CHAPTER 4

Surgery To Reverse The Undesirable Signs Of Aging: Questions and Answers

Eyelid Plastic Surgery
Eyebrow Lifting
Face and Neck Lifting
Facial Liposuction
Facial Tuck-ups
Endoscopic Plastic Surgery

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Make sure that you have read Parts I and II of this book
Frequently Asked Questions:

How long does a face or eyelid lift last?

A face or eyelid lift may last forever in that the tissues removed at surgery never return. Tissue redundancy seen afterwards is a result of continued aging of the skin, muscles and fat of the face and neck at their normal rate … and this is beyond the control of the surgeon.

No matter how snugly skin and underlying tissues are drawn, in time they will loosen. And it is impossible to predict when—and to what extent—this may happen. Genetics, age differences, ethnic backgrounds, stress, illness, nutrition, etc., all play a role in how soon “tuck-up” procedures may be considered (see page 163 The Tuck-up Operation).

What happens to excessive skin?

With both face-lifting and eyelid surgery the excess skin (and fat) is removed and discarded. Any redundancy noted in the future is a result of progressive aging—not an indication that the operation is coming undone nor improperly performed. Carefully planned maintenance procedures can help a person look better throughout life.

Can I slow or reverse the aging process?

There is strong evidence that a person can affect his or her own aging process. Research indicates that the types and amounts of foods, nutritional supplements, and vitamins one ingests, coupled with a reasonable (and regular) exercise program, stress management, and the reduction or elimination of health risk factors, lead to longer … and more fulfilling lives. But, it takes a motivated subject working with the appropriate health care professionals to make a real difference. (See Part IV of this book: Medical Rejuvenology)

Why do some people not look like “themselves” after face lifting surgery?

Techniques of face and eyelid lifting vary greatly from surgeon to surgeon. The “stretched” or “windblown” look generally results from overly aggressive surgery. The techniques taught and performed by Dr. McCollough are specifically designed to give patients a more natural and un-operated appearance. Ask him to explain why!

PATIENT REMINDERS

• Don’t try to evaluate the results of surgery too soon.
• Healing times vary from one person to the other.
• Swelling (and Bruising) goes away.
• Scars tend to improve with time.
• Thick scars may be improved with cortisone treatments.
• Tightness indicates swelling; don’t pull against it.
• Saggy/Baggy tissues are a result of continued aging.
• Loose skin seen after surgery was not left behind.
• Protect peeled and dermabraded skin as you would a baby’s skin.
• Follow Instructions.
• Please do not ask permission to break the rules.
• DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.
“Face lift” is the term used to describe a procedure that recreates the firm, smooth face of youth. However, not all faces are the same. In like manner, not all face lifts are the same – nor should they be! Logic dictates that not all faces should have the same face lift. The operation should be personalized to meet the specific conditions present and goals of each patient. Unfortunately, some commercialized face lifting procedures fall into the “one size fits all (or perhaps none)” category. And, some surgeons have been trained in only “one way” to perform the procedure. So, face-lifting is subject to the age-old truism: if all one has is a hammer, everything looks like a nail.

The facts are, plastic surgery is very much an art form and can be tailored by an experienced surgeon/artist to meet the needs of each individual who presents for treatment.

In order to bring sensibility back into the plastic surgery arena, world renowned facial plastic surgeon, Dr. E. Gaylon McCollough, decided to make it easier for people of all ages and walks of life to make better decisions. The system herein described provides a guideline from which a patient can participate in the decision-making process.

Over the past 30 years Dr. McCollough has performed more than 5,000 face lifts, varying the technique as required to produce the optimal result with the least amount of surgery, leaving his patients with a “natural” or “non-plastic” appearance. The following is introductory information is essential to understanding Dr. McCollough’ age-specific Face Lift System.

The same face changes with advancing age. In one’s late thirties the tissues of the brows, cheeks and neck begin to descend from their youthful position,
creating a “tired look”. Alternating ridges and valleys create shadows in the face and tissues begin to hang below the jaw line and under the chin. With each passing year, these conditions worsen, until the individual exhibits the undesirable characteristics of “old age”. It is possible, however to prevent these typical changes and to correct them as they occur. The “youthful maintenance approach” addresses the signs of aging as they occur so that the individual never seems to age. The “rejuvenation approach” addresses the conditions of aging after they have occurred. Both approaches are effective. The bottom line is that surgery is available either retain or regain a youthful and vibrant face.

One of the problems facing appearance conscious individuals is: how does one find the right surgeon, who will perform the right operation, at the right time of life? These questions are now answered.

Because of Dr. McCollough’s Age-Specific Face Lift System, the task of seeking the right surgeon and asking the right questions is easier than ever. He has modified the face-lift operation to fit the needs and age of each individual. To ensure that patients do not pay for more than they need, the cost of the procedure varies with the operation. For a younger individual interested in maintaining his or her youthful appearance, the operation would be neither as extensive nor expensive as for an older individual (who would require more work to re-establish the facial tissues into their original position). And, in keeping with the varying amount of surgery, swelling, bruising, discomfort, and recovery times will differ, as well.

For example an individual in his or her late thirties might only require a brow/cheek tuck, whereas someone ten years older would likely need to add a neck lift. In their fifties, almost everyone requires brow, cheeks, and neck lifting and a skin resurfacing procedure that addresses fine lines and wrinkles around the mouth and corners of the eyes, or between the brows. When one passes sixty, skin laxity becomes more severe and requires lifting of most facial structures, including the forehead, brows, cheeks and neck. When sun damage is severe and wrinkles become deeper, a skin peel or dermabration is often the “icing on the cake” exchanging aged, wrinkled skin for smoother, more youthful and healthier skin.

The following classification has been developed by Dr. McCollough as an attempt to address the various stages mention above. Naturally, some individuals within the same age group will exhibit more—or less- aging than their peers. In addition, many patients will need to consider work on the upper and lower eyelids to remove bags and sags in those regions. And, some will require liposuction in the lower cheeks and neck, regardless of age. In fact patients under the age of forty might require only liposuction, (without face-lifting). In such cases the shape and contour of the face and neck can be dramatic. It is important to recognize that a number of “accessorizing procedures” can also be carried out at the same time as face-lifting, without adding to recovery times.

The McCollough Face Lifting System™ is comprised of five (5) general treatment plans:

- **The McCollough Less Than Thirty Lift™**: for the younger individual who has little or no loose skin and may require only liposuction to remove unwanted fat and bulges. Surgical fees generally run in the $2,900-$4,500 range.

- **The McCollough Thirty-Something Lift™**: for the patient who is beginning to notice sagging of the brows and cheeks, but not the neck. Surgical fees generally range from $4,500-$5,500.
• **The McCollough Forty-Something Lift™**: for the patient who exhibits sagging brows, cheeks and neck and who may or may not need liposuction to contour jowls and fullness under the chin. Surgical fees may range from $5,600-$6,900.

• **The McCollough Fifty-Something Lift™**: for the patient who exhibits sagging brows, cheeks and neck and who may or may not need liposuction to contour jowls and fullness under the chin. Surgical fees may range from $5,600-$6,900.

• **The McCollough Sixty and Above Lift™**: for the patient with advanced sagging of forehead, brows, cheeks, and neck who is beginning to exhibit wrinkles and blemishes over most of the face. In these more advanced cases, surgical fees generally range from $8,600-$9,500.

And, depending on which of the procedures is performed, one can expect an additional charge of $1,900-$2,900 for anesthesia and operating room costs. And if surgery is required on the eyelids or a resurfacing procedure is indicated one can expect additional costs.

Dr. McCollough has also developed a similar system to address sagging and bulging skin around the eye regions. For younger patients who have only bulges under the eyes (without loose skin) a minimal procedure performed from inside the lower eyelid can be performed. In patients who have loose, wrinkled skin, some skin must be removed. The same is true for upper lids.

Costs for eyelid surgery begin at $1700-$1900 for upper eyelid surgery and may rise to $2700-$3100 in more extreme cases. The same cost structure applies to lower eyelids.

As stated previously, any combination of eyelid surgery may be performed at the time of a face lift … or may be performed as a separate procedure.

When eyelid surgery is performed at the time of face-lifting, no additional operating room or anesthesia charges are incurred. If performed alone, these additional costs may range from $900-$1900, depending on the extent and nature of the surgery.

Dr. McCollough can provide a recommendation from a face-to-face consultation, or patients may e-mail photographs for a preliminary evaluation. All photographs should be sent to info@mccolloughinstitute.com.

For additional information, contact our surgery coordinator at McCollough Plastic Surgery Clinic (251-967-7608). We also invite you to visit our web site at www.mccolloughplasticsurgery.com.
Rejuvenation often requires several procedures which, in combination, provide dramatic improvement. Weather-damaged skin with deep creases can be improved with face lift and eyelid surgery, but a skin resurfacing procedure (laser, dermabrasion and/or chemical face peel) is indicated to obtain the best possible result. (see below)

The photograph on the left was taken 9 months following face lift and eyelid surgery. At that time she had a full face chemical peel. Following the chemical peel there is improvement in both the quality and texture of the skin. Surgery is designed to improve sagging tissues—peeling improves wrinkles.
A drooping nasal tip and hump on the bridge of the nose are consistent with aging. Correcting such deformities provides better balance and a more youthful appearance.

When is Facial Plastic Surgery Indicated?

When, is an often-asked question. The best answer probably is: when the slack in the skin of the face and neck or “bags” around the eyes are not temporary conditions relieved by rest or when they become increasingly difficult to camouflage with cosmetics. There is no magical age.

As the life span lengthens in modern America, most people feel vigorous and energetic long after their appearance begins to deteriorate as a result of advancing years.

The onset of aging plays an important part in the personal and financial welfare of many men and women. Almost everyone knows of people whose employment opportunities have been limited or curtailed because they “look old,” even though they might be more capable and competent than younger individuals. For hundreds of years experts have confirmed that favors are granted to beautiful or handsome people. In the section entitled “Facts About Plastic Surgery” you were reminded that “good looks . . . affect school grades, enhance the probability of prosperity, determine who will be our friends, and shorten stays in mental hospitals.”

The appearance of aging also imposes certain limitations in the area of social interests. Finally, the emotional impact of looking older than one feels, can be disconcerting.

The “McCollough Face Lifting Technique” does not produce the “stretched,” windblown, or “pulled” look sometimes seen after surgery.

The techniques used and developed by Dr. McCollough are designed to give patients a natural and “unoperated” appearance following surgery. He will demonstrate them for you during your consultation and assure you that his techniques do not produce the much-feared “stretched look.”
There are two schools of thought: (a) to **preserve** one’s youth and/or beauty by having problems corrected as they occur or, (b) to wait until the aging process has erased both and then try to **recapture** them with several surgical procedures; in short, preventive *maintenance versus rejuvenation*.

If one wants to remain looking younger, it is possible to perform a continuing series of relatively minor cosmetic surgery procedures as each of the irreversible changes of aging makes its appearance. With such a **maintenance program**, the patient can be kept looking younger through the years, and people are apt to remark that he/she doesn’t seem to grow older. Today, most people choose this route. But, if you are among those who didn’t start such a preventive maintenance program, we can develop a rejuvenation program to help bring out “a better you” to help you look as young and well as you feel.

### Why The Face Droops And Sags

The changes associated with aging do not occur all at once. They happen in a slowly progressive manner and involve all components of the face and body. And, people age at different rates. Patients frequently become aware of the changes over a 2-4 year period in their early forties, occasionally sooner. They often tell us that it seems as though things were holding up well and seemed to “fall” almost overnight, especially following a period of prolonged stress.

With aging, the skull becomes smaller, some fat is absorbed, and the skin loses much of its elasticity. The enveloping tissues, particularly in the face and neck, droop and sag. *The envelope becomes larger than its contents*. This phenomenon results in a series of events, including: deepening of the lines of facial expression in the forehead and at the sides of the mouth; sagging of the eyebrows which causes the eyes to appear smaller and “crow’s feet” to form at their corners; pouches or jowls along the jaw line; and, of course, the well-known “double-chin” develops.

At the same time, certain degenerative changes occur within the skin itself so that it seems to “look tired.” In addition to the sagging, some faces become etched with wrinkles, especially those repetitively exposed to the sun and wind.

The muscles and tissues around the eyes eventually lose some of their tone so that a portion of the fat normally located inside the orbit around the eye bulges forward, or herniates, to produce the commonly seen “bags” or pouches. This condition is often seen in younger people. “Circles” under the eyes may be a result of a shadow falling in the crease between these pouches and the cheek.

Finally, because of absorption of tissues in the upper lip and gums, the lips become thinner and the tip of the nose drops causing it to appear larger and longer. Repositioning and supporting the tip of the nose can have dramatic and lasting effects on reversing this telltale sign of the aging process. (See photographs, top page 130.)

One needs only to study a child’s face to see the physical characteristics that exemplify youth (fuller lips, larger eyes, arched eyebrows, smoother skin and shorter nose).

Each individual who wants to look “better” presents a different set of problems. Consequently, the corrective procedures indicated vary with each case. For example, one person may require only elevation of sagging eyebrows or improvement in the eyelids; a very young individual may need only correction of an early double-chin with liposuction. On the other hand, a partial
or complete face and neck lift followed in 3-6 months by a skin resurfacing procedure may be called for in more advanced cases. (See photographs page 120.)

When the skin is weather-beaten in appearance or has deep wrinkles, a chemical face peel, dermabrasion and/or laser resurfacing procedure may provide the “icing on the cake” (see section on Chemical Peeling).

**As a rule, a face lift, Blepharoplasty, or sub mental lipectomy improves sags and bulges; resurfacing (laser, dermabrasion and peeling) improves wrinkles.**

**Prevention or Rejuvenation?**

There are two acceptable schools of thought. Some experts believe that as soon as aging signs appear, they should be corrected, thus the patient will never appear as old as he/she is. Most entertainment personalities or public figures have followed this principle. They have never allowed themselves to look old.

The second alternative is to wait until the signs are readily noticeable to have them corrected. Those who wait frequently regret not having had the surgery done earlier so that they could have enjoyed their more youthful look longer.

The entertainer, Phyllis Diller, told the entire world about her plastic surgery but she might as well have admitted it. She had such a dramatic improvement in her appearance that the public would have guessed she had undergone extensive plastic surgery.

Most people would rather keep the fact that they have had surgery more private than did Ms. Diller. Today, with a continuing maintenance program it is possible to do just that.

The motivation to look good is important. The person who takes pride in his or her health, pays attention to clothing, grooming and overall personal appearance, soon realizes that exercise and proper nutrition can keep the rest of the body toned-up and looking more youthful beyond its chronological years. Regardless of what one might read, or hear, *nothing short of surgery can help the face maintain that same youthful appearance*. Facial exercises, electrical stimulation acupuncture, special creams, etc., make the face feel good or can clean and polish the skin, but none of these will prevent many of the inevitable signs of aging.

**Injectable fillers** (collagen, fat, etc.) dissolve within a few weeks to months requiring multiple treatments and may lead to problems. Dr. McCollough feels more predictable—and safer—procedures should be considered. “Quick fixes generally lead to quick returns of the condition treated requiring multiple treatments. The surgeons at the Institute evaluate each patient and his/her specific conditions and recommend the most effective treatment available.

Many new tissue fillers are more promising than collagen. Our staff is, constantly, investigating procedures and techniques designed to provide the best result, with the least risks, for the longest period of time, feasible” the doctor said.

When the face you see in the mirror does not match the person you feel yourself to be, that may be the time to consider surgical correction.

Not everyone seeking plastic surgery is an acceptable candidate. We usually advise against surgery in people with serious disease, those who are too obese, those who we think have unrealistic expectations or improper motivation, those who cannot accept “improvement” as the goal, and some who refuse to comply with our recommendations.
What Can Surgery Do?

Cosmetic surgery turns back the clock; it does not stop the ticking.

No operation can permanently prevent aging, but the individual who has undergone surgery to reverse the signs of aging should never appear as old as he/she might have if the operation had not been done. It is as though one’s appearance is moved several years back on the “conveyor belt of time.” (See drawing page 130.)

The appropriate surgery might move one back so that they could appear similar to the way they did years previously; in advanced cases patients can often look 10-15 years younger.

As it has since birth, after surgery, the “time belt” continues to move forward and the clock keeps ticking. In time an individual will “catch up” again to his/her original position. However, had surgery not been done, he/she would have been farther down on the conveyor belt. Therefore, a face rejuvenation procedure should last “forever”, as the patient always appears younger than had he/she not had surgery.

During surgery, the excess skin and fatty tissues are repositioned or removed. Those tissues that remain, however, continue to age naturally … and at a rate beyond the direct control of the facial surgeon.

Even though some signs of aging are present, the face looks more youthful with liposuction of the lower cheeks and neck, along with “The McCollough” technique of lip augmentation (using the patient’s own collagen) and a lip lift.

The key to good plastic surgery is to appear as though it never happened.
We urge you to evaluate your face at home in a mirror and determine, in your own mind, which conditions need treating. Also, you should compare the two sides of your face for differences. (See Self Analysis, page 69.)

Face lifting techniques vary from surgeon-to-surgeon. Do not hesitate to ask a surgeon about which technique he/she recommends ... and why.

Heavy brows and eyelids tend to give one a “tired” look, which can be corrected with brow lifting and upper and lower lid Blepharoplasty. (Nothing was done to this man’s cheeks and neck.)

The goal of appearance-enhancing surgery is to lift tissues to their original, youthful positions.
A large nose with a drooping tip can make one look older than his/her chronological age. Rhinoplasty, coupled with face lifting and eyelid surgery can produce a dramatic improvement in one’s appearance.

Throughout the ages ... and in every society ... favors have been granted to “beautiful” or “handsome” people. Plastic surgery is one way people can gain a competitive edge.

E. G. McCollough, MD, FACS

BUYER BEWARE ...

Almost monthly, glamour magazines contain articles about quick fixes, “weekend face lifts,” “non-surgical face lifts,” “lunch-time peels,” etc. The public is often misled and misinformed by such hype.

We urge you to investigate the safety and long-term effects of these “new” procedures. The age-old advice of, “If it sounds too good to be true, it usually is … ” applies. We will be happy to assist you in investigating any procedure you are contemplating.

History confirms that people who turn to the most qualified and experienced specialists generally have fewer problems and get better results, regardless of the products or services purchased.
THE AGING PROCESS  
(Life’s conveyor belt of time)

Contrary to what one might have heard, it is not absolutely necessary to have a “tuck-up” or another operation later. But, to maintain the more youthful appearance, additional well-planned surgery can continue to move one back a step on the “conveyor belt” if it is the patient’s desire—a sort of continuing maintenance program.

Some Misconceptions

Much has been written in the lay press about cosmetic plastic surgery by non-physicians. In an attempt to write “something new” or to sensationalize the story, half-truths have often lead to public misconceptions. (See drawing this page.)

The following are some frequently asked questions by misinformed patients:

Must I Have Another Face lift?
Many patients believe that once they have a face lift they must have another, otherwise they will look worse than if they never had the first surgery. This has not been our experience!

It is true that a mini-lift (tuck-up) at a later date can improve additional sagging that might reappear with the normal aging process, but the patient’s excessive skin was removed at the time of the original surgery and that skin never returns. The remaining tissues age by the same natural process that has been occurring since birth.

But, once breakdown of the tissues becomes apparent, this process seems to accelerate. The rate of continuing aging and sagging is dependent upon a variety of factors not under the control of the surgeon.

Will The Face Look Stretched?
The unnatural, stretched, or “windblown” look frequently seen at the hands of some surgeons results from the surgeon stretching the skin tightly and pulling it backward in an undesirable direction. The “McCollough Face Lifting Technique” is specifically designed to avoid the “over-operated” look. The sagging tissues are “lifted” and placed
back where they were several years ago.

We will demonstrate how our procedures are designed to help safeguard against this justified concern of patients contemplating face-lifting and eyelid surgery.

**Should I Lose Weight Before Surgery?**

An often-asked question is, *should I lose weight before a face lift?* If the patient is committed to losing more than 20 pounds, certainly dramatic changes in the face and body might occur. In these individuals, we would recommend waiting for the surgery. Ideally, one should be within 8-10 pounds of his/her realistic weight when surgery is performed. If, however, one plans to lose only 5-10 pounds, the changes would not significantly alter what a face lift is designed to accomplish. Furthermore, we prefer patients be “well-nourished” prior to surgery. Crash diets tend to deplete the body of essential nutrients needed for proper healing and are not recommended. **We can also assist you with weight management if you wish. (See part IV of this book.)**

**Will Surgery Correct Laugh and Frown Lines?**

Neither surgery nor skin resurfacing can correct wrinkles that occur only during facial expressions. The creases around the eyes produced with smiling, the forehead creases that occur with frowning, and the vertical lines in the upper lip that occur with puckering the lips, are due to the contraction of the muscles of facial expression. None of the surgical procedures discussed in this book are designed to eliminate these conditions. If wrinkles and creases are present at rest then resurfacing the skin with chemical peeling, laser and/or dermabrasion may improve them. (See Chapter 5 pages 165-197.)

**Can I Ever Get In The Sun Again?**

Patients are often misinformed about the long-term restriction of activities following a skin resurfacing procedure. They have heard that once they have had a peel, dermabrasion or laser procedure they can never get in the sun again—this too has not been our experience. While it is very important to avoid sun exposure and to use sun screen products for several months, ordinary sun exposure after that is allowed. It simply takes time for the new baby-like skin to toughen or build up a natural resistance to sun and wind. Sun screen products are recommended for prolonged exposure. (See page 194)

Do not use them until instructed to do so, however. Our skin care expert(s) can assist you with a program designed to protect and preserve the younger, more youthful skin achieved through resurfacing.

**When Will I Be Presentable?**

Some degree of swelling follows any surgical procedure. The swelling and tightness are due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and for some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling, tightness and discoloration which occur following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience when healing is complete. How quickly one heals, depends, in part, to how carefully one follows “doctor’s orders.”

When an incision is made through the full thickness of the skin it can only heal
by producing a scar which mends the two edges together. Every attempt is made to keep the scars narrow and camouflaged in natural facial folds and creases or hidden by the hairlines.

During the initial healing period, scars will be pink and somewhat swollen and lumpy. They usually become less conspicuous with time as they “mature.” In most cases they eventually become barely visible to the casual observer. At any rate, properly applied cosmetics and hair styling after the operation can help camouflage them.

Patients who have had skin resurfacing (laser, peeling, or dermabrasion) and who live (or recover) in the coastal areas are subject to the salty winds coming off the oceans or gulf. This combined with additional sun exposure makes this group of patients more subject to prolonged redness and irritations post treatment. Absolute compliance with post treatment instructions is the best way to ensure rapid healing and happier outcomes. If resurfacing procedures have not been performed, patients may be out-of-doors within a few days.

The much-feared scar called “keloid” is extremely rare on the face. Certainly, some people are more prone to scarring than others. (Every patient should read Scar Revision and Skin Surgery, page 198.)

After surgery most patients resume their preoperative routine within 1-2 weeks depending on which procedures are done. (Approximately three [3] weeks following a skin resurfacing procedure.) Some makeup and hair-styling may be required for camouflaging the early signs of healing. If you wish, our aesthetician can also assist you with make-up.

A systematic post treatment skin care program administered by a trained aesthetician, can not only speed up the healing process in most cases, but can also help maintain the desired appearance of healthier, happier skin for years to come. We strongly recommend to our patients that they consult with our medical aesthetician about the various programs and products available.

Will I Be Happier After Surgery?
Most people are happier; however, an operation is incapable of turning an unhappy person into a happy person. It’s not that simple. One’s attitude toward life and their own special set of circumstances is the key.

Patients should not expect plastic surgery to solve personal, domestic, or professional problems, nor should they seek universal approval from family, friends, or acquaintances before or after surgery. The decision to have plastic surgery is a personal choice, based upon realistic expectations and mutual trust between the patient and his/her surgeon. In uncomplicated cases, patients are generally satisfied with their results and recommend surgery to friends.

Throughout this book, we refer to the “average case” but each patient’s experience is unique. The final result depends upon a myriad of factors, risk, and imponderables. (See page 67.) Should you have questions after surgery, we urge you to contact us. The staff of the McCollough Plastic Surgery Clinic will strive to make your experience as pleasant as possible and hope that you will be happy you chose to have your surgery performed by us.

Can I Have Multiple Procedures Performed At The Same Time?
It is possible for a patient to have several things done during the same operating room experience. A patient’s health, types of procedures, and the schedules of the surgeon(s) may determine how much can be done. But, there are generally built-in economic savings when more is done.
Surgery For Saggy-Baggy Eyelids

Note: Prior to reading this chapter, you should have read Parts I and II of this book and—afterwards—read the other sections in Chapter 4.

Blepharoplasty

Humans have four eyelids—two upper lids and two lower lids. The upper and lower eyelids may contain wrinkles, loose skin, and bulges due either to hereditary factors or the aging process. Pouches or bags of the upper and lower lids are generally due to herniations of the fat normally localized within the eye socket. These fatty hernias may be removed in the lid plastic procedure. Fatty pouches are often seen in the 20-30 year age group, sometimes younger, and can often be corrected at that time. There is little rationale to wait for some arbitrary age before having surgery. When the problem exists, it should be corrected. (See page 126.)

Upper lid surgery is usually done at the same time as the lower lid surgery but either can be done as an isolated procedure. Upper and lower eyelid plastic surgery may be done with or without a face lift, brow lift or other surgery. (See page 128.)

In the upper lid Blepharoplasty a determination is made about the excess or overlapping skin which frequently obliterates the natural crease above the lashes. After the area has been anesthetized the excess skin and fat are removed and the incision sites are closed with delicate sutures. (See top page 136.)

No-Scar Lower Lid Surgery: Trans conjunctival Blepharoplasty

In some patients the herniated fat producing “bags” or bulges in the lower lid can be removed without making an incision in the skin. The incision is made behind the lower lid thereby eliminating a visible scar.

It is not possible to remove loose skin or sagging wrinkles when this method is used but skin resurfacing (laser, peeling or dermabrasion) can be performed at the same time in order to minimize many of the fine wrinkles.

We will discuss this option with you during your consultation if we feel it might be an appropriate alternative in your case.

Classical Lower Lid Surgery:

The lower lid procedure may also be performed by making an incision in the skin below the lower lashes at a level determined by the surgeon and elevating the skin so that the fatty pouches or “hernias” can be identified. Once fat is removed the excess skin is trimmed. Small delicate absorbable sutures are used to close the lower lid incisions. When loose skin needs to be removed it is necessary to make the incision on the outside of the lid.

Because the skin at the outer corners of the eye is thicker than the skin
adjacent to the lashes, it takes a little longer for that area to soften and flatten after surgery. Sometimes, cortisone injections speed the process along.

With the passage of time, the incision lines of the upper and lower lids are usually camouflaged.

As a rule, eyelid procedures are associated with minor disability and allow one to return to routine living after a few days using cosmetics and sunglasses.

Most patients tell us that there is little or no pain in the postoperative period. Each operation is followed by varying degrees of swelling and/or discoloration, most of which usually subsides within 7-10 days. By this time, too, the scars can be camouflaged by makeup; these scars gradually blend in with the surrounding skin. After several months have passed and, in most cases, scars become perceptible only upon close scrutiny.

When wrinkling of the lower lid is pronounced, we frequently recommend skin resurfacing to cause further tightening of the skin and improve fine wrinkles or “crow’s feet.” This is done in the Clinic and causes minimal physical incapacitation. The healing period, however, is two to three weeks as it is with any peeling procedure. (See Chapter 6.)

Insurance may not cover surgical fees and hospitalization expenses for cosmetic surgery. However, in patients who have extreme amounts of overhanging tissues producing “hooding,” we may request a consultation from an eye specialist. If the examination demonstrates any visual impairment from such a problem, a portion of the fees for “functional” upper lid surgery may be covered by medical insurance, but, in our experience, it is getting more and more difficult to convince insurance companies to defray costs.

We have yet to encounter a case where excess skin and fat in the lower lid impaired one’s vision; however, if we need to do a procedure to support a lax or drooping lower lid, insurance may pay some of the costs for this portion of the lower lid operation.

Please advise us of any history of eye diseases or history of visual problems so that we may have them evaluated.

We recommend you have an eye examination prior to eyelid surgery. Ask your eye doctor to send us a report of his findings. We can help you obtain an appointment if you should have a problem.

NOTE: At times the curtain of skin hanging from the upper eyelid may be partially due to sagging of the eyebrows. In such cases, it may be necessary to advise elevation and support to the brows and forehead at the same time the upper lid plastic surgery is performed (see next section on “The Eyebrow Lift”). Examine your eyelids and brows prior to consultation in front of a mirror at home.

The Other “Bulge” . . . .

Blepharoplasty is designed to correct conditions found within the confines of the bony rims of the eye socket.

Many people ask if lower lid surgery removes or improves the swollen, puffy areas that sometimes develop beneath the lower lid and over the cheek bones. The answer is no. These bulges are thought to be caused by uncontrolled fluid accumulation in the tissues. They are, in essence, “bags of water.” Direct excision may remove these unwanted tissues, but, is not indicated unless they become quite large; the resultant scar may be imperceptible, but often requires dermabrasion at a later time.

Make sure you have read Parts I and II of this book and “Surgery To Reverse The Undesirable Signs of Aging” beginning on page 118 prior to your consultation.
Dr. McCollough has also developed a grading system to address sagging and bulging skin around the eye regions. In medical circles, the proper name of eyelid plastic surgery is “Blepharoplasty”. The following classifications are designed to provide guidance for patients and surgeons considering plastic surgery of the upper and lower eyelids. Keep in mind that there are four (4) eyelids: two uppers and two lowers.

**STAGE I (The Thirty-Something Eyelid Lift)** – for early sags and bulges of the eyelids. When little – or no – loose skin is present, lower eyelid bulges (caused by protruding fat) can often be removed from behind the lower eyelid, avoiding external incisions and scars). If excessive skin is beginning to develop in the upper lids, only overlapping portions are removed. Costs of Stage I Blepharoplasty surgery ranges from $1000-$1200 per lid.

**STAGE II (The Forty-Something Eyelid Lift)** – for moderate amounts of loose or hanging skin and bulging fat, creating the appearance of “dark circles” under eyes and hooding of the upper eyelids. Costs for Stage II Blepharoplasty range from $1200-$1400 per eyelid.

**STAGE III (The Fifty-Something Eyelid Lift)** – for treating excessive upper lid skin that droops to the level of the eye lashes, eliminating the natural crease and for lower lid skin and fat that create the appearance of a “tired” look. Costs for Stage III Blepharoplasty range from $1400-$1600 per eyelid (see photos on page 137).

**STAGE IV (The Sixty-Plus Eyelid Lift)** - for extreme drooping of upper and lower eyelid skin and enlarging fat pockets in both the upper and lower lid regions. In such cases upper eyelid skin begins to push the eyelashes downward (or overlap them) blocking the individual’s field of vision and causing the eyes to feel “tired” toward day’s end. In severe cases, health insurance often covers part of the costs of correction. And, when aging causes the lower eyelid to pull away from the eyeball, it is possible to include correction of this problem at the same time fat and loose skin is addressed. Costs for Stage IV blepharoplasties range from $1600-$1900 per eyelid.

**THE McCOLLOUGH CLASSIFICATION SYSTEM FOR PLASTIC SURGERY OF THE EYELIDS**

DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.
After the age of forty, some people develop excess skin around their eyes which produces a “tired look.” Excising the excess with a Stage III Blepharoplasty re-establishes the crease in the upper lid which had been obliterated by that redundancy.

The incisions and/or resulting scar lines for upper and lower lid Blepharoplasty and the “direct” brow lift are demonstrated by the marks in the two photographs above (see arrows). Variations do exist, so ask the surgeon to demonstrate where yours might be placed.

On rare occasions, young women under the age of twenty can undergo a Stage I correction of heavy upper lid tissues which interfere with their ability to properly apply eyelid makeup.
This patient exhibits an extreme example of “hooding” or overlapping eyelid skin. With a Stage IV Blepharoplasty not only does the patient have a more pleasing and youthful appearance, there is an improvement in both the function of the upper lids and her peripheral vision. Note: Medical insurance may cover some of the cost when the upper eyelid skin obstructs a patient’s vision ... such was the case in this patient.
The following instructions are designed to answer questions that may arise regarding postoperative care and inform you about what you can do and what you should not do during your convalescence.

You and your family should read this section several times to become thoroughly familiar with it.

Then, attempt to follow these instructions faithfully. Those who do, generally have the smoothest postoperative course and ultimately better results.

Whenever a question arises, refer back to this book; chances are you will find the answer; if not, telephone us. It is essential that our staff has the opportunity to evaluate any problem which may arise.

Swelling and Discoloration
As you were advised before surgery, a varying amount of swelling and discoloration follows every one of these operations, so try not to become anxious or depressed about it—it should pass. However, healing takes longer in some patients than in others.

We try to keep swelling to a minimum by prescribing special medications to be taken before and after your surgery and by using meticulous surgical techniques.

The continuous application of cold compresses for the first 12-24 hours following surgery is very helpful. We think it may be of some benefit for up to three (3) days.

Do not attempt to evaluate the results of your surgery while the tissues are swollen. Although you will see some immediate improvement, things look better when swelling has dissipated … but it takes weeks, or months. So, BE PATIENT!

After Surgery
1. Continue to take the prescribed medications and antibiotics until your supply is exhausted; these prescriptions need not be refilled. Take pain and sleeping medications only when needed.

2. Sleep with your head elevated 30 to 40 degrees for one (1) week; add an additional pillow or two under your mattress, if necessary, or use a recliner.

3. Apply iced compresses, made of face towels (not an ice bag), to your eyes as much as possible during the first three (3) days after surgery.

4. STAY UP (sitting, standing, walking around) after you return home—this is important! Of course, you should rest when you tire.

5. Avoid bending over or lifting heavy things for one (1) week. Besides aggravating swelling, this may raise the blood pressure and start hemorrhage.

6. Avoid straining at the stool, which also raises the blood pressure. If you feel you need a laxative, take one you are accustomed to using. Pain medications sometimes cause constipation so use them sparingly.

7. Avoid hitting and bumping your face and eyes. It is wise not to pick up small children, and you should sleep alone for one (1) week after your operation.

8. Avoid excessive sunning of the face for prolonged periods during the first thirty (30) days following operation; ordinary exposure is not harmful.

9. Don’t pluck your eyebrows for two (2) weeks.

10. You may gently wash your hair using only CeraVe Hair Cleanser (a mixture of 3 parts CeraVe Hydrating Cleanser and 1 part CeraVe Lotion). 24 hours after your surgery. Water and shampoo will not ordinarily harm the incisions. Use a blow dryer set on
a cool setting for the first two (2) post-operative weeks.

11. You may take a shower or bath the day after surgery. Unless you had a resurfacing procedure, the face may be gently cleansed with cotton balls or with your fingertips. Do not be afraid to get the suture lines wet. If you had skin resurfacing, follow the instructions referable to those procedures.

12. If you have had incisions into the skin of the eyelids, go over your suture lines six (6) times a day with a Q-tip saturated with full strength hydrogen peroxide, but avoid getting any in your eyes. Then put a very small amount of ophthalmic ointment on a Q-tip and apply it to the suture lines at the corners of the eyes; avoid getting too much in your eyes, as it may cause blurring of the vision or irritation. Do not use the antibiotic ointment prescribed for sutures around the ears. And, do not let Q-tips or ointments come in contact with resurfaced areas.

13. Take only prescribed medication or non-aspirin pain relievers, never aspirin or ibuprofen, because they sometimes promote bleeding.

14. Report any bleeding that persists after holding gentle pressure for 15-20 minutes.

15. Notify us immediately of any sudden swelling or change in your vision.

Your Medications

When you are discharged after surgery you should already have several prescriptions for medications to be taken in addition to the ones prescribed before your operation.

One prescription will be for pain. It should be used only if the cold compresses do not suffice because pain relievers other than acetaminophen (Tylenol) usually cause sensations of dizziness or drowsiness and make recovery more tedious. The other prescription will be for insomnia. Take it only if you have difficulty falling asleep at night because these, too, may cause dizziness or drowsiness. Some people need only Benadryl® which can be purchased without a prescription to help them sleep.

Hemorrhage

If any bleeding occurs, go to bed, elevate the head, apply cold compresses over the eyes, and have someone report it to us by telephone. Notify us immediately of any sudden swelling or change in vision.

Temperature

Generally, the body temperature does not rise much above 100 degrees following eyelid surgery, and this rise is usually due to dehydration caused by insufficient intake of fluids. People often think they have an increased temperature because they feel warm, when, in reality, they may not. To be sure, measure your temperature with a thermometer.

Report any persistent temperature above 100 degrees, however.

Resuming Normal Activities

1. You may wear a wig or hair piece as soon as you desire.

2. If you have had a face lift in conjunction with your eyelid surgery, follow the instructions at the end of the face lift chapter (page 153).

3. You may begin wearing eyeglasses or sun glasses the day following eyelid surgery. Do not put your contact lenses in for at least ten (10) days.

4. Don’t swim, dive, ski, or participate in strenuous athletic activity for at least one (1) month after surgery.

5. Eye shadow and false eyelashes should not be applied until about ten (10) days after surgery.

6. You can camouflage the discoloration about the eyes with makeup before you come to the Clinic to get your first set of sutures removed.
discoloration. Both the swelling and discoloration generally reach their peak on the second to fourth post-op day, so do not become alarmed.

2. Swelling and discoloration may become more pronounced after some patients leave the Clinic; this is why you should follow the instructions given above to minimize swelling and not take any medications containing aspirin. Furthermore, if you have nasal allergy or “sinus trouble,” you should take antihistamines to decongest your nose as this may be a contributing factor to swelling about the eyes.

3. Rarely, the whites of one or both eyes may become partially discolored. This is painless and usually absorbs within a week or so.

4. Occasionally, swelling will cause the lower lid to be separated from the eyeball. This condition should be reversed as the swelling subsides but can be prolonged if face powder, granules, etc., become deposited in the area when cosmetics are being applied. Notify us if it persists. If the eyes feel “dry” use artificial tears or other non-prescription moisturizers as often as needed.

5. During the first several days following surgery, the scars may be imperceptible; then they go through a period of swelling, become red or deep pink in color and somewhat lumpy especially at the outer corners. This eventually subsides, and, as time passes, they may once again become virtually imperceptible. This is the way scars normally “mature.” Thus, any unevenness of the edges of the incisions or lumpiness of the scars is usually temporary and subsides with the passage of time. So, we urge patience. Cosmetics or cortisone may be used to minimize the problem while progressive maturation of the scars is occurring.

When cold compresses are applied continuously throughout the first post-operative night patients generally have reduced amounts of swelling and discoloration.
expressed. They may occur in both the upper and lower lids, but less frequently in the lower lids.

7. Patients often experience some blurring of vision for two (2) or three (3) days after the operation. This is generally due to swelling and/or ointments that have been used and should clear spontaneously. Notify us however if you are concerned or of any change in your vision.

6. Occasionally, small cysts which resemble “whiteheads” may appear within the lid incision sites. They are “stopped up” oil glands. They should disappear after their contents are

Some Additional Reminders

Do Your Part
Please follow these instructions carefully. You should also review the materials in the consultation book relative to your surgery. Your final result will depend, in part, upon how well you care for the treated areas.

Do
Clean suture lines with hydrogen peroxide and a Q-tip 6 times daily.
Apply lacri-lube or a prescribed ophthalmic ointment to sutures following cleaning 6 times daily.
Apply the ophthalmic ointment or moisturizing drops in your eyes if they feel dry or irritated.
Report any eye pain or change in your vision to the clinic staff immediately.
Wear glasses, if necessary, being sure they do not pull on incision lines.
Continue cold compresses over the eyelids for 3 days.

Sleep with head elevated 30 to 40 degrees.
Wash hair following surgery, if desired.

Do Not
Apply any makeup (mascara, eyeliner or eye shadow) for the first 10 days following surgery ... and never to resurfaced areas until directed to do so.
Wear contact lenses for 10 days.
Pluck eyebrows for 2 weeks.

Finally
If you have had another procedure performed in conjunction with your eyelid surgery, read the postoperative instructions pertaining to that procedure also. If there are any conflicts, call the Clinic so we can clarify them and/or help correct any problems you might encounter.

If you have any questions call 251-967-7600

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Patients considering eyelid surgery should evaluate the positions of their eyebrows (page 142)

The eyebrow lift may be accomplished in conjunction with the forehead portion of the face lift, but it may be performed as an independent procedure.

Wrinkles in the skin of the eyelids generally require a skin resurfacing procedure (peel or dermabrasion).
The Eyebrow Lift

Heavy or low set brows can give one a “tired” or “stern” look but a brow lift can replace them to their proper position resulting in a more alert and youthful appearance. The incisions in this direct brow lift are immediately above the brow hairs but are easily camouflaged.

Drooping of the eyebrows is frequently one of the first signs of aging. This condition is often overlooked because most people are unaware of the problem and the degree of improvement its correction can provide.

A heavy eyebrow causes the upper lids to drop or descend until in the advanced stages, eyelid skin can touch or overlap the eyelashes. (See photographs page 137.) Patients often complain that their eyes appear to be getting smaller or deeper-set and that eye make-up usually ends up high on the upper part of the lids within a short while after it has been applied. Drooping eyebrows definitely contribute to the “tired look.”

This condition may be improved by the forehead lift operation or by the excision of skin above the drooping section of the brow. Both procedures “lift” the brow, upper lid, and surrounding tissues which usually results in eyes that appear larger, more rested and more youthful.

Following eyebrow surgery, there is often lessening of the deeper “crow’s feet” found next to the outer corners of the eye. However, for the best result, “crow’s feet” may require a skin resurfacing procedure at a later date.

The eyebrow lift will not correct either excess skin or pouching caused by fat herniation at the inner corners of the upper lids, and it will not have any effect on lower lid conditions. On the other hand it can be, and often is, effectively combined with surgery designed to improve problems in those areas. (See Surgery for Saggy-Baggy Eyelids, page 133.)

We ordinarily prefer to accomplish the eyebrow lift in conjunction with the temporal or forehead portion of the face lift, but in some cases, it may be performed as an independent procedure. (See section on “The Face lift Operation,” page 144.)

In some cases smaller incisions with (and without) the use of an endoscope—and coupled with interruption of some of the muscles which create deep creases and wrinkles can be used.

Direct Brow Lift
Postoperative Instructions
Patients who have had direct brow lifts with incisions and sutures on the forehead or above the brows, should follow the postoperative eyelid surgery instructions (page 138).

Forehead or Temporal Brow Lift
Postoperative Instructions
If your incisions were placed at or behind the hairline of the scalp, you should follow the postoperative instructions for face lift (page 153).
This patient requested a Blepharoplasty (eyelid surgery) for correction of her aging eyelid tissues. A lower lid Blepharoplasty was performed to remove the excessive skin and fat in the lower lid region, but the drooping brow was the problem in the upper lid region, therefore a direct brow lift, not an upper lid Blepharoplasty was indicated. Note the white line just above the brow. The scar can be easily camouflaged with makeup.

When there is a marked asymmetry of the brows, a direct brow lift can elevate the drooping brow for better symmetry. The incision is placed just above the brow hairs, excessive skin is removed and the muscles are supported with permanent sutures. The scar lines are usually well-camouflaged in men by the brow hairs. When they mature, they usually resemble a forehead wrinkle.

This patient required a mid forehead lift to support the heavy tissues around his brows and lids. An upper lid Blepharoplasty was performed at the same time.

Make sure you have read Parts I and II of this book
The Face Lift Operation:  
Foreheads, Cheeks and Necks

Note: Prior to reading this section, you should have read Parts I and II and afterwards, read the other Sections in Chapter 4.

Rhytidectomy

The Greek word for wrinkle is “rhytid.” The suffix -ectomy means “to remove”; thus rhytidectomy is the medical term for the operation designed to remove or lift wrinkles and sagging tissues from the forehead, face, and neck. The term “face lift” is often used incorrectly to describe a total facial rejuvenation, which, in reality, consists of eyelid surgery, face lift and perhaps skin resurfacing. While a “face lift” provides the foundation for the rejuvenation process, other procedures may add the “finishing touches.” By no means, however, does this mean that every patient who requests a face lift must have any additional procedures.

The goal of the face lift operation is to reduce the sagging and wrinkling caused by loose skin and to lift or reposition both the muscles and fatty tissues of the face and neck which tend to sag with advancing years or premature aging. Face-lifting does not correct problems in the upper or lower eyelids, or the wrinkles or creases in the lips—other procedures (Blepharoplasty or skin resurfacing) are required for these conditions. (See Surgery to Correct the Undesirable Signs of Aging, beginning on page 118.)

Early sagging tissues in the brow, jaw line and neck can be repositioned with a face lift. Deep folds extending from the nose to the lateral corners of the lips may be improved but not eliminated with a Stage II face lift. This patient also underwent a Level III chemical peel one year after face and eye lifting.
“Face lift” is the term commonly used to describe a surgical procedure better known in medical circles as “rhytidectomy” (removal of loose, wrinkled skin of the face and neck). The procedure is designed to re-create the firmer, smoother face of youth. However, not all face lifts are the same – nor should they be! The reason is: not all faces are the same. And, at different ages the same face is a different face.

Dr. McCollough’s system is comprised of five (5) general treatment plans:

**STAGE I (The Less Than Thirty Face Lift):** for the younger individual who has little or no loose skin and may require only liposuction to remove unwanted fat and bulges. Surgical fees generally run in the $2,500-$3,500 range.

**STAGE II (The Thirty-Something Face Lift):** for the patient who is beginning to notice sagging of the brows and cheeks, but not the neck. Whenever sagging tissues are present, facial muscles and fat must be repositioned into their more youthful relationships. In such cases a small amount of loose skin is removed. Surgical fees generally range from $4,500-$5,500.

**STAGE III (The Forty-Something Face Lift):** for the patient who exhibits sagging brows, cheeks and neck. Some of these patients may or may not need liposuction for contouring jowls and fullness under the chin. All, however require suspension techniques to muscles and fat. Surgical fees may range from $5,500-$6,500.

**STAGE IV (The Fifty-Something Face Lift):** for the patient with generalized facial and neck sagging, with – or without – jowls and wrinkles around the mouth. With more obvious muscle, fat, and skin laxity, more suspension of these structures is required. Surgical fees range between $6,500-$8,000.

**STAGE V (The Sixty-Plus Face Lift):** for the patient with advanced aging, coupled with sagging of all facial areas, including the forehead, brows, cheeks, and neck. At this stage in the aging process, deep folds develop in the groove between the nose and face, jowls droop below the jaw line, and the muscles of the neck often produce string-like bands that run vertically from the chin to the upper chest. Many of these patients are also beginning to exhibit wrinkles and blemishes over most of the face. In these more advanced cases, surgical fees generally range from $8,000-$9,000.

This patient exhibited the early signs of aging that required a Stage III face lift and a Stage III Blepharoplasty, giving her a “rested,” natural appearance.
This woman underwent a Stage II face lift, upper and lower lid Blepharoplasty. Liposuction is generally performed with face lifting to remove “jowls” and fatty tissues under the chin.

The improvement in this patient was accomplished by a Stage III forehead lift, a cheek-neck lift and upper and lower lid Blepharoplasty.

“Lifting” surgery repositions drooping tissues to their original, youthful positions.
One or two portions are recommended. We will advise you in your particular situation. Most people seeking “neck lifts” require some lifting of the cheeks in order to avoid “puckering” of the skin around the ears.

Face-lifting may be done for one or two reasons: to help prevent the advancement of aging, i.e., to help relatively young individuals (about 40 or less) to appear to stay young. The second reason is to assist one who is already wrinkled or whose skin sags to appear younger, fresher and more rested—to help one recapture the appearance once enjoyed.

Naturally, everyone contemplating the operation is interested in how much improvement they can expect and for what duration. The amount of improvement depends on the degree of wrinkling and sagging present; if it is excessive, the results may be dramatic; if sagging is occurring prematurely and the operation is being done to attempt to keep the patient looking young, the improvement may be more subtle. Remarks may be made that the skin appears “less tired” and the face “looks more alive, rested and fresher.” Some people look as though they have “lost weight” because the heaviness along the jaw line and in the neck is improved.

How Long Does It Last?
The duration of the results achieved with a face and neck lift cannot always be accurately predicted. If wrinkling and/or sagging is severe it will obviously take years before the condition becomes as bad as it was before surgery. If the natural degenerative process in the skin is occurring rapidly, wrinkling and sagging will also accumulate more rapidly. This is precisely when “tuck-up” or “spot-welding” procedures are helpful.

(See “What Can Surgery Do?” page 127.)

This drawing appeared in a newspaper. More than a “face lift” would be required to obtain the result depicted above. A face lift and Blepharoplasty (eyelid surgery) followed by a full face chemical peel within three (3) to six (6) months may produce similar results.
Liposuction can remove unwanted fat from the neck and jaw line. When combined with tightening sagging muscles and skin in patients undergoing facial plastic surgery, liposuction can improve the results of most cases by as much as 20-25 percent. A face that is simply “fat” however, may be improved, but for a short time.

In ideal cases, however, the duration of improvement following face-lifting is often from five (5) to ten (10) years. No operation can permanently prevent aging but the individual should never appear as old as he/she might have if the operation had not been done.

Any sagging noticed after a face lift is a result of the continuation of the aging process. When sagging becomes a problem again, a “tuck-up” procedure can be done which may provide dramatic and long-lasting improvement (see section on “Facial Tuck Up”). For the best results every patient should be evaluated within a year or two following surgery. A “tuck-up” may or may not be considered at this time. Claims that some surgeon’s face-lifts, “last longer” should be viewed with skepticism. “Over-doing” surgery in an attempt to have a “tight” appearance for a longer time is fraught with problems.

A face lift simply removes the slack which occurred due to the breaking down of the elastic tissues in the skin as part of the aging process; however, like any material that has elasticity, a second tightening may be helpful. The foundation created by the initial face lift creates the desired situation for a “tuck-up.” It is not necessary, however, to have additional cosmetic surgery. (See “Some Misconceptions” page 130.) The

THE AGING PROCESS
(Life’s conveyor belt of time)

This drawing demonstrates the changes that occur in the same face at ten (10) year intervals. Surgery can generally move one back one step, sometimes more, depending upon which procedures are performed.

IN A NUTSHELL...

A face lift generally helps turn back the clock about 10 years in most patients. It does not stop the ticking. The excess skin and fat in the neck and lower jaw is removed at surgery. Any slack seen in the post-operative period is a result of continued aging and breaking down of the skin that remains. Had the surgery not been performed, the patient would have the “new” sags on top of the “old” sags which were removed at surgery. Tuck-ups help maintain a youthful appearance in the patient who chooses to have additional surgery. Tuck-ups are generally less extensive ... and less expensive ... and quite effective.
“tuck-up” is simply part of a “maintenance program.”

One benefit Dr. McCollough offers is that once he has performed a face lift on a patient, subsequent “tucks” are performed at a fraction of the current fee for the same procedure, even if years have passed since the first surgery. This special benefit is offered to encourage his patients to maintain a more youthful appearance throughout life.

Who Should Have a Face Lift?

Men and women from all walks of life are having face-lifts; however, not everyone seeking rehabilitation of the aging skin of the face and neck is an acceptable candidate for surgery. Those with known serious medical problems are usually excluded. Patients who are obese or who have a short, thick, neck have little chance for a worthwhile result. The severe “turkey gobbler” deformity which occurs in the neck of some individuals may best be corrected by a direct excision in the midline of the neck under the chin. Finally, those with unrealistic expectations are not accepted. (Refer to Chapter 1 of this book.)

Nicotine interferes with blood flow through the skin of the face, delays healing and tends to increase the incidence of complications. Please notify us of any tobacco use or smoking cessation aids you may be using. Doing so will be in your best interest.

About The Surgery

Technically, the face lift operation consists of repositioning and supporting the sagging skin and the underlying tissues of the face and removing the excess skin and fat.

The scars in the hair and around the ear may be camouflaged with the adjacent hair or by the natural creases and folds of the ears. On rare occasions, there may be some thinning of the hair around the incision line; if this occurs, the area can be covered by combing adjacent hair over it, or by a minor “touch-up” procedure. However, we employ techniques designed to protect and preserve hair and to minimize scarring.

If a temporal or forehead lift is performed, the hairline may be altered; however, the incisions are tailored to minimize hairline alterations. The operation is “customized” to fit the needs and desires of each patient seeking surgery.

During preparation for surgery, we do not shave the hair in the temporal and forehead regions or behind the ear. Because we close those incisions made in the scalp with small metal clips, we have not found it necessary to shave the hair. Obviously the fact that one has had surgery is easier to camouflage when hair shaving is avoided. Another distinct advantage of the metal clip closure is that patients may wash their hair the next day after surgery. As a matter of fact, we recommend daily shampoos following face lift surgery. Detailed post-operative instructions are provided for you in a special section of this book (page 153.) You should read them prior to your consultation and jot down anything you don’t understand.

Some degree of tightness, numbness or weakness of surrounding tissues is expected following surgery. It is usually temporary, disappearing as healing progresses.

The operation may be done either under “twilight” anesthesia or general anesthesia. (See section on Anesthesia, page 78.)

More than 90% of the face-lifts we perform are done in outpatient facilities, but even if the surgery is performed in the hospital, patients are usually discharged in one (1) or two (2) days.
Patients from out of town should plan to stay in the Gulf Coast area for approximately one week, either with friends, at a hotel, or in one of the villas on the Institute’s campus. We will help you make these arrangements if you so desire.

If the surgery is performed in the Clinic, the total cost is considerably less when compared to hospital based surgery. These arrangements will be discussed during the consultation.

A turban-type head bandage is worn the night following surgery, but it is generally removed the next morning. The face may be swollen and some discoloration may be present. This discoloration usually fades away within about 10-14 days. Patients can return to most of their “normal routine” within two (2) weeks. But the face and neck may feel “tight” and movement will be restricted. This is to be expected as long as the tissues are swollen.

The patient returns to the Clinic in about a week to have the sutures and clips removed. Makeup may be worn by seven (7) to ten (10) days and he/she should be able to return to work and carefully drive an automobile in about two (2) weeks. Patients must not pull against tightness, lie on their sides or engage in heavy lifting during this time. Doing so can interfere with healing and lead to less than favorable results. For best results and better scars these activities should be avoided for at least 6 weeks following surgery.

We recommend you read the section on Face Lift Postoperative Instructions prior to your consultation (page 153.) Following instructions, we believe, can help reduce the unlikely possibility of complications which are imponderable factors with any surgery.

*ALL PATIENTS CONTEMPLATING FACE-LIFT SURGERY SHOULD ALSO READ THE FOLLOWING SECTIONS IN THIS BOOK:
1.  ALL OF PART I OF THIS BOOK
2.  CHAPTER 1 PREPARING FOR YOUR CONSULTATION
3.  2. CHAPTER 2 SURGICAL PROTOCOL & POSTOPERATIVE CARE.
4.  3. SURGERY TO REVERSE THE UNDESIRABLE SIGNS OF AGING
5.  4. THE PROBLEM NECK
6.  5. THE BROW LIFT
7.  6. SURGERY FOR SAGGY-BAGGY EYELIDS
8.  7. SKIN RESURFACING
9.  8. SCAR REVISION AND SKIN SURGERY
10.  9. THE FACIAL TUCK-UP

In some way, each of these chapters contains valuable information you should know if you are contemplating a face lift.

The healing process is just that—a process, so do not attempt to evaluate the results of surgery until the process has run its course. Some swelling, lumpiness, tightness and discoloration is expected following surgery. Refer to Dr. McCollough’s letter and CD, and to this book when you have questions.
A Stage IV face lift, Blepharoplasty (eyelids) and skin resurfacing around the mouth can move one back a step on the conveyor belt of time. The goal is to leave the patient with a natural "un-operated" appearance.

Preoperative photograph of a lady with sagging facial and neck tissues (Left). Two weeks after a Stage IV face lift the patient is photographed following a professional make-up session with one of our aestheticians (Right)
INCISIONS AND SCARS

This photograph demonstrates the usual location of the incisions for a face lift in a woman. They are designed to be camouflaged by the hair and the natural creases around the ear. (The dotted lines indicate the placement of the incisions behind the ear, see below.)

Behind the ear the incisions in both men and women are similar. They are usually camouflaged by the natural creases and by the hair.

We generally recommend forehead lifts (a) in women and "direct" brow lifts (b) in men. "Incisions at the edge of the hair (c) are recommended for patients with receding hairlines.

This photograph demonstrates the typical incisions for a face lift in a man. The pattern of beard growth dictates that the incisions differ from those made in women.
Face Lift
(and Tuck-Up)
Postoperative Instructions

Introduction

The following instructions are based on our experiences with thousands of face lift operations. They should answer practically every question that may arise regarding the “do’s” and “don’ts” after surgery. You and your family should read this section several times so that you may become thoroughly familiar with it. Attempt to follow these instructions faithfully—those who do generally have the smoothest postoperative process; this, naturally favors proper healing and the most favorable surgical result.

Swelling

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount varies from person to person, but it always seems more in the face since there is more looseness of the tissues; therefore, even a small amount makes the features appear distorted. Sometimes the swelling becomes a little greater the second and third day after your operation, especially along the jaw line and around the eyes and ears. When this occurs, the face and neck feel tighter. Swelling is generally worse when you first arise in the morning (proof that it is better to stay up or elevated as much as possible). The swelling itself is not serious and is not an indication that something is going wrong with your operation.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling, lumpiness, and discoloration which occur following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they generally experience.

If you feel the swelling is excessive, however, notify us so we can examine the areas in question. Many patients complain that one side of the face occasionally swells more than the other.

Discoloration

It is not unusual to have varying amounts of discoloration about the face. Like swelling, it may become more pronounced after the first day or so, but remember it, too, is temporary.

Sometimes, discoloration may become more pronounced after you have been discharged. Most of it usually subsides within two (2) weeks, all the while decreasing in intensity.

The measures previously described that help the swelling to subside will also help the discoloration.

You can camouflage discoloration (to some extent) by using a thicker makeup. A water based makeup (two shades darker than your skin color) may be applied with a moist sponge; after it dries, a second layer may be applied. It can be removed with water. Do not apply makeup over the incisions themselves for several days after the sutures have been removed; however, you can bring it up close to the line of the incisions. Makeup should never be applied over any area of crusting.
Turning The Head

AVOID turning the head or stretching the neck. When you must turn, move the shoulders and head as one unit or as though you had a “stiff neck.” This is important to prevent stretching the healing incision lines and causing scars to widen.

Discomfort

There is usually little actual pain following a face lift, but for a while you may experience a tight sensation as a result of the swelling, especially behind the ears, and the face may seem heavy. As is usually the case with such things, this seems worse late in the day, at night, and when one becomes nervous or worried.

If you should have any discomfort around the face try the application of cold compresses before resorting to drugs. If this is not effective, you may take the pain medication which we prescribed for you. Under no circumstances should ASPIRIN or medications containing aspirin or salicylate be taken without first consulting us. Be sure to check the labels of any pain medications you already have or any you purchase from the drug store. If Percogesic®, Anacin-3® or Tylenol® doesn’t help, then you may try the prescribed pain medication given to you at the time of your surgery.

Unfortunately, the usually-prescribed pain relievers often cause sensations of light-headedness, particularly in the immediate postoperative period and consequently, seem to make recovery more tedious. Therefore, it is better to try the application of cold compresses before resorting to drugs. If this is not effective, we generally recommend Percogesic® or one of the other “over-the-counter” non-aspirin medications if there is no history of sensitivity to these products. If the pain should be severe, notify us and stronger medication can be ordered for you.

The most common cause of neck pain following surgery is improper posture while sleeping on one’s back (see diagram). The hips, back, and head should be in a straight line whenever one is lying down.

The abnormal strain on the back and neck muscles may produce spasm or “cricks” which should be massaged, or treated with moist heat on the posterior neck and shoulders. Do not apply heat to the face and anterior neck regions.

Ice Compresses

Face towels (not an ice bag) dipped in a container of water and ice applied across the forehead, jaws and neck several times daily during the first week may help reduce swelling, discomfort, and discoloration in the face.

Removal of Dressings

A turban-type pressure dressing will be applied before you leave the operating room; it is to remain in place until the following morning. You should be as quiet as possible during this time; therefore, a great deal of talking and having too many visitors are discouraged. If your dressing becomes too uncomfortable, report it to us, but do not remove or loosen it without our direction.

Elevate The Head of Bed

To help minimize swelling, the head of the bed should be elevated 30-40 degrees for a minimum of two (2) weeks but continuing to sleep elevated for 6-8 weeks will help the remaining disappear more quickly. Remember to keep the back and neck in a straight line. Bend only at the waist. Gravity helps
the swelling leave the facial tissues. A recliner may be “bed of choice” during the first 4-6 weeks following surgery.

**Getting Out of Bed**

We usually recommend that you remain “in bed” during the first twelve (12) hours following surgery. After that you may sit in a chair, walk to the bathroom, or around your room.

**After Surgery**

If you live in another city, we prefer you to stay in the Gulf Coast area for at least two (2) days following face-lifting. As previously explained, your face and neck will remain swollen with varying amounts of discoloration for several days. The main thing to remember is that such swelling eventually subsides; you can help in several ways:

1) **Stay up** (sitting, standing, walking around) as much as possible after your first post-operative night. Of course, you should rest when you tire.

2) **Avoid turning the head** or bending the neck. When you must turn, move the shoulders and head as one unit or as though you had a “stiff neck.” Do this for two (2) weeks. And, do not lie on the side of your face.

3) **Avoid bending over or lifting** heavy objects for one week. Besides aggravating swelling, this may raise the blood pressure and start hemorrhage.

4) **Avoid hitting or bumping your face and neck.** It is wise not to pick up small children and you should sleep alone for two (2) weeks after your operation.

5) **Sleep with the head of the bed elevated (or in a recliner)** for 4-6 weeks after your operation. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of it but keep the back and neck in a straight line. Bend only at the waist. (See diagram page 154.) Try not to roll over on your face; this tends to tear down the supporting stitches used under the skin of your face and may cause the scars behind the ears to widen; therefore, it is advisable to sleep on your back for 30 nights. Many patients find a reclining chair placed at a 45 degree angle to be more comfortable than the bed.

6) **Avoid straining at the stool.** If you need a laxative, take one you are accustomed to using.

7) **Avoid excessive sunning** of the face for one (1) month; ordinary exposure is not harmful.

8) **Avoid smoking or very smoky areas for two weeks.** Nicotine, whether inhaled, ingested, chewed, or absorbed from patches, may result in delayed wound healing and increased scarring.

**Hemorrhage**

If bleeding should occur, go to bed, elevate the head and apply ice compresses and steady pressure about that area of face and neck. Report it by telephone!

**Temperature**

Generally, the body temperature does not rise much above 100 degrees following a face lift; this is due to the healing process. Patients will often think they have an increased temperature because they feel warm, but, in reality, may not. To be sure, you should measure your temperature by mouth. Report any persistent temperature above 100 degrees; it could be an early sign of inflammation.

**Weakness**

After a person has an anesthetic or has undergone any type of operation they may feel weak, break out in “cold sweats,” or get dizzy. This gradually clears up in a few days without medication.

**Insomnia**
When there is too much difficulty in sleeping in the immediate postoperative period, we will prescribe a sedative. It should be remembered that such drugs also tend to make some people feel light-headed or weak and should be taken only if needed.

Depression
It is not unusual for an individual to go through a period of depression after surgery. No matter how much they wanted the operation beforehand and how much they were informed about what to expect postoperatively, patients are concerned when they see their face swollen and, perhaps discolored.

Be patient and realize that this is a temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of postoperative care and trying to divert one’s attention to other thoughts (T. V., a book, an unhurried walk in a peaceful place, or an automobile ride in the country.)

Numbness
Parts of the face, neck, ears and scalp sometimes feel weak or “numb” after the face lift operation. This is to be expected and is usually temporary. It may take several weeks or, on rare occasions, months for this to subside. The top of the head may itch or exhibit numbness for 6-12 months.

Tightness of The Face
The skin of the face may feel tight for a while and you may feel that it interferes with normal facial expressions; this should disappear within a few weeks when swelling subsides.

Thinning of The Hair
There may be thinning of the hair in areas adjacent to the suture lines in the temple or forehead scalp and behind the ear. This can sometimes be avoided by closely adhering to the instructions about shampooing and cleaning the suture lines. Should a problem arise, we will advise you on any additional treatments.

If You Injure Your Face
Many individuals sustain accidental hits on the face during the early postoperative period. Usually, one need not be concerned, unless the blow is hard or if hemorrhage or considerable swelling ensues. Call us immediately if you are concerned or report the incident at the next Clinic visit.

Your Medications
When discharged from the hospital or Clinic, you will be given instructions concerning the remainder of the medicine you were taking prior to surgery. Take these as directed. In the uncomplicated case these prescriptions need not be refilled. Continue taking the prescribed vitamins for three weeks postoperatively.

Resuming Activities
1) WEARING GLASSES AND CONTACT LENSES — Eyeglasses may be worn as soon as the bandages are removed. Contact lenses may be inserted the day after surgery, unless you have had eyelid surgery; then wait ten (10) days.

2) HAIR AND BODY CARE — You may wash your hair with lukewarm water in a shower and carefully comb it out with a large toothed-comb the next day after surgery. Do not use hot water. You may have your hair washed at a salon after your surgery. (Use recommended shampoo.) Do not use the usual salon type hair dryer; use a hand blow dryer on cool, low setting. Be careful not to rest your neck on the rim of the wash bowl in the area of the incisions. Hair coloring and permanents should also be delayed until six (6) weeks after your surgery.

Use cotton balls to WASH THE FACE
gently with a mild soap (CeraVe hydrating cleanser) twice daily after the first week, using a gentle upward motion.

You may use the recommended shampoo and take a shower beginning on the second postoperative day, but NEVER on the day when you have had sutures and clips removed.

Do not TWEEZE THE EYEBROWS for one week.

You may wear a loose WIG, if you wish, as long as it doesn’t irritate the stitches or clips.

3) HOUSEHOLD ACTIVITIES—You may be up and around the house with your usual activities except those specifically outlined previously.

4) PULL-OVER CLOTHING—During the first two weeks, you should wear clothing that fastens either in the front or the back rather than the type that must be pulled over the head.

5) ATHLETICS—No swimming, strenuous athletic activity or exercises that involve turning the head for four (4) weeks. Walking is recommended after two (2) weeks. Jogging should be delayed until four (4) weeks.

6) KEEPING A “STIFF” FACE AND NECK—You should not move the face and neck excessively until the skin heals to the underlying tissues. Toward this end:

   A—AVOID anything that feels uncomfortable.
   B—DON’T TURN THE HEAD without turning the neck and shoulders as one unit; for the first two (2) weeks. When you must turn, do so as if you had a “crick” in the neck.
   C—DON’T BEND the head forward or extend the neck backward for the same period.
   D—AVOID gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger steak, or an easily-chewable food is permissible.
   E—AVOID yawning with the mouth opened widely for two (2) weeks.

7) RETURNING TO WORK AND RESUMING SOCIAL ACTIVITIES. When you should return to work depends on the amount of physical activity and also the amount of swelling and discoloration you develop; the average patient may return to work or go out socially approximately two (2) weeks after surgery—but individual responses to surgery vary with the number of simultaneous procedures, age, and general well-being of the patient, so you’ll have to play this by ear, but do not drive for two (2) weeks... and don’t “stretch” any areas that feel stiff or tight.

Your Scars

After all stitches and/or clips have been removed, the scars will appear deep pink in color. There will be varying amounts of swelling in and around the scars themselves. With the passage of time, the pink should become white, the firmness of the scar should soften, and they should become less noticeable. But if you stretch them, expect them to respond by getting thicker in order to “protect” themselves.

Some crusting may occur around incision sites. We can recommend additional measures to soften them, should crusting or thickening occur.

Each individual varies with respect to healing, but it takes approximately one year for these changes to occur and for scars to “mature.” Should you have a problem, other measures can be taken. However, scars are usually easily camouflaged by makeup and hairstyling. (Refer to Scar Revision and Skin Surgery, page 198.)

Daily Care

1) Go over your suture lines in the hair six (6) times daily with witch-hazel on a Q-tip. Around the front and
preparations must be made for this visit in advance of your arrival—these are different from the pre-operative routine. Appointments for patients who have recently undergone surgery are generally made earlier in the morning so that wound care and instructions can be given by trained personnel. Please try to cooperate with us when you are asked to come in early.

Don’t build up a feeling of fear and anxiety about postoperative visits. A few of the skin sutures may be removed and the progress of your healing will be checked. Removing sutures is quick and uncomplicated because it is done with small delicate instruments to minimize discomfort. Most sutures dissolve by themselves. You will probably feel much better after your Clinic visit.

Ordinarily, ALL SUTURES and CLIPS are removed within one week from the day of your surgery. During this interim, do not disturb them yourself. Crusting will occasionally occur around the sutures; we will soften and remove some during each Clinic visit.

And . . .

Remember the things you were told before your operation, namely:

1) When the bandages are first removed, the face will appear swollen and there will be varying amounts of discoloration and lumpiness. These conditions will subside to a very large extent within two (2) weeks; however, it will take 6-8 weeks for the majority of the swelling to disappear and for your face to reach a natural contour; however, with make-up and hair styling most patients can “go out” after two (2) weeks without any great concern. Most face lift patients look their very best at about 3-4 months after surgery.

2) Any discoloration will gradually disappear over a period of 10-14 days in most cases. We have yet to encounter a case where it persisted permanently.

3) Report:
A. Temperature elevation
B. Sudden swelling or discoloration
C. Hemorrhage
D. Discharge from the wound edges or other evidence of infection
E. Development of any drug reaction

Most of all, BE PATIENT during the healing process. If you have further questions, you are urged to call us and keep your appointments.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

Do’s and Do Not’s

Please follow these instructions carefully. You should also review the materials in the consultation book relative to your surgery. Your final result will depend, in part, upon how well you care for the treated areas.

WEEK 1
(Beginning the day after surgery)

DO: Clean suture lines located around the front and back of the ear with hydrogen peroxide and a Q-tip 6 times daily.

DO: Apply a thick coat of Accel-A-Cream™ to the suture lines following cleaning — and in front of and behind the ears.

DO: Clean around surgical staples located in the hair-bearing incisions with witch hazel and a Q-tip 6 times daily.

DO: Shower on the first postoperative day (once). Allow warm water, without soap or shampoo, to run though the hair. Some hair will be noted in the rinse at this time.

DO: Shower once daily starting on the second postoperative day. Clean the scalp with the recommended shampoo only. Continue the showers once daily for one week. (If you had a skin resurfacing try to keep water and shampoo away from the resurfaced areas.)

DO: Elevate head of bed 30 to 40 degrees for 4-6 weeks to help minimize swelling—keep the back and neck in a straight line.

DO: Apply facial cold compresses several times daily for the first week to reduce swelling and discomfort.

DO: Wash face with lukewarm water only.

DO: Wear eyeglasses if necessary.

DO: Wear contacts, if necessary, unless eyelid surgery was also performed, then wait 10 days.

DO: Wear a wig if desired as long as it doesn’t irritate the staples or sutures.

DO NOT: Apply the recommended ointment to the stapled incision line in the hair.

DO NOT: Pull ear forward while cleaning behind ear.

DO NOT: Use any hair sprays or conditioners for the first 2 weeks. No hair coloring or permanents for 6 weeks.

DO NOT: Apply makeup to the face for the first week.

DO NOT: Use a curling iron for 4 weeks.

MEN: Do not shave for the first week—Electric razors are recommended for the first two weeks.

WEEK 2

DO: Wash hair at salon, if desired. Hand dry on low setting only.

DO: Wash face with mild soap (CeraVe hydrating cleanser) twice daily, with finger-tips. (Avoid resurfaced areas.)

DO: Continue cleaning and wound care as described above, especially if crusts along incisions are still present.

DO: Start applying water based make-up to face except areas of continued crusting. (Do not use makeup on resurfaced areas.)

MEN: Shave with electric razor only,
Finally . . .

Since it is necessary to sleep on one’s back with the head elevated for a while after a face lift, we recommend you do so for a while prior to your operation ... but improper positioning can lead to spasms in neck and upper back muscles. This is one of the most common ... and avoidable ... causes of headache and pain following facial surgery.

Swelling and lumpiness persists in front of the ears awhile longer than other regions. It will subside in time.

A tight feeling behind and below the ears is to be expected for a few weeks after surgery.

Though usually visually disconcerting, most people feel that the swelling and discoloration associated with surgery is a negligible inconvenience to pay for the physical and psychological improvement they generally experience.

If you had any skin resurfacing procedure in conjunction with your face lift, please follow the instructions for postoperative care (page 186-192) for those regions. Failure to comply may result in delayed healing and scarring.

Call if you have any questions.
251-967-7600

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Listen to your body. Don’t pull against areas that feel “tight” during the healing process. Doing so may jeopardize your results.

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The post operative instructions for Scar Revision and Skin Surgery, page 202, will be beneficial in helping you better understand how to care for your incisions. We recommend you read them.

Skin Care

In order to get the optimum result from your surgery, and to promote healing, we recommend a consultation with one of the aestheticians at the McCollough Medical Spa. Skin analysis, lymphatic drainage (to reduce swelling and bruising), make-up consultations, product recommendation, and skin maintenance procedures are beneficial.
The Problem Neck:
A Skin Fat and Muscle Problem

Note: Before you read this section, you should have already read Parts I and II and afterwards—read the other sections in Chapter 4.

In most cases, there is negligible post-operative discomfort and the scar is camouflaged when it matures. When the condition is extreme, other incisions (i.e., a direct midline neck incision) may be designed in an attempt to obtain a better surgical result. It is rarely possible to do a neck lift without some work in the muscles and cheeks as well.

Submental lipectomy alone is not sufficient for most people. At least a cheek-neck face lift is required in addition to the submental dissection and suction lipectomy.

This is particularly true when the face tends to sag along the jaw line (at the jowls) or when a “turkey gobbler” deformity is present (see previous section on “The Face Lift Operation”).

In most people loose skin and fat are gradually deposited below the chin until the so-called “double-chin” develops. This hanging pouch of fat and skin obliterates the ideal angle of the chin-neck profile and definitely contributes to the appearance of aging. Other people develop a “turkey-gobbler” deformity which consists of vertical bands of loose skin (and sometimes muscle) extending from the chin to the base of the neck.

Some double-chins may be improved by a procedure known as submental suction assisted lipectomy (or liposuction) wherein a small incision is made under the chin, the excess fat is removed, and the skin of the upper part of the neck is tightened as part of a cheek-neck lift.

The most bothersome complaint in many patients who wish to reverse some of the signs of aging is the sagging skin in their neck. In many cases a Stage III or IV face lift is indicated. Sometimes a “direct excision” of loose skin under the chin is all that is required to remove loose skin and fat. (See profile view, top of next page)
All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.
Facial “Tuck-Up” or Mini-lift

Note: Before you read this section, you should have already read Parts I and II and afterwards, read the other sections in Chapter 4.

After a face lift, a secondary procedure may be performed whenever any new sagging appears in facial and neck tissues. In every face, regardless of who does the surgery, the age of the patient, or highly advertised “preventive measures,” at the end of several months some slack can be found. Following surgery, the aging process continues thus the skin loses more of its elastic properties. Gravity causes the loose skin to accumulate along the jaws, along the sides of the mouth and in the center of the neck under the chin. However, with the foundation which has been developed under the skin by the original face lift surgery it is encouraging to see the long-lasting improvement which can often be obtained by “tuck-ups.”

This type of “mini-lift” usually requires less surgery than the initial procedure—and the cost is less. Like most of the surgery we perform, it can be done in our Clinic or at the hospital.

The incisions and scars are in about the same places as with a face lift but the recovery period is usually shorter.

The ideal situation is to have a face lift and follow with a “tuck-up” whenever noticeable new sagging develops. The results can be dramatic.

No matter how snugly skin and underlying tissues are drawn, in time they will loosen. And it is impossible to predict when—and to what extent—this may happen. Genetics, age differences, ethnic backgrounds, stress, illness, nutrition, etc., all play a role in how soon “tuck-up” procedures may be considered.

It is possible to keep moving one back on the “conveyor belt of time” with such a maintenance program so that patients can conceivably maintain a more youthful appearance even though chronologically they may be much older. (Refer to page 147, “How Long Does It Last?”)

We like to evaluate patients every 12-24 months following face lift surgery.

Postoperative instructions for the “tuck-up” are the same as for the face lift (page 153).

THE AGING PROCESS
(Life’s conveyor belt of time)

This drawing demonstrates the changes that occur in the same face at ten (10) year intervals. Surgery can generally move one back one step.
Continuing Maintenance

Patients who underwent previous face lift several years prior. Right photo shows result of a “tuck-up”, or maintenance surgery.