

modern trends

in facelifts

Wellington Plastic & Reconstructive Surgeon Mr Charles Davis gives us a brief insight into the **latest surgical techniques for the ageing face.**

When today's patients ask about surgical options to rejuvenate their face, they are not looking for the tightly pulled wind swept look that characterized facelifts ten years ago. Gradual effects of gravity, regular sun exposure and constant muscle motion make sagging facial soft tissues an inevitable

COMMON MYTHS ABOUT FACELIFTS

There is no such thing as a lunch time lift! The *lunch time lift* and *mini-lift* often championed by doctors with minimal surgical training only tighten the skin. They do not address the neck adequately and initial improvements are short lasting. Correctly performed facelifts place most tension onto the deeper SMAS

crafted procedure that

appropriate position".

Today multiple regions of the face are addressed concurrently. Following are some of the manoeuvres I regularly use when appropriate;

FOREHEAD

Whilst lifting the forehead, the central frown muscles are removed. Botox temporarily weakens these muscles but surgery is permanent. If the brows are too heavy, I contour the underlying bone.

CHIN

A weak chin may be augmented by an implant however some erode into the bone over time. I prefer a genioplasty which moves the chin bone forward and also tightens the muscles beneath the neck.

consequence of aging. Rather than pulling everything up tightly, a modern facelift is a carefully crafted procedure that attempts to reposition the slumped tissues into a more youthful and anatomically appropriate position. And gone are the times of removing as much fat as possible.

layer and the effect remains at least a decade. The SMAS layer is near the nerve supplying facial movement and should only be performed by properly trained surgeons. You can check if your surgeon is a qualified Plastic and Reconstructive surgeon with the New Zealand Medical Council website. www.nzmc.org.nz

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EYELIDS

Old methods of excising periorbital fat produced a hollow eye look and today this fat is instead repositioned to soften shadows around the eye.

CHEEK

The malar fat pad slumps and rather than pulling this backwards, I elevate it vertically and suture it over onto itself to create the impression of high youthful cheeks.

NECK

Many variations are possible and an ethical and moral surgeon will ensure that their patient is fully conversant about proposed surgery including the possible risks and complications.

Realistic expectations of what can be

People generally want the appearance they had 10 years ago but don't want to look like a different person. The vogue for subperiosteal or *mask* lifts has passed. The effects were so striking some people initially had difficulty recognising themselves. Today I reserve this very deep facelift for those who have had major accidents or birth defects.

There is no such thing as a routine facelift! Everyone has a different facial skeleton and there are many variations in the ligaments supporting the face. Each aging face has individual characteristics and surgery is thoughtfully tailored accordingly with different tissue layers elevated along different vectors.

more youthful and anatomically

The neck can age the face more than the face itself! Tightening the muscles suspending the neck is critical and fat beneath the chin is removed concurrently.

LIPS

A facelift doesn't remove lip furrows! These are softened with laser or chemical peeling and deep furrows are filled with dermal filler such as Restylane. Laser must be avoided on skin that has just been lifted and dark skin types to avoid serious scarring. Lip height can be altered and volume added if desired.

achieved are critical for satisfaction. Surgery may make a person look ten years younger but they will continue to age at the normal rate. A facelift sets back the clock but it doesn't stop it ticking!