

Flicklift

How long does a facelift last?

A facelift does not stop the clock, but it does put the clock back. The effect of the facelift is likely to always be there in that you will not look as old as you would have done if it had not been carried out. After any such surgery there will be swelling and how the tissue settles down will dictate the end result. Skin care and scar control advice will be given by the staff. On discharge you will be prescribed pain killers, prophylactic antibiotics, Dexamethasone for swelling and Tranexamic Acid to reduce risks of bleeding.

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Flicklift

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As part of the ageing process our skin progressively loses its elasticity and our muscles tend to slacken. The stresses of daily life, effects of gravity and exposure to sun can be seen on our faces. The folds and smile lines deepen, the corners of the mouth droop, the jaw line sags and the skin of the neck becomes slack. Around the eyes, the eyebrows droop and the skin of the eyelids gathers in loose folds. In skin the first sign is fine wrinkles developing around the lips, at the outer corners of the eye and lines of expression. The rate at which this happens varies from one person to another and is probably determined by our genes. Ageing of the skin of the face does not necessarily reflect the rate that the rest of our body and mind is ageing and many people feel frustrated that the face they see in the mirror is not the one they feel should be there. Substantial weight loss can produce similar changes in facial appearance to those of the ageing process.

Who will benefit from a facelift?

Every ageing face is different but the best candidate is one whose face and jawline has begun to sag, but whose skin still has some elasticity and whose bone structure is strong and well defined. Most patients are in their 40's to 60's, but facelifts can be done successfully on people in their 70's or 80's.

The Flicklift removes many of the risks associated with a full facelift. It should not be obvious that a patient has had a flicklift, but instead they look fresher, more vital and cheerful. It is a procedure that technically works well but also increases morale and is generally well appreciated by the patient.

What a flicklift does not do?

A facelift does not replace ageing skin it merely pulls existing skin and its underlying layer tighter. A flicklift works better for the mid-face. Skin around the mouth area is not affected by any form of facelift.

What should you do before the operation?

If you are overweight and intend to lose it you should do so before the operation. This allows the surgeon to remove more skin and therefore achieve a more pleasing result.

You should avoid taking tablets containing aspirin and

non steroidal anti-inflammatory drugs such as Voltarol and Indocid for at least two weeks before surgery as they increase the risk of bleeding.

You should stop smoking at least two weeks before surgery as this is the main cause of reduced healing. It decreases circulation of the skinflaps, particularly behind the ears.

The surgery

Not everyone interested in facelift surgery will want an aggressive, at-risk procedure with significant downtime. A lot of media attention has been drawn to a procedure known as the "One Stitch Hitch". This is, in fact, a term coined by the great Paul Levick, from Birmingham, many years ago to describe a simple "figure of eight" suture suspension of the mid-face. This is contrary to the current terminology that describes tissue suspension via long threads, or equivalent, of buried sutures deeply inserted into the anterior face but anchored, usually, in the temple.

The "Levick Lift" though is not as complex and cannot carry the same vascular or neurological risks associated with the blind insertion of deep needles and sutures into the mid and anterior face. It is remarkably simple in that, under local anaesthetic, a hemi-circle (with diameter) of skin and subcutaneous tissue is marked and excised with knife and scissors from underneath the sideburns. The anterior scar extends to the hairline, the posterior scar extends to the non-hairy skin just behind the sideburn hairline. About 1cm of skin centrally is excised. A deep-biting "figure of eight" non-absorbable suture is knotted and tied centrally. This suture catches the cranial temporal fascia, which acts as the anchor, and the superficial temporal fascia as it extends to the SMAS over the zygoma. The vector of elevation is vertical and a small degree of bunching, anterior to the hairline, is possible. The wound heals well although there is a minor widening of the horizontal scar beneath the hairline in some cases. Repeated procedures often give a better hitch because of the scar tissue that develops, which acts as a better "hitching post". The Levick procedure can be repeated as often as the patient feels that slackening is apparent but, typically, it is at one year that patients present for this retightening. There is very little downtime.

The "Flick-Lift" is an adaptation of the Levick procedure and was first performed in early 2012 with great success. Under local anaesthetic, a horizontal, sub-sideburn hairline incision extends from the anterior hairline in a zigzag fashion, then extends over the top of the ear before descending to be either in front of the ear, in the so called scar-less facelift crease, or horizontally across as part of a skin excision, similar to the Levick procedure. The skin excision edges are zigzagged. About 2cm of subcutaneous tissue is reflected and the superficial temporal fascia above the zygoma is exposed as it extends into the SMAS layer beneath the zygomatic arch. Forceps elevation of the tissue delineates the incision needed to make a small SMAS Flap. This is elevated and fixed with 4/0

Ethibond® on to the deep cervical fascia above the zygoma via a deep, vertically orientated fixation suture. Redundant skin is excised and the patient discharged soon thereafter. The scar does not widen because the skin edges are not closed under any tension. The SMAS is directly suspended to the deep cervical fascia and only redundant skin is excised. The "Flick-Lift" technique prevents the usual pre-hairline fullness that occurs with the simple Levick "One Stitch Hitch". In most circumstances, with careful design, there is no dead space after skin closure and, by using 5/0 Vicryl Rapide® and Dermabond® for skin closure there is no post-operative downtime or requirement for suture removal. Patient satisfaction is extremely high and it is a simple, repeatable procedure if required over time.

After your surgery there is usually a little bruising of the cheeks and with gravity this may descend into the lower neck. Discomfort is usually mild and can be controlled with Paracetamol. It is normal for there to be some numbness of the skin around the ears. This will usually disappear in a few weeks or months. It is better to keep the head elevated for a couple of days to reduce swelling. Avoid strenuous activity, saunas and massage for at least two weeks. The wounds are sutured and glued. There will be a weekly plastic surgery nurse follow-up.

At the beginning your face will look a little puffy and may feel rather strange and stiff. The scars can be very well hidden by women with their hair and disc shaped earrings so that they should be able to resume work and social activities within a couple of weeks. Camouflage make-up can be helpful in masking bruising.

The scars in the hair do not usually show. There may be some slight reduction in hair growth in the temples, but this is not usually a problem unless the hair is very thin and repeated facelifts are being carried out. The flicklift scars are generally well accepted

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