surgical exploration to drain the collection and stop the bleeding if it is sufficiently large. Small amounts of bleeding may leave an indurated or thickened area for a few months. This may respond to ultra-sound treatment, but will settle without affecting the long term result.

Skin death (necrosis): Fortunately skin death (or necrosis) is a very rare complication of facelift surgery. However, even with the best operating skill it can occur. The area most frequently involved is the non hair-bearing skin behind the ear. If this was to occur, the area would be allowed to heal. Occasionally small skin grafts are necessary to speed up the healing process. If skin death does occur, additional scarring would result and would appear as white scar after maturation has occurred. Usually as the skin becomes looser the scar can be reduced in size and rarely leaves significant additional scarring. This complication is much more common in smokers and has been estimated to be 12 times more likely than in non-smokers.
Nerve damage: Possible nerve damage involving the sensory nerves to the cheek, neck and ear area has been covered earlier. However, damage to the nerves which innervate the muscles of the face can infrequently occur and it has been estimated to occur in approximately 0.7% of all facelifts. This may cause facial distortion or weakness around the eyebrows or mouth. Fortunately this is transient in most cases and usually returns to normal over the first 6 weeks to 6 months. Occasionally this can persist as a permanent complication. Damage to these motor nerves is slightly more common when the SMAS procedure is used.

This is why the operation takes longer and requires a greater degree of skill. Your surgeon will discuss this with you in some detail.
Disclaimer

Although every effort is made to educate you on MELOPLASTY and take control, there will be specific information that will not be discussed. Talk to Your Doctor or health care provider about any concerns you have about MELOPLASTY.

You must not proceed until you are confident that you understand this procedure, particularly, the complications.
YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO / CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name: ____________

Physician's Signature: ____________

Date: ____________

Patient's Name: ____________

Patient's Signature: ____________

Date: ____________