

FACE-LIFT

APPROXIMATE COST: \$5,500-\$9,500

There may be additional charges for surgical facilities and anesthesia. Be sure to request this information.

THE SURGERY

The surgery takes approximately three/quarter hours. There are normally four people in the operating room with you: the surgeon, the anesthesiologist and two surgical nurses.

Anesthesia is most commonly administered intravenously. A local anesthetic is used simultaneously to numb the operative area. This is called intravenous sedation or local standby anesthesia. An anesthesiologist or nurse anesthetist is utilized to assure that the patient is comfortable and that the procedure is carried out safely. Some plastic surgeons prefer general anesthesia to I.V. sedation. They feel that it gives them better control and that the patient will have a more speedy recovery. Although the procedure is controversial, the patient may actually receive less medication this way.

Your doctor will decide which type of anesthesia is best for you. The anesthetic drugs that are used today wear off very quickly, which is a definite advantage. Medication is used with both types of anesthetic to minimize postoperative nausea and coughing that would cause discomfort and lead to bleeding.

The neck is infiltrated with Xylocaine and Epinephrine. Throughout the procedure the Xylocaine and Epinephrine are used even if the patient is asleep, as these drugs cause the blood vessels and tissues to constrict, thus reducing bleeding that would interfere with the surgeon's ability to judge the anatomy and surgical decisions he'll be making.

The procedure is basically composed of three steps:

1. The removal of fat beneath the jaw.
2. The tightening of tissues deep to the skin.
3. The removal of excess skin with closure.

An incision line is made behind the chin pad (three to four millimeters long) and a small hose is inserted for liposuction in the neck. Special attention is given to the fat pads at the jowl line. If the patient has cords in the front of the neck, the cords are sutured together to give a smooth contour to the neck. If this is necessary, the incision is extended to 1-1/2 millimeters.

Incisions are made in the ear area, preferably just under the sideburn so the sideburn will cover the scar. An incision is then made inside the ear, around the earlobe, up behind the ear to the center muscle, and then diagonally back into the scalp behind the ear. A word to male patients: The scalp incision often looks cleaner when it's run just along the bottom hairline, rather than

diagonally into the hair. This is not a good idea for women, as it would show when you wore your hair up.

A dissection is then made just beneath the skin and skin fat, to the fold between the lip and the cheek, and to the mid-line of the neck. Great care is taken by the surgeon to avoid any damage to nerves that supply sensation to the ear and to muscles that provide animation to the face. Although these areas can be injured, a cough surgeon usually avoids any damage.

Following this dissection the skin is raised and the flat sheet of muscle that encompasses either side of the neck (the platysmal muscle) is elevated from the underlying tissue. The platysmal muscle, also known as the SMAS, is actually a muscle system running from just under your ear, down over the jaw, down the side of the neck to the top of the breastbone. This thin superficial muscle system is pulled backward in order to provide a deep support to the tissue of the face, particularly around the jaw, and then sutured to the tissue just under the skin behind the ear. The fat overlying that area is removed to give a sleek, clean look. Six to eight sutures are placed down either side of the neck to secure the SMAS back in that area.

A considerable amount of time is then given to coagulate all of the blood vessels. Any bleeding in the face can result in later problems, and every effort is sought to control this.

The extra skin is carefully trimmed so it won't cause any wrinkles or pulling. The sutures that are used for most of the pulling are behind the ear. The cheek skin is also pulled and secured to the ear. Stitching is done with care in order to minimize scarring.

Drains may be placed in the neck in order to siphon off any oozing that may occur in the first 24 hours. The drains are removed the following day.