

M A C S Facelift

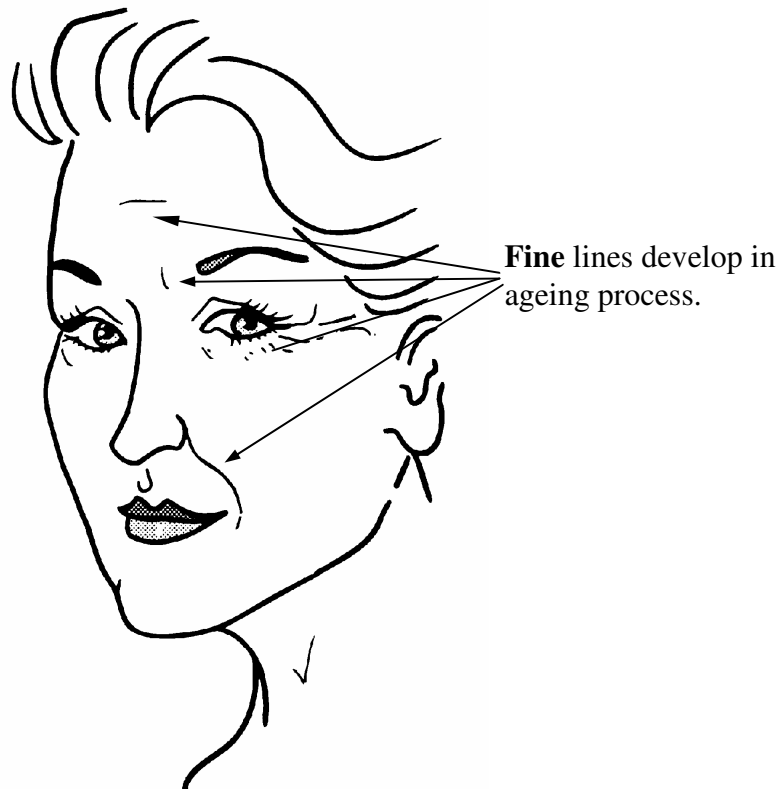
We are all affected by ageing - that irreversible relentless process of tissue degeneration which results in the loss of elasticity and stretching of skin, its supporting suspensory ligaments and underlying soft tissues.

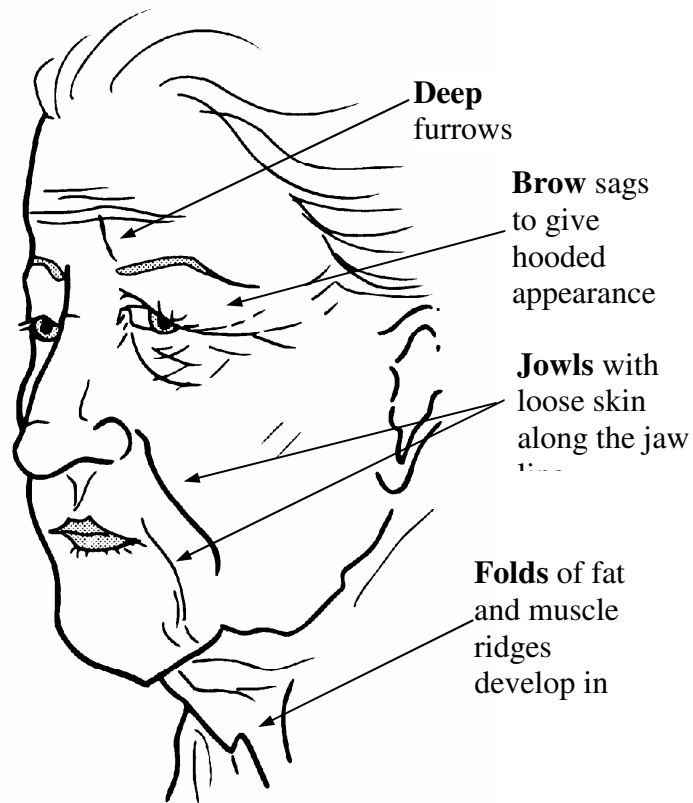
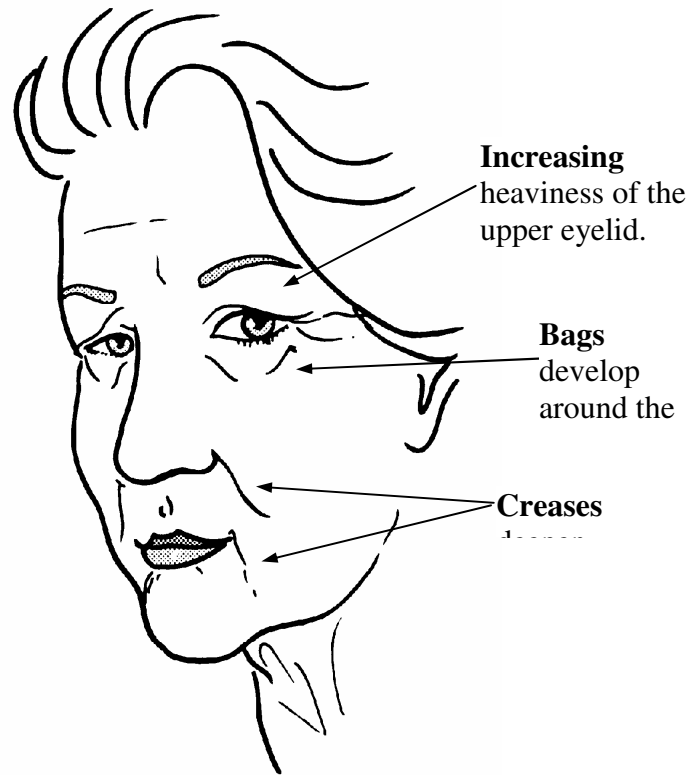
A traditional facelift is required when the ageing process is well developed - especially if there is pathology in the neck region such as vertical muscle bands, excess fat, or double chin. In patients with less advanced changes - particularly in younger patients or those having a repeat facelift - a newer technique has been developed. The **Minimal Access Cranial Suspension** procedure can often produce an excellent aesthetic result without the extensive surgical approach and the same degree of post-operative recovery as the traditional facelift or meloplasty.

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





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

There is a group of patients who do not need a comprehensive traditional facelift – it is for this group that the MACS procedure was developed. First described in 2001, it has its best application in younger patients or in those who had a traditional facelift some years before and desire a freshening up procedure to overcome the effects that develop with time. 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.

Dr Olbourne will advise you of any combination procedures which may be relevant in your particular case.

What Is Done?

The traditional facelift as described over 40 years ago involved incisions placed inconspicuously in the hair of the temple and in the scalp behind the ear, as well as in the creases in front of, around and behind the ear. The MACS lift has a less extensive scar running from the front of the sideburn to just behind the lobe of the ear. A limited amount of skin is elevated and the tissues plicated with a weaving suture of strong nylon. The definitive article describes the operation most eloquently and is included in this information brochure by way of explanation.

A major advantage of this technique is a shorter scar and more rapid recovery with a tightening of the deep supporting structures of the face. Because the skin is sutured without tension, scarring is inevitably and ultimately less obvious. It is important to appreciate that the MACS lift has specific indications and is not appropriate for all patients. Dr Olbourne will advise you on your options and will explain the reasons for the procedure he feels most appropriate to your needs.

How Can I Expect To Look?

If you stand in front of a mirror and lightly pull the skin upwards and backwards in the temples and in front of the ears, you will get an indication of what a MACS lift can achieve.

We aim for a harmonious, well-rested, fresh look in the mid to lower face whilst maintaining normal facial expression. A facelift and appropriate ancillary procedures will achieve this. But **not** all wrinkles, furrows and folds will disappear - especially if they have been long-standing and permanent skin damage has occurred over the years. For these surface problems – non-surgical treatments such as peels, rejuvenation programmes or a course of IPL may assist.

A commonly held misconception is that cosmetic surgery is magical and not real surgery. This is of course, not true. You cannot expect to have a facelift and look and feel normal overnight. It is safe to plan about three weeks of social hibernation after the procedure, although many patients resume full activities within a fortnight. The amount of swelling and bruising varies and is maximal in the first 3-4 days. It gradually settles over the next 2-3 weeks with the blue to yellow skin staining of bruising occurring in this time. Make-up is a marvellous invention. Coupled with the fact that your stitches are inconspicuously placed along the hairline and about your ears (usually easily covered with hair) you will usually be able to venture out within two weeks of surgery. Your sutures (stitches) are all removed within this time.

Although you will look presentable within 2-3 weeks of surgery, the average healing time for skin and soft tissue is about three months. During this time your scars may go through the usual healing processes - initially appearing red and itchy, then red and lumpy, pale and lumpy and leathery, eventually softening to normal skin colour and texture. Individuals vary greatly in the time taken for scar resolution, but generally improvements in results occur in a subtle way over some months.

To help you achieve the goal of looking as good as possible during this time, other important people will be involved in your management. These include a beauty therapist/make-up artist and a hair stylist. Dr Olbourne will direct you to the appropriate people at the right time.

Face lift surgery is limited in results by the quality of your skin - a very important aspect is your pre-op and post-op skincare program. Once again our office will advise and direct you. Our interest is in achieving the best result for you with the least inconvenience and discomfort.

Will Everyone Know I've Had A Facelift?

It is usual to feel apprehensive about undergoing a surgical procedure to improve your appearance. The dilemma is that on the one hand you want to recapture your youthful appearance, but on the other hand you don't want people to think that you have had a facelift to achieve it, fearing that you are vain. The real situation is that in our society, we are all vain and care about how we look - our hairstyles, makeup, clothes and jewellery. It is interesting to observe that one of the fastest growing industries worldwide is the cosmetic industry, where in the United States over two billion dollars a year is spent on make-up. The vast majority of people are not discerning and surprisingly will not notice even quite marked changes to facial appearance. The usual comments you can expect are that "You look well!" or "Have you been on a holiday?" A recent patient reviewed several months after her facelift, explained that her twin sister had asked "How come that lately you get so many comments about how great you look and compared to you, I look like the older sister? What's your secret?"

When Should I Have One & How Long Will It Last?

There is no specific age that is best for a facelift - we all age differently according to our individual genetics and our environmental experiences - sun exposure, skin care and smoking.

Facelifts can be performed from early 30's to late 70's. Usually a more youthful look is maintained longer when a facelift is performed on a younger person. MACS life are generally appropriate for patients of younger age and lesser degrees of elastosis.

Facial cosmetic surgery will not stop the biological clock, but will reset it. Although there are many factors determining the overall individual result, on average one can expect at least 5-8 years of improvement.

Another misconception is that facelifts make you age faster and that once you have one, you need more. This is **not** true and although ageing proceeds, it is not at an increased rate. In the face, the overall effects of ageing may be slowed after a modern day facelift, as the deep supporting structures are tightened and the re-draped facial skin adheres to these supports. There is also evidence that subjecting the skin to tension induces the development of new elastic-type fibres which prolong the improvement achieved by surgery.

Is It Painful And How Will I Feel?

We all fear pain and have different thresholds at which we perceive pain. Facial cosmetic surgery, like any operation, will produce some pain, but it is usually only mild to moderate and should easily be relieved by mild analgesics such as Panadeine. Although available, pain relieving injections are rarely required, particularly with the modern techniques of analgesia which utilise long-acting local anaesthetics and intravenous sedatives. Dr Olbourne and your anaesthetist will discuss these techniques with you and advise you of the suitability of them in your particular case. One of the effects of skin lifting in MACS facelift operations is the temporary numbness felt in the cheeks and upper neck immediately after surgery. This customarily extends for some three finger breadths in front of the ear and returns to normal within 6-8 weeks. This has a side benefit as it means no pain is felt in these areas.

Advancements in anaesthesia over recent years has meant more comfort for patients - less pain with minimal post operative sedation and nausea and a quick recovery to "feeling normal." Depending on the individual, either general anaesthetic, (in which you will sleep throughout the operation) or neurolept anaesthesia (commonly known as "twilight" anaesthesia or sedation) is used. This dissociation technique is administered by intravenous injection. You are sedated, but not anaesthetised and thus you are in control of your senses and vital functions. You breathe normally. The main advantage of this technique is that you have no recall or memory of the procedure and that your recovery is smoother and more rapid with less nausea and vomiting. The anaesthetist will talk to you prior to the operation and explain what is best. You will be able to choose the anaesthetic technique best suited to your needs after speaking with our anaesthetist.

A new face does not guarantee a new life and does not change your personality, but cosmetic surgery performed in patients with realistic expectations can do wonders for self esteem and self confidence.

A change in your body physically will also change your mental body image. This will always be associated with mood changes in the early post operative period. The effects of this change may or may not be noticeable, but are transient (over the first few weeks) and often associated with sleep pattern interference which can easily be controlled with a mild sleeping tablet taken for a few nights.

It is not unusual to become excited or withdrawn and mildly depressed in the early post operative days - the chances of this affecting you are reduced by being aware that it can occur and is a normal sequel of any operation, but slightly more likely following cosmetic surgery. Before long you will be back to normal and enjoying life with your new look.

What Are The Dangers?

Before you make a decision to undergo cosmetic surgery, it is important that you be informed of the potential risks, complications and side effects. Despite Dr Olbourne's experience, it is recognised that complications may occur even with the best surgical care. For this reason, and in order that you may be truly informed prior to making your decision about surgery, it is important that you carefully understand the risk factors.

The following is a list of **side effects** which may accompany MACS 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 side effects may be a part of what is considered a successful cosmetic operation. Likewise, although much less likely, the complications listed herein do occur, despite optimal care and patient co-operation. You must understand that all these complications have occurred to some patient sometimes and may, ultimately, be part of your own clinical experience. With care and patience many of them can be repaired or mitigated – but these problems do occur and you must consider them.

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, but they take some time to have an effect. Because of the limited dissection of the MACS Lift, this potential problem has more limited significance.

Loss of or abnormal sensation and feelings of tightness, - it is usual to have a reduction in skin sensation after a facelift procedure. This is usually restricted to the skin around the cheeks. It is also possible to have numbness of the lower portion of the ear. 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.

Significant pain is not common after facelift surgery and if it is experienced, it is mostly temporary.

Alteration of the hair-line - with the MACS Lift there should be no change to the disposition of the hairline either in front of or behind the ear. 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. Dr Olbourne modifies his incisions to prevent as far as possible any alteration to the normal “geography” of the hair line.

Hair loss - as a result of anaesthesia or the surgery may occur in the temple area. 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. 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 to improve the result. The MACS lift incision follows the line of the sideburn and special precautions are taken to ensure that the scar is well hidden. Dr Olbourne will deal with this during your consultation.

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. 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.

Trismus - the weaving sutures that elevate the tissues are fixed onto the temporal fascia – a tight membrane overlying the muscle that closes the lower jaw. If there is associated bruising in the muscle as these sutures are tightened – you may experience difficulty in opening your jaw for a few days after the surgery. No patient has complained of the persistence of this condition (known as trismus) after seven days.

Dog Ear - the tissues behind the ear lobe remain fixed and immobile whilst the skin in front of the ear is elevated during the surgery. This difference in skin tension can create a bubble (or dog ear) behind the earlobe which if excessive may need to be trimmed. The dog ear or the resultant scar can take a few months to fade away and your hair may need to be styled to camouflage this during this period.

Surface Irregularities - the weaving sutures may leave small waves or undulations in the skin of thin faced patients. These irregularities almost always resolve in time and may be improved by repeated treatments with external ultrasound which can be made available in the skin rejuvenation centre of our clinic.

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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 almost always responds to ultra-sound treatment and should 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. 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 the effects of this complication can often be minimised. **This complication is much more common in smokers and has been estimated to be 12 times more likely than in non-smokers.** You should therefore inform Dr Olbourne if you are a smoker. He may plan your operation to allow a nicotine-free period of two weeks or more. If you continue to smoke despite these warnings, you run the risk of having to deal with this complication.

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. However, the risk of this occurring with the MACS Lift is even less because the plane of dissection in this procedure is more superficial than in the more extensive traditional facelift. Should this occur you will experience facial distortion or weakness around the eyebrows or mouth. 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 which will compromise the beneficial goals of the procedure. Damage to these motor nerves is slightly more common when the traditional SMAS procedure is used. The operation takes longer and requires a greater degree of skill. Dr Olbourne will discuss this with you in some detail.

Routine Prior To Surgery

1. Avoid Asprin or aspirin-containing medicine (Aspro, Disprin, Alka-Seltzer, or any medicine containing acetylsalicylic acid) for 2 weeks prior to your operation as this can produce bleeding or bruising. Panadol is safe. Some herbal therapies such as St Johns Wort or Gingko Biloba should also be avoided.
2. Avoid vitamin E two weeks prior to surgery as this may also increase bleeding tendency. Vitamin B and C are safe to use.
3. Stop smoking or at least cut back to only a few per day to avoid post-operative coughing which increases the risk of bleeding and bruising. Smoking also decreases blood supply to the healing tissues, increasing the risks of delayed and poor healing or even skin death.
4. Do not drink alcohol for at least two days prior to surgery as alcohol also increases the chances of bleeding and bruising.
5. Hair colouring may be used up to the week of surgery, but must be avoided for approximately two weeks after surgery. Prior to surgery you should consider hair styles that allow coverage of your ears and if possible the forehead to help conceal early bruising or incision lines.

Please note that no hair will be shaved during this operation. Sutures or metal clips are inserted into the scalp incisions following any associated browlift procedure. These are rarely noticed after the hair has been washed and dried.

7. If you develop any sign of infection such as cold, flu, or pimples on your face during the week prior to surgery - please notify Dr Olbourne's office so that we can treat this effectively.
8. On the night before of the day of surgery, shampoo your hair and cleanse your face thoroughly with Hibiclense. Do **not** apply any moisturiser, makeup or hair products after cleansing.
9. Bring to hospital your normal toiletries and any regular normal medication that you use. Loose night clothes are recommended. Also bring a pair of sun-glasses and a scarf to wear home. If your procedure is scheduled for the Carswell Clinic, we will advise on any special requirements.
10. If your operation is in the morning, you must have **nothing to eat or drink** from midnight. If your operation is in the afternoon, you must have **nil by mouth** from 8am on the day of surgery.

Routine After Surgery

Upon leaving hospital, an appointment will be made for you to visit Dr Olbourne's office for removal of sutures. By the end of 12 to 16 days, all sutures or staples will be removed.

Massage of the scar lines should be commenced about one week following removal of all sutures. We have available for purchase a new silicone gel cream which when applied to your scars should hasten their resolution. Massage helps to soften the scars and you should continue doing this for six to eight weeks. Remember to massage for five minutes as the friction of this action is important in scar maturation.

In the first week following surgery it is advisable to restrict your normal activities. Avoid smoking, alcohol and stress where possible, as this hinders the healing process. Analgesia or pain relief is often required to manage the discomfort - Panadeine Forte or Digesic may be given initially, but as pain settles, Panadeine or Panadol is usually adequate. Codeine, which is found in Panadeine or Panadeine Forte, can cause constipation, so it is important to drink lots of fluids, maintain a high fibre diet, and if required a gentle laxative (eg. Nulax) may be used. **Avoid** aspirin as this can increase your bruising and bleeding into the tissues.

Generally, visible bruising is present for up to two weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but it can take up to three to six weeks to fully settle. Often one side of the face is more bruised or swollen than the other. A facial support can be worn initially to help with this. You need to be patient and give yourself time to heal.

It is necessary to sleep elevated on a few pillows to help minimise swelling. Keep your chin up as far as reasonably possible. Occasionally this can be uncomfortable, so a folded towel under the upper back may be supportive and beneficial in keeping your neck extended. Sleeping tablets may be useful to regain your normal sleep pattern.

You may shampoo your hair from the day after surgery or as soon as the bandages are removed. This helps keep the incision lines clean and dry. Careful drying is important - use a hair dryer on low heat around the suture lines. A dry cotton bud is particularly useful to clean behind the ears after showering.

It is quite normal to experience tightness and reduced sensations to your face during the initial healing process (i.e. over the first six weeks or so).

Often in the weeks following surgery, it can be a difficult time coming to terms with the "new you". Some patients when looking in the mirror will say, "What have I done?" and experience guilt and low self-esteem. Now is good time to seek the advice of your beauty therapist and/or a hair stylist who can provide useful hints about camouflage of bruising and makeup. This can help boost your confidence and maintain a positive state of mind. Try and increase your daily activities and start going out a bit more.

At six weeks an appointment is made for you to visit our office for a check up. A photograph is usually taken. At this stage you are beginning to see the positive effects of your facelift and you will by now have resumed most normal activities and start feeling more confident.



CALL DOCTOR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:

- ☞ Excessive pain or bleeding
- ☞ Abnormal swelling
 - ☞ Fever during the first 24 hours or especially during the first 7 days

How Much Will The Procedure Cost?

The costs of this surgery relate to:

- a) surgeon and assistant surgeon
- b) anaesthetist
- c) hospital
- d) ancillary charge (pharmacy, supports, bandages, etc)

Dr Olbourne can tell you his fee and give you some indication of the costs of the other people involved in your care.

You must appreciate that the ultimate cost to you will depend on where you choose to go for your procedure and what rebates you will receive from your medical fund and Medicare. This in turn depends on who you may be insured with and what level of insurance you have chosen. Please advise Dr Olbourne if your insurance has a front end deductible cost or "excess". With all the relevant information the doctor's office should be able to give you a very close approximation of what your final costs might be.

Private insurance including Medicare may pay the cost of part of the operation, but not the cosmetic part. If so, they would also contribute to the anaesthetic and hospital costs.

It is always preferable to arrange all your finance prior to surgery to avoid unnecessary stress afterwards which will detract from your enjoyment of having achieved your goal.

Further Information

For further information on this or any other cosmetic procedure, feel free to contact our office. Our staff are dedicated to assisting you and will do all they can to make your surgical experience as comfortable as possible.

You can also assist us by advising us of any aspect of your experience that has not been adequately covered in this brochure. We are always seeking to improve the information we give to patients. Your input will help us achieve that goal.

Contact: **Dr. Norman A. Olbourne**
MB BS (Hon), BSc(Med), MHL, FACLM
FRCS, FRCSEd, FRACS

Carswell Clinic
7 Help Street
Chatswood NSW 2067

PO Box 5010
Chatswood West NSW 1515

Phone: (02) 9411 - 3177
Fax: (02) 9411 - 3380

Email: info@sydneyplasticsurgery.org
Web Page: www.sydneyplasticsurgery.org
