

## Important considerations during face lift surgery

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Rhytidectomy technique has significantly undergone various modifications over the time, however, the operating plastic surgeon should remember the following basic important considerations of facelift surgery:

- **Pre-operative considerations:**

- Ethnicity:** It is important to consider that Asians have thicker dermis and have tendency for fat accumulation over face and neck with aging, compared to White patients in which there is loss of fat (volume) in SMAS layer.<sup>1</sup>

- Secondary Rhytidectomy:** Counselling to explain the achievable results and an approach of “Under promise, Over deliver” should be considered, in revision surgeries.<sup>2</sup>

- Drug History:** Always specifically inquire about anticoagulants, homeopathic medications, sildenafil, isotretinoin in history. Body dysmorphic disorder, connective tissue disorders, smoking (nicotine) are contraindications for surgery.<sup>3</sup>

- Legal implications:** Beware of “Doctor’s Shoppers”, who have history of litigation of any physician previously. Proper documentation and pre-operative photography are important to avoid any future legal complications.<sup>4</sup>

- **Intra-operative considerations:**

- Anesthesia:** Surgeon should request anesthetist to keep patient normotensive during the procedure to maintain bloodless field and to prevent post-operative bleed.<sup>5</sup>

- Position:** Patient should be in recumbent position, so that final vectors will be under effect of gravity. Hairs should be washed and tied before incision is made.<sup>6</sup>

- Techniques:** Skin flap raised with subcutaneous fat preserves subdermal plexus, tissue vascularity and prevents nerve injury, if raised deep to SMAS.<sup>7-8</sup>

- Adjunct procedures:** Aggressive liposuction should be avoided to prevent irregular contour. Sequence for other ancillary procedures, like brow lift and blepharoplasty should be decided pre-operatively.<sup>7</sup>

- DVT Prophylaxis:** Only compression stockings should be considered if surgery duration exceeds > 90 minutes. No anticoagulation required as it increases chance of hematoma formation post-operatively.<sup>8</sup>

- **Post-operative:**

- Hematoma/Seroma:** Meticulous hemostasis intra-operatively and placement of vacuum drains and pressure dressing will reduce dead space, prevent hematoma and seroma formation respectively.<sup>9</sup>

- Prevention of scarring:** Avoiding excessive tension on wound by optimal closure.<sup>2,10</sup>

- Patient Satisfaction:** A dissatisfied patient should be addressed without being defensive as most of the concerns improves with the passage of time once tissue edema settles and if not then, other alternative non-operative vs operative options can be discussed.

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