Facelift & Neck Lift Surgery

The Patient's Guide to
Facial Cosmetic & Plastic Surgery

By

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ADD: Humour anecdotes/ Family names/ Clinic photos

A list celebrity patient who needed to be seen (AJ), unfortunately I had to cancel 6 patients to see her…

Another time had to close entire clinic…

Botox, PRP my own hair, does it work, not enough!

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Over the past ten years, the growth in demand for cosmetic surgery has been matched by scientific breakthroughs that make procedures safer and more effective than ever before. There have been numerous innovations in surgical and non-surgical techniques, enabling smaller hidden incisions, faster recovery times and lower risk of complications.

Yet despite the advances in cosmetic medicine, the prospect of undergoing surgery can be daunting and often throws up such questions as:

- How do I know this treatment is right for me?
- Who can give me the best results?
- What could go wrong?
- What is the recovery period after surgery?
- How can I speed up the recovery time and reduce potential risks?

These, and other questions, are natural for anyone considering surgery and it is important that they are asked and answered.

This guide to facial cosmetic surgery sets out to answer these questions and many more. This book cuts through media hype to give you the clear, concise and accurate information you need to be fully informed.

Once you have read this guide you will be in a position to make an informed choice as to whether cosmetic surgery is right for you.

Acknowledgements

Specialising in facial surgery is a journey that has taken two decades of dedication. Over that period, I have had the privilege of working with some incredible and inspiring colleagues: surgeons, professors, clinicians, nurses. A special thanks goes to the surgeons, friends and colleagues who have supported me over this journey in London, Beverley Hills and New York.

Thank you too, to my family, my wonderful wife and children who have supported me writing this book over many weeks of dedication. Without their time and support I would not have completed this journey.

A special thank you also goes to the patients who have, over the years, trusted me with their surgery and with making a difference to their lives.

About Dr. Julian De Silva

Dr. Julian De Silva is a London facial cosmetic and plastic surgeon. He has both cosmetic and reconstructive experience in facial surgery from fellowships in London, Los Angeles and New York. He is one of a handful of elite surgeons to be recognised with both European and American qualifications and memberships.

Dr. De Silva attended Guy's, King's and St. Thomas's medical school in London in the late 1990s and returned to his medical school to teach anatomy. He worked in several surgical specialties before going into ophthalmic surgery, where he developed fine microsurgical skills. Dr. De Silva worked in the NHS for over ten years, specialised in Oculo-Facial Plastic Surgery before super-specialising in facial cosmetic and plastic surgery.

Dr. De Silva has a formidable track record of accomplishments, including many accolades over the past decade of practice including recognitions from the Royal College of Medicine and Gold Medal for medical research. In addition, he has made significant contributions to surgical advancement, including over thirty peer-reviewed journal articles and book chapters. He completed two randomised control studies in surgery, considered the gold standard of surgical evidence.

Dr. De Silva has also led a number of innovations including pioneering research into the use of laser technology and stitch-less tissue adhesives and developed several novel teaching programs and patents. He has also completed research on beautification of the face with the use of facial-mapping technology and the use of the Phi Golden Ratio, a new tool for the evaluation of facial beauty. After working in the cosmetic centres in Los Angeles and New York, Dr. De Silva set up a specialist facial plastic surgery practice in London.

Dr. Julian De Silva MD MBBS FACS FRCO is a Facial Cosmetic & Plastic Surgeon based in London

Introduction

The aim of this book is to provide information and guidance to those considering facial cosmetic procedures such as facelift and neck lift surgery.

The Internet provides patients with a huge amount of information about all forms of cosmetic surgery, but deciphering this information, and avoiding marketing hype, can be problematic. Only with concise, accurate and up-to-date information can a patient make an informed choice about what is best for them.

In recent years, there has been a growth in demand for cosmetic surgery in addition to marked innovations in surgical techniques, enabling smaller, hidden incisions, faster recovery times and lower risk of complications. In addition, there has been a gradual change in cultural acceptability of people undergoing facial cosmetic procedures, with an increasing number of patients willing to share their experiences with friends and family.

Another marked change has been the growth in popularity of non-surgical treatments that offer patients almost instant rejuvenation. These types of treatments are now being offered in spas and even small offices on some high streets. At the same time, there have also been non-surgical treatments and machines that have been heavily marketed only to leave disappointing results.

Many celebrities, models, actors and actresses have undergone facial cosmetic procedures to improve characteristics or achieve rejuvenation, this has continued to increase public acceptance. Often professionals in performing industries which place a high importance on appearance, have had a number of touch- ups or refinements to improve their facial appearance. Although some A-list celebrities resolutely deny every having had plastic surgery, I personally know of several instances where it was the denial that was not true!

"*One actress that I completed facelift surgery for, went on to give an interview less than a year later saying how she would never undergo cosmetic surgery, please let's just be real!"*, Dr. De Silva as all doctors is bound by patient confidentiality.

Please note, this book is not able to offer specific guidance or a medical opinion on an individual case and cannot be used as a substitute for undergoing a consultation and assessment by a physician.

I wrote this book to help you make the right choices for you and ultimately bring you greater happiness and success.

1. Why read this book?

Is having Cosmetic Surgery right for me?

The decision to undergo facial plastic surgery is, for most people, a difficult one that throws up questions, such as:

Will I benefit from surgery?

- Who is the best surgeon?
- Can I afford surgery?
- What are the risks?

These are just a few of the many questions that you may consider. Although the internet has given us access to unparalleled volumes of information about procedures and surgeons, it also has made it more difficult to unravel the quality of that information.

The aim of this book is to provide you with high-quality relevant and sincere information to enable you to make an informed decision about having facial cosmetic and plastic surgery.

Do you have sufficient information to make an informed decision?

Improving your appearance can have physical, psychological and emotional benefits, improving self-confidence in both social and professional situations. The way you feel about your appearance can be a self-imposed barrier or limitation, and improving a facial characteristic can alleviate this and in the process improve self-confidence and well-being.

At the same time we all have regrets and no one would like to undergo a procedure, only to wish afterwards that they hadn't.

Why have facial cosmetic surgery?

Your face is unique. No two faces are identical. Your face indicates your age, gender and race as well as your health. And, whether we like it or not, your mood and emotions. In addition, your face may give clues to your character and personality and sometimes your socio-economic status.

The importance of the face in beauty dates back to the philosopher Plato where there were profound benefits within Greco-Roman cultures when it came to facial beauty. Beauty and attractiveness were regarded as the ultimate values, alongside goodness, truth, and justice.

There has been recent evidence from research that more youthful and better-looking people have higher incomes, professional opportunities and alternative life choices.

However, despite any social pressures, the only valid reason to have cosmetic surgery is for yourself and therefore having that surgery is an important decision. The key to making the correct choice and achieving a successful outcome is to have access to sufficient high-quality information.

What are the implications of Cosmetic Surgery?

Facial cosmetic and plastic surgery rejuvenates, reshapes and improves facial appearance. Facial plastic surgery has traditionally been the term given to correction of physical malformations resulting from ageing, disease, injury and trauma, whereas facial cosmetic surgery has been the term used to describe surgery to improve appearance, perhaps to reduce signs of facial ageing or improve facial balance and harmony.

However, the distinction between cosmetic and plastic has become more blurred in modern society.

A facial feature that dominates a person’s face such as eyelid bags may have considerable impact on a person’s sociological, professional and psychological well-being, with patients often harbouring or expressing a desire to change a facial characteristic for years before finally seeking cosmetic surgery.

Modern day Advancements & Technology?

There have been marked developments and advancements in medical devices and biomaterials that form many of today's facial cosmetic procedures, enabling minimally invasive techniques that can often be performed using local and sedative anaesthesia, thus enabling a faster recovery. Modern techniques mean most procedures can be undertaken as an outpatient or at a same-day surgery centre, therefore avoiding long hospital stays.

1.1. Do you know enough about Facelift & Neck Lift surgery? Take the quiz...

Let's expand the list of questions you face.

Do you know enough? Take the quiz below to find out. Before undergoing a surgical procedure, to ensure a successful result which meets your expectations, you should be able to answer all these questions:

1. What surgery is best for me?
2. How do I choose the correct surgeon?
3. How long will my recovery be?
4. Will my friends and family know if I have surgery?
5. Will I be happy with the results?
6. Can I afford to have surgery?
7. Will I have much pain?
8. I am afraid of having anaesthesia?
9. Is it too early or late to have surgery?
10. Do I need to stay in hospital overnight?
11. Are there any non-surgical alternatives?

How did you do?

2. What do you need to know about Facelift & Neck Lift surgery?

We live in an image-focused culture that places importance on attractiveness, youth and beauty. Improving yourself can have physical, psychological and emotional benefits, improving self-confidence in both social and professional situations.

The aim of this chapter is to discuss the important aspects of cosmetic surgery so you can make an informed decision that is right for you.

2.1. What is Facelift surgery?

As part of normal ageing, there is a combination of some drooping of the skin of our face and neck with flattening of cheeks (resulting from loss of volume) and elasticity. Ageing starts to show in our late 20's with the development of fine wrinkles and lines and speeds up significantly from our mid 40's where descent of the face with volume

loss causes droopiness of the lower facial third of the face creating jowls, loss of a smooth jawline and less elastic properties (termed laxity)of the neck skin. Some women describe to me an acceleration of ageing through the menopause with more laxity of their skin, further loss of their jawline and bands with loose skin in the neck.

A facelift and neck lift can rejuvenate your facial appearance by turning the clock back, reversing signs of facial ageing, lifting sagging of facial soft tissues and skin, correcting the loss of a sharply defined neck and lifting deep facial lines that have occurred as a consequence of facial droop.

Facelift surgery (called Rhytidectomy in medical terminology) was first described over 100 years ago. However there have been marked advancements in technique and surgical innovation over the past ten years. Many patients come to see me, concerned about looking too different and wanting a natural rejuvenation with hidden scars and a fast recovery.

We have also seen media photographs of celebrities who look quite different to their youth and a natural-looking rejuvenation is important for most of my patients. Having a facelift or neck lift surgery is a big decision for many patients as it is a choice to undergo surgery. A consultation is an opportunity to discuss your personal goals, and evaluate and discuss treatment options to enable you to make an informed decision about undergoing surgery.

This begins with a consultation to discuss the changes that you have noticed, the expectations you have for improvement and a discussion regarding recovery and potential risks.

"*Every patient I treat is s a representation of my work and artistry. Looking natural and refreshed is of key importance to every one of my patients.*

Dr. Julian De Silva

2.2. What do you know already?

All of us receive constant marketing messages from the media. Some information we receive is credible but much is biased opinion, scaremongering or dubious in its validity. There are continually claims of 'wonder non-surgical facelift treatments' offering instant rejuvenation. Unfortunately many of my patients have been disappointed by these, as most are based on limited technology with temporary or minimal effects. If it sounds too good to be true it probably is. There are claims of the latest non-surgical breakthrough offering incredible quick fixes. They come with with brand logos and unique claims or celebrity endorsements. Your surgeon's role is to help guide you through treatment options that will help you achieve your desired result.

2.3. What Facelift is best for me?

Every person's face is unique and has characteristics that are distinctive. To give you accurate information on what is the best treatment for you requires an assessment of your face and an understanding of what you are looking to achieve, as well as knowledge of your general health and well-being.

The initial consultation is an opportunity for you to talk about what you notice and for me to listen. For each patient, I like to understand what has led to them seeking advice on improving their appearance. There is a popular misconception that patients seeking correction of signs of ageing are motivated simply by vanity, however this is not usually the case. Many patients see me because they have noticed a more tired appearance that does not fit with how they feel. This can affect relationships, social interactions and professional opportunities.

Most of us want to look our best, and when we have renewed confidence and energy that affects every aspect of our lives. Facelift and neck lift surgery is a substantial step for some patients however it does offer a facial rejuvenation that currently cannot be achieved by other means (such as non-surgical treatments or creams). It is a big step and a big decision to undergo facial surgery by choice. Many patients who come to see us have been bothered about an aspect of their appearance for over 10 years,

sometimes 20-30 years! We take a personal approach to facelift surgery to take care of our patients like we would our own family.

I ask all patients to bring an old photograph to show how you have individually changed over time. This is very helpful as each person's face has unique characteristics that will change differently with time. Often, I will make suggestions that may either improve your final result to give you a natural rejuvenation. I also have incorporated the latest innovations and technology to give you the fastest possible recovery over the first two weeks. This includes using the latest in fast-healing biotechnology, effectively using your own body's growth factors to heal you faster.

Occasionally, surgery may not be the preferred option and for these patients I may suggest alternatives that provide a rejuvenation that does not require face or neck lift surgery. The reasons may be that the degree of ageing does not yet justify undergoing facelift surgery, or it may be related to general health issues. With facelift surgery, I consider the first aspect is safety; the second is natural-looking rejuvenation with fast recovery and third is a favourable patient journey to make your experience as smooth and as trouble-free as possible.

2.4. What are the different facelift types?

The earliest facelift surgery techniques focused on pulling and stretching skin. These are fast procedures, but not suitable for a natural rejuvenation as they give a stretched and fake appearance. Beneath the skin is a layer of soft tissues (called the SMAS layer in medical terminology), important for a natural rejuvenation is lifting this part of the anatomy as this is what has dropped with facial ageing. Although many different descriptions of facelift have been attempted, most involve variations on lifting the SMAS layer. I teach the international facelift course at the ASOPRS (American Society of Ophthalmic Plastic and Reconstructive Surgery) meeting in the USA each year and impress to training surgeons the importance of this part of the anatomy for a natural result.

Key to a natural appearance is an individual evaluation of your face and a plan that is based on your individual changes and ageing. This plan may include facelift surgery with an associated technique such as fat transfer or skin resurfacing to give the best possible result.

The techniques used to lift the face can be categorized into three broad types of facelift according to the surgical technique and associated recovery. I see my role as advising patients what is the best facelift for your individual needs. The optimal rejuvenation of facelift and neck lift surgery requires effective and long-term elevation of the neck and soft tissues of the jaw, restoration of the neck angle and contour, and the minimal recovery from surgery.

I classify facelift procedures into three main types: 1. Minimally invasive or non-invasive procedures. 2. Mini-Facelift procedures 3. Classical facelift and neck lift procedures.

1. **Minimally invasive or non-invasive procedures**

These are the quickest procedures and sometimes referred to as 'lunchtime' procedures. These include the use of facial fillers, platelet rich plasma (Vampire facelift), Radiofrequency, Ultrasound (Ulthera), lasers (Carbon dioxide), skin resurfacing (Co2 Laser), thread lift sutures and others. These are discussed in more detail later in this book.

The principal benefit of these techniques is that they avoid surgery. The non-surgical treatments have short-term effectiveness and are best suited for patients with early facial ageing. Patients with more marked facial drooping, skin laxity and bands in the neck are better suited to, and have more effective longer lasting results from, surgical facelift and neck lift options. We advise our patients on the most appropriate treatments to rejuvenate their face after an assessment and discussion about goals.

There are patients with early facial ageing who benefit from non-invasive treatments, however this does depend on the degree of facial ageing and is not suitable for patients with more pronounced ageing. We use a signature non-surgical facelift that utilises the safest and gold standard fillers (termed FDA-approved US fillers) to

augment natural Phi-lines on your face. These can provide a natural rejuvenation without surgery, using the concepts of “structural volumisation” along cheek and jaw bones.

There is a continual evolution of these non-surgical techniques and some are more effective than others. More recently there has been increased marketing of thread lift techniques (barbed or coned stitches) that offer lifting without surgery. Unfortunately, many patients who come to see me have been left disappointed by these techniques as their effects can be compromised with bruising and swelling. The effect may only last a few months and the stitches can cause lines and marks in patients with thinner skin. A few small stitches cannot address the loose skin, volume loss or sagging neck or neck bands that can be treated with surgery.

Patients who come to see us are frequently disappointed by thread lift sutures. Unfortunately, this procedure has been advertised as a non-surgical facelift, however this is not true as they achieve far less, with a several-month life span, tension lines in patients with thin skin, and the possibility of traumatic bruising and a recovery period comparable with surgery.

Click here for more information about non-surgical facelift.

Mini-Facelift procedures

The second category is smaller and faster surgical facelift techniques including small-incision facelifts which will be appropriate to treat some early signs of facial ageing, mini-face lift, MACS lift (Minimal Access Cranial Suspension), neck liposuction, volume replacement (fat augmentation) facelifts. These techniques have a role in younger patients in their forties who have some signs of facial ageing without requiring enhanced lifting techniques. I complete these procedures for patients with early facial ageing. If there is more substantial ageing including loose bands in the neck and heavy jowls softening the jawline, a complete facelift may be advised to give you the result you are looking for. I talk through the treatment options with each patient, as my role is to inform you what will give you the most natural result within the time frame you have for recovery.

Click here for more information about mini-facelift.

Customised Facelift & Neck Lift

Most patients require a customised facelift surgery that restores the specific changes they have seen with age. These can vary substantially from person to person. Common goals include natural shaping of the neck and jawline. I ask patients to bring an old photo to their appointment as this can be used as a blueprint to plan their customised facelift. In addition, evaluation of each individual's face requires meticulous attention to detail to give natural-looking results. These facelift techniques are given different names and include SMAS surgery (Superficial musculo-aponeurotic system including SMASplication, SMAS imbrication, SMAS excision) composite facelift (early deep plane facelift), deep–plane facelift (more vertical lift against gravity), sub-periosteal lift (below bone), endoscopic facelift techniques (small scars hidden with hairline).

I tailor my surgery to a patient's face, using a modified deep plane lower face & neck lift to redistribute drooping jowl soft tissues back to its youthful location above the jawline, giving an attractive and natural look. I perform different types of facelifts to treat various degrees of facial ageing and customise his approach to an individual's face as no two faces are identical.

Often the earliest features of facial ageing are a combination of sagging of the eyelids in combination with loss of the natural neck contour. I often utilise complimentary specialised techniques to augment bone and soft tissue structure, such as the use of facial implants to compensate for loss of bone volume and the use of volume filler such as fat stem cell grafting to restore soft-tissue volume loss (deflation). For some patients who describe a full appearance of their neck that has always been the case even in their youth, what is required is contouring of the deep soft tissues of their neck. Although this takes an additional hour to complete, it will result in a neck that has better definition than patients had in their twenties. In some patients, particularly younger and male patients I may do an isolated neck lift or partial facelift for neck folds and lines.

2.5. What journey does a Facelift involve?

The traditional journey of undergoing a facelift surgery was daunting: surgery performed under general anaesthetic in a large, impersonal hospital with busy unsympathetic staff, delays and parking trouble. I spent time after working in London hospitals to visit the cosmetic capitals of Los Angeles and New York City, to bring the latest innovations in technical surgery, use of technology and patient experience to patients in the UK. My philosophy has been to improve each patient experience to give the highest possible safety, the most natural- looking results, faster recovery and an experience that patients can be both comfortable with, and at times enjoy. From this experience I looked at each aspect of the facelift experience, refined and improved each part to give each patient a personalised experience.

My specialist team designed and built a custom-based facility in central London inworld-famous Harley Street. Patients are able to have discrete care in an ultra-modern facility. The centre at 23 Harley Street has good parking and a private location with easy transport into London and to Heathrow Airport for patients travelling from overseas, and depending on patients' needs we are able to provide a full concierge service. The facility has been enhanced annually to incorporate the latest high-tech features including 3-D camera technology, telescopic micro-incision cameras, imported laser technology from the US and the latest in fast-recovery Bio-Technology from Germany. The facility built purely for facial cosmetic and plastic surgery, with the equivalent regulation by the Care Quality Commission that a private hospital would have to undergo.

I handpicked each and every staff member, not only for their expertise and clinical skills, but also for their approach, communication and personal skills. Our proposal is to give you a choice to have surgery within a safe environment, with the care each person would like to personally receive, performed by myself and supported by my team. We are constantly refining the model to give each patient the best experience possible.

My staff and assistants discuss in detail with all my patients, all you need to know about before and after surgery planning. Everything is considered. This includes discussing things to avoid such as some hair colouring, pre-operative medications, such as blood thinners and some herbal medicines. We also will make recommendations on ways to enhance your recovery. Over 20% of the patients we help have had previous surgery elsewhere. Patients report that the experience with us and their recovery is more satisfactory.

The facelift process begins at the initial consultation and we take time to discuss your expectations from surgery, discuss all the options available and the risks before undergoing surgery. You will also see one of my team and be given time to ask all the questions you have. I see all patients for a second pre-operative consultation to discuss further aspects such as measures you can take to speed up your recovery and this is an opportunity for you to ask further questions.

On the day of surgery, all patients can feel nervous, however this is only short-lived as once we start the sedation anaesthesia, all patients are relaxed and calm. Patients are allowed to change to a hospital gown and special socks. I see all my patients before surgery, to check things over and to put on specific markings that are unique for each patient. We ask all patients to arrive on time as just the markings alone can take more than ten minutes.

I work with three specialist anaesthetists who are very experienced having completed thousands of cases. I have streamlined the sedation anaesthesia commonly used in the US for my patients in the UK. In the NHS sedation often uses a single medicine, whereas we use four or five medicines that are collectively far more effective at giving sedation anaesthesia, and a fast recovery.

Once in the theatre, all patients are monitored by an anaesthetist for their entire procedure and recovery period. Only when you are sleeping do I use a customised water-based anaesthetic solution (termed tumescent) to gently numb the whole face and neck. As you have sedation anaesthesia, you will sleep through this part. The anaesthetic solution will last many hours longer that the surgery.

The facelift procedure is then started. I take special care with the incisions as this is key to hiding the scars from facelift surgery. The droopy soft tissues of the face are repositioned to a more youthful position and associated techniques completed such as fat transfer and skin resurfacing to improve the final result.

I only use fine stitches in the face. Some surgeons use staples to save time but these can leave track scars and are very uncomfortable to remove. Stitches take additional time to insert but this avoids having to remove staples after surgery. I often use a micro-drain which can enhance recovery for some patients, giving a 20% reduction in swelling. I use the latest biotechnology, using your own growth factors from your body to enhance recovery.

Once the surgery is complete, the sedation is switched off. As you have only been sleeping, the recovery is usually 30 minutes or less. All patients are able to walk out of the operating theatre. This is wholly different to traditional surgery with general anaesthetic where your recovery make take six hours or more.

I continually look to innovate and refine each patient's experience to give you a natural looking result, fast recovery and a smooth experience.

2.6. What is different about my Facelift & Neck Lift procedures?

With facelift surgery, I believe there are three important aspects to: 1. Safety always comes first 2. Best possible natural result and fast recovery 3. A personalized journey where we support you during your recovery. Each of these aspects we have continually refined and enhanced.

To give each patient a natural-looking rejuvenation requires a detail-orientated approach to facelift and neck lift surgery. Each person’s face is unique so different techniques of face and neck lifting, adding volume and neck contouring are tailored to each individual. A standard facelift that uses the same identical technique for everyone results in a standard appearance which can benefit some patients but not suit others. Scars in front of your ears, steps in hairline, can all result in an unnatural look. The

traditional facelift procedure involved a prolonged recovery associated with general anaesthesia and artificial blood pressure management resulting in more bruising and swelling, a breathing tube that gave a sore throat, an overnight stay in an uncomfortable and lifeless private hospital room and a right dose of pain relief medicine. We have reverse-engineered the facelift experience to give patients a modern, contemporary experience and facelift result:

- Gone are five to six hours' recovery from general anaesthesia. With our sedation anaesthesia, you can walk out of the operating theatre 30 minutes after surgery.

- Gone are substantial nausea, feeling sick and a sore throat from conventional surgery. With our services, less than 1% of patients have nausea and sickness.

- Gone are linear scars that are visible after surgery. With our surgery I will hide the scars in your natural hairline and natural curves of your ear. We will utilize the latest in biotechnology and micro-drains to enhance your healing, offering a 20% reduction in conventional swelling. Our aim is to give you the fastest possible recovery. At two weeks after surgery you will feel some numbness and tightness. This is normal. I am meticulous in spending time on each case to ensure the scars are hidden as far as possible. To close just one side of the face takes 45-mintues with my technique; other techniques in front of the ear can be completed much faster but may result in visible scars.

- Gone are the serious risks of general anaesthesia including a blood clot in the leg (termed deep-vein thrombosis). With our sedation anaesthesia all your natural protective reflexes are working normally throughout the surgery. You are essentially sleeping during the surgery like you sleep at night.

- Gone is the need for multiple does of strong pain-relief medicine after anaesthesia. More than half our patients do not use any analgesia after surgery and those that do only use a few medicines the first twenty-four to forty-eight hours. Many patients are concerned about pain after surgery - with our techniques you do not need to worry.

- Gone are hospital staff that can give you a sterile feeling and a feeling that you are somehow unwell. My hand-picked staff will care for you and I will see you personally the morning after your surgery.

- Gone is an assembly-line process where paid assistants follow up your care. I see all my patients personally.

- Gone are the same old techniques used for decades. We are continually improving, enhancing and utilising re advanced technology.

- There are always risks undergoing surgery. No surgery can be completely risk-free. We have looked at each of the potential risks and how to minimize or eliminate them. For example, smoking caries an additional risk of healing issues and scars after surgery. I will not advise you to undergo facelift or neck lift surgery while smoking or using any nicotine products. This is purely for your own safety. I will give you the same advice I would give to my own friends and family.

- I have developed a fast-healing technology, using the latest in science and technological advances to enhance healing and recovery. I developed this technique after listening to some of my patients who experienced a longer recovery from laser resurfacing. I developed a combination of Bio-Technology PRP (Platelet Rich Plasma) and AMP (Amniotic membrane product), micro-needling, drains, light therapy, oxygen therapy and manual lymphatic drainage to deliver faster healing. Full-face laser resurfacing can result in several weeks of redness in some patients. Using the combination Fast Healing biotechnology there was a marked reduction in redness at 2-weeks. This fast-healing technology uses your own body ‘s growth factors to heal your body faster and was first used by professional athletes to heal joint injuries, enabling them to recover faster. I have pioneered the use of this technology to enhance recovery and results in facelift surgery.

- I am always looking to enhance recovery, reduce swelling and potential for bruising. To enable this, I had had specially made herbal ingredients formulated to reduce bruising. I also evaluated the use of a specialized technique

for reducing swelling termed MLD (Manual lymphatic drainage) and incorporated this into enhancing recovery after face and neck lift surgery.

- Safety is always of primary importance, and there are specific checks based on your general health and age that we will complete before your surgery (e.g. blood tests) to ensure safety and speedy recovery. Occasionally these identify a condition such as anaemia, which we can treat before surgery.

- Gone is treatment in an old-fashioned hospital environment with outdated patient management systems and patients being treated for entire-body procedures. We offer treatment in a world-class custom-built private hospital at 23 Harley Street.

At the forefront of medical research is the use of Stem Cell Technology to trigger natural body-repair mechanisms. I use this cutting-edge technology in specific patients to enhance natural-looking results and trigger natural reparative mechanisms that enhance recovery. I am always looking for innovations and science that may enhance facelift surgery in the future.

I evaluated the entire facelift procedure and modernised each part of the surgery to improve conventional downtime and recovery and provide natura-looking results. By using sedation anaesthesia (also known as twilight anaesthesia) your recovery is faster than with the prolonged recovery associated with general anaesthesia. Most patients are surprised by how minimal is the discomfort they experience after surgery, with more than 50% not requiring pain-killer medicine from the next morning. In addition, the use of advanced US techniques promote rapid resolution of swelling so that at two weeks post-surgery less swelling is present than with conventional techniques. For most patients, a recovery of two weeks is adequate, with some patients returning to social activities even forty-eight hours after surgery. Link to testimonials.

I modify my surgical technique depending on an individual's requirements and frequently combine the use of other technology to improve the results of a patient's facelifts. There are some common combination techniques:

- Volume losses around the cheeks, mouth and temples are common signs of facial ageing and can be effectively treated with volume augmentation. I prefer the use of a natural volume to restore the face using a patient's own soft tissues. Fat transfer is the term given to describe transferring fat from one part of the body (commonly around the belly-button area), processing it to concentrate the fat that contains stem cells, which are then transferred into areas of deficiency in the face. I use fine cannulas to apply the fat to areas where the fat has been lost, giving a longer-lasting natural result. Fat transfer to faces that have had a substantial loss of volume, can be very effective in restoring the curvature of the cheeks giving a natural and youthful look.

- Eye changes are a very common indicator of facial ageing and include drooping of the skin in the upper eyelid, dark circles and bulging pockets of fat in the upper and lower eyelids. I commonly treat these at the same time as a facelift in at least half of patients.

- Ageing of the skin from damage by the sun and environmental elements, results in lines and dark spots that may be effectively rejuvenated and smoothened with a combined facelift and laser resurfacing procedure. With the use of facelift and CO_2 laser resurfacing of the skin an excellent result can be obtained. I take precautions with the use of laser on the skin to ensure high-quality results and I may include skin area testing. Laser treatment of the face does result in some discomfort on Day One after surgery and oral analgesia is adequate to relieve any discomfort. After one week, the face has largely healed, although a minority of people may have residual redness that can be covered with concealer. I only use the latest in laser technology, as there is continued innovation in laser design, improving effectiveness and reduce downtime.

- Facial imbalance secondary to the underlying bone structure cannot be addressed by a facelift alone. I analyse the face as a whole. Common shortcomings are in the chin and cheek areas and in some patients these are addressed with volumetric addition with facial implants. I prefer to use silicone implants as these are very safe and have been used in the body for many decades and are undetectable once inserted.

- Lumps & Bumps removal and repair commonly occur in the skin. I send these on for evaluation in a laboratory as safety comes first and occasionally these lesions can be a minor malignancy.

- Enlarged ear lobes can occur as a consequence of ageing and natural growth of the ears or as a consequence of prolonged use of earrings over a period of years. These can be reduced in size and reshaped at the time of facelift surgery.

Facelift surgery requires artistry, and each patient requires surgery that is tailored to their unique needs to give a natural-looking result. My “Natural Looking Facelift,” was featured on ITV and incorporates the use of the high-tech procedures listed in combination with rapid recovery to create a more natural lift with longer-lasting results. I pioneered the use of these techniques and the use of biotechnology to expedite the healing process with decreased bruising and swelling.

2.7. What type of anaesthesia is required for a facelift?

The traditional way facelift surgery is performed is in a hospital setting under general anaesthesia with an overnight stay. Although no facelift procedure is risk free, there are increased risks associated with general anaesthesia; these include increased bleeding, pain, clot in the legs as well as side effects including nausea and sickness during the recovery period. The UK has been relatively slow to adopt to modern twilight anaesthesia for cosmetic surgery (local anaesthetic and sedation) which is commonplace across Europe and the United States. I travelled to Los Angeles and New York to gain experience in these techniques t. In the past I used general anaesthesia and found patients had a prolonged hangover in recovery from surgery. I am constantly looking at improving patient recovery after surgery and for years now have used Twilight sedation for face and neck lift surgery, this removes significant risk factors from facial surgery and only with rare exceptions do I a perform facelift surgery under general anaesthesia.

General anaesthesia means your body is completely unconscious. The medications used in general anaesthesia are given by a specialist doctor, an anaesthetist. The normal protective mechanisms of the body are subdued and a breathing tube is used to protect the airway and maintain breathing. General anaesthesia has become very safe and is only given in hospital or surgical treatment centres. The disadvantages of general anaesthesia include a longer recovery than with other forms of anaesthesia. Common side effects of the medication are drowsiness and nausea, sickness and a sore throat from a breathing tube. In addition, general anaesthesia carries a risk of a blood clot in your leg (termed deep-vein thrombosis) and although rare, this has serious health implications.

Sedation anaesthesia is also known as “twilight anaesthesia” or MAC (Monitored anaesthesia care) meaning that your body is sleepy and relaxed, you are still conscious and able to respond to questions and instructions. The benefits over general anaesthesia are that the recovery is quicker and with fewer side effects such as nausea and vomiting. Typically, the procedure is very relaxing as you are asleep and the recovery is much faster. You are able to walk out of the operating theatre within 30 minutes after the procedure. During sedation anaesthesia all your natural protective reflexes are working normally, hence there is not the same risk of a deep vein thrombosis.

I ask every patient about their experience and how it can be improved. Over 20% of my patients have had surgery elsewhere and usually had general anaesthesia. Patients who have sedation anaesthesia with us, who have previously experienced general anaesthesia, overwhelmingly prefer sedation anaesthesia. It offers a faster recovery, improved safety, and a more positive experience. I have modified my practice from using general anaesthesia to sedation anaesthesia as a result of patients’ experience and satisfaction.

Sedative anaesthesia is popular in the cosmetic centres of New York and Los Angeles, and facelift surgery is performed in private operating theatres under sedation and in day-case procedures. Patients breath on their own, have rapid recovery after sedation and are able to home quicker without symptoms of nausea or the hangover of

general anaesthesia. There is no need to stay in hospital, as hospital stays are associated with issues such as infection and MRSA.

What does Sedation Anaesthesia mean?

I mentioned that another term for sedation is twilight anaesthesia and it's worth exploring this a little more. This form of anaesthesia is less well understood, you are neither wide awake nor completely out of it, you are relaxed, calm and comfortable. Literally, you sleep during your surgery, just like you sleep at night. The twilight state is achieved with a fine cannula in your arm. Common misconceptions of twilight sedation have included patients asking me "I would rather be asleep", "I don't want to feel anything", "I don't want to remember it", or "I don't want to wake up". All of these are achieved with twilight sedation. If patients did not have a good experience, I would not choose to use this type of anaesthesia. It offers faster and safer anaesthesia. In the future I believe far more surgery will be completed under sedation anaesthesia as it holds the capacity to completely transform and modernise currently-available hospital anaesthesia.

What is different about De Silva's Sedation Anaesthesia?

We use a customised sedation anaesthesia that is specific to each individual patient - in other words some patients need a modest amount of medicine, others may require several times the amount. In some NHS hospitals, sedation is used for procedures (for example endoscopy). This often uses one medicine (Midazolam) and it can be the doctor performing the procedure who administers the sedation. At The Centre for Facial Cosmetic & Plastic Surgery, we use a customised approach to Sedation Anaesthesia and have refined the technique every year for more than five-years to create a Specialised Sedation Anaesthesia protocol which utilises to five sedation medicines.

By using a combination approach, only very small amounts of medicine are required. However, in combination they are effective and result in reduced recovery time and side effects. For example, conventional general anaesthesia results in approximately

30% of patients experiencing of nausea or vomiting during recovery. Our Specialised Sedation Anaesthesia reduces this to between one and two percent.

So how does our modern sedation anaesthesia improve facelift surgery?

- **Faster recovery**. With conventional general anaesthesia, recovery after facelift or neck lift surgery could take from five to six hours. With our sedation anaesthesia, you can walk out of the operating theatre thirty minutes after surgery.

- **Reduced side effects**. With conventional general anaesthesia, recovery after facelift or neck lift surgery sees approximately 30% of patients feel substantial nausea, feeling of sickness and a sore throat following conventional surgery. With our sedation anaesthesia, only one to two percent of patients have nausea and sickness.

- **Safer**. With conventional general anaesthesia, there is a rare but serious risk of a blood clot in the leg. With sedation anaesthesia all your natural protective reflexes are working normally throughout the surgery**.**

- **Less discomfort**. In conventional general anaesthesia recovery after facelift or neck lift surgery, strong pain-relief medicine is required. With our sedation anaesthesia and enhanced techniques, more than half our patients do not use any analgesia after surgery, and those that do only use a few medicines in the first twenty-four to forty-eight hours.

- **Personalised care**. At The Centre at 23 Harley Street, my hand-picked staff will care for you. I will see you the morning after your surgery to check you personally.

- **Modernisation**. Gone are the same old techniques used for decades. We are continually improving and using innovation in technology to offer safer, faster and enhanced natural results.

Dr. De Silva teaches Facelift & Neck lift Surgery internationally and has been the Course Director for the annual ASOPRS & AAO Facelift Course in USA since 2016, teaching other surgeons from across the world the latest facelift techniques.

2.8. What are the common indications for facelift?

Everyone ages differently. Although most patients have some changes in their forties, some patients have changes earlier - in the thirties. Some fortunate people can have a good jawline even in their fifties and sixties. As we age, a combination of genetic and environmental factors including gravity, sun-exposure, exercise, life stresses and trauma all combine to loosen and sag our facial tissues (muscles, fat and skin). I spend much time talking to patients to advise them against having surgery if they have early signs of facial ageing, as all procedures carry risks and involve recovery time.

"In my opinion if you have early signs of ageing, it is difficult to justify undergoing a facelift procedure as this does have a recovery period and small but not insignificant risks, for these patients with early changes I recommend a customised non-surgical solution"

Dr. Julian De Silva.

Facial ageing commonly results in sagging of soft tissues in the lower third of the face. This can result in loss of a smooth jawline and create jowls. In addition, there can be deepening of the folds between the nose and mouth (termed naso-labial lines) and accumulation of fat under the chin may produce a double chin and loss of the sharp angle between the jaw and neck that is associated with youth. Loosening of the principal neck muscles (platysma muscles) may produce the appearance of vertical bands. It is important to note that a facelift or neck lift procedure must address the muscle layer, fat and skin in order to give a natural-looking result and achieve longevity.

2.9. What is a Natural-Looking Facelift?

An optimal facelift result will rejuvenate the unique characteristics of an individual's facial ageing by restoring their jawline, elevating descended soft tissues of your face and softening deep facial lines that have occurred secondary to dropping of the face with gravity (termed in medial jargon the naso-labial lines).

This is why I ask my patients to bring a photograph of when they were ten-20 years younger to evaluate how the ageing process has changed their appearance. Each person is unique, and I am able to use your old photograph as a blueprint to plan your surgery. My previous experience in microsurgery is utilised in all my techniques to hide facial scars around the ears and hairline, and meticulous closure of the skin to ensure smooth and natural curvatures of the tissues avoiding unnatural irregular lines and displacement of hair.

I believe that hidden and discrete scarring is an essential requirement so patients can have short hair or choose to wear long hair up after surgery. Shortcuts for facelift surgery include making a scar in front of the ear or hairline with surgery. Although this is quick to complete, it leaves a highly visible and distressing scar. I do not use these scars and take time to be meticulous in shaping the scars around the natural curves and contours of the ear. This takes more than one hour extra for each patient but makes the scars discrete and practically invisible in the majority. Approximately only one% of patients have issues with visible scarring because of the precautions I take.

2.10. What is the recovery time after facelift?

Recovery after traditional facelift surgery could be as long as two months. I have used the latest technology to reduce to two to three weeks. At this point 80-90% of the bruising and swelling will have subsided. I have reverse-engineered the facelift procedure to focus on using science to enhance recovery and reduce healing time.

General anaesthesia results in large fluctuations in blood pressure resulting in more swelling and bruising after surgery. I prefer to use my customised sedation anaesthesia

which ensures a stable physiological blood pressure, minimising swelling and bruising from the outset.

Our fast-healing biotechnology, utilising the latest in science and technological advances, enhances healing and recovery. Our combination of bio-tech PRP, AMP, micro-drains, light therapy, oxygen therapy and manual lymphatic drainage deliver faster healing. I developed this technique after listening so some patients were not able to tolerate the recovery from laser resurfacing. Full-face laser resurfacing can result in several weeks of redness in some patients, but my combination fast healing bio-technology meant a marked reduction in redness at two weeks.

I will not complete skin laser resurfacing without this technology which uses your own body ‘s growth factors to heal your body faster and was first used by professional athletes to heal joint injuries faster. I pioneered the use of this technology to enhance recovery and results from facelift surgery. In addition, I have incorporated the use of a specialised technique for reducing swelling termed MLD (Manual lymphatic drainage) into enhancing recovery after face and neck lift surgery.

At three weeks most patients are able to return to social activities and the workplace. Each person is different and I have had some patients return to work and take flights less than one week after surgery. I do though, advise each patient to allow a minimum of two weeks as an investment of time to maximise the speed of their healing. Doing too much too early can result in potentially more swelling and bruising after your surgery.

Measures can be taken both before and after surgery to aid healing and recovery. I give each of my patients specific instructions on medications and herbal medications that are best avoided before and after surgery to reduce potential for bruising and swelling and speed up post-operative recovery.

2.11. Natural-Looking Results in Male Facelift Surgery

Customized facelift and neck lift surgery is required for male patients, who make up a quarter of my patients. Often men are better suited to a facelift focused on the neck

areas as this gives a natural-looking result. Over-lifting in men's faces can result in feminisation of the face and I am focused on giving natural-looking results and take measures to avoid this. Specialised techniques, include the use of a smaller incision that is hidden behind the ear, which is particularly important for balding men. In order to achieve an excellent neck contour with a smaller incision around the ear and none in the hairline, it is necessary to address the neck additionally from under the chin. In some cases a small, high-definition telescope is used to guide removal of fat and tighten the platysma muscle beneath the skin. With the use of modern techniques and latest technologies I am able to enhance the natural-looking neck contour and increase the longevity of the neck lift.

"With good surgery, most people will not be able to tell you have had undergone surgery, you just look refreshed, the best version of you."

Dr. Julian De Silva.

Facelift and Neck lift surgery are the fourth most common cosmetic surgeries after breast and eyelid surgery. Among the earliest signs of facial ageing are changes and sagging of the lower third of the face, the presence of jowls (prominent soft tissue at the jawline) and a sagging neck with loss of the natural curvature and defined neck angle. Along with eyelid changes, the neck is one of the first places to show signs of facial ageing. Facelift surgery, that usually includes a neck lift, restores the natural contours of the jaw and smoothens the angle of the neck beneath the jaw. The rejuvenation that results from a natural neck angle can make a person look years younger.

I use a spectrum of different face and neck lift techniques from Los Angeles and New York. Every person differs in their facial shape, size, symmetry, ethnicity, genetics and exposure to environmental elements such as sun and smoke. As a consequence, no two faces are the same.

I tailor my surgical technique in accordance with multiple patient factors. In order to give patients, the most natural-looking and long-term results. I prefer an innovative technique that focuses on lifting the deep SMAS (Superficial Muscular Aponeurotic System) layer beneath the skin – this is also termed modified deep plane face lift. The

benefits of this lift include that it rejuvenates the face by restoring soft tissues to their youthful position and avoids stretching of the skin under tension - the traditional method of performing facelift surgery. By reducing the amount of skin flap dissection, the operation is safer with less trauma to the nerve stimulation of the skin and less bruising by avoiding damage to local blood vessels.

Facelift surgery requires an incision in the skin around the ear and hidden into the hair, and the sculpting of a skin flap and underlying SMAS layer. I use a two-layered tightening that results in uniform and even elevation, building the facelift from the foundations of the face, resulting in a natural rejuvenation.

My training in microsurgical techniques means I use the same surgical principles to hide the incision on the inner aspect of the ear and through the front and back hairline. By hiding the incisions, I preserve the sideburn area in front of the ear and the natural hairline behind the ear, allowing the hair to be worn up after surgery.

I am meticulous about my choice of incisions so that they are small as possible, hidden in natural creases of the skin and by building up from the foundations of the face avoid pulling or stretching of tissues. I'm fastidious too, in ensuring that no tension occurs on the skin causing the formation of hidden scars. In some cases I may use medications that soften scar appearance by preventing the formation of fibrosis or scar tissue.

2.12. What are the risks of facelift surgery?

Facelift surgery is the third commonest facial cosmetic procedure and is regarded as relatively safe. As with any surgery, there are potential risks and complications. The team has looked at each of the risks associated with facelift surgery and taken measures to reduce each one. Complications can be defined as any unforeseen occurrence during or after the surgery and can be divided into four categories: intra-operative, immediate post-operative, early and later post-operative.

- Intra-operative complications occur during the surgery. For example, these can occur due to a reaction to some medication or due to the general

anaesthesia given and are managed by the surgical team at the time of surgery. General anaesthesia carries a small yet serious risk of a blood clot in the leg. With sedation anaesthesia this risk is eliminated.

- Immediate post-operative complications occur straight after the surgery when the patient is in the initial recovery stage and may include bleeding or a medication. These complications need to be handled immediately by the surgeon. With conventional techniques, the reported risk of bleeding collection (haematoma) is two to three. I have found that using a combination of sedation anaesthesia, use of bio-technology and micro-drain technology this risk is reduced to less than one percent. I see all my patients less than twenty-four hours after surgery. This is important as early treatment of such complications will give a natural and unaffected result.

- Early post-operative complications in facelift occur once the patient has been discharged. These appear almost immediately after the person returns to normal routine. They can include bleeding or collection of blood, a reaction to a medication, or an infection and can be corrected by contacting the doctor immediately. Rarely, there can be a weakness of facial muscles seen as a stretching of nerves supplying the muscles of facial expression. This improves over a period of weeks to months as the nerve regains its function.

- Late post-operative complications associated with facelift surgery may occur when the patient fails to take proper care after the surgery, the surgical technique used or the patient's healing process. These complications include those of the facelift (asymmetry, scarring). Most of these complications are relatively minor and either self-correct or can be easily corrected. I take care t ensure a natural rejuvenation that involves placing additional stitches to support healing and a natural result. Although conventional facelift surgery involves the use of clips and staples in the hairline behind the ears I do not use staples, and prefer dissolvable stitches. These take longer to put in but avoid track scars associated with staples that are also very uncomfortable to remove.

- Complications in facelift may occur because of several reasons. One of the most important factors responsible for the success of surgery is the surgeon. The surgeon must have complete knowledge of how the surgery has to be performed. Facelift requires in-depth knowledge of the anatomy of the nerves, blood vessels, ligaments in the face and attention to detail. I specialise only in the face area and draw on my experience in microsurgery when performing facial cosmetic and plastic surgery.

The commonest complications are bruising and swelling, which are a form of healing and are treatable. The risk of complications is reduced before surgery with comprehensive assessment and reducing factors that may thin a patients' blood and encourage bleeding. The most serious and feared complication of facelift surgery is permanent damage to the nerves that supply the face with facial expression. This is an extremely rare complication and in-depth knowledge of the anatomy is key to avoiding this. It's worth remembering that facelift is the third-most-popular facial cosmetic procedure with high patient satisfaction and low risk of complications.

2.13. What is cosmetic surgery?

The term plastic surgery was first used in 1842 and referred to procedures used to treat people who had been disfigured and wished to change their appearance back into the range of good health.

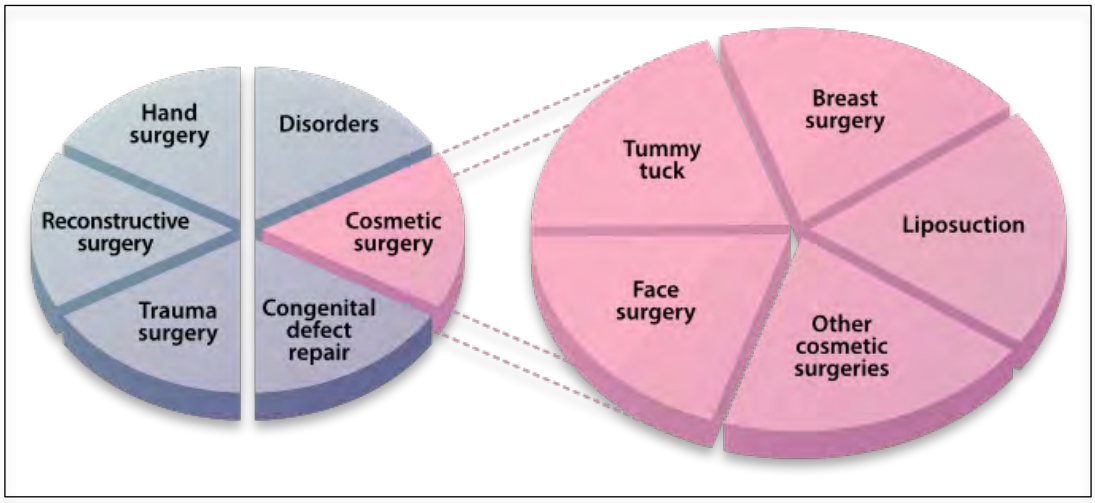
Plastic surgery includes two branches of medicine:

1. Reconstructive Surgery.

2. Cosmetic Surgery.

Reconstructive surgery restores function and appearance from previous injury (e.g., traumatic eyelid injury), tumours or genetic conditions (e.g., eyelid tumour). Cosmetic surgery is a field of surgery that improves the appearance of part of the body, such as to restore facial balance (e.g. droopy eyelids) and harmony or rejuvenate the face in terms of facial ageing (e.g. Upper and Lower Blepharoplasty).

Plastic surgery is generally focused on restoring function of the body with less emphasis on appearance (e.g. after eyelid tumour, plastic surgery will repair the eyelid to enable the eyelid to blink). Cosmetic surgery generally requires both finesse and attention to fine detail as patients are choosing to undergo a procedure that is not an absolute necessity (e.g., removing bags around a person's eyes to result in a person looking years younger).



Plastic Surgery includes Reconstructive Surgery (Left Circle) and Cosmetic Surgery (Right Circle). Within the field of cosmetic surgery, facial cosmetic procedures remain one of the most challenging aspects of plastic surgery.

2.14. What can be achieved with cosmetic surgery?

There are important considerations before undergoing cosmetic surgery:

- Why are you looking to have cosmetic surgery?
- What are your expectations from surgery? Are they realistic?
- What are the limitations of surgery?
- Safety is always an important consideration.
- Feelings of guilt or conflict?

The first consideration is why are you looking to have cosmetic surgery? Common reasons include rejuvenating your face to reduce some of the signs of facial ageing and for others there can be a feature of your face that has always been a source of frustration (e.g. the appearance of bags or eyelid creases at a young age), that does not lie in harmony or balance with your face.

Often facial ageing can make you look more tired and aged, when you actually feel good and youthful inside. Droopy eyelids or bags around the eyes, a loose neck or the presence of jowls or deep lines in the face are common changes that can be improved with facial treatments.

For some people there may be a feature of the face, such as the eyelids or nose that have always bothered them and it comes to a point in their life when they decide to do something about it.

"With good surgery, most people will not be able to tell that you undergone surgery. You just look refreshed, the best version of you."

Dr. Julian De Silva.

What professions have cosmetic surgery?

"I have completed surgery on people from all walks of life; celebrities, performers, actors and actresses (UK, Hollywood and Bollywood), and on all manner of professionals including fellow clinicians and surgeons. If your profession includes the use of High-Definition cameras or filming, then you need to discuss this with your surgeon and plan the timing of your surgery with these in mind. Although for most patients three weeks is sufficient time for recovery, you may require additional time depending on the procedures required to achieve your expectations for improvement."

Dr. Julian De Silva

Why have cosmetic surgery?

The only reason to have cosmetic surgery is for you.

There can be many reasons why people look at undergoing surgery and these can be broadly separated into three groups. Firstly, overcoming a factor that has bothered you for a very long time. Secondly, you've noticed changes in your face that are often accompanied by a life event. Thirdly, being unsatisfied with previous surgery or treatments and looking to undergo revision surgery.

Common life events that may lead to a desire to improve one's appearance include:

- Keeping a current job or looking for a new job.
- Keeping or losing a partner or looking for a new partner.
- Important life event: getting married, big birthday, reunion, retirement.
- Life situation: empty-nest syndrome, moving to a new house.
- Financial resources, saved resources, sold house, inherited money.

I often receive requests from family members, partners and parents requesting cosmetic surgery on behalf of a loved one. Generally speaking, having a friend or family member support you through surgery is helpful. However, one should rethink having surgery for someone else as only you will go through the procedure and recovery and

ultimately, if you have doubts whether you need a treatment, the answer is you probably don't.

Are you a good candidate for Facelift & Neck Lift Surgery?

Patients considering facelift and neck lift surgery describe common factors: These can be helpful to consider if you are in the same position.

- Do you feel you are young inside and your appearance does not match how you feel?
- When you look in the mirror do you feel you are looking more tired?
- Do you find increasing sagging skin around your jawline and neck?
- Do you have loose soft tissues at your jawline (jowls) ? This often results in a less feminine, V-shaped jawline and a squarer-fuller jawline.
- Does your neck look increasingly tired with bands and loose skin?
- Do you find yourself looking increasingly tired, and have tried many creams, lotions and potions without any effect?
- Does your work or profession require you to look youthful and energised?
- Do you find that you are no longer getting improvement with non-surgical treatments such as botox and fillers?
- Do you look in the mirror and find you look tired and less like yourself? Some patients feel they are starting to look one of their parents.

Expectations from Surgery

Expectations from surgery need to be in alignment with what a procedure is able to achieve. Expecting surgery to result in perfection is likely to lead to disappointment. This is especially true with revision surgery where the natural changes in anatomy and scarring can result in further challenges to the surgeon and expectations need to be reasonable. Furthermore, expecting a cosmetic procedure to deliver life changes in relationships, career or friendships are unlikely to be fulfilled, and are not good reasons to undergo treatment.

Undergoing cosmetic surgery is a personal decision and from this perspective, safety is an important consideration. Key factors in safety with facelift and neck lift surgery include your general health, previous surgery and environmental choices, such as smoking, that can influence the results of specific facial cosmetic procedures. Both the UK and USA have highly regulated health care systems that ensure quality of care and safety.

Expectations beyond reality? The Advertising Standards Authority banned this UK advert for food supplements by Protein World, for the claims made about health and weight loss.

Do I feel guilty about having surgery?

Some patients can feel uncomfortable at the apparent indulgence of spending on cosmetic surgery, and, for some who have been used to prioritising other family members, there can be some feelings of guilt. It is understandable to have some feelings such as these with cosmetic surgery. After all this is a choice. At the same time, it is a choice that you are making to invest in yourself, and all of us have different priorities: other choices may be a holiday which might come and go in only two weeks.

Choosing to invest time and financial resources in ones self does require re-conciliation with these emotions.

2.15. What are the limitations in cosmetic surgery?

There are some limitations to consider with facial surgery. These are often related to genetics, ethnicity, underlying anatomy, expectations and your psychology.

Your ethnicity and genetics will determine the limitations of cosmetic surgery. This is important if you would like to reduce the size of facial feature, since for the results to look natural they must fit within your natural ethnicity. On some occasions, patients will bring photos of a person whose facial features they like but this model is of a different ethnicity, meaning matching the result is difficult. One patient who came to see us was of Caucasian heritage however brought photos of Beyonce and Kim Kardashian with naturally different ethnic characteristics.

The underlying facial structure and anatomy can be changed within reason. All of us have inherent asymmetries in our face and although some asymmetries can be improved with surgery, expecting complete facial symmetry is often unreasonable since underlying anatomical differences are related to soft tissue and bony differences that go beyond surgery.

With facelift and neck lift surgery, often looking at photos from youth can be useful as an indicator of how your eyelids have changed with age and as a template for planning corrective surgery. I frequently ask patients to bring photos of their younger self to their consultation to aid discussion regarding eyelid surgery and expectations from surgery. For some patients with a fuller appearance to their neck, looking at old photos may reveal lack of jawline and neck definition that is a result of genetics that were present in youth. For these patients, greater attention to detail is required as to give an improved jawline and definition requires more attention to the deeper soft tissues and fat in the neck and jawline and can take an extra hour during surgery.

Thickness of skin can also play an important role in limitations of facelift and neck lift surgery. Patients with thinner skin often need to accept that there will be some minor irregularity in the neck area as with thinner skin the underlying anatomy of the neck can be seen after surgery. This can be natural and normal. Patients with thicker skin can have a smoother result, as the underlying anatomy is hidden by the thickness of the skin. In addition, some patients have better elasticity and quality of skin; these patients often have an improved result. Patients with lax skin (sometimes with underlying collagen causes) will often have a mild degree of loose skin as a result of underlying genetics.

2.16. When is cosmetic surgery best avoided?

An important aspect of undergoing cosmetic surgery is safety and avoiding or minimising risks of surgery. There are specific circumstances including your general health, well-being and life choices that may influence cosmetic surgery. For example, cardiac or serious health issues must be weighed against the benefits of surgery, and only if the surgery is absolutely safe can the decision be made to go ahead with it.

In considering cosmetic surgery, expectations from surgery are important, all procedures are focused on making an improvement, all of us have a degree of asymmetry and perfection is not a realistic outcome.

What are high expectations from surgery?

Expectations from surgery are important, in that surgery is usually about making an improvement. To change parts of the face within fractions of a millimetre is not realistic. Patients have asked me to modify facial features by half a millimetre and although this can be performed there is no way of being sure that during the healing process, the natural recovery and scar formation the face will not change by a further half a millimetre or more.

Looking to achieve perfection with facial cosmetic surgery is not realistic, since most surgeries require an artistic component where there are no absolute measurements. For example there is no perfect shape to the eyelid - what is an optimal shape and contour will be dependent on other characteristics, proportions and ethnicity of the individual.

Scars from surgery can be made discreet with meticulous technique avoiding older staples. However, no scars are invisible and although they can be hidden in natural lines and contours their healing is dependent on your natural genetics.

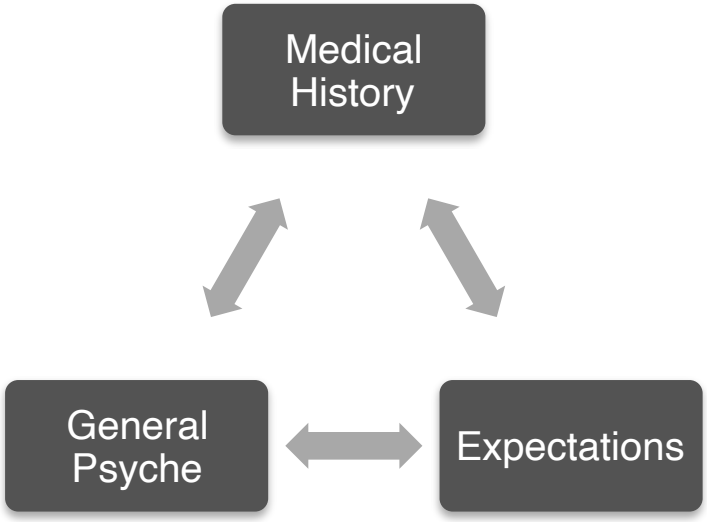
When is cosmetic surgery best avoided? Psychological conditions?

Most people who look to have cosmetic surgery are clear in what they are looking to achieve, have realistic expectations, and are happy with the results. However, there is a group of people, who are best not treated with surgery.

If you are going through a major life event such as a divorce or have a specific psychological condition, then this may not be the most appropriate time to undergo facial surgery. Amidst the turmoil of a recent life crisis, such as a divorce, bereavement or illness, it is better to wait for the life event and emotional upheaval to settle. A small proportion of people have an underlying psychological condition that gives a deep-seated drive to undergo cosmetic surgery. Patients with anxiety-depressive disorders,

obsessive-compulsive disorder or body dysmorphic syndrome are best not treated with surgery, since they are often looking for a level of satisfaction that cannot be achieved by cosmetic surgery.

Identifying these conditions can be challenging as often patients may not be aware themselves. I often spend additional time with patients to understand their objectives for surgery and to identify these conditions. If you think that you may have an element of one of these psychological conditions, it is imperative to mention this during your consultation.



Three important aspects to consider before undergoing facial cosmetic surgery include your Past Medical History and Health, Expectations from Surgery and your General Psyche and Well-being.

Situations where cosmetic surgery may be less suitable include:

- Past Medical History: specific to type of surgery e.g., a patient with previous disappointment from a medical procedure needs to look at why that situation arose to avoid history repeating itself.
- Recent life crisis: divorce or separation.
- General Psyche: obsessive-compulsive disorder or body dysmorphic syndrome.
- Emotional well-being: severe anxiety or depression.

2.17. How to choose your surgeon for facial cosmetic surgery?

Your facial treatment needs to take into account your unique facial characteristics, the expectations of what you are looking to achieve and the artistry needed to achieve this. Unlike body surgery, the results from facial surgery cannot be hidden in the same way. There are a variety of surgeons and organisations that perform cosmetic surgery and the following section provides guidance to help you in selecting the right facial cosmetic surgeon for you.

When choosing your surgeon, factors you should consider include area of specialism, experience, memberships, cost and personal recommendations. Facial cosmetic and plastic surgery is as much art as science, no two faces are identical, facial shape and proportions, ethnicity, body shape are all important considerations for facial plastic surgery. Choosing your facial cosmetic surgeon is the most important decision in defining both the outcome and safety of the surgery.

How to Choose Your Surgeon for Facial Cosmetic Surgery?

There are a number of key factors you should consider when considering a surgeon:

1. Specialist in Facial Cosmetic Surgery?
2. Experience and Training.
3. Surgical Artistry.
4. Membership of professional Organisations.
5. Teaching & Conferences.
6. Public Review or Forums.
7. Consultation & Website.
8. Personal Recommendation or Word of Mouth.
9. Physician or General Practitioner Recommendations.
10. Top Ten Lists.

Other Factors

- Low Cost and Hospital Tourism.
- Board Certification.
- Hospital Accreditation.

1. Super-Specialist in Facial Cosmetic Surgery

The evolution of medicine has resulted in greater innovation and sophistication in most fields of medicine. In surgical specialties there has been an evolution of surgical techniques, equipment and modernisation and with this progressive advancement there has been greater specialisation in every medical field.

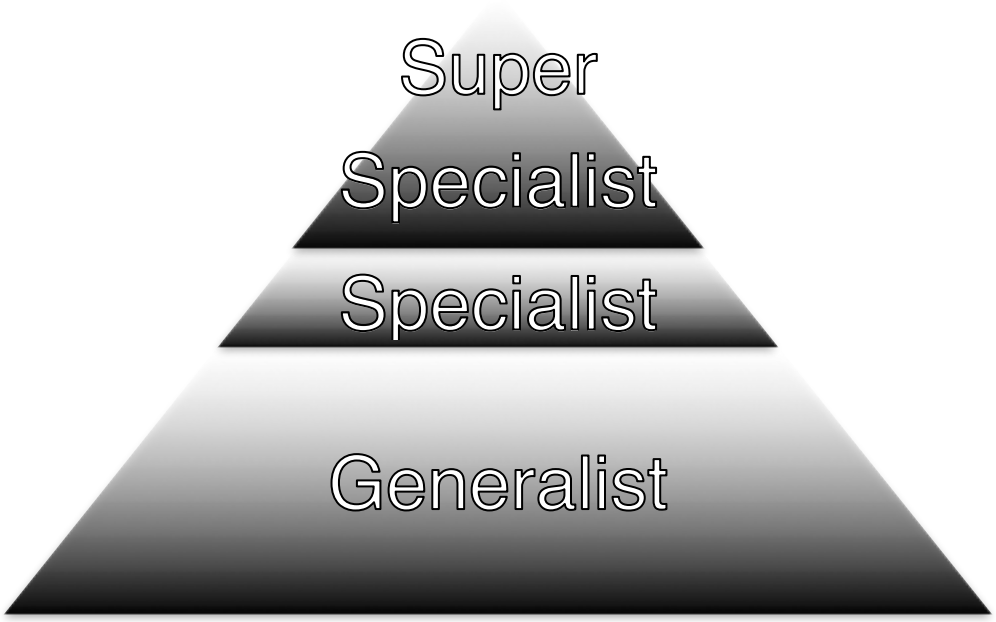
In the past, general plastic surgeons would operate on the entire body. Most were certified and practised mostly reconstructive surgery with some offering some treatments in cosmetic surgery. From this evolved sub-specialist training with specific skills and advanced knowledge in a specific area in the body.

The evolution of this has been super-specialisation, by which, a specialist surgeon trains in a specific area of the body, completes further fellowship training in that area and practise purely in that area of expertise. For facial cosmetic procedures there is importance in the detail of the face and intricacy of the procedures performed. A surgeon who is a super-specialist in this area is more likely to offer further expertise. For example, a surgeon who specialises in the hand, may not be the best person for your cosmetic eyelid surgery or nose reshaping.

The commonest cosmetic procedures performed are breast augmentation and body liposuction, which is generally surgery of centimetres. Facial plastic surgery is delicate surgery where millimetres make a difference. Eyelid surgery, rhinoplasty and face and neck lift surgery are the most intricate and demanding procedures, since little can be hidden on the face. A general surgeon may complete only a handful of facial procedures during a five-year period of training, compared to a specialist facial plastic surgeon who will complete hundreds.

What is a Super-Specialist?

A super-specialist has been defined as a specialist working in a particularly narrow and specialised field.



Our understanding of the human body and the complexity of facial procedures have advanced, coupled with an enhancement in innovation and technology. Surgeons specialising in the face including Ophthalmologists (Oculo-Facial Plastic Surgeons), Otolaryngologists (Ears, nose and throat surgeons), Maxillary-Facial surgeons (Dual qualified in Dentistry & Medicine) and Dermatologists (Physicians specialising in skin), have advanced surgical techniques by offering specialisation in parts of the face. Surgeons undergoing specialist fellowship training in cosmetic procedures have advanced knowledge, techniques and surgical results.

Surgical specialties with specific training on the face include:

- Facial Plastic Surgery and Otolaryngology.
- Oculo-Facial Plastic Surgery and Ophthalmic Surgery.
- Maxillary-Facial Surgery and Dentistry.
- General Plastic & Reconstructive Surgery.
- Dermatology.

In some countries, including the UK and USA, non-specialist surgeons including general practitioners, general surgeons and obstetricians have started cosmetic practices offering cosmetic dermatology and surgical procedures. In the UK, the background and specialisation of a doctor can be checked with the General Medical Council (www.gmc-uk.org).

2. Experience and Fellowship Training

Experience is defined as knowledge of a skill gained through exposure to that event and is acquired over a period of time. Having performed adequate cosmetic procedures to obtain experience is important in facial cosmetic surgery owing to the complexity of the face. A specialist who is able to perform more complex surgery, including revision surgery, is likely to be more experienced and skilled.

The advantage of selecting a surgeon who specialises in the face is they will have gained more experience in facial procedures through specialisation, as they complete these procedures every day, a general surgeon's practice will focus more on breast augmentation, liposuction and other body procedures (American Society of Plastic Surgery).

A general plastic surgeon who may perform a facial procedure once a month is not going to have the same experience as a facial cosmetic surgeon performing the same procedure several times a week. In Malcolm Gladwell's best-selling book *Outliers*, he repeatedly mentions the "10,000-Hour Rule", claiming that the key to achieving "World Class Expertise" in any skill, is, to a large extent, a matter of experience, for a total of around 10,000 hours.

In the UK, most surgeons are trained in the National Health Service. Surgical training is highly competitive, rigorous, and extends over ten years in many specialties. Most surgeons after training go on to work as a consultant in the NHS. Relatively few surgeons choose to have additional training in cosmetic training in fellowship programs in cosmetic surgery and until 2013 these were not available except outside the UK. Although surgical training in the NHS is regarded as both rigorous and comprehensive it does not include any training in cosmetic surgery, since this lies

outside the NHS. Within the NHS, surgeons will sub-specialise in a specific area, for example hand reconstructive and plastic surgery. Such a specialty may be less suited for cosmetic surgery on your face. Most successful cosmetic and plastic surgeons work solely in cosmetic surgery outside the NHS.

The advantage of having a surgeon who has had fellowship training experience is you are undergoing surgery from someone who has already learnt and developed skills from someone who has performed many procedures. Most surgeons will experience minimal cosmetic surgery through training in the NHS, as cosmetic surgery is not provided in the NHS. If no further fellowship training is completed, experience can only be gathered by trial and error. Experience and fellowship training are important considerations in selecting a surgeon who is both proficient and able to deliver quality and consistent results.

How many cases are required for a surgeon to be experienced?

There is no research or scientific evidence that defines experience to perform a facial procedure. To be proficient and skilled in a task does require performing that procedure on a regular basis. If a surgeon is not completing the procedure every week, do you feel comfortable entrusting your face to that person? A surgeon should be performing a procedure such as blepharoplasty on a weekly basis and have years of experience.

3. Surgical Artistry & Imaging

There is a degree of artistry in excellent facial cosmetic surgery since everyone's face is unique and each person has requirements specific to them. A useful guide can be looking at photographs of patients who have undergone surgery, since this will provide information of the surgeon's aesthetic. For some procedures before and after computer 2D or 3D imaging can be used to communicate effectively between the surgeon and patient's aesthetic.

I tend to use computer imaging where possible as it enables me to show patients what I believe to be good aesthetic and result, and at the same time what is a realistic expectation from the surgery. This is often difficult to complete for facelift and neck lift surgery.

Each face is relatively unique, so our self-image, including both facial harmony and attractiveness, is subjective and cultural. The key to achieving exceptional results is an understanding of your specific expectations. Every surgeon will have their own aesthetic, but our focus is on achieving natural looking results. In the rare circumstances a patient asks me to achieve something that it outside a natural-looking result I would rather be sincere and tell them I will not be able to meet this goal.

Facial surgery requires a degree of artistry as everyone's face is unique.

Oil painting by Dr. Julian De Silva.

4. Membership of Professional Organisations

There are medical organisations whose members specialise in facial cosmetic and plastic surgery. Memberships to medical organisations encourage high standards, promote good surgical practice and provide an opportunity for sharing of knowledge and the advancement of surgical practice as well as supporting safety and industry regulation. However, entrance to these organisations is not based on surgical results or experience, and entrance to most medical organisations is dependent on other factors such as specialty and training.

There is no substitute for researching your surgeon, their practice and patient satisfaction, as no medical organisation can offer a guarantee of quality or care. Facial cosmetic and plastic surgery has an artistic component that falls between medical institutions and bodies and no organisation can measure this.

Surgical memberships include the Royal College of Surgeons of England and Edinburgh, and the American equivalent The American College of Surgeons. These memberships provide the assurance of a level of professional competence, values and ethics.

Memberships to medical institutions are important for surgeons for keeping up to date with innovation and technology and advancements in facial plastic surgery. Within the parameters of facial plastic surgeon, there are several surgical specialties that have expertise and knowledge of the face. Only the General Medical Council is an organisation where all practicing doctors must have membership. There are no memberships that evaluate surgical technique or aesthetics or surgical results.

The British Association of Plastic Surgery (BAPS) is the principal UK membership body for general plastic surgeons. Many BAPS members do not perform cosmetic surgery, instead only practising reconstructive plastic surgery. In addition, there are experienced plastic surgeons that perform cosmetic surgery, but are not members of BAPS. Some are members of the British Association of Cosmetic Surgeons (BACS). Members of BAPS who specialise in, or perform, cosmetic surgery are registered with the British Association of Aesthetic Plastic Surgeons (BAAPS). From the BAAPS'

published statistics their surgeons' most common procedures are breast augmentation, breast reduction, liposuction and abdominoplasty.

From statistics published by the American Academy of Facial Plastic and Reconstructive Surgery, facial plastic surgeons most commonly perform blepharoplasty, rhinoplasty, face and neck lifting procedures. Surgeons specialising in facial cosmetic surgery may perform on average three times more facial cosmetic procedures than general plastic surgeons.

The European Academy of Facial Plastic Surgeons (EAFPS) is a multi-speciality organisation that is focused on advancement in the field of facial plastic surgery. The British Oculoplastic Surgery Society (BOPSS) is a group of ophthalmic surgeons trained in plastic surgery around the eyes and face. The American equivalent is the American Society of Oculo-Facial Plastic Surgeons (ASOPRS). The UK Facial Plastic and Reconstructive Surgery is a group of Otorhinolaryngology, ears, nose and throat surgeons who specialise in the nose and face. The American equivalent is the Academy of Facial Plastic and Reconstructive Surgery.

The PIP (Poly Implant Prothese) scandal in Europe resulted in sub-standard silicone being used in breast implant surgery. These poor-quality implants had an increased chance of rupturing. About 300,000 women were believed to have received PIP implants and required revision surgery to correct. Following the PIP breast implant scandal there were calls for increased regulation in the UK to improve patient safety. To improve quality of care, the Royal College of Surgeons (RCS) devised a process termed Certification that encompasses GMC specialist registration with a combination of observation, assisting and performing a relatively small number of cases in each area. Unfortunately, this will have not prevented the PIP scandal and at present there is no evaluation of surgical techniques, aesthetic results or patient satisfaction.

Memberships to Professional Medical Organisations encourage high standards of practice and provide an opportunity for sharing of knowledge and the advancement of surgical practice and support for safety and industry regulation. However, entrance to these organisations is not based on surgical results or experience, and entrance to most medical organisations is dependent on other factors such as specialty and training. There is no substitute for researching your surgeon, their practice and patient satisfaction, as no medical organisation can offer a guarantee of quality.

5. Teaching and Conferences

Surgeons who participate in teaching and conferences are more likely to be leaders in their field, contributing to advancement in surgical knowledge. The counter argument is that someone who spends most of their time as an academic professor is more likely to be involved with research and may only perform surgery or clinical medicine for half of the working week.

Dr. De Silva talking at the largest Cosmetic Conference in the UK. Surgeons talking at medical conferences are more likely to be leaders in their field as they are contributing to advancement in surgical knowledge.

6. Public Reviews & Forums

With the relative freedom and transparency of information on the web has come public reviews and forums, which give patients a unique insight into practicing surgeons from a relatively unbiased viewpoint.

Patient reviews are useful to other patients as they provide an account of a surgeon from a relatively neutral standpoint. However, be aware that no surgeon will have a 100% record since the challenging nature of surgery can never meet all patients' expectations. However, multiple negative reviews and experiences should be alarming for a potential patient.

Public forums are more controversial in that often they contain reviews posted by the forum owners who may be incentivised by some surgeons to pay towards referrals and more favourable coverage. In addition, some private forums may only allow positive comments, removing negative comments on their treatments and disallowing any competitor postings. Patient forums are relatively biased from this perspective so care should be taken in interpreting their comments.

Examples of Reviews of patients treated by Dr. De Silva

Julian, here's my review of my facelift and neck lift with fat transfer:

You asked me on our first consultation what I hoped to achieve from the operation, and I said I just needed the face to be freshened up. I had a lot of loose skin under the neck which was the main problem. When I use a collar and tie and pull up the knot on the tie the dreaded turkey neck really showed up, and now after the op I can honestly say that it's all now gone. I now have a tight and firm neck, more like a young man's.

The incision and stitching on and around the tragus, Julian, is in my opinion a little work of art.

I am now seven weeks in from the op and even under my magnifying glass I can't see the incision or stitching - remarkable job.

You said I needed a fat transfer as I lost volume in my face. Now this is in my opinion, a bonus. Because from the age of 18 I was then 64 kgs and to this day I am still 62 kgs and I am now 70 years old.

My weight has been stable for 52 years. You take the fat from an incision on the belly button, which after the op I never needed a single stich to close it. It's healed beautifully, but because I never had virtually any fat there anyway, you said it would bruise quite a bit, which it did. It took five weeks to go, but the bonus is I had a little ridge of fat what I would call puppy fat going from my belly button to both sides. This would never seem to go and I keep myself pretty fit, but after the fat transfer it's all gone. That's the bonus, fantastic. I still have a small amount of numbness around my ears and under my chin but each week I can feel it's going. My bruising lasted four weeks but everything is healing really well.

Twilight anaesthesia is absolutely fantastic. I was on the operating table at 7 am and I did not know anything until I woke up with the nurse bandaging my face with the clock in your operating theatre showing 12:35. That's five hours and I got up and walked out straight away with no side effects at all.

Twilight anaesthesia is truly fantastic.

Julian you have a young female staff who are totally professional and they are fun also. Again fantastic.

Julian, you as a professional are at the top of your game, an exceptional artist in your field. But on a personal side, I met you and the girls a number of times and I feel I've known you for years. You are a very warm and caring person and that also goes for the girls.

I very much look forward to seeing you before Christmas (If COVID allows).

My very best wishes to you and the girls.

James L.

PS. I never had any pain and never had to take any painkillers; they are still in the box unopened.

.....

I had two consultations with two different surgeons before proceeding with Dr. De Silva. As soon as I met with Dr. De Silva and his team, they made me feel at ease and comfortable with my decision through their ever-so-friendly and professional manner. I was apprehensive about the surgery, as this was my first procedure ever, but pleasantly surprised by how quickly everything went and how comfortable I was throughout. I was especially apprehensive in having sedation, but it was nothing like I had built it up to be in my head, I didn't feel any discomfort and the surgery felt like it was over ever so quickly. Post-surgery, I had no bruising whatsoever and so recovery was quick too. I'm so happy with the results and so happy I chose Dr. De Silva.

.....

Further to much research and knowing that Dr. De Silva only specialises in facial cosmetic surgery I knew he was the surgeon for me. Apart from being an incredibly gifted surgeon with a keen sense of natural aesthetic, what really impressed me was how much time he spent on me and how great his attention is to the finest detail. I was in theatre for over six hours and I was told by his nurses that Dr. De Silva spends more time in theatre perfecting his results than many other surgeons they had worked with in the past. He is an incredible artist, a world-class surgeon and a thoroughly lovely person. Thank you so much , Dr. De Silva for all you did for me . I love the results XXX

7. Consultation & Website

Your first encounter with a prospective surgeon may well be their personal website. A surgeon's website may be a valuable source of information since it will enable you to look at their biography and get a sense of their practice, experience and specialisation. Information is often also available about the equipment and facility the surgeon uses. In the UK, the Care Quality Commission (CQC) regulates facilities and provides the standard by which any surgical facility must be accredited.

Your consultation is an opportunity for you to ask questions and clarify any specific aspects. No question is too dumb or insignificant and the consultation enables you to spend time with the surgeon. Remember you are in charge and you need to make sure that you take the time with the surgeon to reassure yourself that they are the correct person for the job.

Although facial surgery is safe when the necessary precautions are taken there is no surgery that does not carry some potential risks and complications. It is important that the surgeon will be available to discuss and manage these should the situation arise. Ask your surgeon about recovery time as this can vary between different surgeons depending on surgical techniques.

You should not feel under any pressure or rush into making a decision, and if you feel there are unanswered questions, it would be worthwhile seeing another surgeon for comparison. Your rapport and relationship with the surgeon isimportant and you should only have surgery once you are happy.

8. Personal Recommendation or Word of Mouth

One of the most effective ways to assess a potential surgeon is a personal recommendation from a satisfied patient. A common challenge with this is if none of your friends or family has undergone the procedure you are considering. An important consideration is that every individual has their own unique facial characteristics, medical history and expectations from surgery, and as a consequence no result can be identical from one person to another.

There are consultants who offer advice on finding a cosmetic surgeon, they have often been in the cosmetic surgery field for years and have set up a consultancy business to advise clients. Although they may be useful, care is required as some may be linked to a small number of surgeons who pay for the consultant's referral.

Social media is changing the way we communicate and the definition of Word of Mouth. Through social media, a recommendation can be communicated in seconds, although at present there is no way of assessing the quality of the information. Technological advancement is substantial, and this area is changing rapidly.

9. Physician or General Practitioner Recommendations

In the past, your General Practitioner (GP) or Primary Care Physician was a person who you could ask for a recommendation for a plastic surgeon. However, as the complexity of medicine has increased, the ability of a family doctor to make recommendations based on knowledge of local plastic surgeons and their skills has become more limited. Family doctors are increasingly busy, and less likely to know which plastic surgeons specialise in specific procedures. If you have any medical conditions your GP will be able to correspond with the surgeon to help assess the best treatment.

10. Top Ten lists

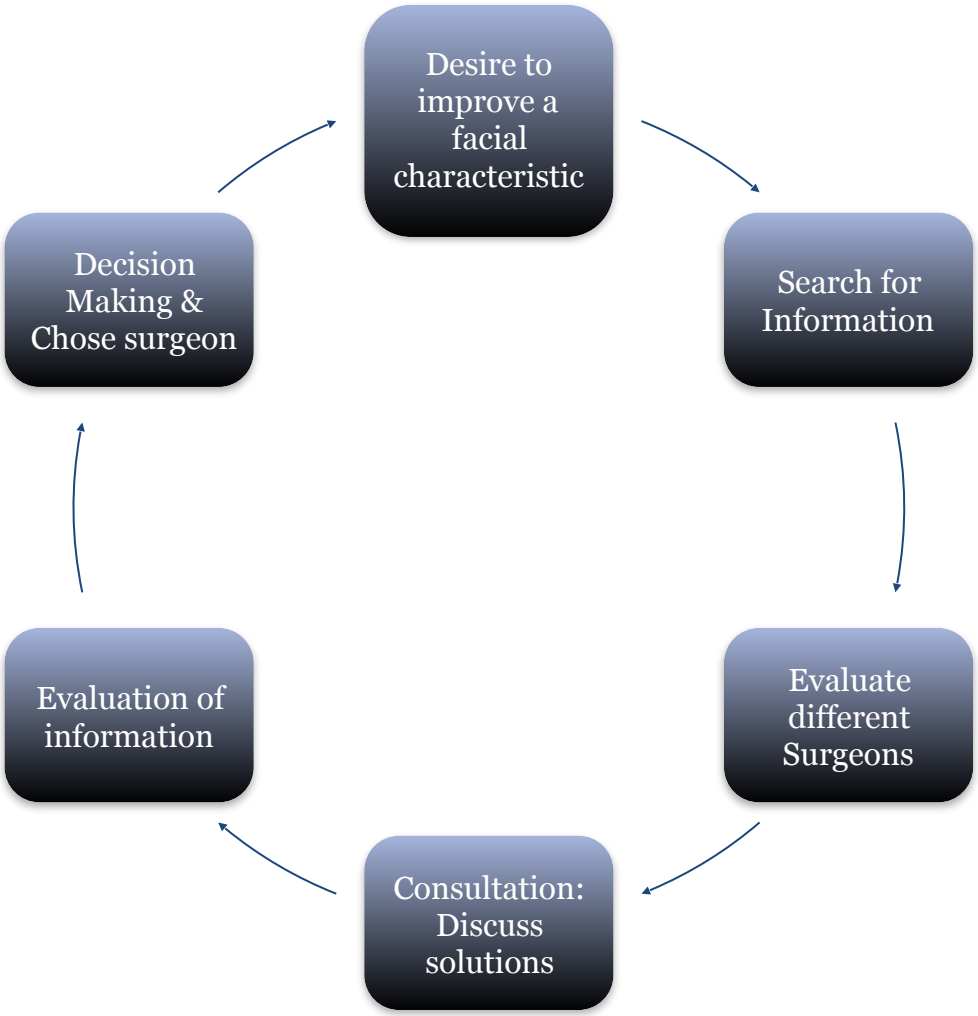
Some magazines and newspapers periodically feature a list of physicians or surgeons. The problem you face is that inclusion in these lists is not necessarily based on talent and results.

For a period I was voted in the Top 10 Plastic Surgeons in the World, based on patient reviews and satisfaction. Although this was a pleasant compliment, I do not believe that this type of list is a fair reflection. In addition, one well known internet forum for information on cosmetic surgery asks doctors to pay for being highlighted as a "Top Doctor". The description is not based on a surgeon's talent or results.

Dr. De Silva was voted in the top 10 surgeons in the world based on patient satisfaction. 'Although I was honoured by the accomplishment, I am conscious that there are many other distinguished colleagues with fine surgical skills who were not on this list.'

You Need to Do Your Own Research

The best person to select your surgeon is you, and this does require you doing some of your own due diligence and research to come to a decision. After all, this is your face. In making an important decision there are several stages of the decision process that you go through:



Facial Cosmetic Surgery Decision Making Cycle: Before making a decision to undergo facial plastic surgery you need a certain amount of information to make an informed decision that is right for you.

1. Everyone requires a certain amount of information to make an important decision. How much information and what information will differ from person

to person. Only once you feel comfortable with the information you have, can you make a decision to undergo facial surgery.

2. With the surgeon you choose, it is important that you are comfortable, have good communication and feel re-assured that the surgeon will be there for you after the surgery.

3. Research your surgeon: look at their biography; do they specialise in facial cosmetic surgery; are they an expert in the surgery that you are looking to undergo; are they a member of facial plastic surgery organisations; have they completed fellowship training in facial plastic surgery; are they involved in teaching and medical conferences? Beware of 'free' consultations with treatment co-ordinators (a typical feature of commercial clinics). Few things in life are truly free.

The only expert on your appearance is you, and to make a decision regarding surgery you need a certain amount of information regarding treatment options, expectations from surgery and any associated risks and benefits. No one can ultimately make this decision for you.

Low-Cost Surgery and Hospital Tourism

Low-cost surgery that involves travelling to another country for surgery is termed hospital tourism. In the UK and the USA, patients may be attracted to low-cost alternatives particularly if there is the promise of a holiday alongside the surgery. Although the concept of travelling abroad may seem both glamorous and exciting, the reality is when recovering from surgery, it is necessary to rest and this is not going to be the right time to enjoy the sunshine or other holiday activities.

Often surgery outside the UK or USA will have less regulation, less safety and more potential for risks and adverse events. Many facilities may look different to the glossy brochures and fail to reach the same standards as in the UK, with antiquated machines and equipment. Researching the surgeon maybe a minefield and a particularly difficult situation if there is a complication to manage and further treatment is required. It may be difficult if you need further assistance in your home country as other surgeons may

be reluctant to take on your care and you may have to be seen in hospital accident and emergency units.

Beware of glossy marketing and brochures as they may be misleading, In the UK, there has been increasing demand for revision surgery from patients who have undergone unsatisfactory surgery abroad.

If you are planning to travel abroad for surgery, it is good to bring a friend or relative, rather than going alone. Generally, saving on cost on facial cosmetic surgery can lead to serious disappointment. At least 20% of the procedures I perform are revision cases from patients who have had surgery elsewhere, including the UK, Eastern Europe, Asia, Africa, North America and South America.

One patient who came to see me for revision surgery had undergone lower eyelid surgery in Eastern Europe, after having a consultation in the UK. Unfortunately she was left with a serious complication termed 'lid retraction'. Against advice she travelled to the USA and had revision surgery in Los Angeles a short period later. Unfortunately this resulted in worsening her lid symptoms on returning to the UK.

Be wary of any practice offering a discount for multiple procedures or method of payment. In the UK there are strict rules on clinical decision-making and any discounting of this kind is regarded as unethical and reputable surgeons will not offer this. There are inherent risks in making a decision based purely on cost. Some patients will be happy, some disappointed, and if you have an issue or complication it may be difficult to manage either abroad or when at home.

Board Certification

Board certification is terminology that is specific to the United States and refers to areas of specialisation. Certification with respect to facial cosmetic surgery include general plastic surgery, ear, nose and throat (Facial Plastic Surgery), ophthalmology (Oculo-Facial Plastic Surgery), dentistry amongst others (Maxillary-Facial Surgery).

Board certification refers to organisations affiliated with the American Board of Medical Specialties (ABMS), and membership includes graduation from an accredited

medical school, completion of approved US residency programme and test of medical knowledge relevant to the area of specialisation, and surgeons must keep up to date on knowledge in their field to remain certified.

Board certification does not necessarily evaluate the surgeon's experience, artistic talents or surgical results. The American Board of Medical Specialties is the parent organisation that recognises all the major specialties. It recognises fully qualified practitioners and provides information to the public, profession and government regarding specialisation and certification. Board certification is the medical profession's stamp of approval and verifies the doctor has met the standards of the profession through examination.

In the United States, much information for selecting a surgeon is focused on board certification. There are numerous medical boards relevant to facial plastic surgery including:

- American Board of Dermatology (ABDerm).
- American Board of Ophthalmology (ABOp).
- American Board of Otolaryngology (ABOto).
- American Board of Oral and Maxillofacial surgery (ABOMS).
- American Board of Plastic Surgery (ABPS).

There are other relevant boards that have focused on more cosmetic surgery that are not part of the ABMS including:

- American Board of Facial Plastic Surgery (Only Otolaryngologists & Plastic Surgeons).

- American Board of Facial Cosmetic Surgery (Oral & Written exam).
- American Board of Cosmetic Surgery (Oral & Written exam).

Each board highlights the benefits of having surgery with their own members and none of the boards has entrance criteria on patient results or satisfaction. For example, if you are a member of the ABPS you advocate to only have surgery with its members and so on. There is no substitute for researching your surgeon, their practice and patient satisfaction, as no medical organisation can offer a guarantee of quality.

Dr. De Silva is a member of multiple British, European and American Organisations. In the US, Dr. De Silva completed an oral and written examination for Board Membership to the American Board of Facial Cosmetic Surgery.

Hospital Accreditation

In the UK, all surgery must be performed in facilities with complete accreditation by the regulatory body (CQC, Care Quality Commission), this includes all NHS and private hospitals. This accreditation ensures stringent safety requirements are met including the layout, equipment, staff and surgeons. I had a purpose-built facility with a CQC-accredited operating theatre built on Harley Street. There is substantial regulation centred around patient safety in the UK, this ensures world-class care which is why London has become a centre for healthcare service provision, with patients travelling from all over the world to undergo treatment in England's capital.

In the US, surgery can be performed in hospital or in private facilities. For surgery in the hospital, each surgeon must have privileges for each procedure they perform. To obtain hospital privileges there are committee boards that ensure that every surgeon has the correct qualifications to perform a given procedure. This ensures a level of safety, although in a general hospital cosmetic surgery will be performed side-by-side with other functional surgery, for example tumour or traumatic surgery. Private facilities that specialise in cosmetic surgery may be more favourable to cosmetic patients as they cater only to cosmetic and plastic surgery patients.

In the UK, the Care Quality Commission (CQC) accredits all hospital and operative facilities.

2.18. Considering having surgery abroad? Medical Tourism?

Medical tourism is the terminology used for patients going abroad, outside their home country, to undergo cosmetic surgery. There can be a number of reasons why people can go abroad: lower cost is usually the primary driver but other reasons may include perceived quality of care or expertise.

Although it is possible for patients have satisfactory outcomes from cosmetic surgery abroad, a significant number find that they need treatment when they come back to the UK and USA, either urgently because of surgical complications and being prematurely discharged from care, or later when they discover that they are unhappy with the overall result. Although the exact numbers of patients are not known, one questionnaire found that as many as 25% of UK surgeons had completed revision surgery for patients who had undergone cosmetic surgery abroad.

In the UK and USA there is a highly regulated medical care that ensures both safety and quality. Depending on the country this regulation may differ substantially elsewhere. There can be little comeback if an issue occurs as a consequence of the surgery. In addition, if you do have any queries after surgery it can be very difficult to arrange a routine follow-up appointment. Unfortunately, I have had patients contact my practice who have had surgery abroad and are looking for follow-up, reassurance or revision surgery. Often this is challenging, as patients often have little if any information on the previous surgery and it is too early to consider revision surgery.

The decision to go abroad for cosmetic surgery, away from one's support network, should not be taken lightly. Only agree to a package that is all-inclusive, and which clearly defines that your right to cancel at any point is protected without financial penalty and that your follow-up and the cost of treating complications are covered.

Be wary of any organisation or surgeon who does consultations in one country and then performs surgery in another country. This should ring alarm bells as it will be difficult to have after-care or follow-up after surgery.

Agencies often glamourise the combination of cosmetic surgery with a holiday. The reality is that after surgery, there are steps that can be taken to speed up your recovery but unfortunately these will not fit with sunbathing, swimming or sightseeing. After surgery, sun exposure is detrimental to healing, so should be avoided. Similarly, swimming or exertion after surgery, is ill advised as this will lead to increased swelling and longer healing times.

Checking the credentials of your surgeon and the hospital can be more challenging to achieve abroad. Finding out sufficient information about the regulatory requirements in that country for important aspects such as hygiene and sterilisation is challenging, and there is a potential risk of blood-borne infection including hepatitis and HIV. One of the reasons for surgery being less expensive is the availability of much lower insurance premiums in some countries. This though, can mean it is very difficult to claim compensation if anything should go wrong.

If you are prepared to accept these consequences and go abroad for surgery, some precautions should be taken. Ensure that you meet the surgeon who is going to operate on you before the procedure to ensure that your expectations are clear. A beware of any facility that does not allow you to meet the surgeon before you agree to undergo surgery. Where possible, it is important to check that the surgeon and the hospital are indemnified for medical errors and negligence, although this may be challenging in an unfamiliar language.

It is important to ensure that you have follow-up during the first 10 days after surgery and that you do not fly home too early. Avoid the use of blood transfusion or any other blood products unless you are certain that the safety standards meet those of the UK.

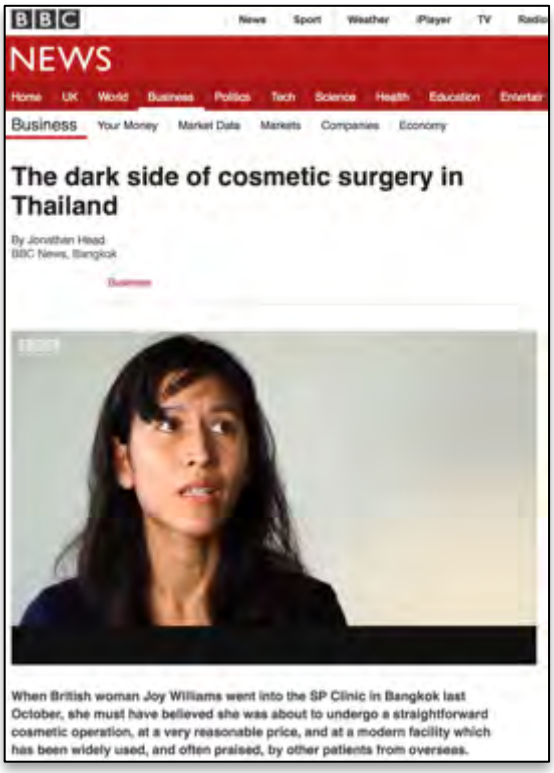
If cost is the main reason for your decision, consider the reasons why cosmetic surgery in the UK or USA may be safer:

- A robust regulatory system that ensures facilities achieve the highest possible standard of care and safety. In the UK all surgical facilities are regularly

inspected by the Care Quality Commission and facilities that do not achieve these standards are closed.

- In the UK and USA plastic surgeons pay high indemnity fees, as a safeguard for patients. In other parts of the world, this is not the case, including parts of Europe and in most of the developing countries. In these countries the principle of indemnity against medical errors and negligence does not exist.

- Follow-up appointments are challenging if you are located hundreds of miles from your surgeon. Most procedures require follow-up appointments and further treatment after the surgery that is not possible with medical tourism.


BBC

NEWS

Business

The dark side of cosmetic surgery in Thailand

When British woman Joy Williams went into the SP Clinic in Bangkok last October, she must have believed she was about to undergo a straightforward cosmetic operation, at a very reasonable price, and at a modern facility which has been widely used, and often praised, by other patients from overseas.

Medical Tourism regularly shows patients who have had negative experiences travelling abroad for cheap surgery. The BBC News featured an article featured a woman who had undergone a botched rhinoplasty procedure and who had been trying for FOUR years to receive compensation despite over fifty visits to court.

2.19. What are Non-Surgical Alternatives to Facelift Surgery?

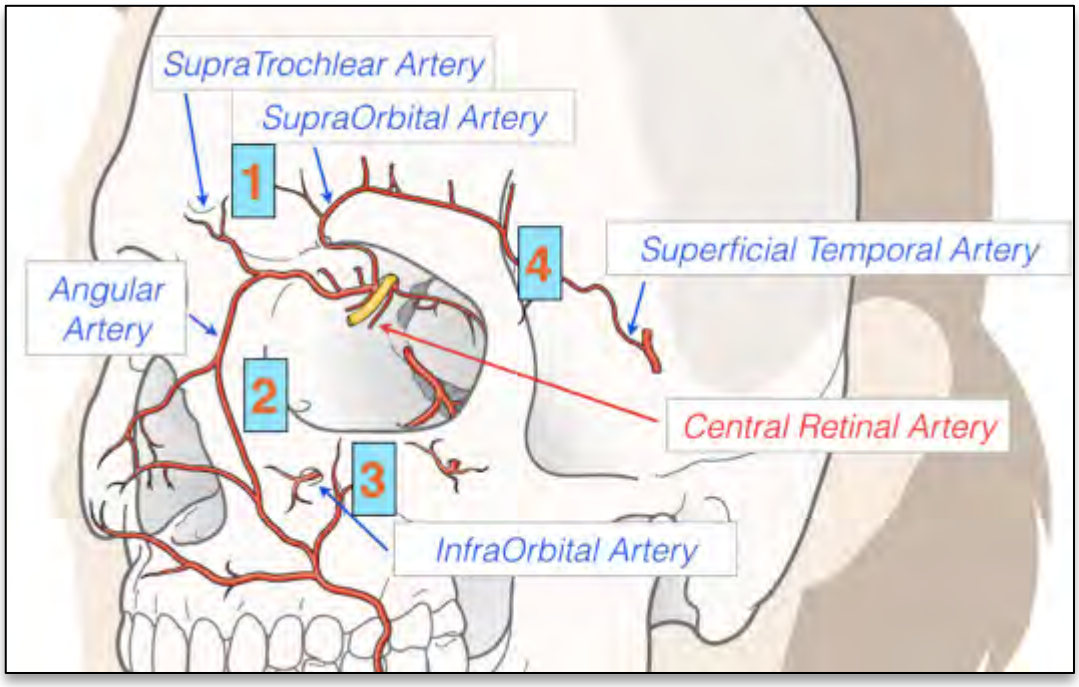
Patients often ask me if there is an alternative to undergoing surgery. There are non-surgical treatment options, however their effectiveness is dependent on what you are looking to achieve, your underlying symptoms and facial characteristics. Non-surgical treatment options for improving your eyelid appearance are discussed in this chapter.

Fillers

Deep lines, depressions, including the presence of rings beneath your eyes, are all facial characteristics that can be improved by adding volume with fillers. There are a number of fillers that are currently available with different characteristics and properties that have benefits to different parts of your face.

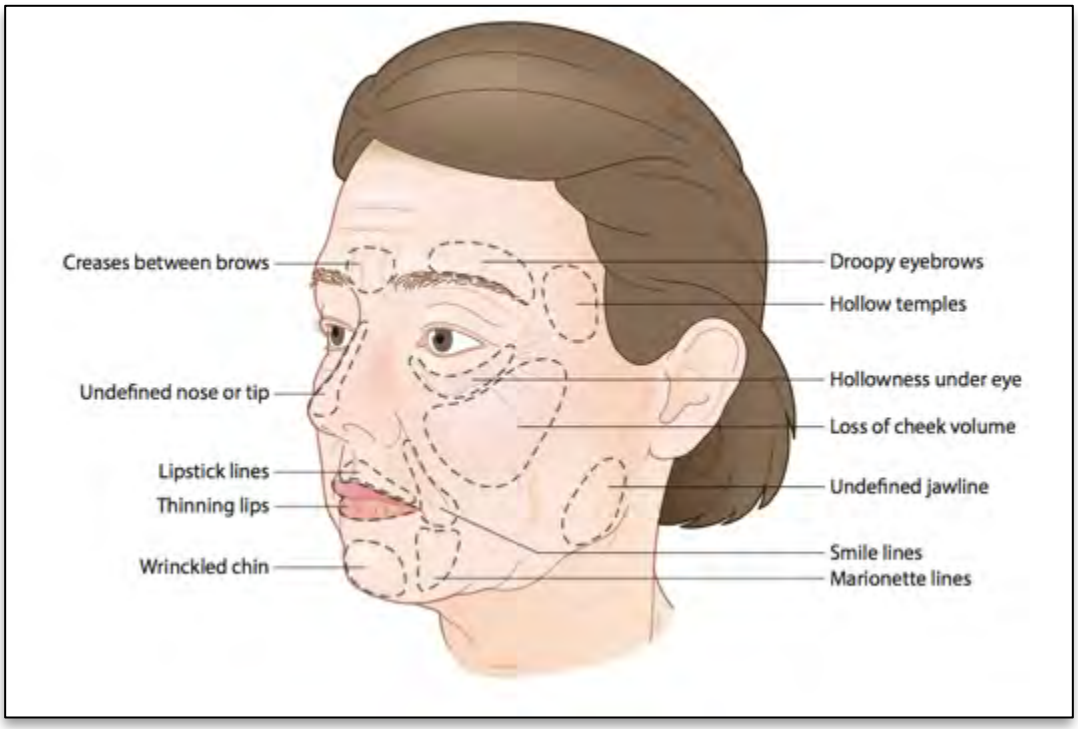
Older filler that existed before 2003 favoured the use of collagen. These were characterised by side effects and allergies. Modern-day fillers are far safer and more effective in improving volume loss. Common fillers include hyaluronic acid (Restylane®, Juvaderm®, Voluma® and many others), poly-L-lactic acid (Scultpura®), calcium hydroxylapatite (Radiesse®) and silicone. There are many new fillers being generated but it is worthwhile being cautious of new products as they may have not yet undergone sufficient testing to ensure safety.

Fillers are injected into depressions and deeper folds of skin and facial soft tissues. Expertise is required in specific areas of the face to avoid risks and complications. The most serious complications include scarring of the skin and blindness, which is usually untreatable. I have presented on avoiding these complications at cosmetic conferences to teach other clinicians safe techniques.



This figure is taken from a presentation to other clinicians by Dr.De Silva at National Conference on how to avoid risks of scarring and damage to vision with filler techniques.

Fillers may have a role with volume loss, particularly beneath the eye, termed tear trough depression. Particularly in younger patients with mild volume loss and mild fat bulges, non-surgical treatment with filler can be an effective way to rejuvenate the lower eyelid without surgery. However, this non-surgical treatment is not suitable for all patients. If marked fat bulges are present, adding more filler can result in an unsatisfactory result. In addition, placing filler in your lower eyelid is a delicate procedure and to avoid lumpy-bumpy changes, marked swelling or serious complications, the treatment should be completed with a specialist with good understanding of facial anatomy.



Potential areas of the face that may have volume loss associated with facial ageing that can be effectively treated with filler augmentation.

Non-Surgical Facelift

Many patients like the principle of avoiding surgery and this has formed the basis for "Non-Surgical Facelift & Neck lift" procedures. These procedures vary in how they work, their effectiveness, the underlying technology and cost.

The principal benefit of these techniques is they avoid a surgical procedure. The non-surgical treatments have short-term effectiveness and are best suited for patients with early facial ageing. Facial ageing in the majority of people is a combination of loss of facial volume, effects of gravity and loose skin.

Fillers have a role particularly in younger patients with volume fat loss; non-surgical treatment with filler can effectively rejuvenate the face without surgery. For example, in younger patients with mild volume loss and mild fat bulges at the lower eyelids, non-surgical "tear trough" treatment with filler can be an effective way to rejuvenate the lower eyelid without surgery. I use fillers to rejuvenate areas of the face that have lost

volume, as well as in beautification of the face, adding volume along the natural golden ratio lines to enhance beauty.

There are other devices that work on tightening the skin using various treatment methods such as ultrasound or radiofrequency. These devices have some benefit in early facial ageing but are relatively limited in how much loose skin they can treat. There can be unintended consequences, for example radiofrequency devices may also dissolve natural fat, which can cause facial ageing.

The effects of gravity are difficult to treat non-surgically. More recently there has been increased marketing of thread lift techniques (barbed or coned stitches) that offer lifting without surgery. Unfortunately, many patients who come to see me have been left disappointed by these techniques as their effects can be compromised with bruising and swelling. The effect may only last a few months and the stitches can give rise to lines and marks in patients with thinner skin. A few small stitches cannot address the loose skin, volume loss, sagging neck or neck bands that can be treated with surgery. Although I have had a number of patients ask me would I be prepared to use them, I can only advise patients to have treatments that I personally would recommend to my friends and family, and patients who come to see me are frequently disappointed by these thread lift sutures. This procedure has been advertised as a non-surgical facelift however this is not true as they achieve far less, with a several-month life span, tension lines in patients with thin skin, and the possibility of traumatic bruising and a recovery period comparable with surgery.

Patients with more marked facial drooping, skin laxity and bands in the neck are better suited and have more effective longer lasting results from surgical facelift and neck lift options. I advise my patients on the most appropriate treatments to rejuvenate their face after an assessment and discussion about goals.

There are patients with early facial ageing who benefit from non-invasive treatments. However this does depend on the degree of facial ageing and is not suitable for patients with more that early facial ageing. I do use a signature non-surgical facelift that utilises FDA-approved US fillers to augment natural Phi-lines on your face. These

can provide a natural rejuvenation without surgery, using the concepts of “structural volumisation” along cheek and jaw bones to give a natural rejuvenation.

Threads

The use of threads (barbed sutures) that dissolve have offered the promise of lifting without surgery. Threads do have an effect in lifting however the lift is modest and has a duration of fewer than six months. There is no comparison to the lift of a facelift and indeed a thread lift may achieve 10% of this result. At present, threads have a role for patients who need an immediate result and have no time for healing. They have limited effectiveness, including a relative short duration and as a consequence of needles being used to insert the sutures, there can be downtime with swelling and bruising. The technique is unable to tighten loose skin that can be a feature of facial ageing or remove fat bags. There was a previous generation of barbed sutures that caused multiple problems in patients (2003-2007) and were subsequently withdrawn from the market.

New Treatments

Be wary of new treatments offering incredible healing or results. There are new devices being marketed each year, and often these treatments are reliant on glossy marketing and can be over-promising and lead to disappointing results. Often these treatments last for a few years and then come off the market. An appreciation of non-surgical devices is that they will have a limited effect by the nature of their design.

‘Cosmeceutical’ products offering near-miraculous changes in ageing around the eyes often lead to high optimism and marked disappointment. Creams often can hydrate the skin to improve skin quality however there are as yet no effective topical creams or medications that are effective in treating eyelid changes.

Transparent tape can be used to lift loose skin in the upper eyelid and to smoothen fat swelling in the lower eyelid. These treatments only offer a temporary solution, since as soon as they are removed the shape of the eyelids returns to its pre-existing one.

Radio-frequency devices with different terminology have previously been marketed by some surgeons and direct to consumers in high-street stores. Although these devices

did have an effect on skin tightening, a proportion of people found that some of the natural fat of their face was dissolved by the machine, resulting in a more aged appearance. These patients then required volume augmentation treatment to undo this damage.

Ulthera® is a technology that uses ultrasound to tighten soft tissue. It has been marketed as a non-surgical device that can offer brow and neck lifting. Although the principle of a non-surgical treatment may be appealing, the results of the tightening can be indifferent and have been described by some articles in the media as “minimal”. Ulthera may have a role in tightening of the skin only in patients with mild skin laxity without additional signs of facial ageing.

Checklist for any new procedure:

- How long has this procedure/ technique/ product been used for?
- Is this product used in UK & USA? the USA has a more stringent safety process for products (termed FDA approval).
- What is the longest follow-up of the treatment?
- Who else is using this procedure?
- What are the possible side effects or risks of this treatment?
- Can I see before-and-after photos of patients who have had treatment? Not just the photos in a glossy catalogue?

With any new treatment it takes time to establish the true frequency of side effects and long-term safety, the latest product may well not be the best as it takes many months before the true advantages and disadvantages of any product can be evaluated. For stringent testing such as FDA approval, a series of tests is required to ensure both safety and effectiveness of the treatment. This can take between one and two years.

3. Consultations with Your Surgeon

3.1. Before your Consultation?

Calling a doctor's office for a consultation can be a big step, particularly if you have been considering surgery for a long time. Your expectation should be that the staff are helpful, informative and courteous. Although it may be very convenient if the doctor can see you straight away, if your surgeon has a waiting period this may be a sign of a busy practioner who is successful and in demand.

The cost of a consultation varies substantially - from free to more that £350 ($500USD). Although free consultations may seem attractive, there are few things in life that are truly free, and this is discussed further in this chapter.

Your expectation should be that the surgeon sees you on time and if there are delays it is reasonable to ask for an explanation. I have had patients travel a long distance for their consultation and been delayed, and this can have a knock-on effect resulting in other patient's consultations being delayed. For example, one of my patients who had a six-hour journey for their consultation, was delayed for an hour on the train. It was

very difficult to say to this person: “Sorry you missed your appointment please let’s rearrange for tomorrow”. It did though, mean that another patient had to be a little understanding about the situation. However, if you feel the time during your consultation was insufficient to answer all your questions it is reasonable to ask for a secondary or follow-up consultation.

3.2. What happens during My Consultation?

During your consultation the following steps will take place:

1. Your Surgeon will ask you about your expectations for improvement.
2. Your Surgeon will assess your medical history.
3. Your Surgeon will assess your face.
4. Your Surgeon will discuss what can be achieved and how.
5. Discussion of tests required for safety.
6. Discussion of cost of surgery.
7. Procedure dependent: Computer Imaging or evaluation of old photograph to help determine goal of surgery.

Your surgeon will ask you about what you are looking to change and the results you are looking to achieve from the surgery and should allow sufficient time to discuss your surgery in detail. There should also be an opportunity for you to express and discuss any fears or concerns you might have.

With facial surgery, some aspects of the surgery may be fully achievable and other aspects may be more complex and difficult to achieve. For example, during a consultation with one of my patients for facelift surgery, the patient had thin neck skin. Although the appearance of the loose skin around their neck could be largely improved, the nature of the thin skin meant that they would still have some unevenness as with skin the natural anatomy of the neck can be seen after surgery. Your surgeon should spend time with you discussing what realistic expectations can be achieved with your surgery.

Your surgeon may ask you additional questions from your medical history so it is important that you are frank and honest as it may affect the outcome of your surgery. Your surgeon will want to know about any current and past medical history. Furthermore, you should make your surgeon aware of any allergies you have as well as any medications, herbal and vitamin supplements you are taking.

Another important consideration is smoking and the use of any nicotine products that have the potential to delay healing and increase the risks from facial surgery. Blepharoplasty and eyelid surgery benefit from a very effective blood supply that means that smoking generally does not impact the surgical results. However there are other surgeries, including brow lift surgery and fat transfer, where smoking may have a marked negative impact on the final result.

Your surgeon will perform an appropriate examination to ensure that you are a suitable candidate for the procedure. This may involve tests that are specific to your procedure and to decide the most effective treatment for you. I insist that all of my patients have routine blood tests that ensure maximum safety for each and every patient. Although compulsory in some states in the USA, in Europe there are no such regulations, however these tests will ensure that you have the safest possible surgery and fastest recovery. For example, if you were anaemic this would be identified in the tests. I have picked this up in numerous patients before surgery, enabling treatment before surgery and maximising fast recovery after their procedure.

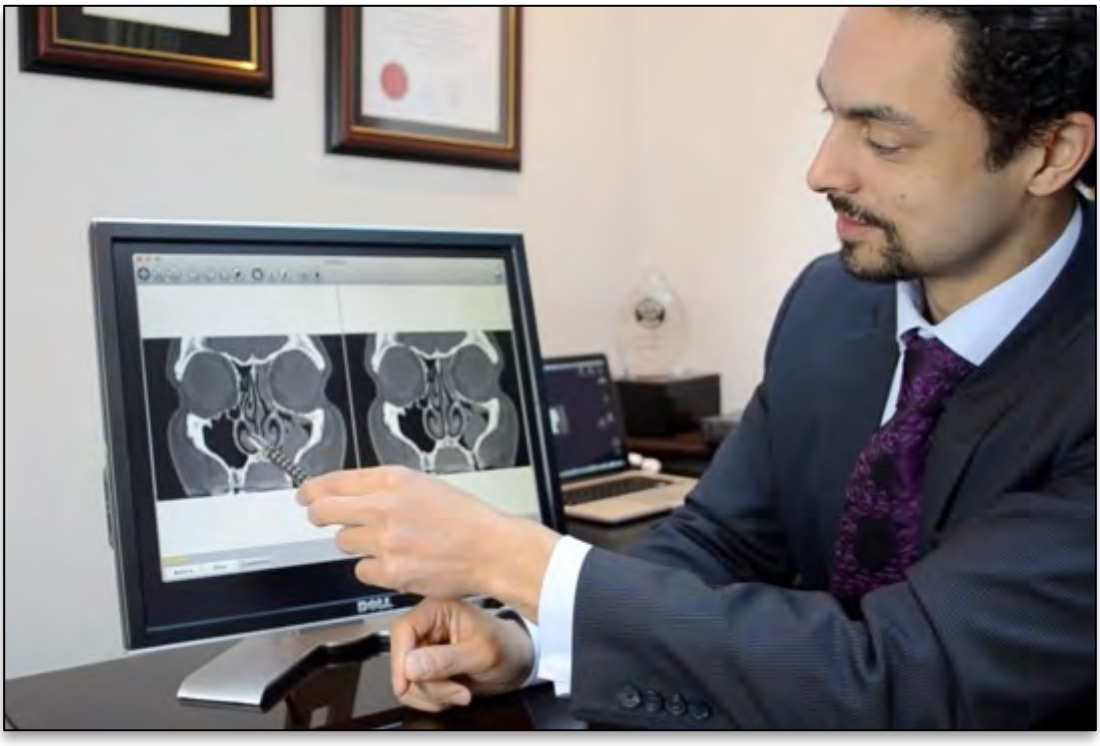
Your surgeon will also take sufficient time to explain all the options, recovery, and potential risks associated with the surgery. You may even be supplied with further information, such as leaflets to take home to read.

Your surgeon will be able to advise you on which options will be best to achieve the result that you desire. Remember that your surgeon is an expert and so you should listen carefully to their advice and take it on board. Your surgeon should provide you with information including potential risks and downside of undergoing surgery. For some patients, surgery may not be the preferred treatment as the risks may outweigh the potential benefits.

After you have had your consultation about the precise procedure you will undergo, you will then be talked through the financial aspects. This will include a quotation for the cost of your surgery. You can then use this information to develop a payment plan that will suit you and your budget.

I use computer imaging, where possible, to indicate likely outcomes of surgery. This is more helpful with specific procedures such as rhinoplasty and less helpful with facelift and neck lift surgery. Although computer imaging is useful in agreeing an achievable aesthetic, it is not 100% accurate. An image can be amended perfectly but facial surgery is technically demanding, and perfection cannot be promised.

Your facial cosmetic surgeon should discuss the pros and cons of the cosmetic procedure, including the risks and benefits of the procedure, and the possible alternatives. This is termed 'informed consent. A good plastic surgeon offers advice and an opinion based on the information discussed and for some patients, surgery may not be the preferred treatment. I have on occasion had patients come to me for a surgical opinion for facelift surgery with changes that are relatively mild. In these circumstances cosmetic surgery may not be advised as the benefits do not outweigh the recovery period and risks.



During your consultation your surgeon will ask you about what you are looking to change and the results you are looking to achieve from the surgery. There should also be an opportunity for you to express and discuss any fears or concerns that you might have and there should be sufficient time to discuss your surgery in detail.

3.3. What should I ask during the consultation?

Before your appointment it is worthwhile doing some research. Consider what you are looking to achieve, evaluate the types of surgery open to you, read information on the possible procedure, the alternatives, risks and limitations. Having some relevant information beforehand will make your consultation more informative and useful. Most physicians appreciate a well-informed patient and will welcome the opportunity to answer relevant questions.

- There is no reason to be nervous. You are going to a consultation for a discussion so there is no need to be overly anxious. At the consultation you are not obliged to agree to surgery.
- Your surgeon will ask you what surgery you are looking to achieve and talk about why. It is best to be sincere about what you are looking to achieve so that the surgeon can be clear on the objectives of surgery and the potential limitations.
- If you have questions that you would like to ask, write them down in advance. This prevents you forgetting them at the time.
- Find out further information about the surgeon. You can ask to see before and after pictures of the surgeon's own patients.
- If you still feel nervous you can ask to talk to some of the doctor's patients who have had the operation you are considering. This is a reasonable request and your surgeon can arrange for you to speak with one of his previous patients. Although this can be useful as a guide, everyone's experience of surgery is, to some extent, unique to them.
- These are a spectrum of questions that you can consider asking. Each patient places importance on different aspects of the surgery, so ask questions that are most relevant to you and your concerns. Consider having a further

consultation with another surgeon if you feel your questions have not been answered adequately.

- These are some common questions:
    - What procedure do you recommend?
    - What are the benefits of the procedure?
    - What are the limitations and risks of surgery?
    - How long is the recovery period?
    - What kind of anaesthesia will be used?
    - Can I avoid having general anaesthesia?
    - When can I have surgery?
    - Where will the operation be performed?
    - What will it cost?
    - What are my alternative options?
    - How do you charge for revision surgery?

What if it sounds too good?

If, during the consultation, the surgeon is promising or guaranteeing results, this is a reason to be wary. A surgery that promises a “twenty years younger” appearance or a recovery that will be completed in only five days, these are likely to be somewhat exaggerated and unachievable.

Charges for Revision Surgery?

The need for revision surgery can differ greatly with the complexity of surgery and the surgeon. Complex revision facelift and neck lift surgery in a patient with previous scars has a higher need for revision than primary (first-time) surgery. Most patients do not require revision surgery although it may be required if there is marked asymmetry or incomplete correction of primary issue.

Generally, revision surgery timing is delayed until healing is complete, until all swelling has resolved and healing is complete, which is usually between six to twelve

months after surgery. The cost of revision surgery can vary amongst surgeons from no fee to a cost similar to the original surgery, and every procedure will have an underlying cost relating to the facility, equipment and medical personnel. The clinic's charges for revision surgery can be discussed in advance of initial surgery.

3.4. What are the 'red flags' during the consultation?

During your consultation there may be signs that the surgeon is not ideal for your surgery. These red flags may include:

- Unable to achieve your expectations from surgery.
- Does not answer your questions regarding surgery.
- You don't feel comfortable with the surgeon. This may be because the surgeon was impatient, irritable or unhelpful.
- Advises you there are no risks or guarantees you a result.
- Advises you to have multiple additional treatments that you had not considered. Offers you a cash discount or incentive to have surgery.
- Staff are unprofessional or incompetent.
- Advises you that the surgery will be completed in another country.

3.5. What is the Assessment for?

Part of your evaluation for face and neck lift surgery includes a meticulous assessment of your face. Key is to look at each patient's individual ageing, including volume tissue descent with jowls (a squarer-shaped face), facial lines, loss of facial volume in your face, skin laxity and the presence of bands in the neck.

As part of your assessment, your surgeon will evaluate both your history and examine your face for any conditions that may potentially affect your results.

Relevant history for Facelift & Neck lift surgery

- Past facial treatments.
- Active or past history of smoking.
- General medical health e.g. diabetes, heart conditions.
- Medications and blood-thinning medications.
- Occupation and time available for recovery.

Relevant Assessment for Facelift & Neck lift surgery

The assessment for facelift and neck lift will depend on your individual circumstances. Not all of the evaluations below are necessary for every patient. Assessment will include

- Assessment of gravitational descent, presence of soft tissues softening the natural jawline, termed jowls.
- Measurements of skin laxity, dependent on ethnicity, age, sex and environmental factors such as sun exposure.
- Assessment of fat volume loss, including shadows and lines including naso-labial (from nose to moth) and marionette lines (from mouth to jawline).
- Position of the eyebrow. A low lateral eyebrow can be addressed at the same time as a facelift or neck lift surgery with a temporal brow lift.
- The skin quality and texture. Some patients may require skin rejuvenation at the same time as facelift and neck lift surgery to give the best result. I commonly use combined laser resurfacing (CO_2 laser to tighten deeper skin, Erbium laser to tighten superficial skin).
- Neck Platysma bands may be present as one or two vertical lines in the neck. During the surgery these bands need to be addressed as they be more prominent after surgery without this.
- Skin laxity is evaluated in the face and neck. The only reason to have any scars associated with this surgery is to remove loose skin.

- Orbito-Malar ligament attaches the orbicularis oculi to the inferior orbital rim (also termed the orbicularis retaining ligament). This may require additional treatments with blepharoplasty.

- Ear lobe shape & position is characteristic to each individual. Some patients have no ear lobe and it is important to evaluate this pre-operatively. I look at this aspect with each patient to ensure they are familiar with the appearance of their ear before undergoing surgery.

- Festoons or Malar Bags are lower eyelid changes that have fluid with associated redundancy due to folds of skin and underlying orbicularis muscle. They may be associated with more swelling during recovery period.

Facial ageing affects multiple areas of the face. Meticulous evaluation is necessary to guide surgical planning and a natural rejuvenation. Dr. De Silva utilises 3-D facial scanning in evaluating each patient's facial characteristics before facelift surgery.

3.6. What is the cost of facial cosmetic surgery?

When contacting the surgeon's office, you can receive an approximate quote for surgery. The cost of the surgery will consist of the surgeon fee, the anaesthetic fee and the facility or hospital fee. Depending on the surgeon's office, the fee quoted may include all the fees or the surgeon's fee only. The costs of cosmetic surgery are not covered by the NHS (National Health Service) or private health insurance.

Factors that will affect the cost of the surgery include the length of the surgery, complexity of the procedure, materials required and use of high technology. Materials and equipment for surgery can be very expensive, however good quality material will last a lifetime. I only use materials that are approved in the USA and have undergone stringent FDA (Food and Drug Administration) approval since this is regarded as the most stringent medical regulatory body in the world. Regulation in the Europe is less stringent and far more products are approved.

How important are the materials used during surgery?

Be wary of low costs that may appear a good deal as this may have additional risks owing to the underlying quality of materials. In the UK, cheap silicone breast implants were supplied by France's PIP (Poly Implant Prothese), many of these implants were put in by the Harley Medical Group, a mainstream cosmetic business. Tens of thousands of women had to undergo further surgery at their own cost, to have these cheap implants replaced. The company was pursued for compensation by thousands of its customers. High-quality graft material will last a lifetime.

Technology

The use of technology in cosmetic surgery has grown rapidly over the past five years. Technology has enhanced aesthetic results at the same time as reducing recovery time.

One example of the use of technology is the use of lasers. The traditional old CO_2 (Carbon Dioxide) laser, although highly effective in rejuvenating the skin, had a long recovery time that for some patients was several months. Modern CO_2 lasers use newer technology that enables a much-faster recovery time. In addition, I combine modern

lasers with other technology such as the PRP (Platelet Rich Plasma) to enhance the recovery further.

PRP utilises your body's natural reparative mechanisms to trigger faster recovery after surgery and enhance specific treatment results. PRP has been widely used by professional athletes to enhance recovery after injury, reducing downtime by natural means. The technology utilises your own reparative growth factors, triggering enhanced natural healing. The quality of the PRP is key to the effectiveness of this technique. Low-Tech can generate PRP that is 1.5x multiple of blood that has a limited effect in enhancing recovery. I use a high-tech machine that generates a much a higher quality 3x PRP multiple which is more effective in facial surgery. The cost of the new technology does influence the cost of the procedure.

Low-cost cosmetic surgery providers in the UK

Low-cost cosmetic surgery providers in the UK have be known to fly in foreign surgeons from the developing world to complete surgery. Be wary of any organisation where you are not able to meet the surgeon before the day of the surgery. There can be little comeback to a surgeon who is abroad, since there is little protection against negligence when the work is performed outside the UK or by a surgeon outside the UK.

One large UK chain, Harley Medical Group, was chased for compensation by thousands of their previous patients regarding the quality of the surgery performed. The company was able to change ownership and re-open and continue providing mainstream cosmetic surgery.

The UK has a stringent regulatory body that governs both doctors' practice (GMC, General Medical Council) and another for the facilities, including hospitals (CQC, Care Quality Commission). The GMC protects the public from UK doctors based in the UK, but has no jurisdiction over doctors outside the UK.

The CQC ensures that all facilities are up to a high standard and regulates all aspects of care including data collection and confidentiality, cleaning protocols for operating theatres and instruments, and staff qualifications. This regulatory system protects

patients and ensures world-class surgical care in the UK. Unfortunately it will not provide any assurance for surgeons or facilities based outside the UK.

Anaesthetic Fee

In the UK most anaesthesia is administered by a consultant specialist. Though world-wide, particularly in the USA, there are nurses trained in anaesthesia who will administer sedation and general anaesthesia. Depending on the person providing the anaesthesia, the costs of the surgery can be reduced.

Facility Fee

The location of the surgery will influence the cost of surgery. The cost of a central London facility will be substantially more than a location in Eastern Europe. The reason for these increased costs includes: cost of building, cost of staff, cost of modern equipment, costs of liability and insurance, costs of CQC regulation. All of these costs are higher for a capital city and these may be reflected in quality and safety, as discussed in the chapter on Medical Tourism.

Financing your Cosmetic Surgery

Financing cosmetic surgery can be similar to financing for any item with options including cash, credit cards, payment plants etc. Cosmetic surgery should be considered a relative luxury, and taking out substantial loans to finance cosmetic surgery is not recommended.

Cost of surgery

The cost of surgery will depend on all of these factors including the complexity of surgery, use of technology and ultra-modern equipment, the necessary safety and regulatory certification, indemnity insurance, facility costs and surgeon fees. The cost of surgery will differ from surgeon to surgeon and their practice according to these factors.

3.7. Shall I ask for a free consultation?

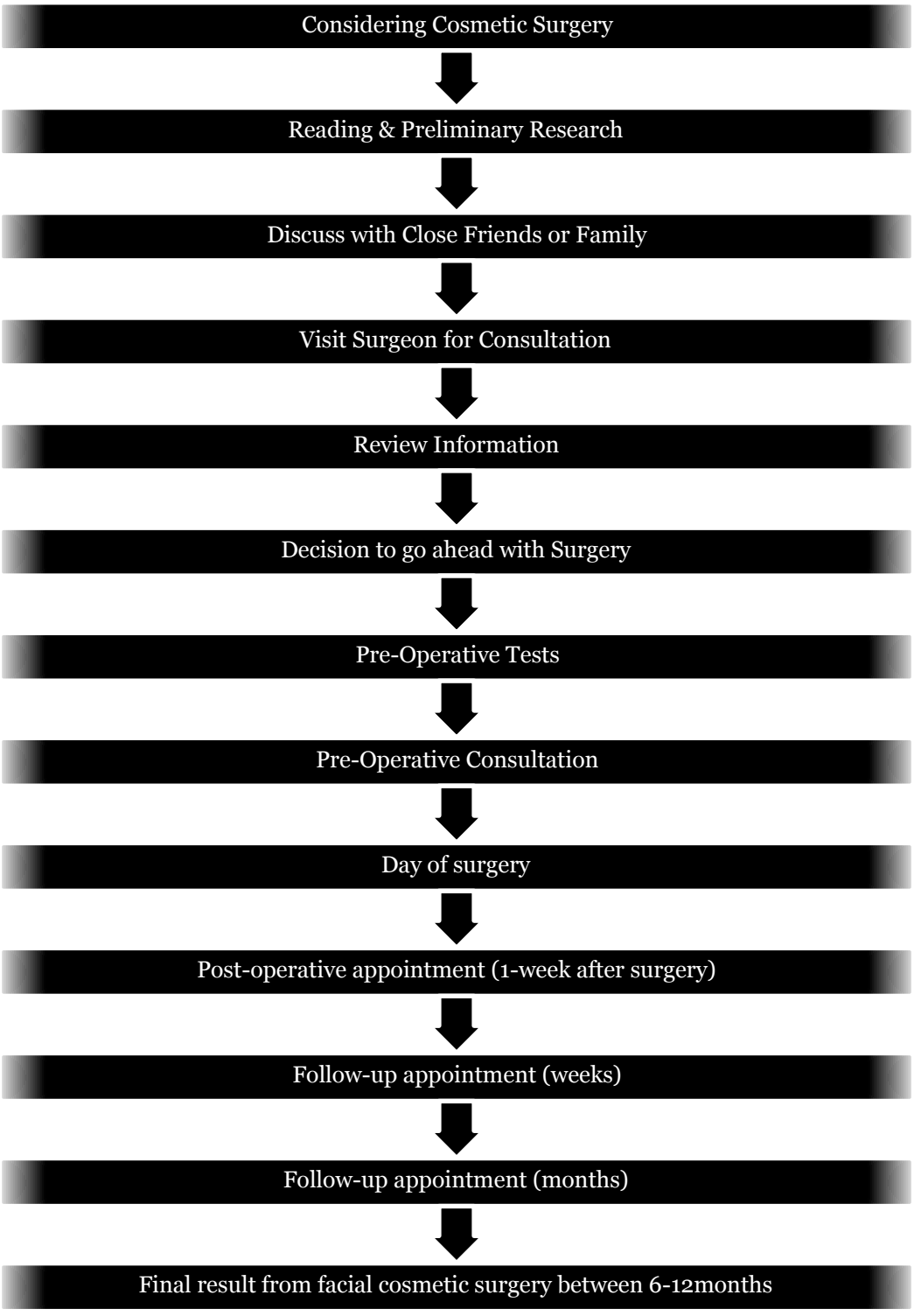
On the surface, the idea of a free consultation may seem appealing. However, consider the adage “there is no such thing as a free lunch”. If a practice offers a free consultation there is reason to be cautious as it is more likely you will spend time with a sales representative and have limited time with the surgeon.

In the UK, free consultations are more commonly associated with large companies that employ sales representatives. Most established surgeons charge a consultation fee, as the fee is for a professional opinion. When going for a consultation you are undergoing an assessment including your aims from the surgery, a review of your medical health, an examination, discussion of your treatment options etc. You would not expect to see a lawyer, dentist or other professional service without an expectation of paying for the expertise and knowledge of that professional. There is an overhead cost of seeing a patient for a consultation. To be free the cost must be made up elsewhere.

Dr. De Silva talking on Sky News about regulation in the Cosmetic Surgery Industry and improving patient safety. Link to video

A free consultation is more likely to be used as a marketing tool to encourage more patients, and there have been calls in the UK for increased regulation of these providers to stop the use of marketing tools, including free treatments, sales representatives, and surgeons who fly in only to complete surgery. Alarm bells should sound if you are unable to meet the surgeon before the day of the surgery. Some clinics have been notorious for flying in surgeons from developing countries for the day of the surgery and although this is unethical in surgical practice it is not illegal under UK legislation.

3.8. Timeline from Consultation to Surgery



This is an overview of the timeline to undergo facial cosmetic or surgery.

4. What is Facial Balance, Ageing and Good Health

4.1. What is Facial Beauty?

Most people, no matter their age, sex, culture or ethnicity, are hard-wired to be attracted to faces that display 'beauty'. The reason for this attraction is that a face that is regarded as beautiful is associated with a potential mate who has a better ability to fight off diseases and who would "pass on this fitness advantage to future offspring." Science has shown us that attractive faces activate reward centres in the brain, they motivate sexual behaviour and the development of friendships and they elicit positive personality attributions.

The face is considered a key component of communication and social interaction; it is intricately complex with scientists having identified over 7,000 different facial movements. Our faces assert our feelings, emotions and otherwise hidden virtues of our personality. We are hard-wired to respond to, analyse, even stare, at the physical features of beautiful faces.

Since the times of Plato, attractive faces have been positively associated with success. Although most of us our able to recognise beauty when we see a beautiful face, it remains very difficult to define. In this chapter I discuss attractiveness with consideration to facial harmony and sexual dimorphism, attractive features related to the different sexes.

Symmetry and proportion are more attractive than distinct or stand-out features, demonstrated by caricatures. For example, a facial feature such as a large nose or large nasal tip creates facial imbalance and a focus of attention on the face. Variations from the perceived norm can be attractive, as long as the variations fall along the lines of femininity in women and masculinity in men.

We know from a number of scientific studies that facial beauty can be principally defined by several fundamentals.

- The first is a preference for averageness and symmetry that is the proximity to spatially 'normal' or average features for a population.
- The second is a preference for youth and for relatively few features of facial ageing. Faces showing greater characteristics of youth are associated with being more attractive.
- The third is a preference for sexual dimorphism, that is for feminine traits in female faces and masculine traits in male faces.
- The fourth is a combination of expression and facial features that characterize a person. For example, shyness, competitiveness, demureness.

What defines a beautiful face has been the subject of philosophical debate since the time of Plato. We are all able to recognise beauty. However, to define its characteristics is challenging.

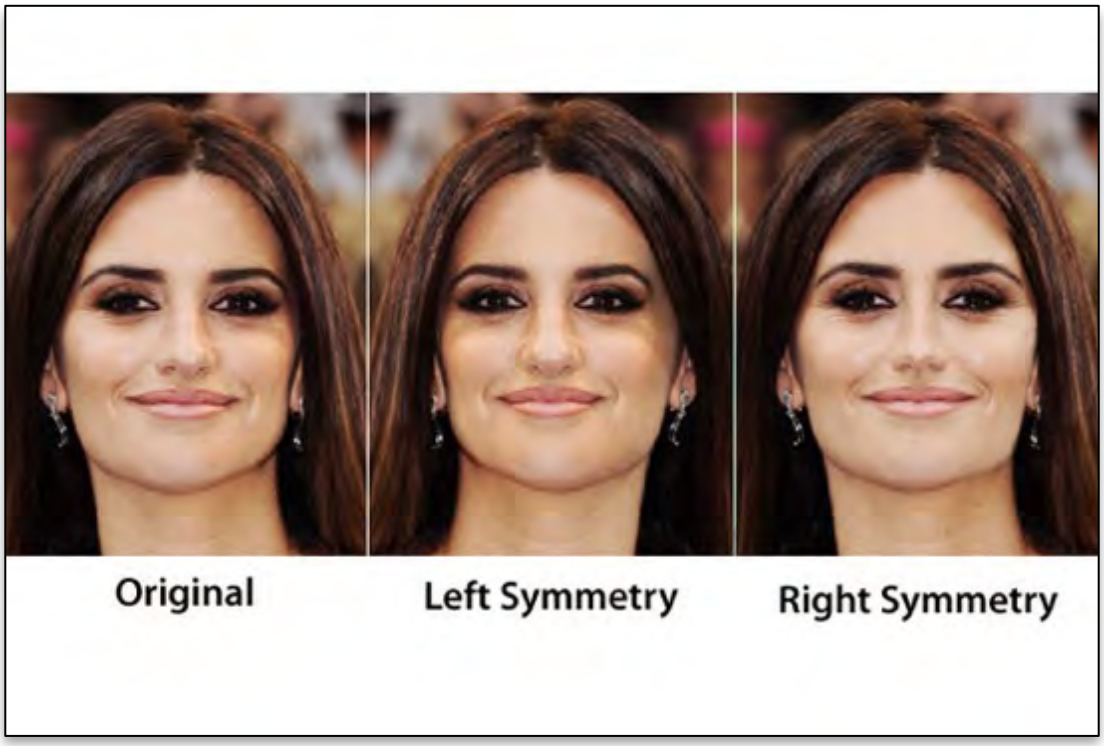
Why are these facial elements of key importance in facial cosmetic surgery?

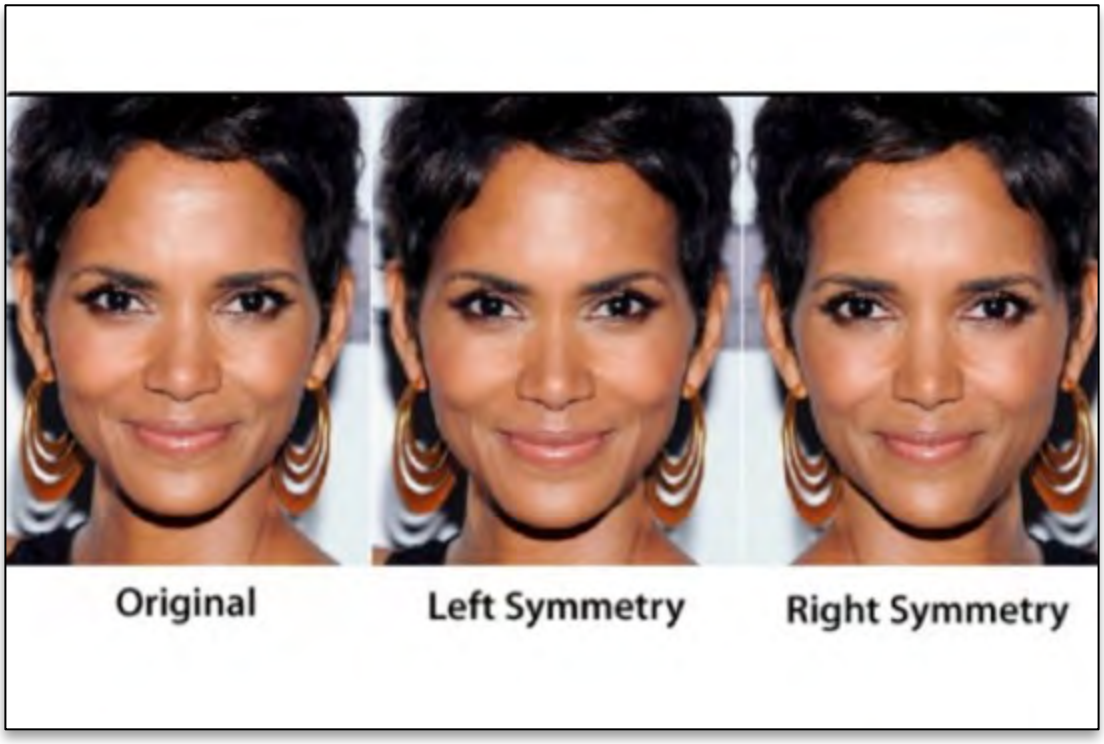
Any cosmetic procedure changes your facial balance, proportions, and facial characteristics, all the elements that are key to facial harmony. There is a degree of artistry that is important in evaluating different components and features that make a beautiful or handsome face. For example, relatively commonly patients seeking facelift and neck lift surgery can describe always disliking their neck and lack of definition. They may not be aware that on side profile they have a small chin and weak jawline, that can be enhanced with a chin implant to improve facial balance and harmony.

Why is facial symmetry or 'averageness' important?

In artists' portraits from Leonardo da Vinci to Rembrandt, facial symmetry and facial proportions are known to play a key role in natural beauty. Scientific research has shown that symmetry represents the concept of proportionality and in this context, averageness means lacking distinct or dramatic features. With people being "more symmetrical or average-featured" than others, they become more attractive.

Common features that disturb symmetry or facial harmony include a nose that does not fit a persons' face (large, bulbous tip, large hump etc.), eyelids that have numerous lines or bags, a face with jowls or vertical bands in the neck. There can be a fine balance between looking good for one's age and having characteristics that look like excessive cosmetic surgery. A famous actor who has had too much plastic surgery can be easily recognised. Accordingly, a man in his sixties with no wrinkles on his face does not look natural and is eye-catching for the wrong reasons.





Celebrities often prefer to only be photographed from their good side. In these photos, the face has been cut in half lengthwise, and then the left and right sides are mirrored and forms one new face.

(Credit: You Beauty)

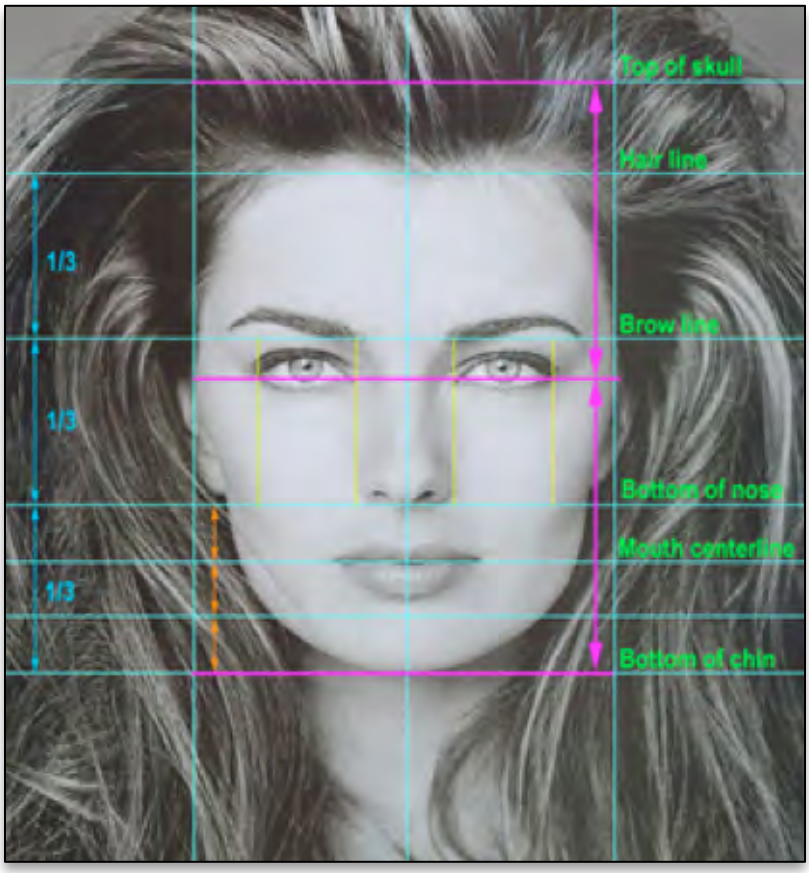
Is there any scientific evidence for symmetry and attractiveness?

People are attracted to faces regarded as both beautiful and handsome with a good genetic profile based on scientific principles. Researchers have identified a direct correlation between “attractive” faces and the diversity in those individual’s genetic makeup, their Major Histocompatibility Complex (MHC). An MHC is one of the principal determinants in a person’s tissue type. Tissue type plays an important role in the immune system and diversity may be a predictor of reproductive success. Researchers have combined photos of multiple people and found the composite blended image, with smoothed-out features and reduced irregularities, to be more attractive.

Can any facial proportions be used to evaluate facial beauty?

Leonardo da Vinci described the rule of thirds, where two horizontal lines are utilised to divide the face into three parts. The first area extends from the hairline to the glabella line (eyebrows), the second area from the brow to the base of the nose, and the third area from the base of the nose to the chin. In a well-proportioned and attractive face, the resulting thirds are equal. I use these as guide to uncovering facial disharmony and other more specific parameters can be used for particular aspects of the face such as the lips and chin.

In a similar manner the face can be divided by the rule of fifths, where four vertical lines drawn at the outside and inside corners of the eyes, and at the outside of both ears results in the face being vertically divided into fifths. In a well-proportioned and attractive face, the resulting fifths are equal.



Facial proportions are a key part of facial balance and harmony. Horizontally the face can be divided into even thirds and vertically into even fifths.

There are other facial proportions that can be measured that are specific to individual anatomical characteristics which can be used to evaluate proportions of your face. In the lips and chin, a guide to facial proportions can be seen in the profile view. In a well-proportioned face the upper lip, lower lip and chin all lie within several millimetres when viewed in the profile view. For example, a large lip or small chin can become readily apparent when viewed in this perspective, providing both a guide for discussion with patients and in planning surgical correction.

This figure shows the position of a recessed chin that is positioned (>5mm) behind a vertical green line drawn through the lips. With chin augmentation, the chin is moved forward and the relative distance from the lips to the chin is reduced. I use reference points on the face to evaluate proportions. The photo on the right shows the improved facial harmony with chin augmentation.

What is the difference between male and female faces?

Sexual dimorphism is the term used to define the physical differences between males and females and accounts for the characteristics that make men masculine and women feminine.

In woman, large eyes, small chins, high cheekbones, and larger lips are attractive features that imply health and fertility. Common changes with facial ageing include laxity of the soft tissues around the eyes which reduces the apparent size of the eyes. One of the reasons why blepharoplasty, eyelid surgery, is the most common facial cosmetic surgery in the Western World is that the surgery is effective at opening up the eyes, rejuvenating the appearance of the eyes and increasing apparent eye size. Large chins can create disharmony in a female face as a dominant jaw is regarded as a masculine feature and surgery that refines, narrows and sculpts a female jawline that results in increase facial femininity and resulting facial harmony.

In men, a strong jawline with proportioned chin, defined brows and relatively thin lips makes a man more attractive. However, these masculine features are within the limits of attractiveness. A very prominent chin regardless of sex, may then result in facial in-balance and reduced attractiveness.

These are physical facial features that many artists, producers and marketers have exploited over the years to create the archetypical leading men and women in advertising and media. Small chins in men creates facial imbalance and chin augmentation provides a way in which facial balance can be improved by giving a man a more masculine feature.

Researchers have found men the world over prefer feminine faces characterised by large eyes, pillow lips and a soft jawline. In contrast women were more drawn to faces with a strong jaw, squinty eyes and a dominant brow.

(Credit: Youbeauty).

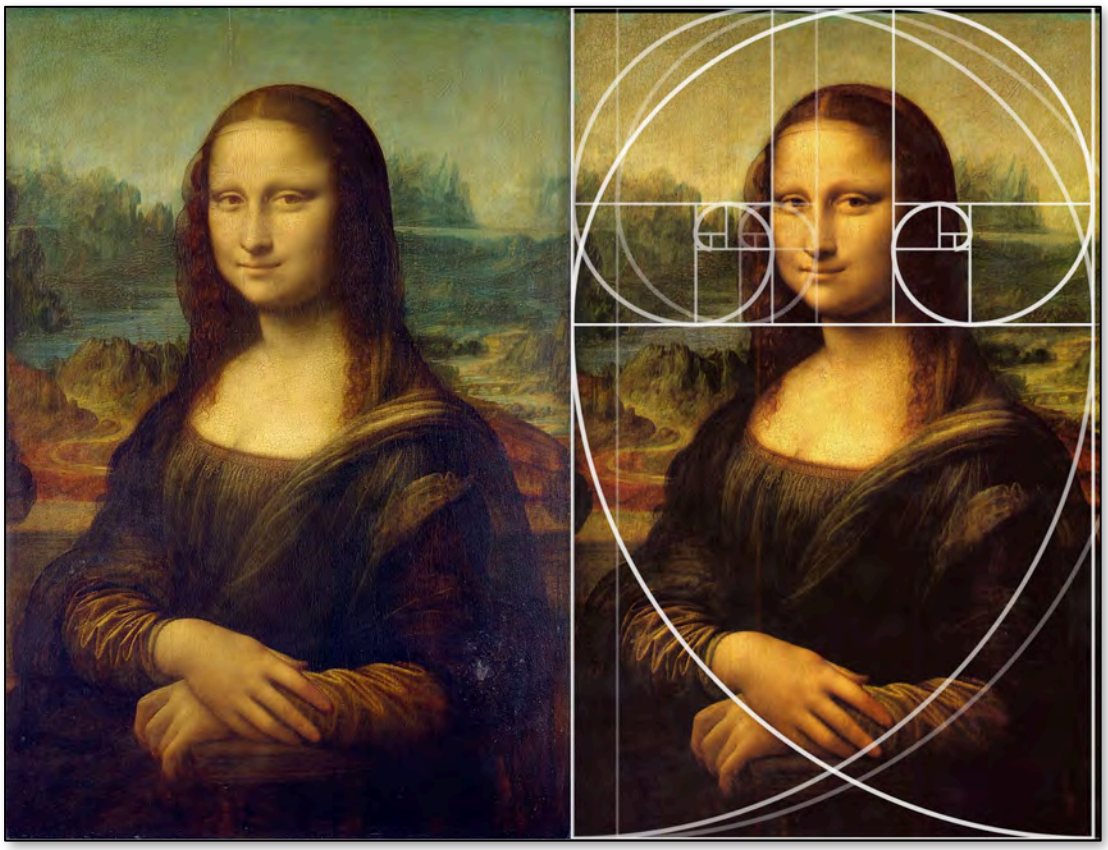
How important are facial expressions in attractiveness?

Academic research has identified and categorised more than 7,000 visually distinguishable facial movements. Facial expressions are a key aspect of our communication and science has shown that non-verbal communication is more important than verbal communication in interactions. Particularly in woman, facial movements are an important aspect of communication and enhance facial attractiveness.

There is a balance to be maintained with certain non-surgical treatments. Botulinum toxin (termed Botox) is very effective in reducing lines in the face associated with facial movements and facial ageing. I do not favour excessive use of botulinum toxin as if overused it impedes facial expressions and creates an unnatural appearance lacking facial expression. Facial expressions are of less importance in men and physical traits such as prominent jawline are more critical.

4.2. Golden Ratio & Facial Beauty

Since the 16th century, many artists and architects have proportioned their works to approximate the golden ratio, believing this proportion to be aesthetically natural and beautiful. The golden decagon matrix, a two-dimensional figure, correlates with the shape of B-DNA , the most common form of DNA found in nature. Within the shape of the golden decagon matrix, forty-two secondary golden decagon matrices, each smaller than the primary by a multiple of the golden ratio.



The Golden Ratio was used extensively in the Renaissance period of art. The Mona Lisa, by Leonardo Da Vinci, shows proportions to the Golden Ratio.

(Credit: J Harrison-Reader).

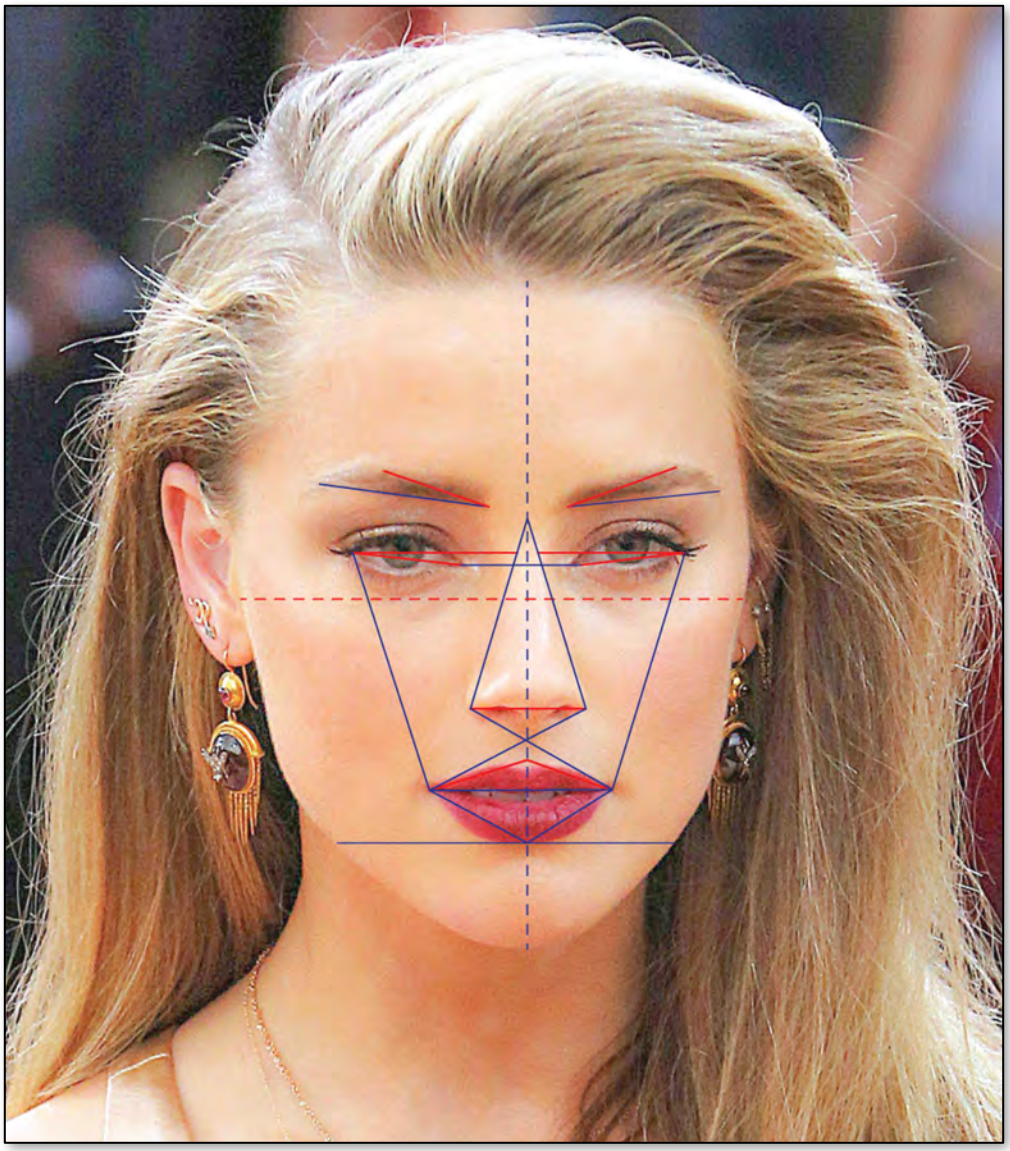
These have been overlaid on the human face, and when the extra lines are removed, the resulting image gives rise to a mask, composed of line segments and shapes that relate to each other through the Golden or Divine Proportion (1:1.62). The golden ratio mask has been superimposed onto photographs of people regarded as the top models, most beautiful women and handsome men.

There have been critics of these proportional rules who suggest that they highlight a bias towards European and Caucasian facial characteristics and that there cannot be an absolute universal mask for beauty as there are attractive faces that fail to fit the golden mask.

The Golden Ratio Mask composed of line segments and shapes that relate to each other through the Golden or Divine Proportion (1:1.62). The Golden Ratio Mask can be superimposed onto photographs of people. The mask here has been mapped to

Angelina Jolie's face and mathematically demonstrates her beautiful, well-proportioned face.

I developed a tool based on the Golden Ratio to act as an objective measure of facial beauty. Using the Golden Ratio and facial mapping software, a number of famous faces were studied for beauty. From photographs, each person had 12 key marker points measured by taking into account the position of their eyes, eyebrows, nose, lips, chin, jaw, and facial shape. These measurements were analysed with reference to the Greek ratio of Phi (1.618). Amber Heard was the highest scoring face with 91.9% relative to the Greek Golden Ratio of Beauty, which for thousands of years was thought to hold the secret formula of perfection. Kim Kardashian's face came second with 91.4%, Kate Moss was third with 91.1%, Blurred Lines model Emily Ratajkowski was fourth with 90.8% and Kendall Jenner fifth with 90.2%.



The Golden Ratio evaluation of Amber Heard. She was the highest-scoring face of the celebrities evaluated with a score of 91.9%. Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.

4.3. Golden Ratio application to celebrities

The Greeks discovered that the ratio occurs everywhere in nature and for thousands of years it has been thought to hold the key proportion for beauty in art, design, architecture and facial beauty. I applied the golden ration to the characteristics of the human face including the most nose, eyes, eyebrows, chin, lips, forehead, and face shape.

"The Phi ratio of 1.618 has long been thought to hold the secret for beauty, but now, with the computer mapping, we can calculate how it applies to real women."

Dr. Julian De Silva

1. Nose – Amber Heard 99.7%.
2. Eyes – Scarlett Johansson 97.25%.
3. Lips - Emily Ratajkowski 96.7%.
4. Eyebrows – Kim Kardashian 94.85%.
5. Chin – Amber Heard 99.6%.
6. Forehead – Kate Moss 98.8%.
7. Face Shape – Rihanna 91%.

Utilising a novel computer mapping technique, we were able to calculate how to make subtle improvements to facial shapes. With this technology, we have solved some of the mysteries of what it is that makes someone physically beautiful. After we had created the software and the algorithms for the key marker points on the face, we tested the system on some of the most beautiful women in the world to see if we could prove with geometry and science exactly what it is that makes a beautiful face.

The results were startling and showed several famous actresses and models have facial features that come close to the ancient Greek principles for physical perfection. Amber Heard had a near perfect ratio of nose dimension 99.7% and her chin was also

almost perfect. Across the 12 key markers for nose, lips, eyes, forehead, chin and facial symmetry and shape Amber Heard had the highest combined score.

Taken from the average of the 12 key markers over the whole face including lips, nose, eyes, eyebrows, chin, forehead and facial shape this is what we discovered:

Here are the top 10 female celebrities.

1. Amber Heard 91.85%.
2. Kim Kardashian 91.39%.
3. Kate Moss 91.06%.
4. Emily Ratajkowski 90.8%.
5. Kendall Jenner 90.18%.
6. Helen Mirren 89.93%.
7. Scarlett Johansson 89.82%.
8. Selena Gomez 89.57%.
9. Marilyn Monroe 89.41%.
10. Jennifer Lawrence 89.24%.

Most Beautiful Nose– Amber Heard 99.7%

To calculate the Phi ratio of the nose – measure the length of the nose from its widest point to the middle of the eyebrows and divide that by the width of the nose at its widest point. If that equals 1.618 you have the perfect nose dimensions.

Here is the top five:

1. Amber Heard 99.7%.
2. Marilyn Monroe 99.6%.
3. Emily Ratajkowski 99.56%.
4. Helen Mirren 98.2%.

5. Scarlett Johansson 97.1%.

Most Beautiful Eyes– Scarlett Johansson 95.95%

The perfect spacing of the eyes is also a ratio of Phi. The distance between the eyes, divided by the length of the eye should equal 1.618.

Plus, the positioning of the eyes in relation to the rest of the face is calculated. The distance from the nose to the edge of the eye, divided by the distance from the edge of the eye to the corner of the lips should equal 1.618.

1. Scarlett Johansson 95.95%.
2. Rihanna 95.85%.
3. Marilyn Monroe 95.8%.
4. Kate Moss 95.75%.
5. Cara Delevingne 95.14%.

Most Beautiful Lips– Emily Ratajkowski 96.7%

A very tight field for this area but Blurred Lines model Emily Ratajkowski just edged it with a phenomenal score of 96.7%.

The mapping of the lips came from three measurements.

1. Area – the area of the bottom lip divided by the area of top lip should equal 1.618.
2. Length – the length of the lip end to end, divided by the distance at the base of the nose = 1.618.
3. Distance from Nose. Corner of lip to opposite corner of nose, divided by length of the base of the nose = 1.618.

Angelina Jolie had the most perfect size of lips with 98% but positioning of the lip from the jawline wasn't quite as harmonious as the others.

1. Emily Ratajkowski 96.7%.

2. Marilyn Monroe 95.7%.
3. Kylie Jenner 95.02%.
4. Natalie Portman 94.3%.
5. Angelina Jolie 93.82%.

Most Beautiful Eyebrows– Kim Kardashian

Kim Kardashian's eyebrows are crafted to perfection – well, 94.9% of perfection to be precise. There were two calculations performed;

1. Length of eyebrow from tip to tip, divided by length from tip to arch, which if perfect should equal 1.618.

2. the area from the eye to the eyebrow divided by the area of the eyebrow.

1. Kim Kardashian 94.85%.
2. Selena Gomez 94.6%.
3. Amber Heard 89.8%.
4. Helen Mirren 88.7%.
5. Kate Moss 87.63%.

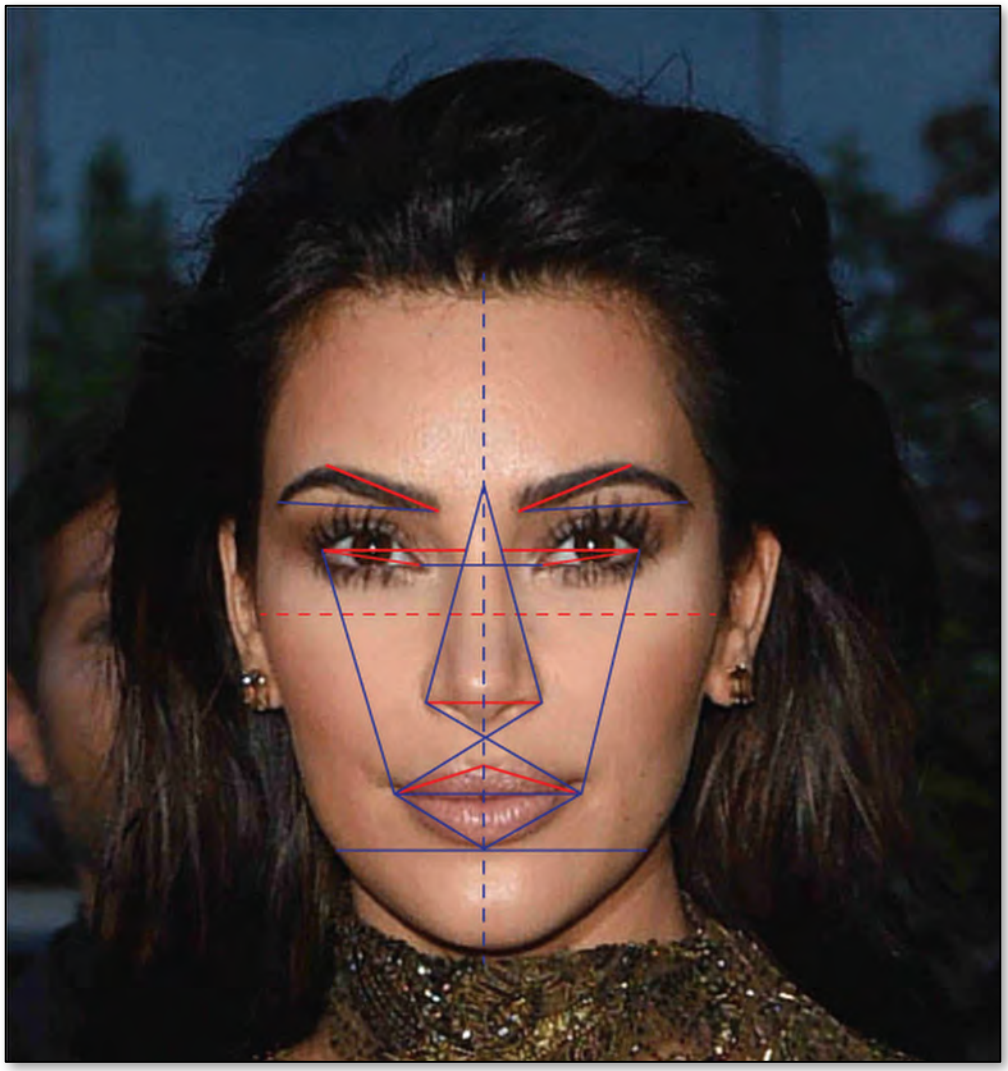
Most Beautiful Chin - Amber Heard

Amber Heard came out top, with an almost-perfect score of 99.6% and Scarlett Johansson was a close second with 99.4%. The width of the chin just below the lip should be 1.618 times the length of the lip.

1. Amber Heard 99.6%.
2. Scarlett Johansson 99.4%.
3. Angelina Jolie 98.1%.
4. Emily Ratajkowski 96.7%.
5. Rihanna 94.7%.

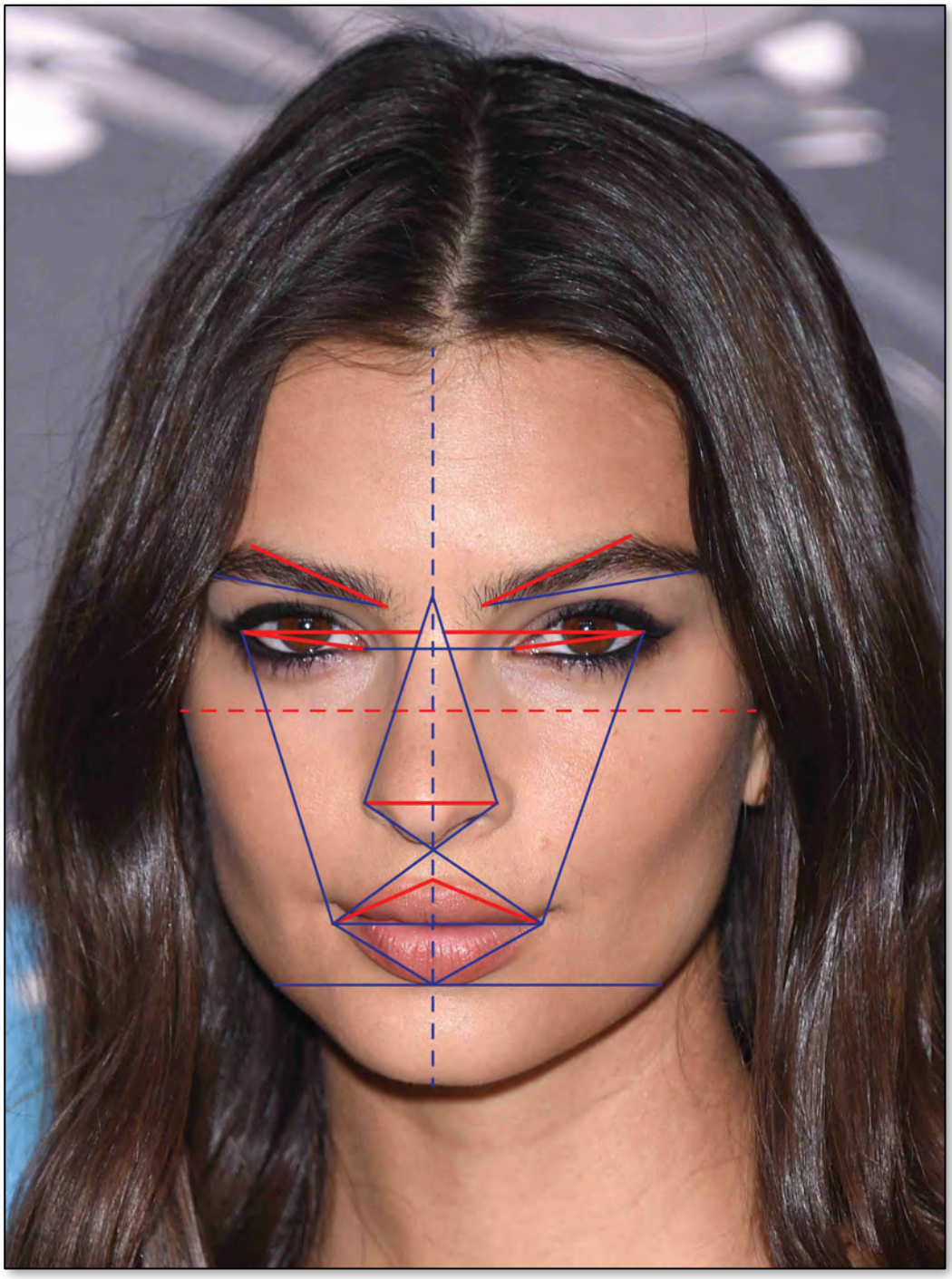
Most Beautiful Eyebrows– Kim Kardashian

Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



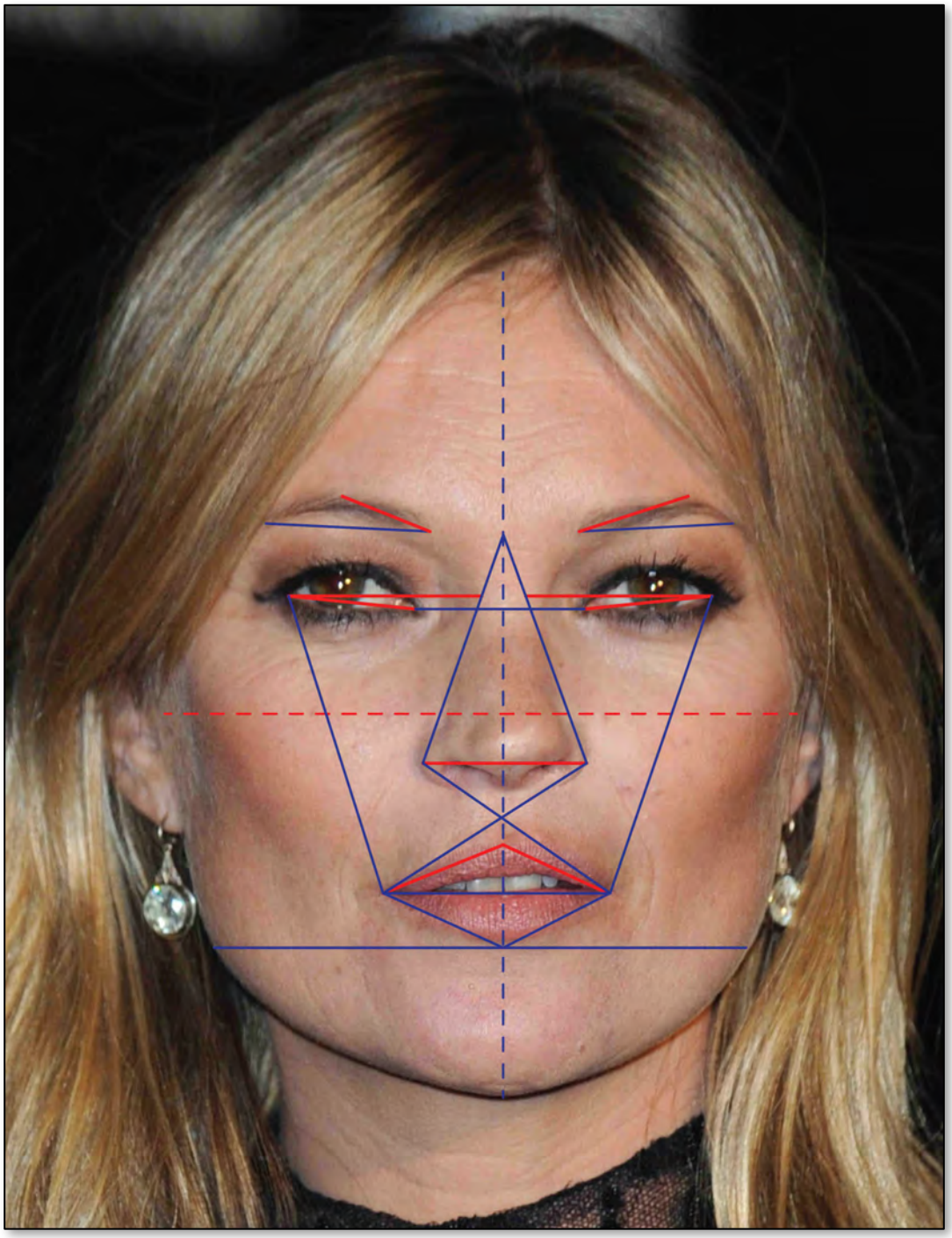
Most Beautiful Lips– Emily Ratajkowski 96.7%

Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



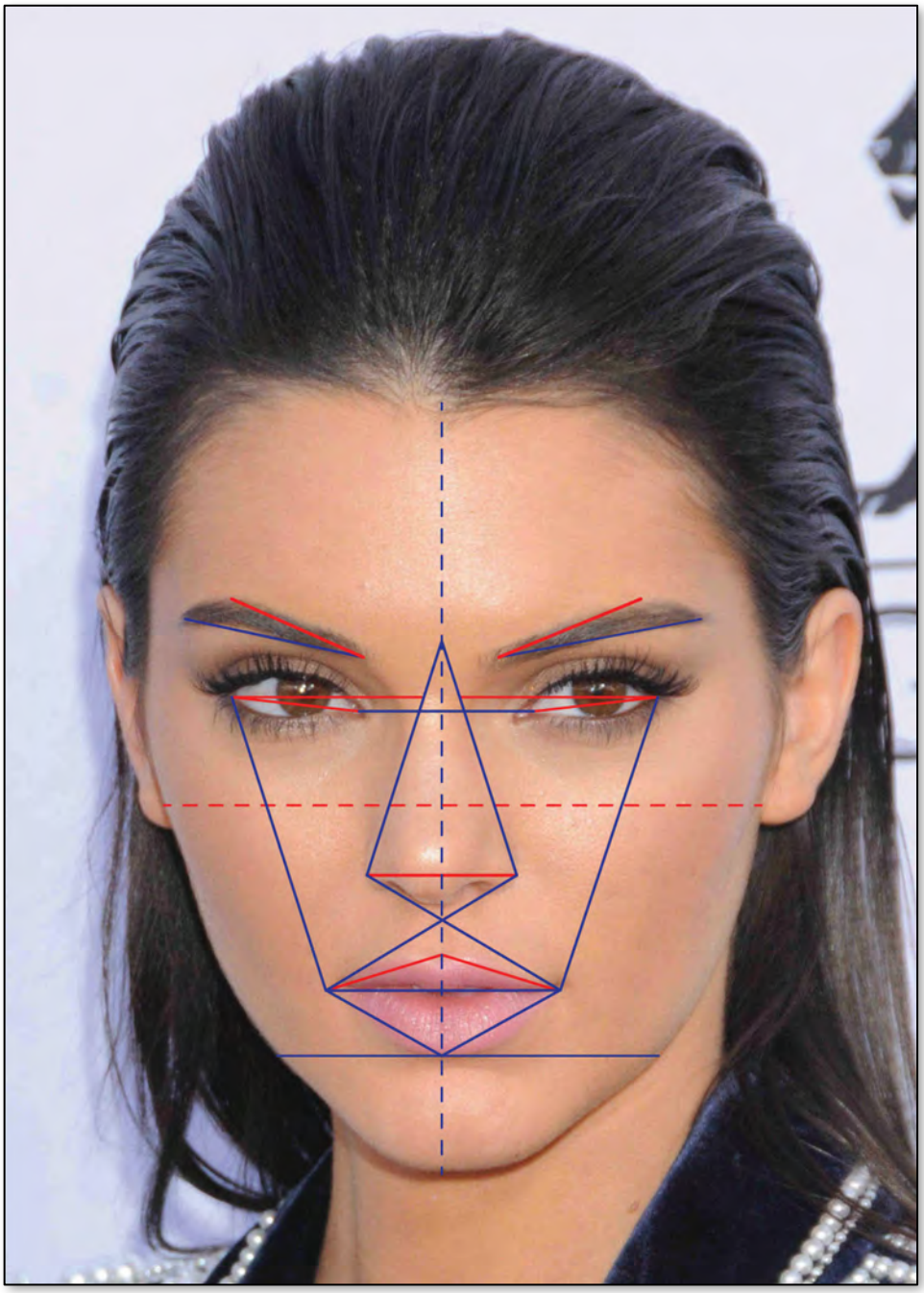
The 3rd Most Beautiful Face– Kate Moss 91.06%

Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



The 5th Most Beautiful Woman– Kendall Jenner 90.18%

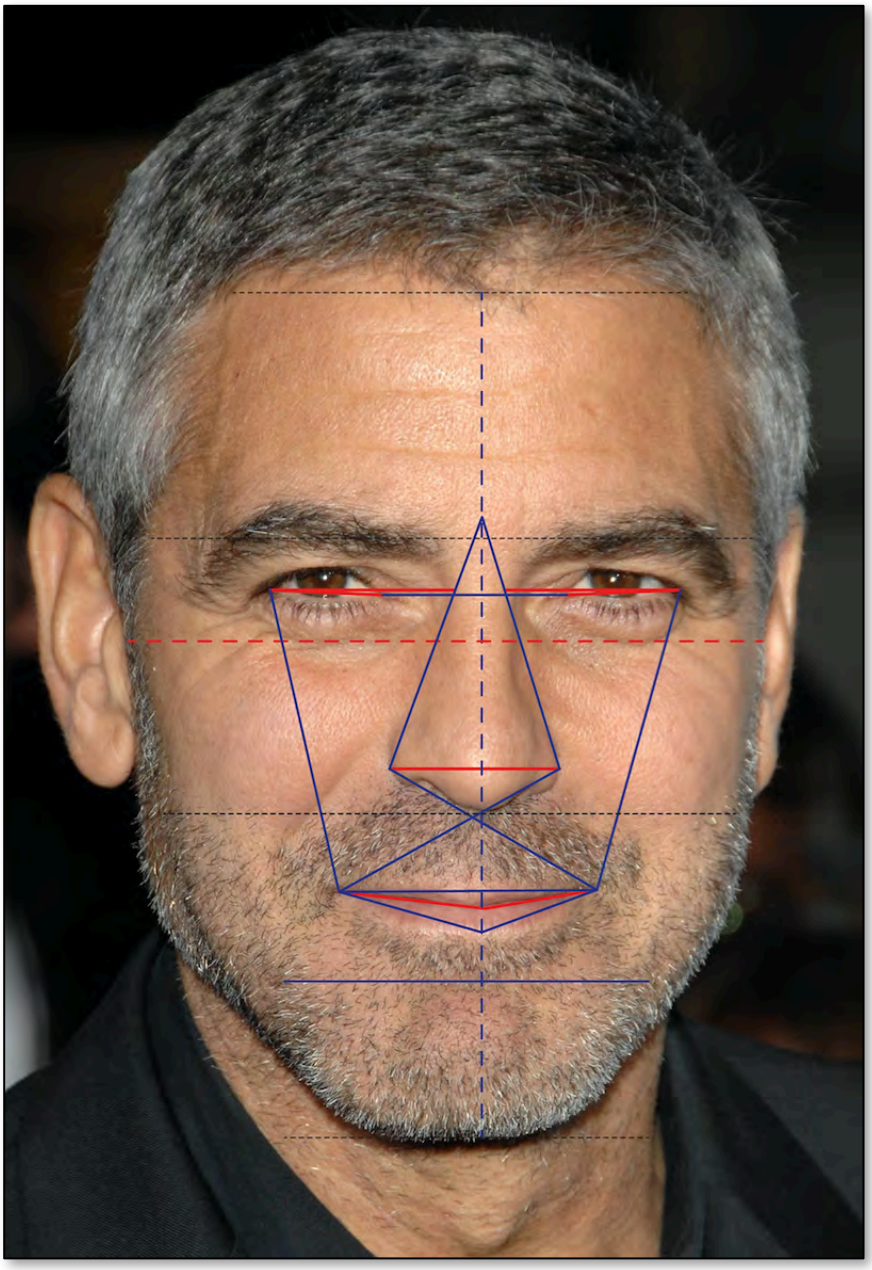
Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



Analysis of Beautiful Male Face

George Clooney has the most handsome face in the world, according to science

- The 56-year-old actor was found to be 91.86% accurate to the Greek Golden Ratio of Beauty Phi - which measures physical perfection.
- Bradley Cooper was second with 91.80%, Brad Pitt was third with 90.51% and Harry Styles fourth with 89.63%.
- The same formula found Ryan Gosling had the perfect nose, Harry Styles had the most beautiful eyes and chin and David Beckham had the most perfectly shaped face.



The Most Beautiful Man's Face in the World – George Clooney. Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery. The masculine face of Hollywood actor George Clooney is considered by many cultures to be handsome, however mapping with the golden m ask reveals characteristics that include a prominent jaw and lengthened chin that fall outside the parameters of the golden ratio.

George Clooney has the world's most handsome face, according to scientific theory. The 56-year-old actor's face was found to be 91.86% accurate to the Greek Golden Ratio of Beauty Phi. Using the computer mapping technology also found Ryan Gosling had the perfect nose. Bradley Cooper came second with 91.80%, Brad Pitt was third with 90.51%, One Direction singer and Dunkirk star Harry Styles was fourth with 89.63% and David Beckham was fifth with 88.96% accuracy of his features to the beauty ratio Phi.

The world's ten most handsome men - George Clooney 91.86%

Taken from the average of the twelve key markers over the whole face including lips, nose, eyes, eyebrow, chin, forehead and facial shape.

1. George Clooney 91.86%.
2. Bradley Cooper 91.80%.
3. Brad Pitt 90.51%.
4. Harry Styles 89.63%.
5. David Beckham 88.96%.
6. Will Smith 88.88%.
7. Idris Elba 87.93%.
8. Ryan Gosling 87.48%.
9. Zayn Malik 86.5%.
10. Jamie Fox 85.46%.

Most handsome nose – Ryan Gosling 99.7%

To calculate the Phi ratio of the nose – measure the length of the nose from its widest point to the middle of the eyebrows, and divide that by the width of the nose at its widest point. If that equals 1.618 you have the perfect nose dimensions.

1. Ryan Gosling 99.7%.
2. George Clooney 99.6%.

3. Prince William 89%.
4. Bradley Cooper 87.9%.
5. David Beckham 84.6%.

Most handsome eyes – Harry Styles 98.15%

The perfect spacing of the eyes is also a ratio of Phi. The distance between the eyes, divided by the length of the eye should equal 1.618.

1. Harry Styles 98.15%.
2. Will Smith 97.75%.
3. Brad Pitt 97.75%.
4. George Clooney 94.8%.
5. Idris Elba 93.65%.

Most handsome chin - Harry Styles 99.7%

Harry Styles came out top, with an almost perfect score of 99.7% and actor Jamie Foxx was a close second with 98.7%. The width of the chin at the mid-point where it goes in the most, should be 1.618 times the length of the lip.

1. Harry Styles 99.7%.
2. Jamie Foxx 98.7%.
3. David Beckham 98.6%.
4. Idris Elba 98.5%.
5. Ryan Gosling 97.4%.

Most perfectly shaped face - David Beckham

Face-shape figures are calculated from measuring the three sections of the face: the forehead from hairline to top of the nose, the nose itself from top to base, and from the base of the nose to the bottom of the chin should all be of equal length to score a perfect 100%.

1. David Beckham 96.4%.
2. Ryan Gosling 93.8%.
3. Brad Pitt 92.9%.
4. Bradley Cooper 92%.
5. Idris Elba 91.4%.

The Easy Way to Calculate Your Own Phi Face Score

Take a picture of your face close up on your phone, don't smile and look straight forward and have your hair off your face. Print out the picture on an A4 piece of paper.

Nose

Measure the length of the nose from its widest point at the nostril = Nose length.

Measure the width of the nose at its widest point = Nose width.

Divide the nose length by nose width = your nose ratio.

If bigger than 1.618 then divide 1.618 by your nose ratio

If smaller than 1.618 then divide your nose ratio by 1.618

That will give you your percentage score of Nose Phi score.

Eyebrows

Measure your eyebrow from the end nearest your nose to the arch in a straight line = Arch Length

Measure your eyebrow from the same end to the opposite tip in a straight line – Full Length

Divide the Full Length by the Arch Length = Eyebrow Ratio.

If bigger than 1.618 then divide 1.618 by your Eyebrow ratio.

If smaller than 1.618 then divide your Eyebrow ratio by 1.618.

That will give you your percentage score of Eyebrow Phi score.

Lips

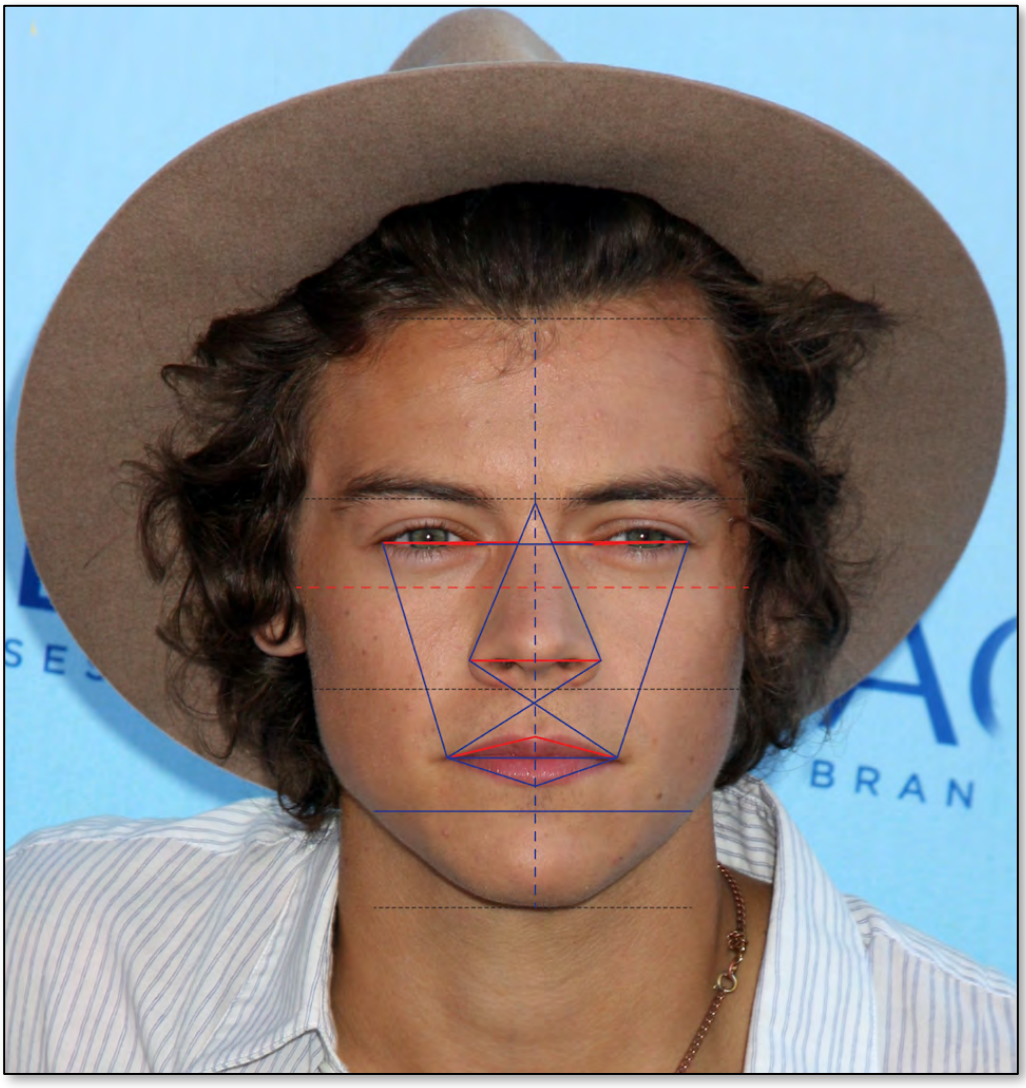
Measure the length of the lip from end to end = Lip Length.

Divide Lip Length by Nose Width = 1.618 if perfect.

The distance from the corner of the lip to the opposite edge of the nose should also be equal to Base of Nose x 1.618.

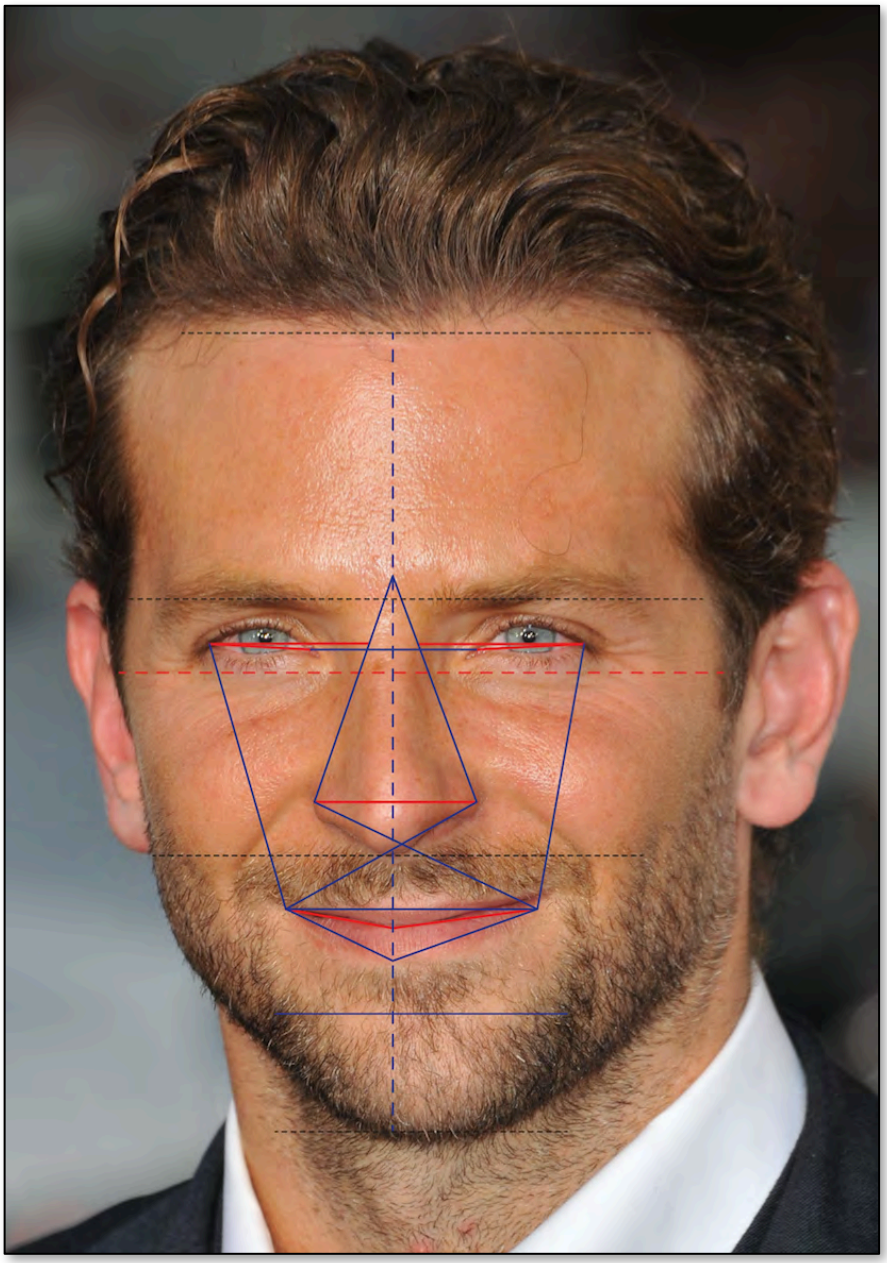
Most handsome Chin - Harry Styles 99.7%

Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



The World's 2nd most handsome Man - Bradley Cooper 91.80%

Findings from research completed at The Centre for Facial Cosmetic & Plastic Surgery.



4.4. What makes an attractive face shape?

At the Centre for Advanced Facial Cosmetic and Plastic Surgery we completed research on the characteristics of face shape and identified the seven most common shapes of face.

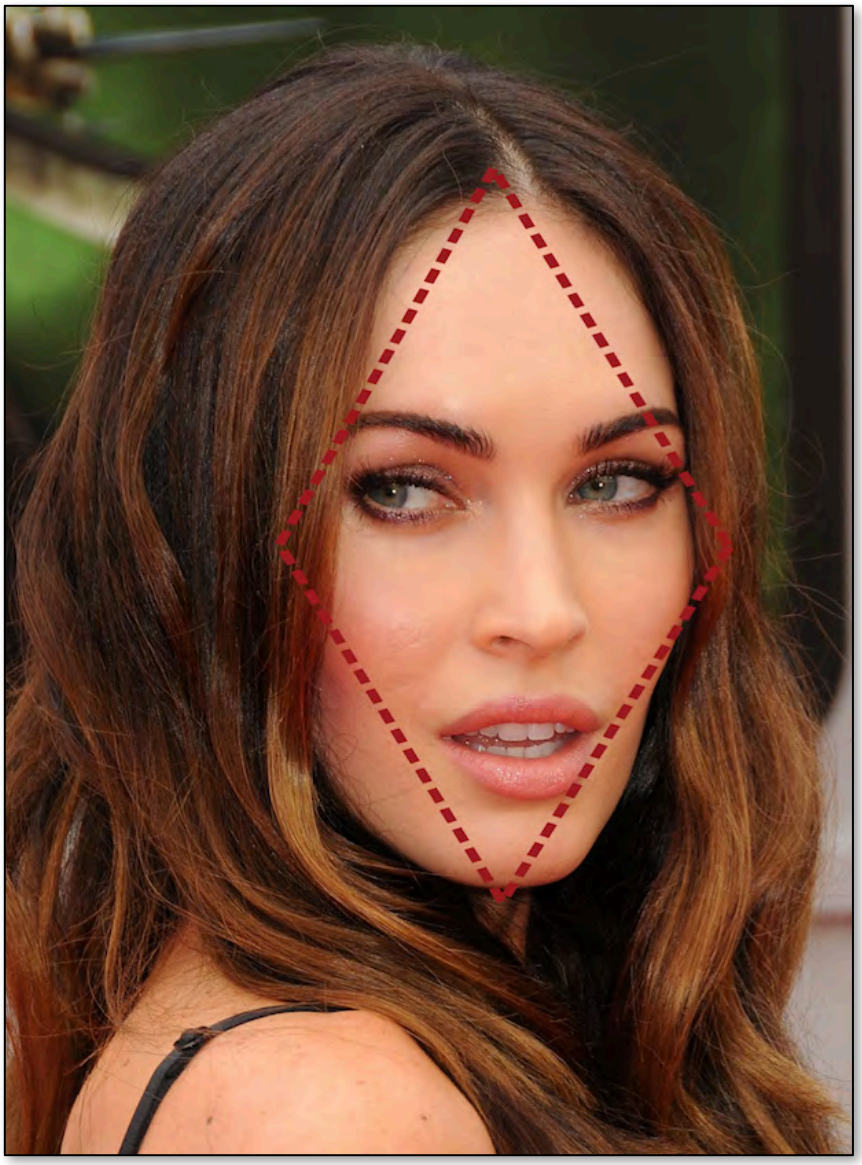
The 'diamond-shaped' face of screen beauty Megan Fox.

- Megan Fox has a face shape that many women desire, with high cheekbones, slim face and narrow jawline and chin.
- Second most popular face shape is the oval shape of Rihanna which is typically one-and-a-half times the width.
- Most popular male face shape is the Square shape of David Gandy or David Beckham.
- Research has found that a desire to look good on social media sparked a 15% rise in face lifts.

4. Diamond – Megan Fox

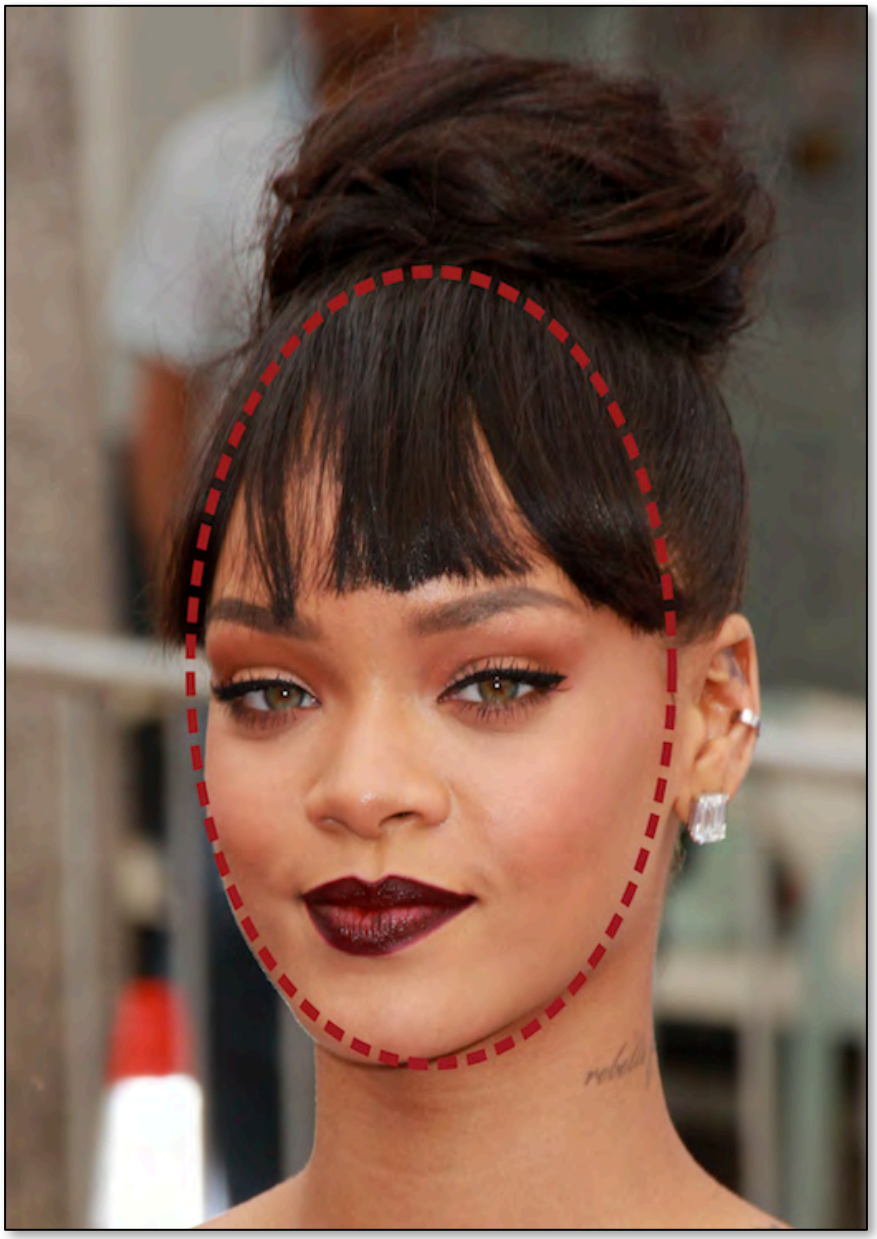
Narrow forehead and jawline with cheekbones at the widest point of the face.

This is the most desirable face shape for a woman. It is incredibly feminine and elegant. Megan is one of the great screen beauties of her age and she has a symmetrically perfect diamond-shaped face. More women covet this shape than any other.



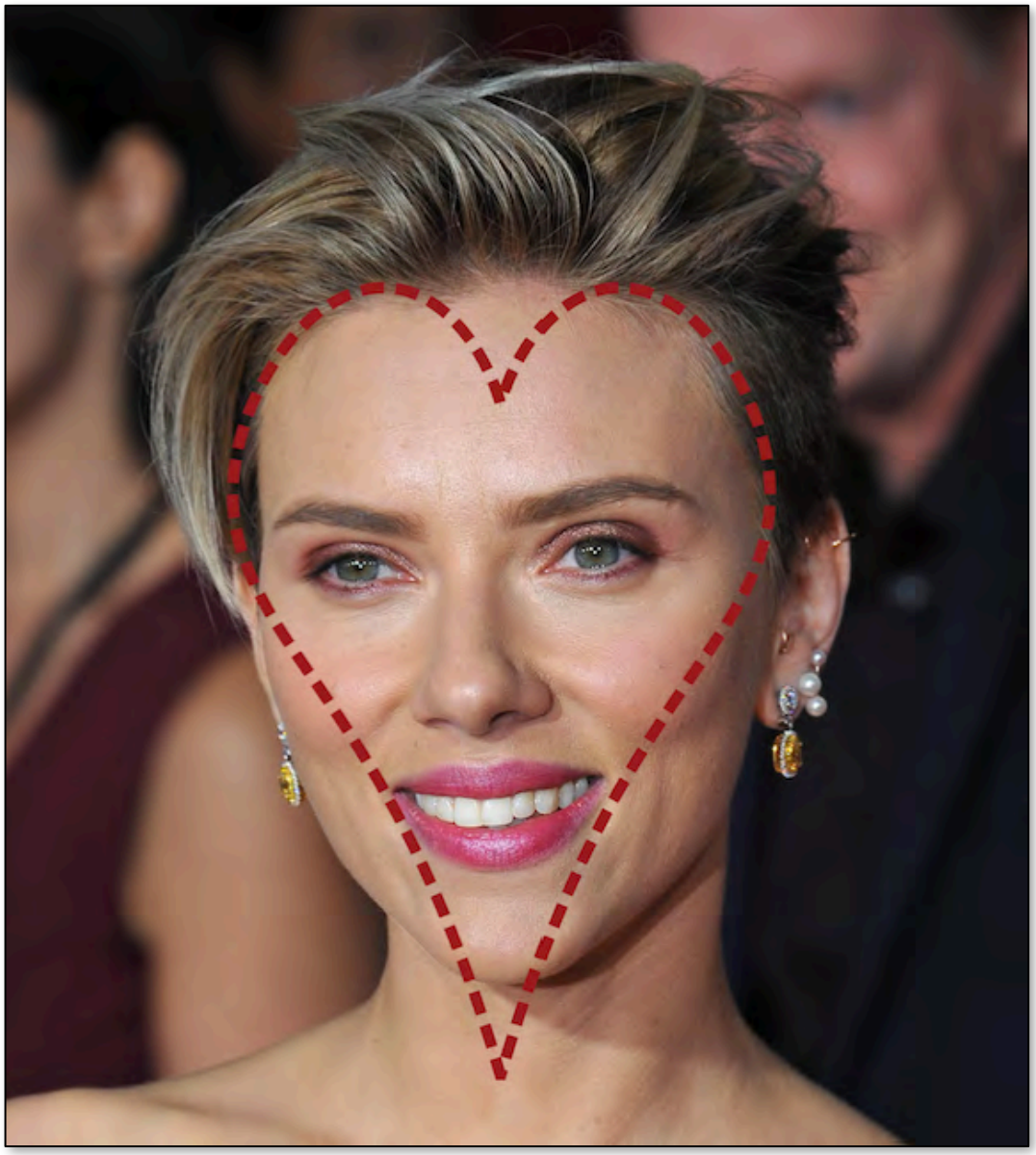
2. Oval face – Rihanna

Forehead may be slightly wider than the chin, and the length of the face is about one-and-a-half times the width.



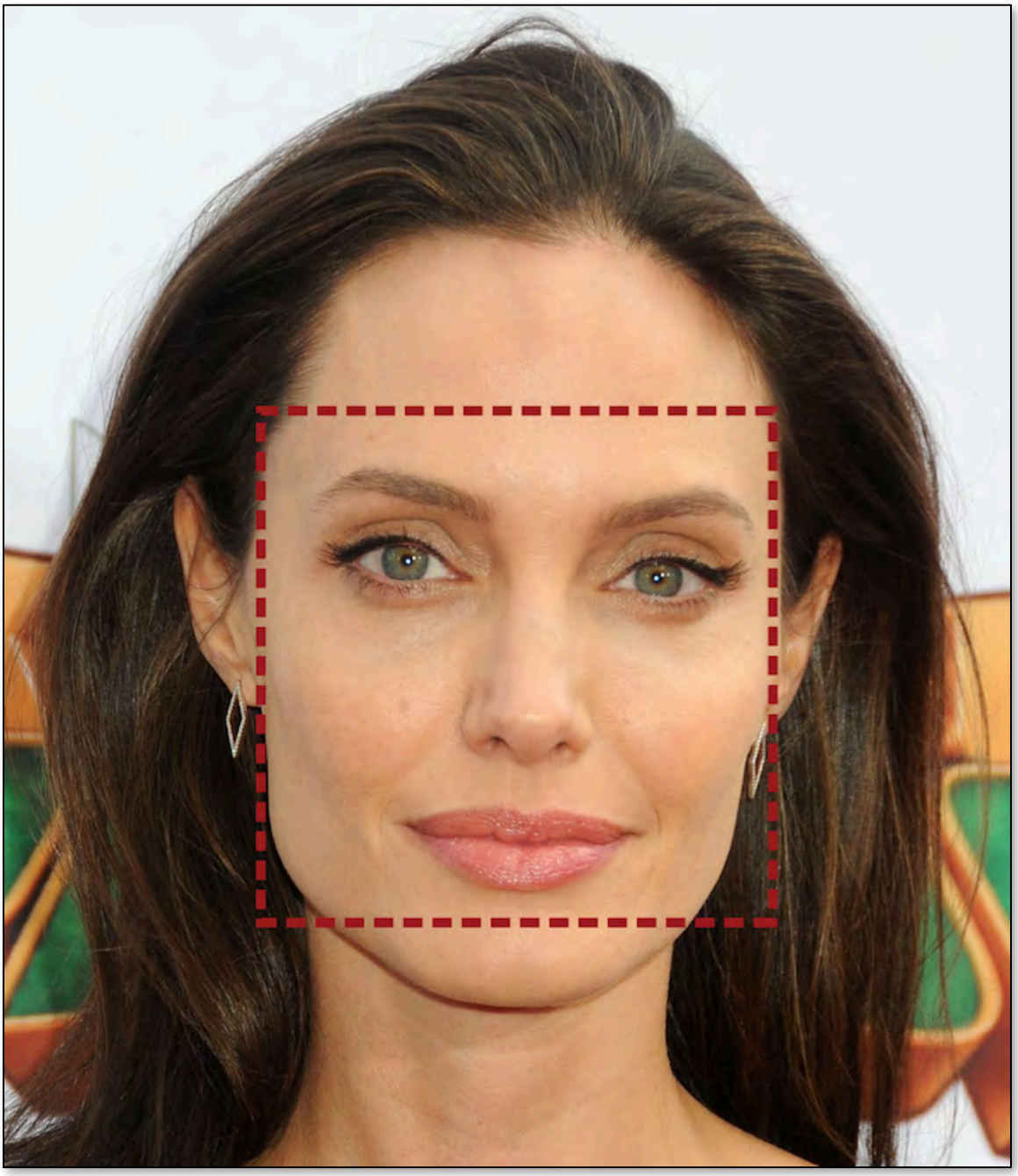
4. **Heart-shaped face or inverted triangle – Scarlett Johansson and Reece Witherspoon**

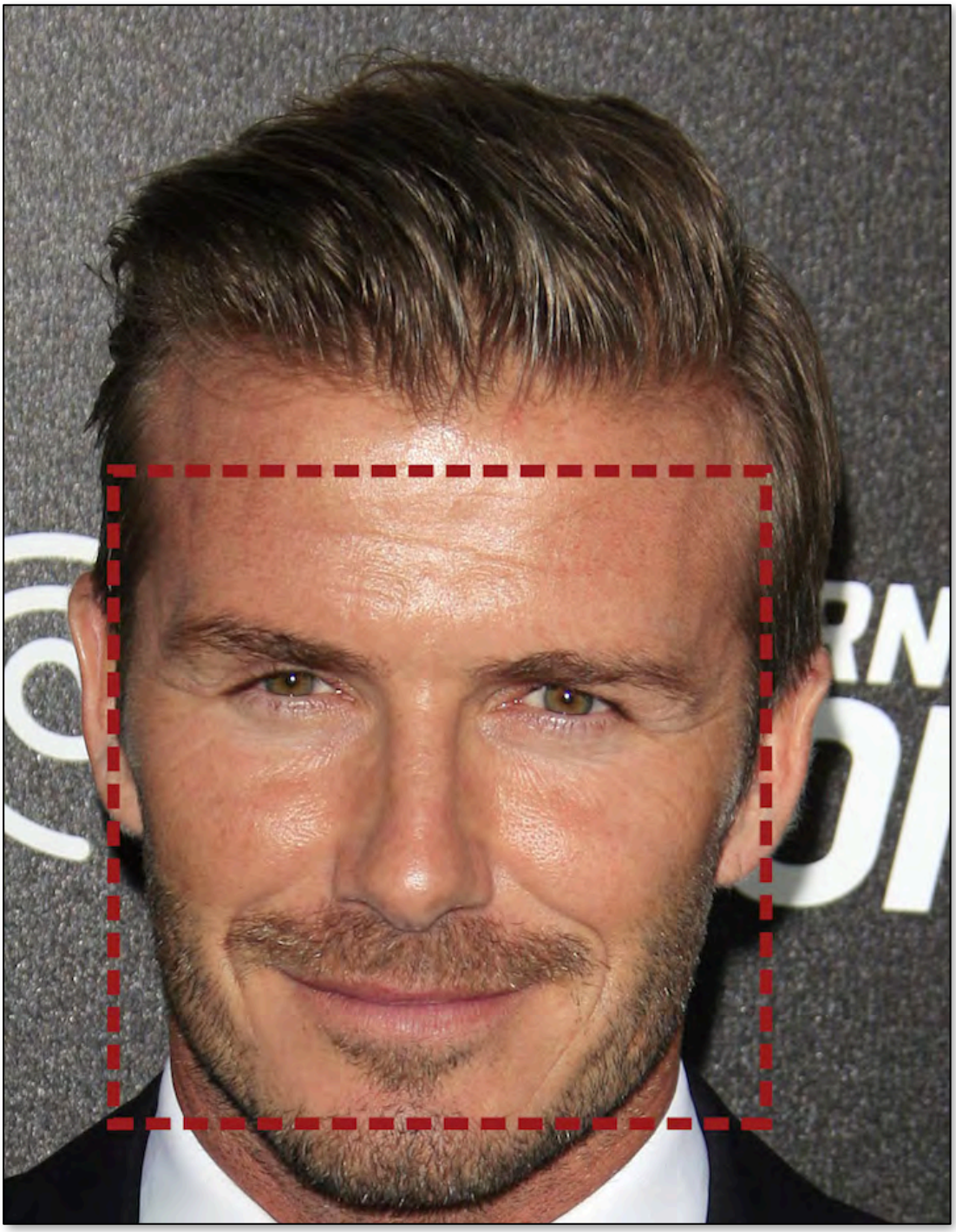
Wider forehead and cheekbones with a narrow jawline and chin.



4. Square face – Angelina Jolie, Keira Knightley and David Beckham

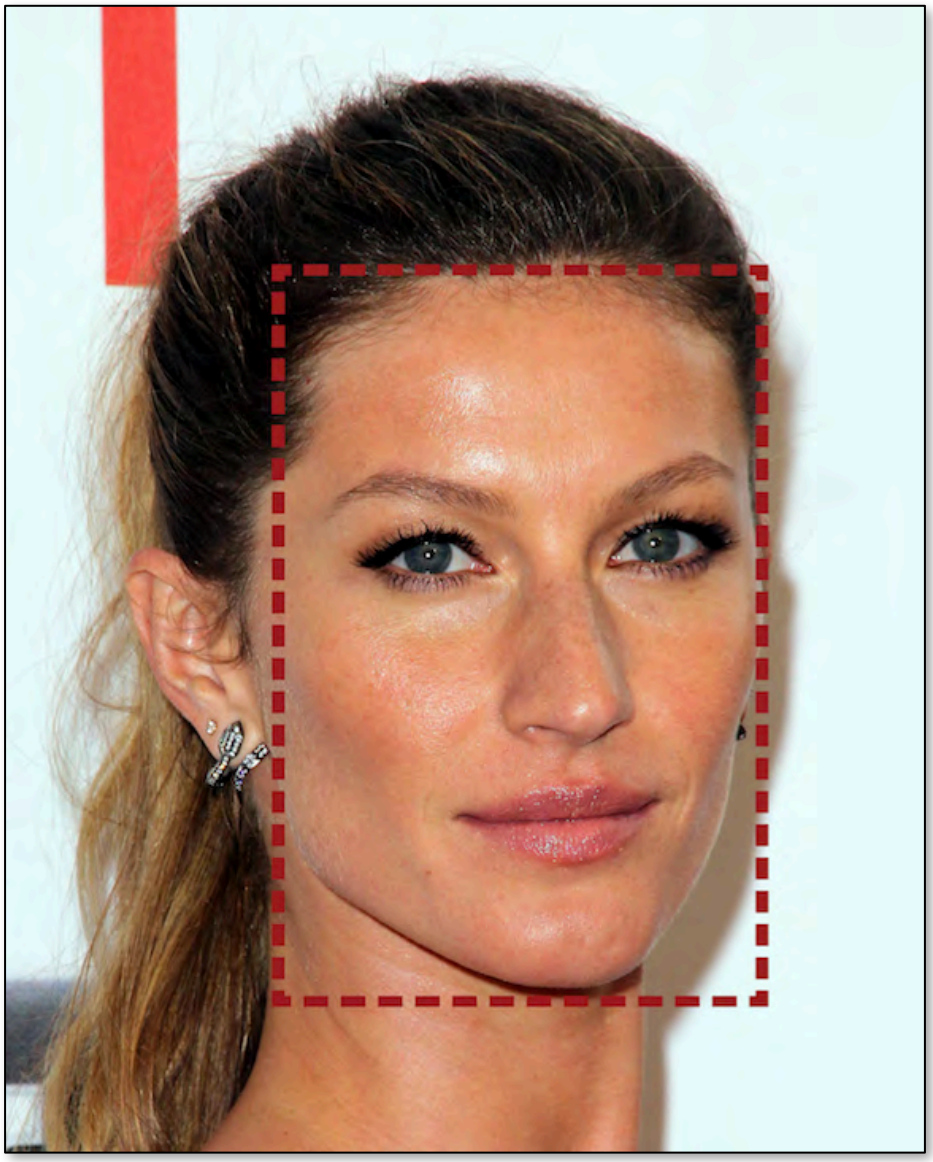
Prominent jaw and square chin, with forehead and jawline roughly the same width. Many people view this face shape as more attractive on men because the square jawline can be considered more masculine.





4. Oblong (rectangle) or long face – Gisele Bundchen and Victoria Beckham

In the past, having a long face has always been considered a negative when assessing female beauty, however Gisele Bundchen has been the highest-paid supermodel in the world.



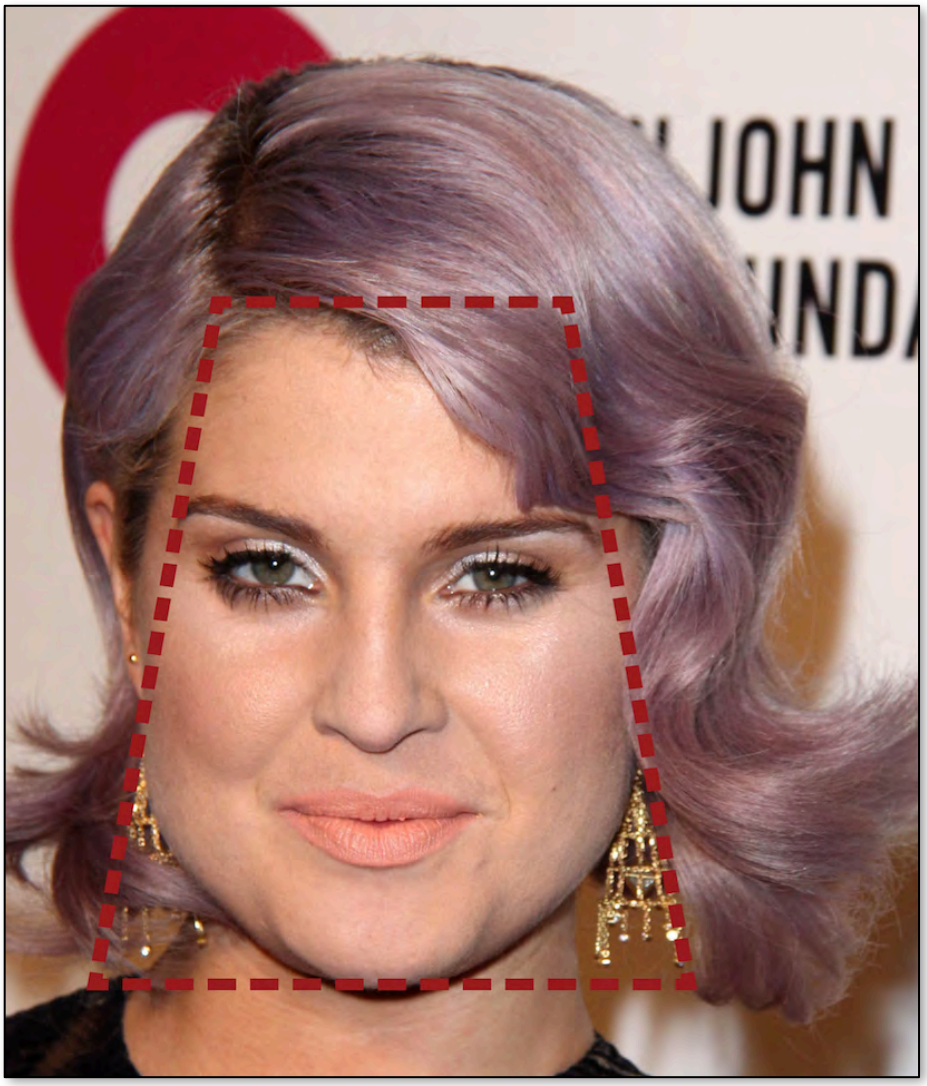
4. Round face – Duchess of Cambridge or Kate Moss

Prominent, rounded cheeks with equal width and length of the face. People with a round face tend to have chubby cheeks and the face's width and length are almost equal.

7. Pear (Trapezoid) – Kelly Osbourne or Minnie Driver

The jawline is wider than the forehead and the chin will be quite broad, too.

This is not a shape that is generally desirable in a woman. Patients often aspire to make their jawline more V-shaped and chin less prominent.



4.5. What is Facial Ageing?

There are two forms of ageing chronological and biological. Chronological ageing is your age in years and increases day-by-day. Biological ageing is your body's functional age that is a component of genetic, lifestyle choices and the environment. In the face, ageing involves a stepwise progression of symptoms and signs described in decades in the facial ageing section.

Cosmetic surgery has been a part of culture since at least Roman times. Surgeons would routinely remove scars on the backs of Romans as these carried stigma suggesting a man mad turned his back in battle, or had been whipped.

Documented evidence shows that in the Middle Ages there was cosmetic surgery on drooping eyelids and nose re-shaping. These were recorded in a series of medical texts at a time when a surgeon's skill was considered to be in the realm of magic. Over 2,000 years later there have been huge strides in medicine and evolution of cosmetic surgery, however artistry remains a key component of giving a person a natural rejuvenation.

Facial ageing affects people at different rates depending on a mixture of both genetic and environmental factors. Although genetic factors and ethnicity are fixed, environmental factors such as sun exposure, smoking, diet and weight can all be influenced.

This teenager, although only fifteen years old, had a rare medical condition that aged her face much faster than normal, making her appearance more like a middle-aged woman. Genetics has an important role to play in facial ageing.

(Credit: Daily Mirror).

4.5.1. What are the characteristics of facial ageing?

As people age, the impact on their face varies. In this section I will discuss what is witnessed as a person moves from their twenties to their eighties.

Twenties

The majority of people have few if any symptoms of facial ageing in there twenties. At this time, the face has characteristic smooth contours with an absence of lines or wrinkles. However, in some individuals, genetic factors may lead to an early appearance of characteristics of facial ageing such as eye bags or eyelid overhanging. Friends and relatives of younger people may ask them if they are tired, stressed or not sleeping well.

Thirties

In one's thirties, with good genes and some attention to healthy living (avoidance of sun exposure, non-smoking), there may be some wrinkles and age spots. These may present as subtle signs of ageing such as the fine lines around the eyes and mouth when the person smiles and maybe even a hint of eye bags. There may be some volume loss resulting in less volume in your cheeks and deeper facial lines. Cosmetics can be used to hide imperfections and facial treatments may be of benefit. The thirties are a good time to start making changes to your lifestyle and introduce appropriate skincare measures.

Forties

In one's forties, the signs of ageing become more apparent, including facial expression lines, frown lines on the forehead and wrinkles including crow's feet at the outside of the eyes. The skin becomes more lax and pores become more pronounced, especially on the nose and adjacent areas. The skin at the neck begins to slacken. Changes around the face include increased fullness in the jawline and neck, with some greying of the hair.

Fifties

In one's fifties, deeper wrinkles and folds of skin develop which are present at rest without movement. There is increased laxity of the skin with descent of the soft tissues at the jowls over the jaw, softening the jawline, and laxity of skin in the neck becomes more apparent. There may be a pair of vertical bands in the neck. The upper eyelids may show laxity of skin that causes droop forward making it more difficult to apply make-up. In the lower eyelids, there may be bag formation from fat prolapse and the appearance of dark circles around the eyes.

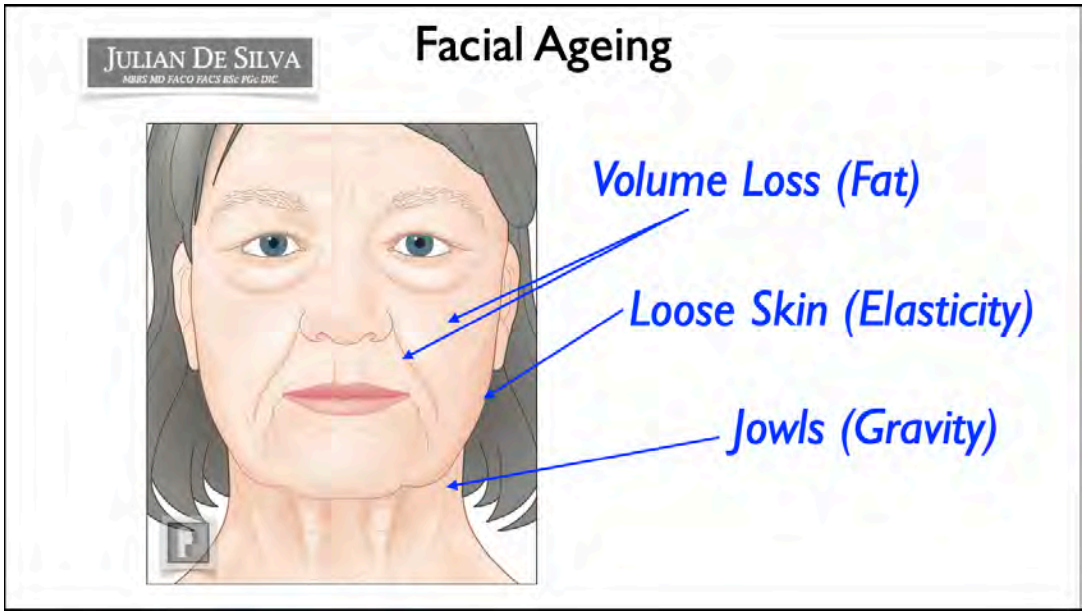
The skin becomes thinner and drier, with age spots (solar lentigines) and the beginnings of age changes (seborrheic keratoses). People who have sustained heavy sun exposure may develop solar keratoses. The lips begin to thin and the corners of the mouth may turn downwards. Cosmetics, botox and fillers are less effective in camouflaging these changes and facial cosmetic surgery may be necessary.

Sixties

In one's sixties, there is further thinning of the skin, loss of volume in the face and soft-tissue descent with skin laxity at the neck. The bony foundation of the face that has been gradually reducing is more apparent, resulting in further loss of cheek volume (termed malar) and sunken nose. The thinning volume of the skin and underlying soft tissues results in the appearance of fine vessels in the skin (telangiectasia), sunspots, enlarged pore size and deeper lines.

Seventies and eighties

In one's seventies and eighties there is a continued ageing in all the layers of the face, including the skin, soft tissues, underlying muscular layer and bony skeleton. A combination of loose skin, loss of facial volume and effects of gravity, result in a more aged appearance. Surgery at this time often requires multiple measures to ensure each of these facial ageing factors is rejuvenated.



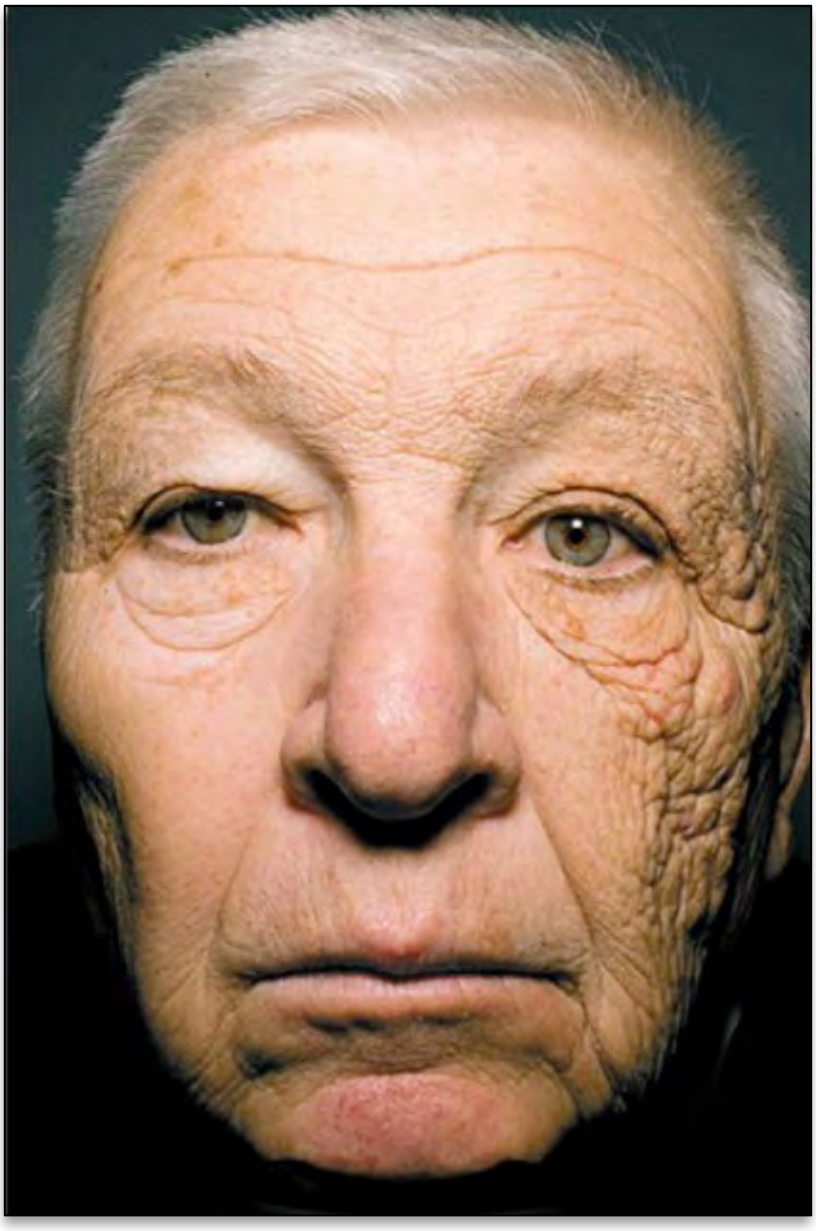
With facial ageing there are three principal elements: effects of gravity and descent, loss of volume, and laxity in the skin. Facelift surgery is often required to address lifting areas that have dropped and removing the loose skin.

4.5.2. What are the causes of facial ageing?

In the past, it was thought that ageing of the face was an inevitable and normal process over which we had little control. Scientific research has shown that up to 90% of skin ageing is a consequence of exposure to the sun.

Sunlight accelerates the ageing process through photo-ageing that is preventable through sun avoidance and the use of sun-protection agents. The other ten percent of skin ageing is considered intrinsic and more difficult to influence and is related to your genetics, inherited from your parents. There is cumulative damage to the skin that

occurs with sun exposure. The damage may go unnoticed until many years later, and is why it is important to take precautions with the sun from childhood.



The New England Journal of Medicine published this photo of a 69-year-old man who had driven a delivery truck for twenty-eight years, the Ultraviolet A (UVA) had penetrated the window glass, damaging the left side of his face.

What happens in the skin layers in facial ageing?

The surface layer of the skin (epidermis) is thinned by about twenty percent by the age of seventy and the loss of volume loss is apparent with increased lines in characteristic areas of the face, tear-trough, nasolabial and marionette lines. The loss of volume also increases the laxity of the skin, with jowls hanging and laxity of the neck.

The deeper layer of the skin (dermis) is thinned due to loss of connective tissue, fluid and sugars (termed mucopolysaccharides). The molecular structure of the collagen and elastin fibres are affected, and the skin is laxer. Thinning of the soft tissues and muscles allows fat to herniate from the eye socket resulting in bags under the eyes. Underlying fat is further reduced, resulting in loss of fullness and sunken cheeks.

What are the different layers of the face?

There are three principal layers to the face: the foundation, the middle sandwich and the surface icing. The foundation consists of the bony skeleton and cartilage.

The middle sandwich consists of the muscles and fibrous attachments of facial expression. They also provide support to the eyebrows, eyelids and the mouth. The surface icing is the skin that provides a vital function in protection of the underlying structures.

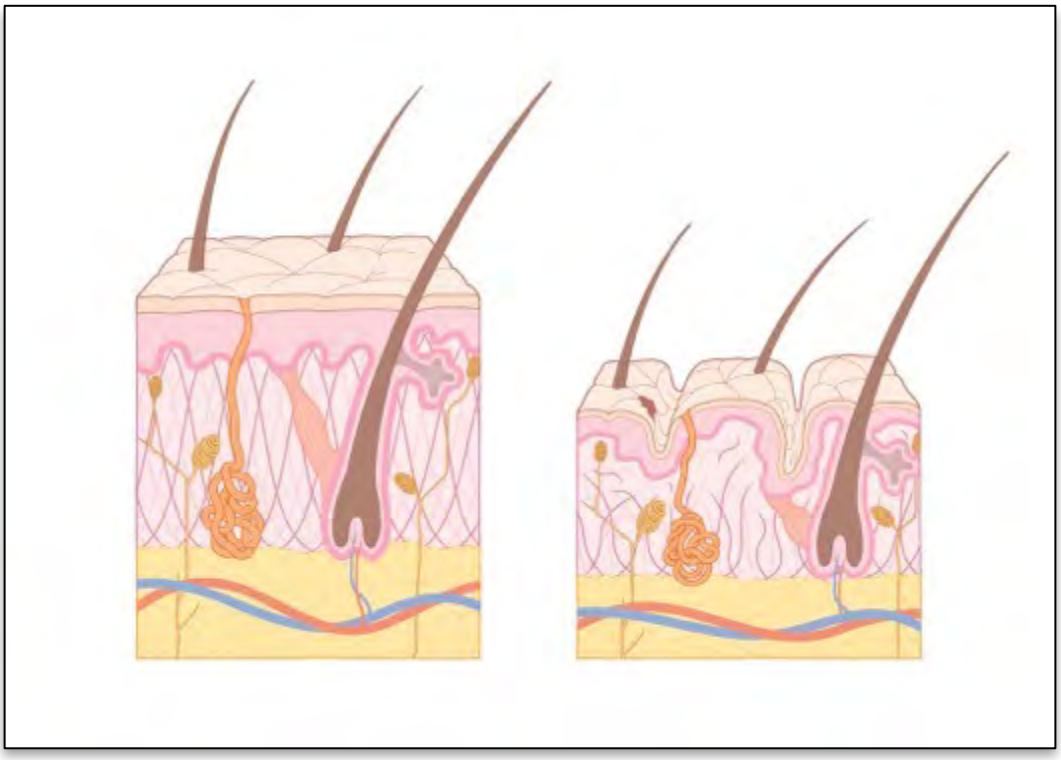
How does facial ageing affect the layers of the skin?

Facial ageing affects all three layers of the skin. The foundation bony skeleton decreases in volume and is particularly noticeable on the lower third of the face due to loss of teeth and shrinkage of the jawbone.

The skin also loses elasticity with facial ageing, resulting in an excess of skin that sags under the effect of gravity. There is also loss of the support in the middle-muscle layer that results in sagging eyelids, jowl formation and down-turning at the corners of the mouth.

Ageing Changes of Skin

- Epidermis (superficial skin): dryness, enlarged pores, age warts, skin cancers.
- Connective tissue: wrinkles and frown lines, sagging skin, jowls, eye bags.
- Subcutaneous fat: fat atrophy, thinned skin.
- Melanocytes (pigment cells): freckles, age spots, melanoma.
- Hair: thinning, loss of hair, white hair.
- Blood vessels: red spots, fine vessels, easy bruising.



With ageing, your skin becomes more thinned with a loss of connective tissue and more wrinkles and lines.

Facial ageing – What happens to the Upper Third?

The Upper third of the face was defined by Leonardo da Vinci's Rule of thirds and extends from the top of the head to the eyebrows. The first signs of facial ageing in the

upper third of the face include the appearance of fine lines and wrinkles in the glabella (area between the eyebrows and forehead). Brow and forehead lines can be effectively managed with the use of Botox (neuromodulators) and injectable fillers. In some people, the brows may also droop below the bony rim of the eye socket and these patients may benefit from a brow lift.

The upper lids are one of the early signs of facial ageing and begin to change in the thirties with a droopy excess of upper eyelid skin and protruding fat bulges. Female patients may notice increased difficulty applying cosmetics to the upper eyelids and the eyes may look smaller. Upper-eyelid blepharoplasty is the most common cosmetic surgery and effectively rejuvenates the upper lids.

Ageing changes in the lower eyelids may make patients look tired. The fat that normally cushions the eyeball begins to protrude through the eyelids as bulges and rings around the eye. These lumps may also produce a shadow under the lower eyes which contributes to the troublesome appearance of “dark circles”. In addition, the combination of thinning of facial soft tissues and descent result in an excess of lower eyelid skin. Lower-eyelid blepharoplasty is a common cosmetic procedure in which the fat bulges are reduced, and the lower-lid skin can be effectively rejuvenated with cosmetic surgery.

Facial ageing – What happens to the Middle Third?

The middle third of the face is defined as the area of the face between the eyes and the base of the nose and is one of the main contributors to signs of facial ageing. The middle third is characterised by youthfulness and high cheek volume. As we age, we lose fat in the cheeks that results in thinning of the face and increasingly apparent lines and wrinkles that develop as folds in the overlying skin. The use of volume enhancement with fillers is an effective way of restoring volume in the early stages, although the treatment is only temporary. Other cosmetic procedures including the use of implants and fat augmentation may be used as more permanent solutions.

A youthful facial outline is often said to look more V-shaped and likened to an upside-down egg. With natural ageing of the face, loss of facial volume in the middle

third of the face and descent of volume to the lower third results in the shape changing to a squarer and fuller jawline.

Facial ageing – What happens to the Lower Third?

After facial ageing changes in the eyelids, changes in the neck is one of the earliest signs of facial ageing. A combination of soft-tissue laxity and gravity results in drooping of the soft tissues (jowls) below the jawline. Laxity of the neck becomes more apparent under the chin and the neck, resulting in increased folds of skin and loss of the youthful chin-neck angle. Separation of the platysma results in vertical neck bands that have been termed a “turkey-gobbler” neck. In this situation I would recommend a neck lift to repair the platysma muscle and restore the youthful chin-neck angle. I tend to meticulously restore the position of the platysma at both its front and back surfaces, to ensure both natural and long-lasting results.

The lips gradually thin as we age, with atrophy of the soft tissues and underlying teeth. Younger people have plumper lips that often have a natural S-shape with a sharp vermillion border (junction between the skin and lips). Ageing of the lips results in a loss of volume, curvature and increased vertical lines. Treatment of the ageing lips may involve the use of fillers and lip implants. Lip implants may offer a permanent solution to restoration of volume.

Facial ageing of the lower third of the face includes volume loss of the cheeks and gravitational decent. The smile lines are called nasolabial folds and run from the side of the nose to the corner of the mouth. In early facial ageing, volume restoration with the use of injectable fillers can plump deep smile lines and take off years in several minutes as a lunchtime, non-invasive, procedure. As the lines deepen, surgical restoration is an effective long-term solution with a facelift of the soft tissues.

4.6. Facial Health

A healthy body has a multitude of positive benefits in improving the quality and characteristics of the face, ability to deal with stress, improve stamina and positive well-being. Good health requires lifestyle choices including a healthy diet, regular exercise, adequate rest, ability to deal with stress and avoidance of factors that have a detrimental impact on health.

4.6.1. What is needed for Good Health and Well-Being?

- Well-balanced diet.
- Sufficient hydration.
- Regular exercise.
- Adequate sleep and rest.

What is a well-balanced diet?

A well-balanced diet includes regular meals and a balance of proteins, carbohydrates and fats from a variety of food sources including vegetables, meat, poultry and fish, cereals and grains, milk and dairy products, and fruits. Here is some guidance:

- Eat a variety of foods and include different food groups one that include at least 5 portions of a variety of fruit and vegetables every day
- Base meals of potatoes, bread, rice, pasta and other starchy carbohydrates; choosing wholegrain versions where possible.
- Low in fat, sugar and salt.
- Eat more high-fibre foods like fruits, vegetables, wholemeal bread and cereals.

A balance between food types is required as taking sufficient volume of food is not enough in its own right. A person can be overfed and overweight, yet still be undernourished. The excessive consumption of animal fats, sugar and processed foods that are rich in calories yet not nutritious, will promote poor skin quality. A diet rich in fruits, vegetables and fibres and low in fats and calories, promotes health and good skin

quality. I have been vegan since 2020. There is growing evidence that the body has no requirement for animal products, and there are growing alternatives to modern intensive-farming methods.

Vitamins

Vitamins A, C and E are antioxidants that improve health and resistance to illness and infection. Vitamin C is important for the synthesis of collagen in the skin and is often used as a treatment for skin wrinkles. The body generates free radicals in response to environmental insults, such as tobacco smoke, ultraviolet rays, and air pollution, but they are also a natural by product of normal processes in cells. Antioxidants neutralise free radicals that damage the body and are thought to be involved in ageing. Free radicals are caused by smoking, ultra-violet sun rays and environmental agents such as pollution. Certain food types, including green vegetables and oily fish, are rich sources of antioxidants. The human body is not able to generate these vitamins, so for a balanced diet they need to be taken in through food or as supplements.

Hydration

Water is essential for keeping your skin hydrated and for eliminating waste products. Drinking should include at least eight glasses of water a day. Coffee, tea and alcoholic beverages tend to cause the body to pass more urine and become dehydrated, so require increased water consumption to maintain a hydrated body.

Physical Exercise

Physical exercise increases the circulation of blood to all parts of the body including the skin. It improves the cardiovascular physiology of the body, making it able to withstand stress. Exercise burns off excessive calories (carbohydrates and fat) and relieves stress.

A minimum frequency of aerobic and anaerobic exercise is considered to be three times a week, although fitness advisors often advocate a variety of exercises that may be

on a daily basis. The intensity of the exercise should result in sweating and deep breathing.

As a general guide, stretching exercises should be used to warm up and cool down to avoid injury. Aerobic activities (including running, cycling, and swimming) with each session should last approximately thirty minutes. A personal trainer can substantially improve ability to exercise and provide expert guidance on training.

Adequate Sleep and Rest

You need adequate rest to recharge your batteries. A lack of sleep may encourage the development of unsightly dark rings under the eyes and there may be benefit in sleeping on your back to avoid getting sleep lines.

Smoking

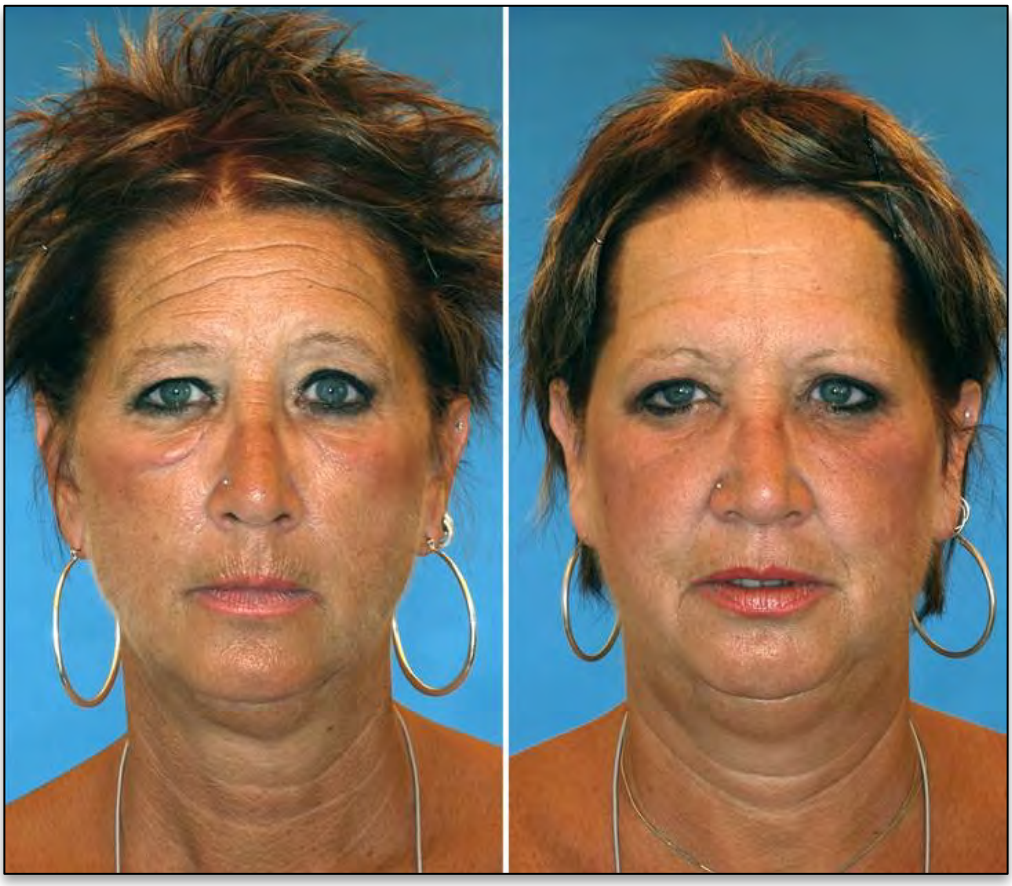
Smoking is detrimental to general health, including the body's ability to cope with stress and the quality of the skin. Chemical agents in the smoke trigger constriction of blood vessels in the body, reducing the amount of oxygen and nutrients that are available to the skin. Over time, this results in promoting ageing of the skin with the formation of lines, wrinkles and loss of facial volume. In addition, the contraction of the lips while smoking, results in the promotion of lines and wrinkles around the mouth. Wrinkles develop around the eyes due to smokers closing their eyes to avoid the smoke and there is also a loss of facial volume.

Smoking also results in the generation of carbon monoxide in the blood. This induces the formation of free radicals that are harmful to soft tissues and cells, promoting toxicity and facial ageing. Cigarette smoke contains nicotine that promotes constriction of blood vessels in the body, reducing blood flow and oxygen transport to the skin.

Although some facial surgery is possible in smokers, there are substantial increased risk factors for healing in face and neck lift surgery. Normal healing occurs over a period of weeks, however in smokers there can be areas of the face that take many months to heal with increased risk of scarring (termed skin necrosis). For these reasons I insist patients stop smoking for a period of weeks before and after surgery to ensure good recovery and results from surgery.

Although e-cigarettes are heralded as a safer form of smoking, it remains a good principle to stop nicotine use around the time of surgery for one month before and after. Researchers have found that vaping could have similar effects on narrowing of blood vessels (termed vasoconstriction), as e-cigarettes contain nicotine as well as

other harmful substances which could cause complications with plastic surgery procedures.



The effect of smoking on accelerating facial ageing has been clearly shown. Research published in Plastic and Reconstructive Surgery by Dr. Bahman Guyuron highlighted the marked changes with smoking in identical twins. The twin on the left looks significantly older having smoked cigarettes for over ten years.

What should be avoided to reduce ill-health and facial ageing?

'Sun-worshipping' or inadequate sun protection results in early ageing of the skin through damage by ultra-violet rays. This promotes wrinkle formation, sunspots and poor skin quality. In addition, particularly in fair skins, sun damage can lead to damage at a cellular level, leading to DNA change and skin cancer.

Smoking has multiple detrimental effects on the body: it damages blood vessels, reduces skin quality, and encourages wrinkle formation, fine lines and the loss of facial volume. In addition, smoking contains toxic chemicals that promote cancer. Excessive

consumption of alcohol or drug abuse has detrimental effects on facial health and skin quality.

Can anything be done to reduce skin ageing?

Biological ageing of the skin can be classified into endogenous (genetic) ageing and exogenous (environmental elements) ageing. Sun-induced damage to the skin contributes to over 90% of skin ageing. The truck driver we pictured that had sun exposure to the left side of his face for over twenty years, shows the dramatic impact of ultraviolet rays on the skin. The daily use of sun-protection creams (factor 30 or above) is an effective way to reduce facial ageing.

4.6.2. Skin protection & good health

Basic skincare

Skincare is necessary to facilitate the removal of surface debris and old skin, as well as to clean and protect the skin. There is a large range of skin products on the market, but these have varying levels of success.

There are four main stages for maintaining good skincare:

- Cleansing.
- Toning.
- Moisturising.
- Protecting.

What is Cleansing (Stage 1)?

The outer layer of the skin (stratum corneum) contains dead cells which are shed. Cleansers remove dirt, dead skin cells and make-up that have collected on the skin surface. There are two main categories -non-lathering cleansers and foaming cleansers.

Non-lathering cleansers:

Non-lathering cleansers were formulated as early as 100AD by the Greeks, and originally contained olive oil, beeswax and rose petals. The three ingredients were a combination of oil (disperses dirt and dead skin cells), an emulsifier (beeswax) that combined oil and water and fragrance (rose petals). Cold-cleansing creams (named after producing a cooling sensation) are essentially variations of the original Greek formula. Cleansing milks are similar to cleansing creams with additional water to make them more liquid. Non-lathering cleansers may be wiped off with tissue or rinsed-off with water. Cosmetics that contain oil or wax, need an oil-based cleanser to dissolve them before they can be wiped off. Therefore non-lathering cleansers make excellent cosmetic cleansers.

Foaming Cleansers

Lathering or foaming cleansers may come in several forms, including lotions, gels or bars. Foaming cleansers also contain oil and a detergent to wash them off. Lathering cleansers may be soap-based or soap-free, depending on the detergent used. Soap is a mixture of animal or vegetable fat and alkali salt (e.g. sodium cocoate). A drawback of the soap products is their alkaline properties which result in a tendency for them to leave behind a residue with hard water. The soap-free cleansers use synthetic detergents which are petroleum derivatives and less alkaline (pH-balanced). As a result, they work well in hard water, avoiding leaving behind a residue. Other components are often added to soaps to give they more specialist properties:

- Fats are often added to lathering cleansers to make them less drying.
- Oatmeal may be added for its soothing properties.
- Peeling agents (benzoyl peroxide, salicylic acid) for acne soaps.
- Antibacterial chemicals (triclosan and ingarsan) for deodorant soaps.
- Abrasive agents (polyethylene granules, ground fruit pips, sodium) for cleansing.

What are Skin Toners (Stage 2)?

Toners contain water, alcohol, witch hazel and a moisturiser. They remove traces of cleanser and produce a refreshed feeling as the alcohol evaporates. Toners tighten pores temporarily and have a tendency to dry the skin as they contain alcohol (20-60 percent). Toners may not adequately remove all traces of cosmetics, particularly if you have oily skin, in which case you should use a lathering cleanser before a toner. There are other components of the toners for more specialist properties:

- Fresheners are similar to toners except that they contain minimal alcohol (zero to twenty percent).
- Alcohol-free toners contain glycerol or rose water in place of the alcohol.
- Clarifying lotions and astringents are toners with more alcohol and as a result are more drying.
- Glycolic acid and salicylic acid are added for exfoliation.

What are Skin Moisturisers (Stage 3)?

Moisturisers reduce skin flakiness by making the surface skin layer (stratum corneum) cells stick together and make the skin appear smoother. The smoother skin surface results in greater reflection of light, brightness and glow. Moisturisers also provide a smooth base for cosmetics.

Many creams that are marketed for their anti-wrinkle, rejuvenating and cell renewal properties are good moisturisers. Special ingredients such as collagen and elastin, supposedly to replace those damaged skin cells, are in truth, too large to be able to penetrate the dermis. Collagen and elastin have good water-binding properties and as a result make good moisturisers.

Moisturisers can be divided into day-time and night-time moisturisers. Day-time moisturisers contain less oil and soak quickly into the skin, whilst night-time moisturisers contain more oil and are more effective at reducing skin dehydration during the night.

Moisturisers are not able to prevent wrinkles as they cannot stimulate collagen synthesis. They do plump up the surface skin layer making the skin appear smoother. Water moisturises the skin by stopping “transepidermal water loss” (TEWL), - evaporation of water from the skin surface.

There are two groups of ingredients in moisturisers which reduce evaporation. The first is lubricants (mineral or vegetable oil, lanolins and silicones) that reduce water loss through evaporation by occluding the skin with a waterproof layer. The second group of ingredients is humectants (e.g., lactic acid, urea, hyaluronic acid, propylene glycol, glycerin, sorbitol, gelatin, lecithin, and butylene glycol). Emollients are products that make the skin softer but there is so much overlap between emollients and moisturisers that they can be considered almost synonymous. Sun protection is considered more important than moisturising, as not everyone needs moisturising, especially if the skin is oily.

What is Skin Protection (Stage 4)?

Skin protection means defending the skin against sun damage (ultra-violet rays) which is the main cause of ageing. In other words, the use of sun protection factor sunscreens is an essential component of a daily skin care regime. Skin protection will reduce the ageing damage to skin by the ultraviolet rays, which are present in all months of the year, with or without sunshine.

What are different skin types?

Dry skin: Pale in colour with thin skin, rough to touch, flakiness especially after washing. There are underactive oil glands, with a predisposition to fine lines around the eyes and tendency to develop telangiectasia (fine, spidery blood vessels). Dry skin requires greater use of moisturisers to maintain skin hydration.

Normal skin: Looks clear with even colour, soft to touch, feels neither greasy nor rough to the touch.

Oily skin: Sallow complexion with thick skin, overactive glands causing a shiny appearance, open pores that are prone to whiteheads and blackheads. Oily skin

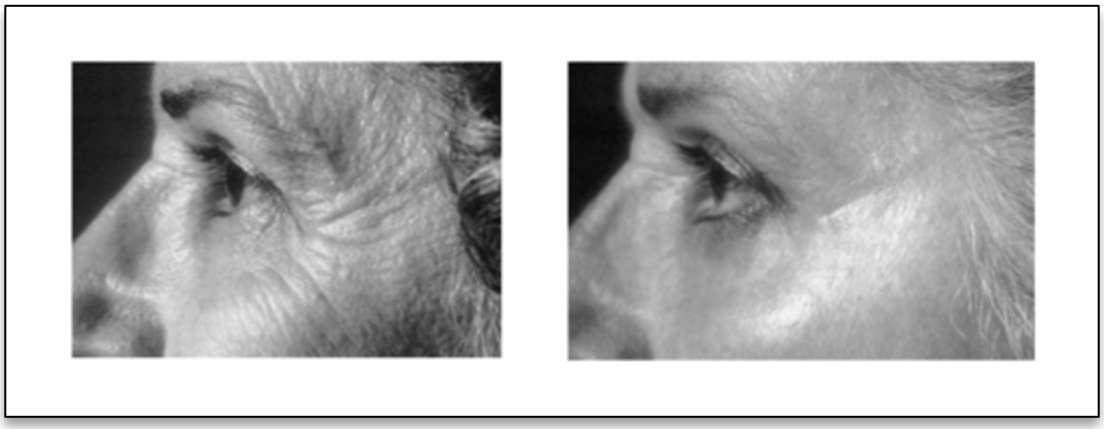
requires greater use of cleansers to remove oily secretions prior to toners or moisturisers.

Combination skin: Oiliness in the T-zone (defined by forehead, nose and chin), dryness on the cheeks, with occasional breakouts in the oily areas.

Is Vitamin A (Retinoic Acid) beneficial to skin?

Cosmetic manufacturers have made claims that untreated dehydrated skin may lead to wrinkles. This is not necessarily true as dry skin lines are caused by a dehydrated skin and can be treated with moisturisers. Wrinkles are caused by thinning of the skin, including the degeneration of collagen and elastin fibres in the dermis.

The only topical medication that has been proven to be effective in repairing the skin is Retinoic Acid (Vitamin A). Usually, creams for normal skin type will contain more than 0.05% of retinoic acid. Here we have a photograph of facial wrinkles and lines treated with topical retinoic acid for eighteen months. Although in some people the skin can become pink and inflamed with retinoic acid treatment, if you are able to continue with the ointment the skin generally settles and returns to normal appearance.



Photograph showing the benefits of retinoic acid on fine lines and creases in thin skin around the eyes.

Are Antioxidants beneficial to the skin?

Antioxidants have been shown to improve the appearance of fine wrinkles and skin elasticity when taken as oral supplements. These include Vitamin E, Vitamin C, Carotenoids (lutein, lycopene and zeaxanthin), Lipoic acid and Soy isoflavones. A whole host of other antioxidants have been proposed by cosmetic companies but for most of this, scientific evidence is largely inconclusive.

5. Preparations for Surgery

5.1. Anaesthesia Options

What are my options for Anaesthesia?

Anaesthesia is an important consideration when having facial cosmetic or plastic surgery as it plays a role in your comfort, speed of recovery and overall experience. Often our patients have already had experiences of anaesthesia before undergoing cosmetic surgery and have a preference in mind.

The two traditional forms of anaesthesia are local anaesthesia and general anaesthesia.

- **Local Anaesthesia** takes advantage of using medication to numb a specific area of the face only. For example, in dentistry local anaesthetic is used to numb the 'local' area around a tooth.
- **General anaesthesia** requires more complex equipment and monitoring. You are unconscious and machines maintain your breathing and vital functions. General anaesthesia is used for larger procedures and is associated with a longer recovery time with or without overnight stay in the

hospital, nausea and sickness in approximately one third of patients and additional risks (e.g. blood clots in the legs).

- The third and newer type of anaesthesia is called **Sedation Anaesthesia or** "twilight anaesthesia" and can also be termed MAC (Monitored Anaesthesia Care). Sedation anaesthesia offers something in between local and general anaesthesia as you feel relaxed, and sleep during the surgery. However you are still breathing for yourself and your protective reflexes function as normal. This means that you have a fast recovery after surgery, usually only thirty minutes, and can go home on the day of the procedure. In addition, sedation has lower serious risks compared to general anaesthesia as your natural reflexes protect you against clots in the leg that can occur with general anaesthesia.

What is Local Anaesthesia?

Local anaesthesia means that the numbing medication is applied to only the specific part of your face that is undergoing surgery. This results in numbing of that facial area only, and allows you to remain awake. The area of the face that is anaesthetised is usually small and relatively superficial. For some patients, oral medications are used to supplement the local anaesthesia by reducing discomfort and inflammation.

Local anaesthesia is useful for shorter procedures as it works quickly and enables a fast recovery after surgery. Patients are able to go home soon after the surgery has been completed. Local anaesthesia is effective in numbing the specific area of the face and reducing bleeding, although it may sting for a few minutes while it begins to have effect.

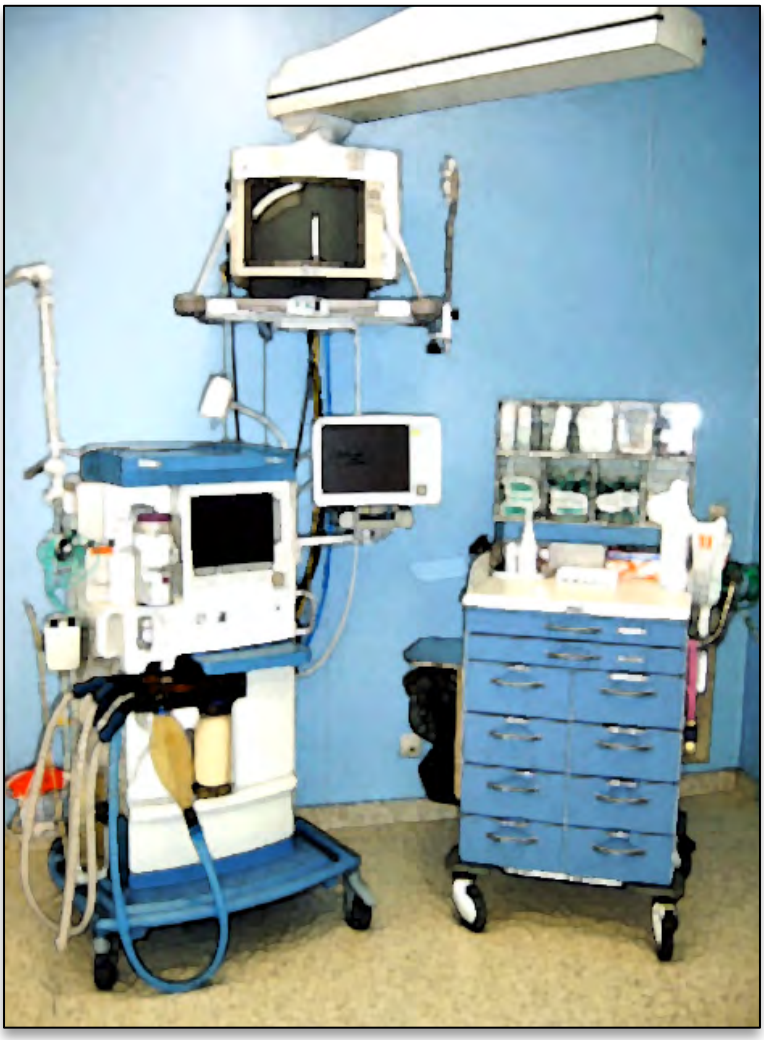
Local anaesthesia is less suited to longer procedures and certain facial cosmetic procedures that are on more sensitive parts of your face, such as your neck and jawline. Most patients are able to have small procedures under local anaesthesia alone as modern medications can avoid the need for sedation or general anaesthesia. The advantage is a more comfortable experience and faster recovery.

Local anaesthesia means numbing only the area undergoing surgery and you are awake. The advantage of local anaesthetic is that you remain conscious and have a fast recovery. Smaller procedures that take one hour or less are more suitable for local anaesthesia.

What is General Anaesthesia?

General anaesthesia differs from local anaesthesia in that your body is completely unconscious and the medications used are given by a specialist doctor, an anaesthetist. The normal protective mechanisms of the body are subdued and a breathing tube is used to protect the airway and maintain breathing.

This type of anaesthesia in the UK is only given in hospital or surgical treatment centres. The disadvantages of general anaesthesia include a longer recovery and common side effects of the medication are drowsiness and nausea. On average, recovery after general anaesthesia takes four to six hours, and one third of patients can feel nausea and sickness afterwards. To undergo general anaesthesia requires reasonably good health to ensure safety.



General Anaesthesia means you are unconscious during the surgery and complex machinery ensures that your vital signs are monitored and your breathing supported throughout surgery. Traditionally, most cosmetic and plastic surgery has been completed under general anaesthesia.

What is Sedation Anaesthesia?

Sedation is also known as “twilight anaesthesia” or MAC (Monitored Anaesthesia Care). Twilight anaesthesia means your body is sleepy and relaxed; you are still conscious and breathing yourself. This differs from general anaesthesia where you are unconscious and the recovery after surgery is longer. Typically, you won’t remember the procedure or the short period of time following it, though you will feel a little euphoric.

I have a specialist anaesthesiology team who are experts in sedative techniques, a have undergone specialist training. They practice only sedation techniques. The sedation used involves a mixture of specialist anaesthetic medications that effectively relieve anxiety and give patients a comfortable experience that is tailored to the individual. Older sedation techniques use only a single sedation medication, commonly midazolam.

The techniques that my team utilise are modern-day sedation ones that enable patients to recover faster after surgery. All patients go home on the same day of surgery, usually thirty minutes after the procedure. In the United States, sedation anaesthesia or twilight anaesthesia, has become increasingly used for patients undergoing cosmetic surgery as a safer alternative to general anaesthesia and faster recovery.

Sedation Anaesthesia, also known as Twilight Anaesthesia, means that you are sleeping, literally, during your surgery. By definition you are still conscious and breathing yourself. The advantages include faster recovery, fewer side effects and greater safety.

What is the best form of anaesthesia for me?

I use all three types of anaesthesia, dependent on the surgery required and I tailor the options to each patient's specific needs. In the past, most cosmetic surgery in the UK has been performed under general anaesthesia but my preference is to avoid this deeper form of anaesthesia unless there are good indications for its use. General anaesthesia is a relatively invasive form of anaesthetic and utilising most modern anaesthetic techniques means we can avoid this in the majority of patients.

Although we have used all types of anaesthesia over the past decade, we have developed a form of sedation anaesthesia that has advantages over other forms of anaesthesia. Sedation anaesthesia is an effective and safe type of anaesthesia that patients find comfortable, and it has a faster recovery time. The best form of anaesthesia depends on the surgery you require and your specific needs.

5.2. Conscious Sedation

Why use Conscious Sedation?

Conscious sedation is a newer form of anaesthesia and has become a very effective viable alternative to general anaesthesia. Although now more widely used in the USA, it is not currently offered to many cosmetic surgery patients in the UK. Sedation anaesthesia is currently used for many surgical procedures - dental procedures, plastic and reconstructive surgery, dermatology, endoscopies, bronchoscopies, and liver and renal biopsies.

The recovery after sedation anaesthesia is much faster than general anaesthesia and in most procedures, patients go home the same day - usually within one hour after the operation. There is a significantly lower incidence of side effects with conscious sedation (general anaesthesia is associated with increased feelings of nausea and vomiting, headaches, sore throats, muscle aches, and pain), and the costs for conscious sedation may be lower compared to general anaesthesia.

What is sedation?

Also known as "twilight anaesthesia," it is local anaesthesia coupled with sedative medications. My team and I have developed our own specialised form of twilight

anaesthesia, based on practices in the USA. This sophisticated sedation uses tiny amounts of four to five sedation medications that cumulatively give a relaxing and safe experience to avoid the risks and side effects of general anaesthesia. The aim of sedation is to make you comfortable, totally relaxed, and safe during a procedure. Administration of the sedatives and analgesia results in you becoming drowsy and sleepy, pain free, and amnesic in that you will have very little recollection of the procedure.

Communication is possible, if necessary, during the operation because even though you are completely relaxed and unconcerned, you are not completely unconscious at any point in time. Your vital signs (e.g. blood pressure, breathing, pulse rate, etc. are monitored throughout the procedure to ensure your safety, and a specialist 'sedationist' will stay with you all the time. Recovery after sedation is much faster than with general anaesthesia and the side effects of (e.g. nausea and vomiting, headaches, muscle pains, sore throats), are less frequent than with general anaesthesia – in fact very few patients experience any side effects at all. For these reasons, patient satisfaction is very high after conscious sedation.

"A recent survey of the experiences and satisfaction of patients who had sedation show that 99% of them would have sedation again if they have a choice."

Conscious sedation is achieved with intravenous agents (e.g. benzodiazepines, opiates) usually administered into a vein, and/or inhalation agents (e.g. nitrous oxide).

Sedation Instructions

Sedation does require several instructions to be followed to ensure it is both comfortable and safe:

1. You must be accompanied home by an adult who will drive and arrange for responsible supervision for the remainder of the day. We cannot allow you to drive yourself home and advise against taking public transport.
2. Food must be avoided for six hours before surgery.

3. Water and drinks must be avoided for two hours before surgery. Up until two hours before surgery, drinking small amounts of water is recommended to maintain hydration.

4. Patients for an afternoon list should have a light breakfast at least six hours before the start of the list. Patients with diabetes mellitus (also known as diabetes, a condition characterised with high blood sugar) should observe their usual morning breakfast. A light breakfast, for example, would be a small bowl of cereal with skimmed or semi-skimmed milk. No high-fibre cereals such as Weetabix, muesli, bran etc. A slice of white toast with honey, jam, syrup, or marmite, but no butter.

5. Patients must avoid drinking alcohol for twenty-four hours before and after surgery.

Sedation is a common form of anaesthesia for facial cosmetic procedures in the United States. Advanced twilight anaesthesia is popular as it enables faster recovery than general anaesthesia.

More on how education differs from general anaesthesia

The differences between conscious sedation and general anaesthesia are the level of consciousness, safety, side effects, cost and speed of recovery.

- Level of consciousness: with conscious sedation the patient is drowsy, comfortable, sleepy and relaxed, but conscious and breathing themself. Patients can be roused by verbal communication if necessary. With general anaesthesia, the patient is completely unresponsive and cannot be roused by verbal communication.

- Safety: with conscious sedation the required dose of drug is low, and the patient is still in control of major reflex functions, such as breathing. With general anaesthesia the higher doses of drugs render the patient unconscious and they then lose these reflexes which are maintained artificially. Higher doses of drugs administered with general anaesthesia are associated with higher risks.

- Side effects: due to the lower dose of sedative/anesthetics, the frequency of side effects is minimal when compared to general anaesthesia. Cost: the cost of sedation may be lower than that for general anaesthesia, depending on the facility used.
- Speed of recovery is faster with sedation anaesthesia.

Who provides anaesthesia?

In the UK, most anaesthesia is provided by physicians, who specialise in anaesthesia either as consultant anaesthesiologists or physicians with a specialist interest in anaesthesia. In the US, there are an increasing number of nurse anaesthesiologists, who are able to administer anaesthesia.

Anaesthesiologists are medical doctors who have trained for a minimum of five years after medical school in anaesthesiology. Doctors administrating sedation anaesthesia may be anaesthesiologists (Fellows of The Royal College of Anaesthetists, FRCA), specialist sedationist (physicians specialising in sedation anaesthesia) or anaesthesia nurse specialist (Certified Registered Nurse Anaesthetists, CRNAs).

All sedation practice is closely regulated to the highest professional and ethical standards. All sedation team members and practitioners must have appropriate training in the administration of conscious sedation including monitoring, management, and care of the patient while under sedation. It is also mandatory that sedation practitioners attend regular training updates in knowledge and skills.

Is conscious sedation an option for all patients?

As with any anaesthetic, the suitability of conscious sedation is determined by the patients' age and health as well as by the procedure being performed. In some procedures general anaesthesia is required. Indications for conscious sedation include:

- Surgery including facial cosmetic surgery and plastic surgery.
- Dental procedures.
- Very anxious patients – sedation calms the patient and overcomes their fear and anxiety.
- Patients who have had a previous traumatic experience – sedation makes it possible to deal with post-traumatic stress of the patient relating to medical or dental procedures.
- Uncomfortable procedures – sedation relaxes, dissociates and helps comfort the patient.

- More complex and prolonged procedures – sedation ensures the patient can remain still yet comfortable for long periods of time.

Conscious sedation should always be evaluated with respect to other available options including local anaesthesia and/or regional anaesthesia, local anaesthesia with behavioural management techniques and general anaesthesia.

Patients should always be involved in decision making after an explanation of the options available.

Will I be uncomfortable and feel any pain while under sedation?

Even though you are sleeping during surgery you will not feel any discomfort or pain, you will be drowsy, relaxed and pain free during the procedure. The sedative drugs combined with analgesics and local anaesthesia ensures that you will have no pain. I use a cocktail of local anaesthetic medication that lasts for many hours longer that the surgery itself, so more than half of my patients do not need analgesia medication after surgery.

How long will it take for me to recover after sedation?

On average, recovery time after sedation anaesthesia is around thirty minutes. The recovery time does depend on the drugs used, the patient's individual response to the drugs, and the time spent under sedation. The drugs and doses that are used for sedation have a rapid onset and offset. After the administration of the sedative drugs is stopped, recovery is swift and, in most patients, less than minutes, which is the time that you will need to remain at the clinic before being allowed to go home with your escort.

The sedation practitioner will carefully monitor you to ensure that you are fit for discharge. Thereafter you may remain drowsy for a few hours and will be given specific written and verbal instructions on what to do.

After sedation is there anything I should avoid?

Elimination of the sedative agents from your body can take up to twenty-four hours. It is important during this time to rest and recover from the procedure. Therefore, however well you may feel, within that time you should not: drive a vehicle (insurance will be void), cook or use electrical implements, operate any machinery, sign any important documents, look after children, ride a bicycle, use alcohol or any recreational drugs, or perform complicated tasks or responsibilities.

You will not be allowed to drive yourself home, and you will not be able to leave the clinic or facility if there is not a responsible adult who can drive you home and take care of you during the post-operative recovery period. You should remain in the company of a responsible adult for twelve hours following the procedure.

Does medication interfere with sedation?

It is important that you advise your physician of all the medication you are taking so that this can be factored into your assessment and administration of the sedation. You should continue to take your medications as usual, unless advised otherwise.

- Diabetes medications. If you take oral anti-diabetic drugs it may be best to avoid taking them on the morning of the operation. It is important to bring your usual medications with you to the surgery.

- Anti-depressants. It is important that you inform your physician of any anti-depressants you may be taking, since certain types can interact with the sedation.

What are the downsides or risks of sedation?

Generally speaking, sedation anaesthesia is very safe, as you are sleeping during your surgery and sleeping is something you do every day. As with any medication, the use of sedative anaesthetic agents can occasionally result in side effects: temporary drowsiness and dizziness, shivering or headaches (four percent), minimal discomfort or bruising at the site of injection. Allergic reaction can occur to any medicine but allergic

reactions to sedation drugs are extremely rare. Nausea and vomiting are uncommon and occur in less than two percent of patients.

Conscious sedation is a very safe procedure, however very rare complications should be mentioned. These include depressed breathing (slowing or stopped respiration) and for this reason every patient requires monitoring during surgery. The information that you give us on your medical history form will assist us in deciding whether you might be at risk from any known complications. The team is highly experienced in avoiding complications and is trained to deal with unexpected problems.

Will I be awake?

Most patients feel a little anxious or excited before surgery but once sedation is started they fall asleep, and literally sleep through the surgery. You will be drowsy, relaxed and comfortable during the procedure, with no discomfort or pain. The sedative medications combined with local anaesthesia ensures that you are comfortable and relaxed.

Conscious sedation induces a state of deep relaxation. In over ninety percent of people, the drugs used for conscious sedation produce either partial or full memory loss (amnesia) for the period of time when the drug first kicks in until it wears off. As a result, time appears to pass very quickly and most people remember nothing at all. Typically, patients do not remember the procedure or the short period of time following it, though they will feel a little euphoric. Occasionally patients can remember just before having sedation and waking up afterwards.

What drugs are used in sedation?

Older sedation techniques only used a single medication commonly Midazolam. Every person has different genetics and physiology, and a small proportion of people may be resistant to a single medication. Newer sedation techniques combine multiple medications, meaning if you are resistant to a single medication the other medications will compensate, hence fewer medications are required and there are fewer incidents of side effects.

The most commonly used drug for conscious sedation is Midazolam, which belongs to the same family of drugs as Valium. However, in order to make the injections in the mouth almost painless and also to produce a better quality of sedation, your sedationist may choose to add an opiate and/or Propofol or other drugs in controlled and slowly increasing doses.

Using a mixture of different medications allows for a much faster recovery but needs a dedicated, trained sedationist to be present throughout the procedure. By using multiple medications, lower doses are required resulting in a faster recovery after surgery and fewer side effects.

Can I go home after facelift surgery?

The recovery time after sedation anaesthesia is relatively short and we offer our patients supportive aftercare which includes the services of an experienced nurse overnight. This ensures that you have the reassurance and comfort of receiving the best possible attention. Every patient's experience is important to us.

Click here for more information about sedation anaesthesia

Patient Description of Experience under Sedation Anaesthesia (Twilight Anaesthesia)

I decided to have sedation as I liked the idea of being able to go home after my procedure and not to have as much down time. This was something I had never experienced before so I was extremely nervous on the day, however in the back of my head I always knew I was going to be safe and therefore I was happy to go ahead with it.

On the day of my procedure, I arrived early in the morning. I met the nurse who got me set up in my gown etc. and took my blood pressure. Next, I met the anaesthetist, who explained exactly what I would be given, at what stages, and what would happen. At this stage I was definitely feeling anxious but knowing that he would be beside me for the whole thing and his kind nature really helped. I then met

Dr. De Silva and we talked about the procedure some more. I was brought into the operating area and met the rest of the team.

I was then administered the sedative and this is all I remember until I started to come around about two hours later. I remember hearing the nurse talking to me and feeling a bit uncomfortable. She told me that I would be ok and that I just needed to rest for a bit, which I did. About thirty minutes later I was in the recovery room and I remember just feeling drowsy. I didn't feel any pain other than a dull heaviness on my nose and I was quite surprised that there was no pain. I was able to leave in a taxi with my friend and make my way home.

From here I slept for a bit, we watched a movie and I had something very light to eat. I had an early night, (sleeping with a lot of pillows!) and I was really surprised with how much good sleep I got. From here I began my recovery, which was very straightforward. Personally, I was not in any pain during my recovery and the only thing I found difficult was having to rest and take it easy and not over-exert myself, as I just wanted to get back to normal as quickly as possible. I think if having as little down time as possible is something that is important to you, then sedation is definitely the way. I am really happy with my decision and the outcome of my procedure!

In September I had my rhinoplasty procedure under sedation. I am really happy with the results of my procedure and I am delighted I went to Dr. De Silva. I had done A LOT of research to find the best doctor and one that had the most experience in this field. The reason why I chose Dr .De Silva is because from my research I learnt a lot about the symmetry of facial features and the importance of having everything in balance. Knowing what looks best is like a fine art and one that takes a lot of experience and this is something that Dr. De Silva has an abundance of knowledge in.

From the moment I began my journey both Dr. De Silva and his team have been so kind and patient, and always there if I needed anything. I really felt like I could tell them any of my worries (even more than once!) and I felt completely relaxed and safe there.

5.3. Pre-Operative Tests

For facelift and neck lift procedures your surgeon may advocate specific tests before surgery. This is principally to confirm your general health and to ensure your safety during surgery. I request most patients have tests based on their age, health and planned procedure. Relatively commonly blood tests may have findings such as anaemia that should be addressed before surgery.

Common tests requested include:

- FBC (Full Blood Count).
- U+E (Urea & Electrolytes).
- Clotting: PTT+INR (Blood Clotting).
- Urine pregnancy test in all women under fifty years old.
- Sickle-Cell Test (Afro-Caribbean & Mediterranean-region Patients).
- ECG (Heart tracing).
- CXR (Chest X-ray).
- MRSA swabs (Exclude antibiotic resistance).

Covid-19 testing.

In the past, approximately half of my patients have their tests completed by a GP (General Practitioner) and the other half have their tests privately. In 2020, we changed to completing the majority of tests in our facility to streamline patients' journeys and reduce the need for travel.

5.4. Facility and Hospital

In the UK and USA there is regulation that protects patient interests and ensures that all facilities are up to a high standard of care and comply fully with regulation.

In the UK, the Care Quality Commission regulates all facilities that perform cosmetic surgery and randomly inspect facilities to ensure a high standard is maintained. In the

US, The Joint Commission accredits hospitals, and surgical centres are evaluated by the Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission.

In the UK, depending on the surgery you are undergoing, you are likely to have surgery in an NHS hospital, private hospital or facility and all are tightly regulated by the CQC.

Surgeons are granted privileges to use hospital facilities ensure they are competent in their field and have the required training to perform their surgeries. Generally speaking, the facilities for cosmetic surgery are better suited to private set-ups that do not have a mix of patients undergoing different surgeries. Depending on the type of cosmetic procedures, the hospital facility may be a private operating theatre or part of larger hospital. The CQC ensures that the facility, all staff, and all aspects of patient care are up to a specified standard. For example, all medical staff members must be qualified in Life Support. It is important that if you are undergoing surgery that you ensure the facility is regulated by the CQC, as this will ensure a higher rate of safety and regulation.

For smaller procedures there are advantages in having surgery in a private hospital or facility that includes a more specialised level of care with a team of experts dedicated only to facial cosmetic surgery. I have invested in the latest equipment, including investigative digital imaging, micro-burr and 3-D technology and US=manufactured laser equipment. Although I previously used two central London hospitals neither has invested in the technology and these treatments are not currently available there.

In the US, in the past, surgeons have used major teaching hospitals, however increasingly, facial cosmetic procedures do not require a major hospital with the associated risks (e.g. higher rates of hospital-acquired infections such as MRSA and relatively high costs due to duplication of staff and management costs).

5.5. What to do before Your Facelift and Neck lift surgery?

One Month Before Your Surgery

- **Test Results.** Organise all your laboratory tests (e.g. blood tests) well in advance of your surgery date. I recommend a minimum of one month before surgery to allow sufficient time to assess and manage any test result that lies outside normal limits.

- **Blood-Thinning Medications.** Avoid taking aspirin, ibuprofen (NSAIDs), and vitamin E products for two weeks before and after surgery. These medications thin your blood, increase bruising and swelling and reduce safety. This is very important. If you take such medications your surgery may have to be postponed to another date. You may take paracetamol (Panadol), acetaminophen (Tylenol) or any codeine-based products if experiencing pain (e.g. headache).

- **Herbal medications.** Many patients are on herbal drugs for different reasons. It is important to stop all herbal medications for two weeks before and after surgery. Herbal medications often thin blood, resulting in increased bruising and swelling. In addition they can interfere with anaesthesia medication. Two weeks after your surgery, herbal medication can be restarted.

Smoking. To ensure a fast recovery with normal healing, smoking should be avoided for an absolute minimum of six weeks before and after surgery. This includes the use of e-cigarettes.

- **Prescription.** Collect your prescription and pick up these medications before your procedure and bring them to your appointment.

- **Social & Professional Events.** Avoid organising any important social or professional events, commitments, trips, etc. for a minimum of three weeks after surgery.

- **Pregnancy.** It is important that you are not pregnant and we would need to postpone your surgery if there is any chance you could be.

- **Travelling.** Plan your journey. We cannot allow you to drive yourself home and advise against taking public transport. Travelling on public transport can be stressful, with unforeseen delays and is not recommended after facial cosmetic surgery.

- **Timing.** Does it matter what time of year you have surgery? There is no ideal season of the year for surgery and summer or winter will not affect healing or the final result. The ideal time is what fits best with your profession, lifestyle family commitments and timing of important events to allow time for healing.

One Week Before Your Surgery

- **Medications.** High blood pressure (termed antihypertensive) and asthma medications, should be continued as usual. It is generally a good idea to bring your medication on the day of surgery. Medications that should be avoided around the time of surgery include avoiding Viagra and similar medications such asCialis for two weeks before surgery and three weeks after surgery.

- **Chaperone or Escort.** It is important that someone is available to drive or accompany you home, and that that person is able to spend the day and night of surgery with you if you have sedation or general anaesthesia. This person does not have to have any nursing experience, just an interest in your welfare.

- **Alcohol.** Alcohol is a potent blood vessel dilator and, in the post-operative condition, can promote swelling and bruising in the surgical area. It is best to avoid alcohol intake for at least one day before surgery and one week following surgery. If you are dependent on alcohol and suffer withdrawal symptoms you must let your surgeon know of this in advance.

- **Caffeine.** Please avoid caffeine-containing drinks for forty-eight hours before surgery and one week after surgery. Slowly reduce your intake the week before surgery to avoid withdrawal symptoms such as a headache. Caffeine is a

stimulant that increases blood pressure and can increase swelling and bruising as well as causing dehydration.

- **Travelling abroad.** You must plan to remain in the UK for at least two weeks following surgery. We will help make arrangements for patients who have no local residence.

- **Hair Colouring.** If you are planning to have a haircut before surgery, please do so three weeks before surgery. If you perm or colour your hair this should be completed one week before or one month after surgery as the chemicals used can irritate your skin after facial surgery.

- **Supplies.** Organise supplies to be waiting for you when you get home: ice cubes or frozen peas, lip-lock freezer bag, pillows and thermometer.

Day of Surgery

- **Fasting.** For sedation anaesthesia fasting is important before surgery:
    - Food must be avoided for six hours before surgery.
    - Water and drinks must be avoided for two hours before surgery. Up until two hours before surgery, drinking small amounts of water is recommended to maintain hydration.

- **On time.** Please arrive on time. The day of your surgery is structured carefully with a measured amount of time set aside for your treatment.

- **Cosmetics.** Remember to remove all make-up (lipstick, mascara, eye shadow).

- **Clothing.** Wear comfortable loose-fitting clothing such as a button-down shirt, comfortable and loose trousers, and flat shoes. For after surgery, bring sunglasses that fully cover your eyes and a scarf.

- **General Health.** Let your medical team know if your health has changed in any way, including cold sores, infections or high temperature prior to surgery.

- **Metal.** Do not wear anything made of metal such as a watch, rings, earrings, necklace, or body piercings.

- **Contact Lenses.** Please do not wear contact lenses. Bring your glasses with you.

- **Medications.** As a general principle, your regular medications including blood pressure medications should be taken with a small sip of water on the day of surgery as usual.

5.6. What to do after surgery?

Day of Surgery

- **Prescription.** Take your newly-prescribed medications as instructed, ideally from the day of surgery. If you are very sleepy or tired it is fine to start the medications the following morning. Take your antibiotics until they are all finished. These are important as they protect you against infection. This medication should be taken as directed during waking hours. For those individuals with sensitive stomachs, we recommend they take antibiotics with food.

- **Cold Compress.** A cold compress in the form of gel pack, broken ice or a bag of frozen peas placed in small manageable zip lock baggies should be applied to the eyes and cheeks ten minutes out of every hour during the first three days post-surgery. It is only necessary to do this during the day.

- **Discomfort or Pain.** After facelift and neck lift surgery most of my patients have only mild discomfort or pain for up to forty-eight hours and although pain medication (termed analgesia) is prescribed for all patients, half of my patients do not need to take it. If you have any discomfort or pain after the surgery it is important to use the analgesia - you will not become addicted to the medication.

- **Bring with you.** Although with sedation anaesthesia you are discharged from the facility. We generally have patients stay overnight to ensure they have

optimal care with an experienced nurse. Remember to pack an overnight bag with toiletries, toothbrush, pyjamas and an electronic device if need be (e.g., phones or tablets).

First Week After Surgery

- **Swelling.** The main thing you will notice after facelift surgery is swelling. Please do not be overly concerned as swelling is a normal part of healing. How much swelling can vary substantially from person to person and increases for three days before reducing. Please follow our instructions to aid healing, including use and cleaning of drain, ice and cold compression.

- **Rest.** It is important to take things easy and rest. If you overdo things and are too active you will have more swelling and risk of bruising. Maintain a low level of activity, i.e. no lifting, straining, driving or sex. Typically, you may return to work five to seven days after surgery and resume full activity at three weeks.

- **Drinks.** Particularly after general anaesthesia it is preferable to consume flat, carbonated beverages, particularly Coca-Cola or ginger ale as they contain a potent anti-sickness medicine. You may eat and drink if you feel like it on the day following your procedure.

- **Food.** After sedation it is recommended that you have a light meal only, for example, sandwich, soup. Having a very heavy meal after sedation can make you feel nauseous.

- **Head Elevation.** Head elevation is essential at all times. Maintain head elevation on two to three pillows while sleeping. It is advisable to place pillows along your sides at bedtime to avoid inadvertently rolling over during sleep.

- **Showering.** Showering is allowed from the day after the procedure but you must avoid the stream of water over your face and neck for three days. Use mild soaps, such as fragrance-free soaps. The soapy water from your hair can trickle down and clean the wound. Avoid excessive heat including baths, hot

tubs and saunas for two weeks after surgery as they may increase swelling and delay recovery time.

- **Sutures.** Please do not remove your stitches which will be taken out at your post-operative appointment at one week

- **Driving.** We advise that you do not operate a motor vehicle until you can see clearly, and you are comfortable (free of discomfort or pain). Generally, we advise patients not to drive for at least one week after blepharoplasty.

Emotional Recovery. In the first few weeks there can be significant, swelling and this can look alarming, causing some people feelings of concern or disappointment. Swelling is a normal part of healing and will start to go down almost as quickly as it came up. Focus on keeping your energy up and being positive.

- **Drain.** For some patients there may be a drain in place. Although inconvenient, these can enhance significantly the speed of recovery for some patients. We provide patients with detailed advice on drains and they are all removed one or two weeks after surgery.

- **Emergency.** Generally speaking, facelift and neck lift surgery has low risks and a fast recovery. However, you should call your surgeon urgently if:

    - Severe pain that is not relieved by your pain medication (this is very unusual). Very poor vision in one eye compared with good vision in the other.

    - A high temperature of 38C/101F or greater. Redness that's beginning to spread away from the incision site or any purulent (pus) drainage coming from the incision site.

    - Any active bleeding saturating a tissue and not stopping with five minutes of firm pressure.

Second Week After Surgery

- **Sun exposure.** Please avoid sun exposure. If outdoors, please use a sun protection factor 30 or greater. Use hypo-allergenic sun block along with a large-brimmed hat and sunglasses.

- **Smoking.** To ensure a fast recovery with normal healing, smoking should be avoided for an absolute minimum of six weeks post-operatively.

- **Warm Compress.** Warm (not hot) compresses may be applied to diminish swelling starting on post-operative day four. This is not as important as using the cold compress during the first three days.

Resuming Activities

- **Exercise.** Please avoid strenuous athletic activity including sexual activity, swimming and gym for three weeks. Contact sports, diving or water skiing, should be avoided for two months.

- **Cosmetics.** You can use concealer to camouflage any bruising or discolouration (two shades darker than your skin colour) before you come to the office to get your first set of sutures removed. Bring it near the line of incision, but do not apply over the incisions themselves until several days after the sutures have been removed. The following technique of application can work well: Smear a layer of concealer over the entire discoloured area, then apply more with a patting motion and finally, blend the edges with the surrounding skin. Eye shadow or false eyelashes should not be applied until ten days after surgery.

- **Glasses.** You may begin wearing glasses or sunglasses the day following surgery. Contact lenses may be worn from two weeks after eyelid surgery.

- **Work.** Depending on your profession you should not plan to return to work until a minimum of two weeks after your surgery. Before this time, it is fine to use the internet or phone.

Some Features of the Recovery Period

- **Swelling.** A substantial amount of swelling (80-90%) resolves itself over the first three weeks. Further swelling reduces over six weeks with the very final result at twelve months.

Bruising. Bruising around your face will mostly resolve over the first two weeks, however, sometimes, particularly around the eyelids, bruising can take six weeks to go completely. This can be covered by concealer cosmetics after one week.

Tightness. Tightness is a common feature of face and neck lift surgery and resolves over a period of weeks.

- **Numbness.** Numbness and change in the sensation around your face and neck is normal and most resolves between six weeks and six months.

- **Eyelids.** Occasionally, soon after the surgery, eyelid swelling may cause the lower lid to be separated from the eyeball or stop the eyelids closing completely (i.e. the eyes remain slightly open when you close your eyes). This condition will be reversed as the swelling subsides.

- **Scars.** During the first few days following surgery, the scars cannot be seen. Then they go through a period of slight swelling and sometimes reddening. Often early scars are lumpy-bumpy in appearance and this is normal healing. With time the scars will become smoother, even, and lighter in colour but this will take some months depending on your ethnicity. It is important to avoid sun exposure in the first six months after blepharoplasty to avoid darkening of the healing scars. In the first few weeks after surgery we would not recommend any massage or scar treatment as the scars are still at an early point in healing. Wait until your follow-up appointment.

- **Emotional Recovery.** For a small number of people emotions after surgery may include sadness or even depression. This can be normal for some people Once the stress and excitement that existed before the surgery has vanished, someone can feel temporarily drained before picking up again.

- **Facial unevenness.** As swelling resolves, there can often be a few minor contour irregularities or unevenness. These are a normal part of healing and will resolve naturally.

5.7. How to speed up recovery after your facelift surgery.

A crucial aspect of facial cosmetic surgery is recovery. Most patients who come to see me want to have the minimal downtime and speediest recovery so they may return to both social and professional commitments.

There are several aspects to a fast recovery after cosmetic surgery. These include the facial characteristics before surgery, the surgery itself and precautions after surgery. I provide every patient with detailed before-and-after instructions to improve healing and downtime after surgery.

Before Cosmetic Surgery

- Avoid medications or herbal medicines that thin your blood for two weeks before and after surgery. Common medications include aspirin, NSAIDs (Ibuprofen) and fish oils, there are many others. Your surgeon will provide you with a comprehensive list to avoid.
- Smoking delays healing, reduces the benefits of cosmetic surgery and increases the risk of complications. I advise all patients to stop smoking for a minimum of six weeks before and after surgery.
- In advance of the surgery date, make sure you have your prescriptions. In addition, purchase vitamin C, which is an antioxidant that improves healing.
- Prepare ice in a zip-lock bag (or use frozen peas or a facial gel pack. Their use for three days after surgery reduces swelling and speeds up recovery.
- Follow your surgeon’s directions carefully, I provide each patient with specific instructions based on the type of surgery they are undergoing.

Cosmetic Surgery

- Consider surgical techniques that minimise facial trauma and where possible more conservative techniques or surgical innovations to reduce bruising and swelling after surgery and improve recovery times. I am an advocate for use of technology that reduces bleeding, including electrocautery, PRP (Platelet rich plasma), amniotic membrane products and fibrin tissue adhesives. With eyelid, nose and facelift techniques, more conservative surgery reduces downtime and speeds up recovery.

After Cosmetic Surgery

- One of the most important things that a person can do after cosmetic surgery is rest. Rest is what the body needs most because it is what expedites the healing process. A patient should also avoid any and all vigorous activities and spend most of his or her time relaxing. Increased activity results in changes in blood pressure that can result in increased bruising and swelling. I advise all patients to rest at home for at least a week after a cosmetic procedure although the exact length of time is dependent on the facial procedure.

- Using ice on the face has a beneficial effect on reducing swelling. The use of ice packs for ten minutes every hour (while awake) for the first three days, reduces swelling. Ice packs can be ice or frozen peas in a zip-lock bag or the use of a facial gel mask.

- When sleeping, keep your head high with two or three pillows. This is important as, with gravity, fluid tends to redistribute when you are sleeping, and if your head is at the same level as your body, this will encourage swelling in your face. Sleeping with two to three pillows is important for four to six weeks after facial cosmetic and plastic surgery.

- A person should also make sure that he or she is getting at least eight hours' sleep every night. I often give patients medication to help with sleeping in the first couple of nights after surgery.

- Some patients have a reduced appetite for a few days following surgery, so it is best to eat soft foods. Eating soft foods allows a person to recover more quickly because it gives the digestive system a break. Oatmeal, rice, apple sauce, pudding and bananas are great foods to eat during that time. It is important that a person drinks lots of fluids during the recovery process because it is very easy to become dehydrated. The best types of fluids to drink are water and juice. Tea, coffee, caffeine-containing beverages and alcoholic drinks should be avoided, since this causes dehydration.

- Do not start any new medications or herbal and alternative treatments during your recovery period without your doctor's approval. Some may interfere with the healing process or even cause other complications.

- Do not exercise before your surgeon allows you to. Exercise increases your blood pressure and may encourage further bleeding and swelling as well as interfere with healing. The amount of time before you can return to exercise is generally three weeks.

- After facial cosmetic surgery, the location of the incision and surrounding skin is more sensitive to the sun and ultraviolet light. It is important to take precautions to shield your face from the sun. This includes the use of hats and high-quality sun block (a minimum of factor 30) to protect your skin during the healing process. This is important for twelve months after surgery. Sunlight and ultraviolet rays influence the healing skin and scar and may cause darkening of the scar.

- For some patients, the period after surgery can be emotional and one of the most effective aids for a faster recovery is a positive mental attitude. Given the right environment, the human body has great capacity to heal.

- After certain facial procedures, you may be advised to wear a supportive or compression garment for some of the time. This will aid in the recovery process by helping to support the healing face and reduce swelling. Following your surgeon's instructions carefully is an important part of ensuring a fast recovery.

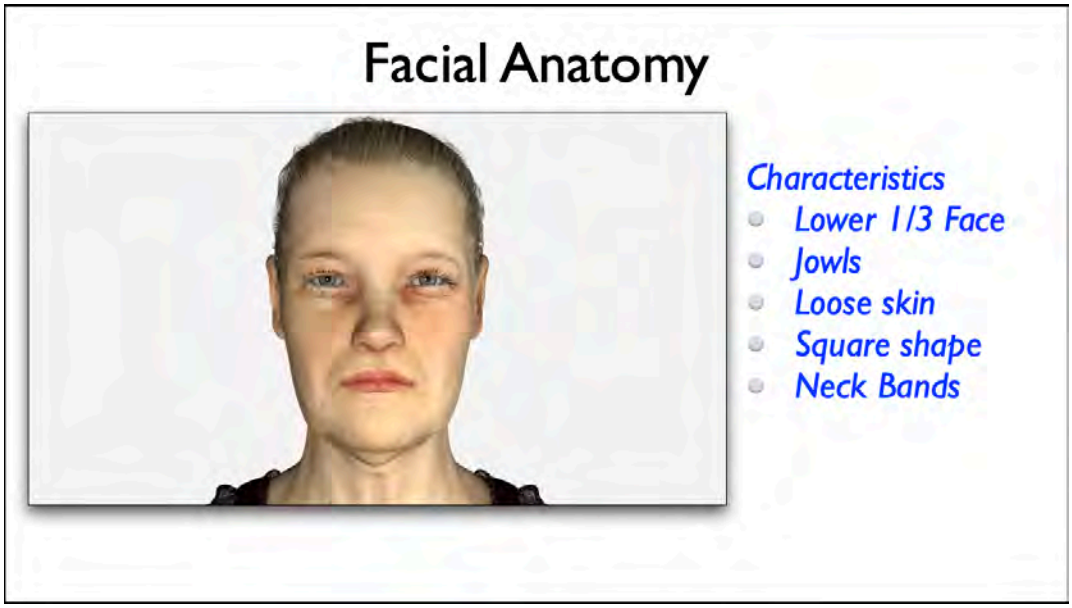
6. Facelift & Neck Lift Fundamentals

6.1. Essential Anatomy

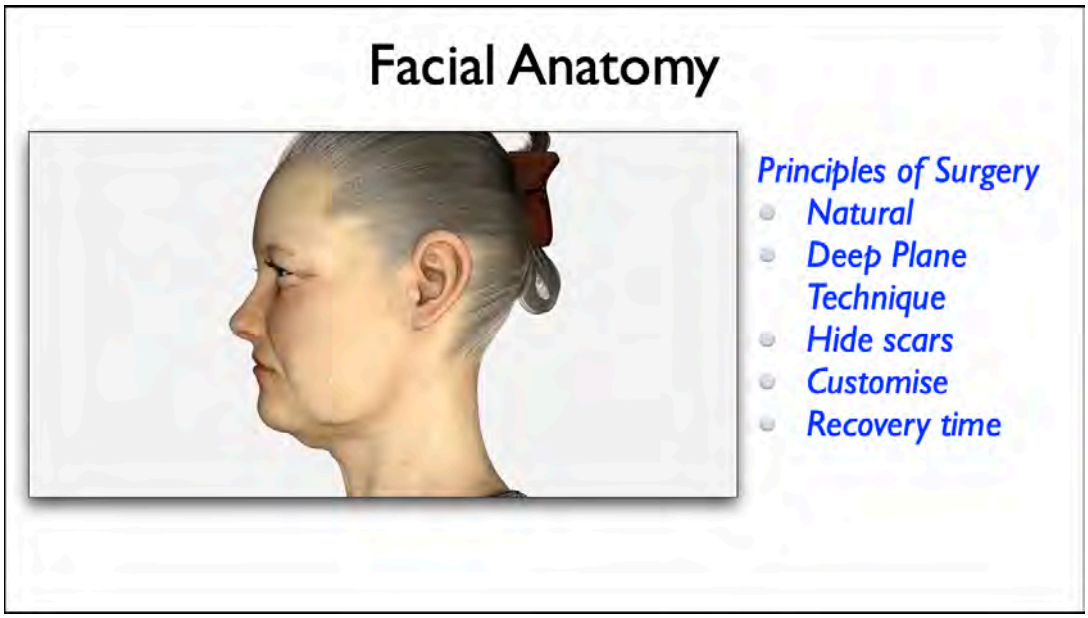
Facelift surgery is a facial plastic procedure that requires a comprehensive understanding of the underlying anatomy and an artistic approach to incorporate an individual's facial characteristics to give a natural-looking result. The key for a natural-looking result is refinement surgery that is conservative and avoids an unnatural stretched, puffy or fake appearance. I will set out the principal steps in facelift surgery, however, the surgical technique is tailored to the individual. I utilise my own signature deep-plane facelift to enhance recovery and ensure a natural rejuvenation, although each person needs artistry for their unique characteristics and features.

The face is one of the most complex structures in the body. The anatomy includes multiple structural layers with intricate connections that provide important functions in terms of protection as well as facial expression and communication.

To understand why an eyelid may look more youthful or beautiful, a thorough knowledge of the underlying anatomical intricacies is required.

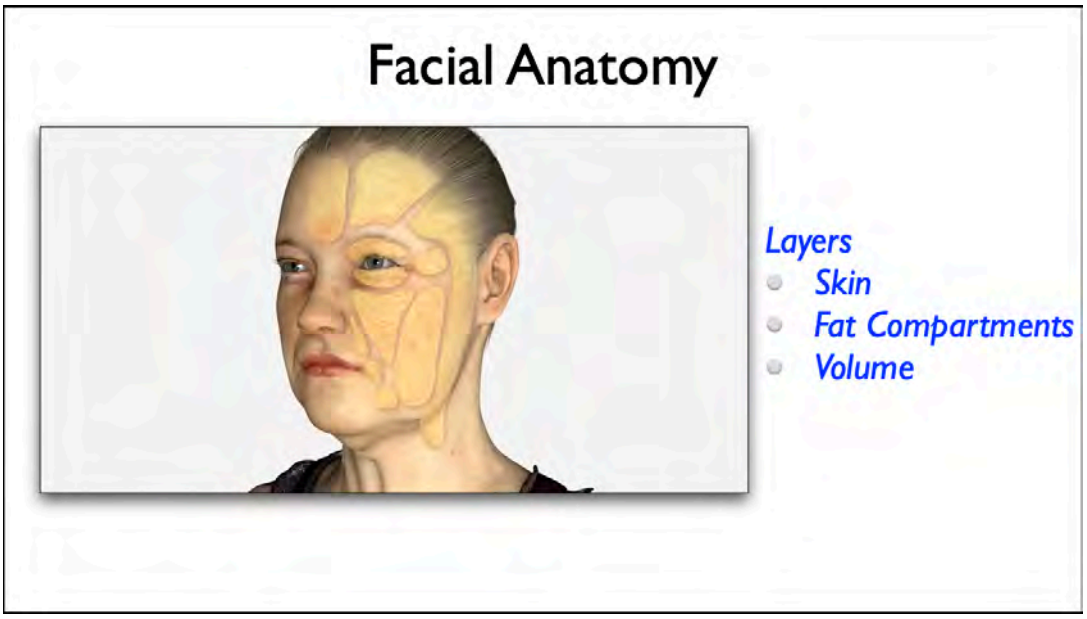


When considering facial ageing, the changes that we see are a reflection of changes in underlying anatomy. The fuller appearance to the jawline, jowls, square jawline, loose skin and bands in your neck, are a reflection of three principal change with ageing: gravity, loss of volume and skin laxity.

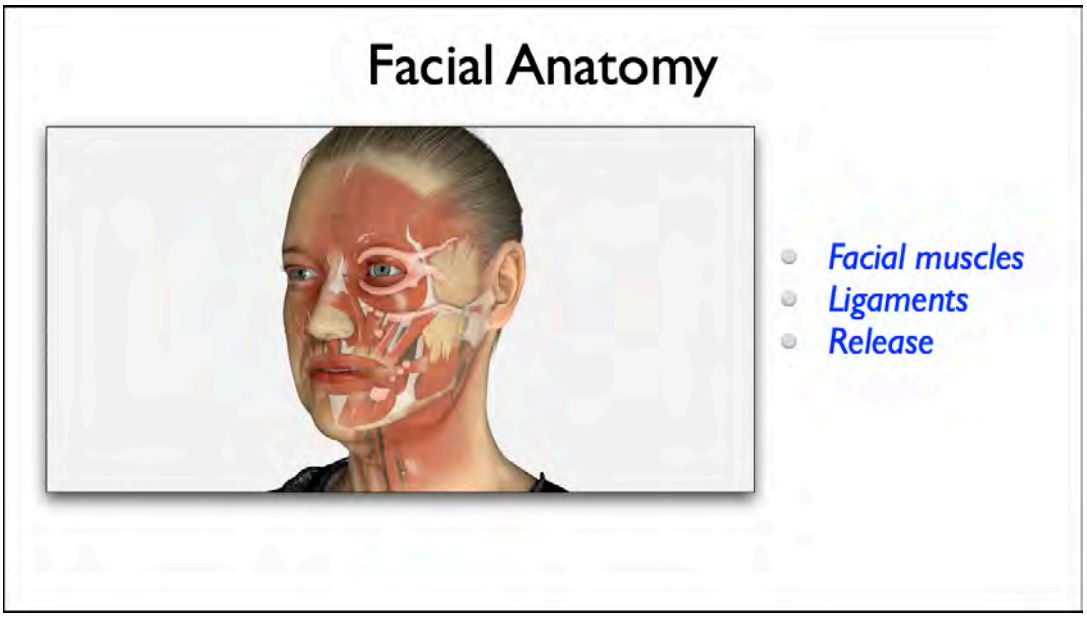


When considering facial rejuvenation, the principles of surgery are a natural appearance, achieved by a deep-plane facelift. The technique requires customisation

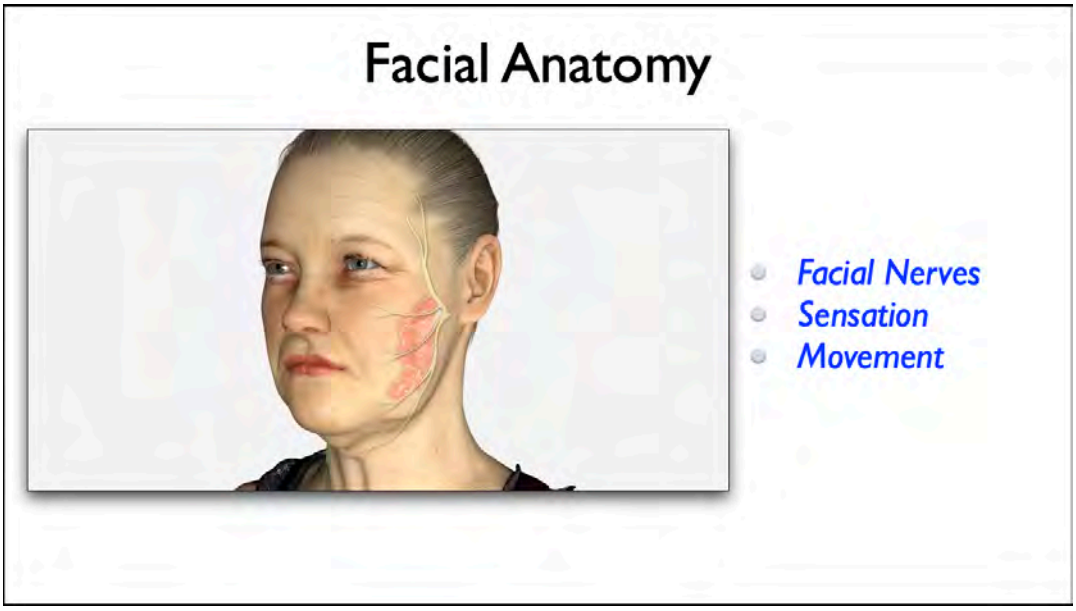
to the unique characteristics of each individual's face, with the principles of hiding scars and utilising techniques that enhance recovery time.



Underneath the skin there are compartments of fat. These fat pads have a tendency to lose natural fat with ageing. Rejuvenation with volume, including fat transfer, can restore this natural volume. Dr De Silva uses a fine amount of fat transfer with facelift and neck lift surgery to enhance the results.

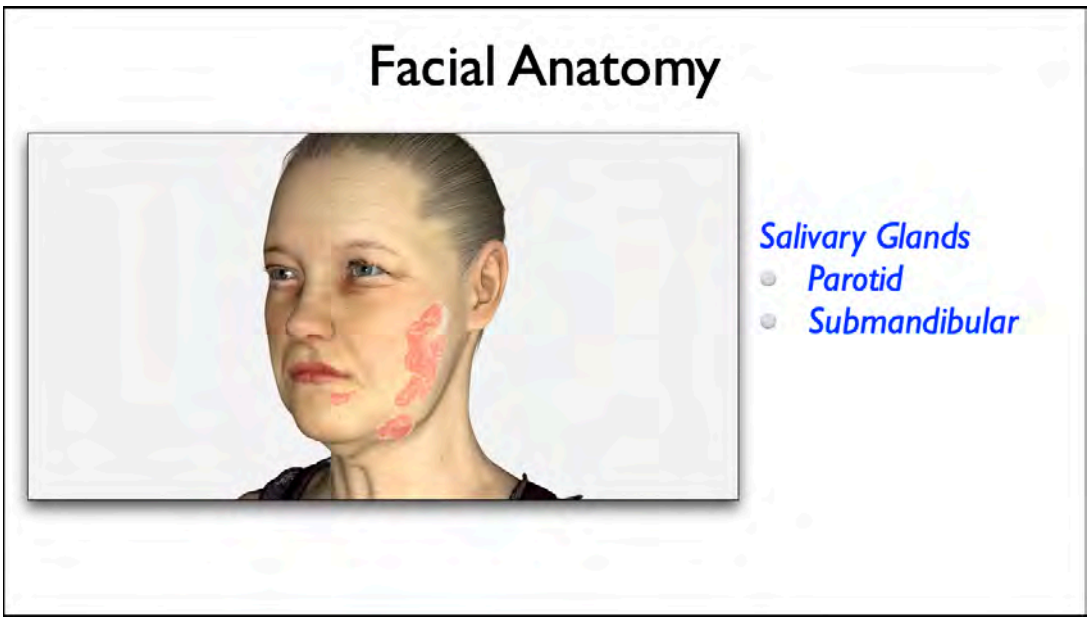


Underlying the skin is a layer called the SMAS (superficial musculoaponeurotic system), this includes facial muscles, fat and fibrous tissue. Face and neck lift surgery often involves lifting the SMAS layer.

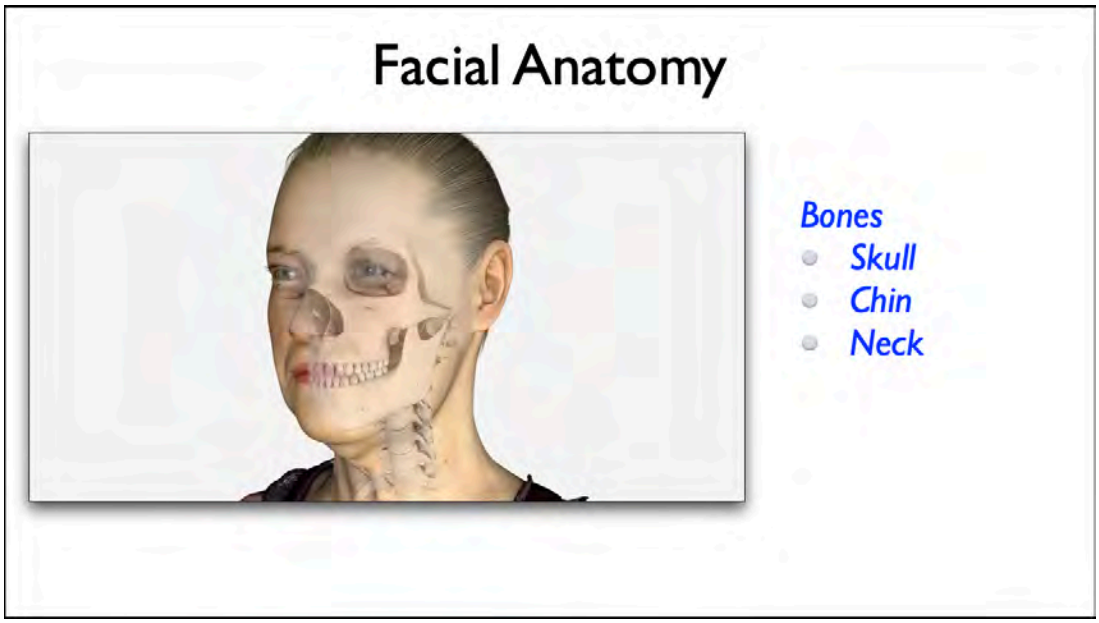


Beneath the SMAS layer are the facial nerves that are broadly divided into 'sensation' that gives feeling of touch and 'motor nerves' that enable facial movement. With facial surgery, care and meticulous attention to detail is required to preserve facial nerves.

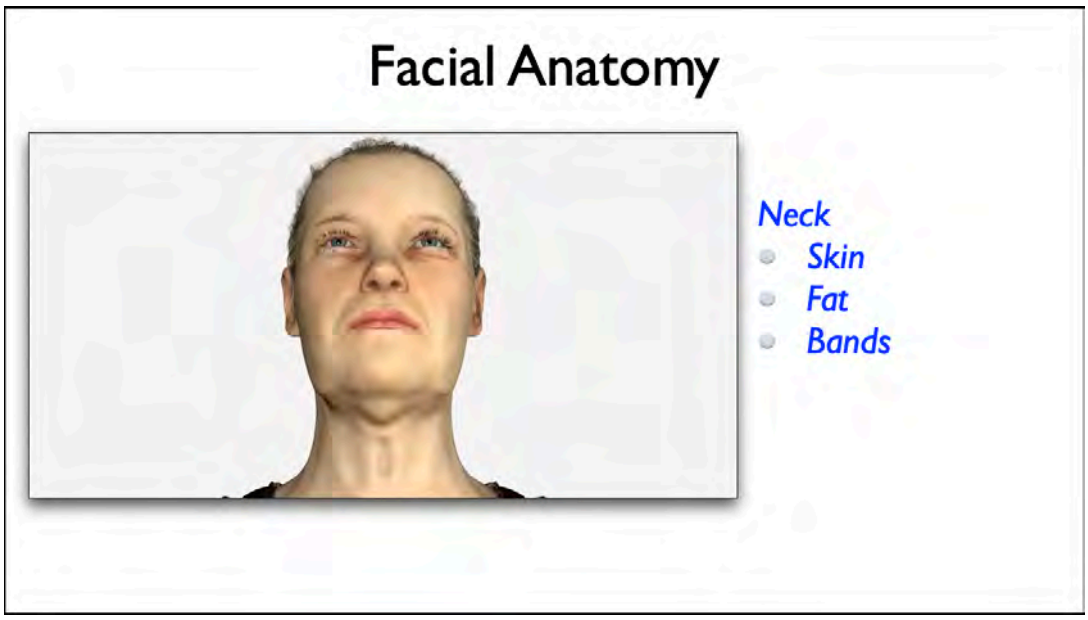
However they may also be the cause of bruising.



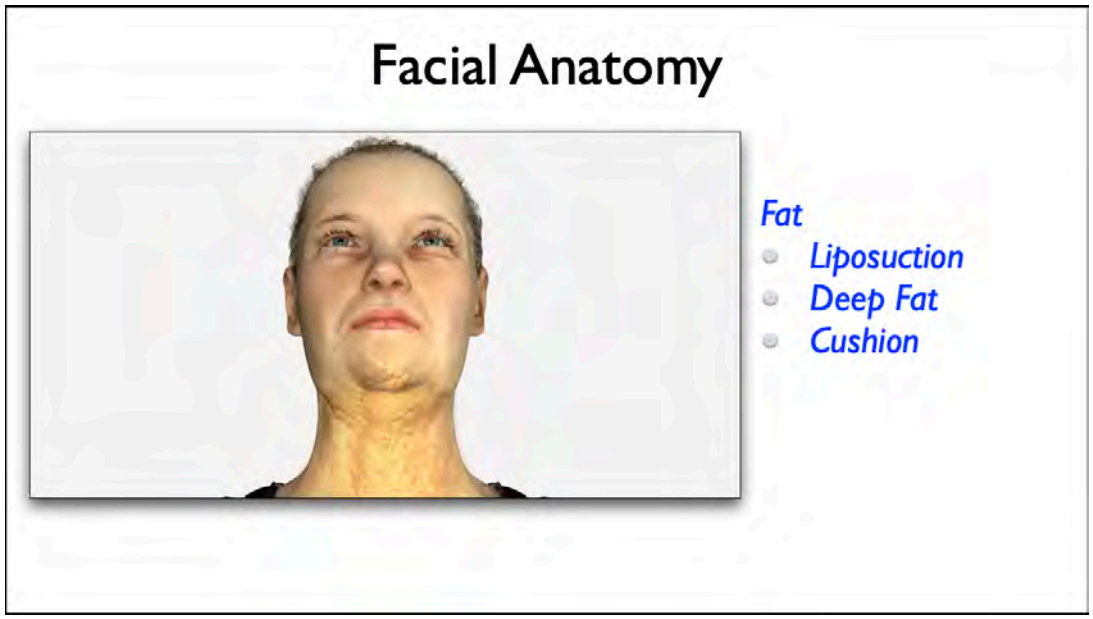
In the neck area is the submandibular salivary gland. This can be prominent in some patients and gives rise to fullness in the neck, and loss of definition. For patients with fuller necks, reduction of the submandibular gland is an advanced surgical procedure that may substantially shape and contour the neck.



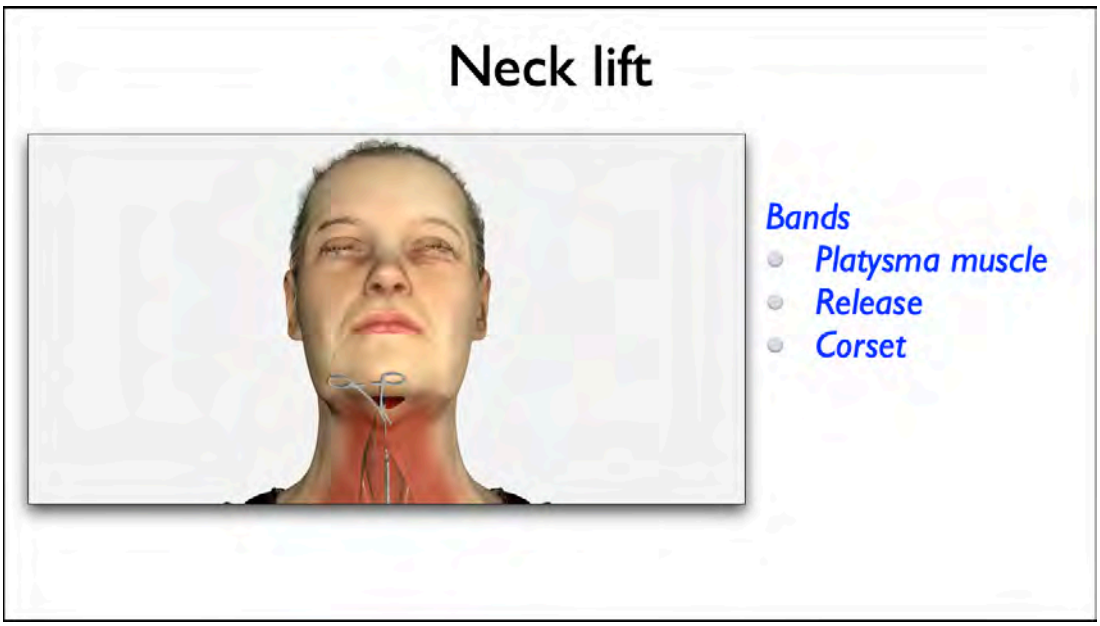
The underlying bone structure is of key importance. A small jaw or flat cheek often result in enhanced facial ageing and can be improved with a chin implant or fat transfer to enhance the results of face and neck lift surgery.



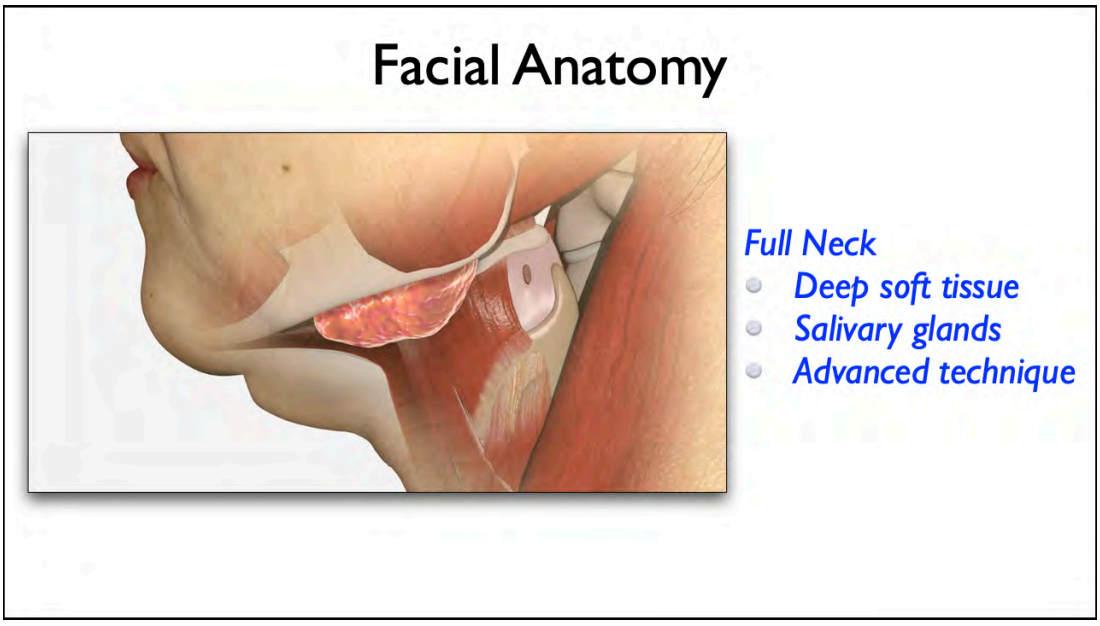
When considering ageing of your neck, the changes that we see are a reflection of changes in underlying anatomy. The neck often has loose skin and bands (platysma muscle) and a cushion of fat beneath the skin. The changes are often a combination of natural genetics and ageing.



Underlying the skin is a cushion of fat. For some patients, a reduction of fat is important to add further definition to the neck, however some fat is required as it gives a smooth and uniform appearance to the neck area.



In the neck there is a sheet of muscle (termed platysma) that extends from your clavicle to your jawline. This often becomes lax with ageing and separates in the centre, resulting in one or more bands in your neck.



Underlying the neck muscle is deep fat, submandibular salivary glands and blood vessels. In patients with full neck the salivary glands can result in a fuller neck with loss of definition and shape.

6.2. Facelift Surgery

What are the different types of facelift?

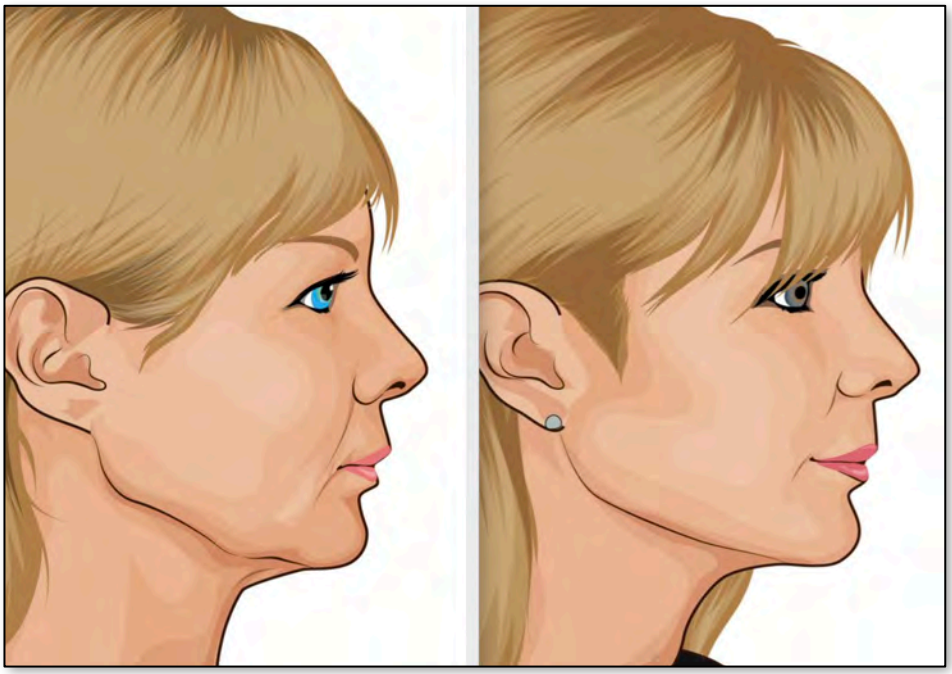
Generally, facelift procedures can be classified into three main types. Within these three classifications are further categories of facelift types.

1. Minimally invasive or non-invasive procedures.
2. Mini-Facelift procedures
3. Classical facelift and neck lift procedures.

Minimally invasive or non-invasive procedures

Minimally invasive or non-invasive facelift procedures include the use of facial fillers, platelet-rich plasma (Vampire facelift), Radiofrequency, Ultrasound (Ulthera), lasers (Carbon dioxide), skin resurfacing (Co2 Laser), thread lift sutures and others. The principal benefit of these techniques is they avoid surgery. The non-surgical treatments have short-term effectiveness and are best suited for patients with early facial ageing. Patients with more marked facial drooping, skin laxity and bands in the neck are better suited to, and have more effective longer-lasting results from, surgical facelift and neck lift options. I advise my patients on the most appropriate treatments to rejuvenate your face after an assessment of your face and discussion about your goals.

There are patients with early facial ageing who benefit from non-invasive treatments. However, this does depend on the degree of facial ageing and is not suitable for patients with more than premature facial ageing. I developed a signature non-surgical facelift that utilises gold-standard fillers (FDA-approved) to augment natural "Phi golden ratio" lines on your face. More recently, there has been increased marketing of thread lift techniques (barbed or coned stitches) that offer to lift without surgery. Unfortunately, many patients who come to see me have been left disappointed by these techniques as their effects can be compromised with bruising and swelling and last just a few months. Also, the stitches can cause lines and marks in patients with thinner skin.



A signature Phi-Lift is a non-surgical technique developed exclusively by Dr.De Silva that uses a combination of HA-fillers (Hyaluronic Acid filler) to augment facial beauty, enhancing the Phi lines of the Golden Ratio and rejuvenating the face. Limitations are lift with adding volume, cannot remove lose skin and lift against gravity.

A non-surgical Phi-Lift procedure by Dr. Julian De Silva

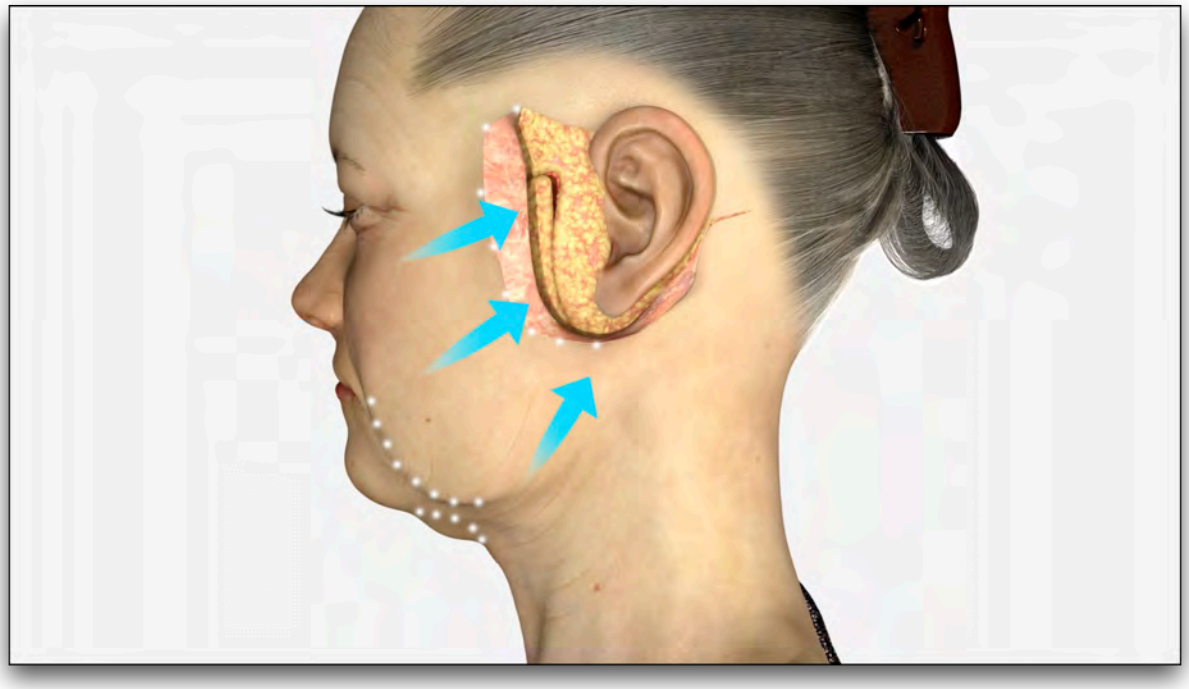
6.3. Mini-Facelift Procedures

The second category includes smaller facelift procedures including small-incision facelifts which are used in some early signs of facial ageing: Mini-facelift, MACS lift (Minimal Access Cranial Suspension), neck liposuction, fat augmentation facelifts. These techniques have a role in younger patients in their 40s who have some signs of facial ageing without the need for enhanced lifting techniques. I complete a customised mini-facelift procedure for patients with early facial ageing. If a patient has more substantial ageing, including loose bands in the neck and heavy jowls softening the jawline, a facelift and neck lift may be indicated to give you the result they are looking to achieve.

A mini-facelift is a surgical technique that is essentially half a facelift. The procedure is principally for younger patients with minimal changes in the neck area and can be an effective rejuvenation for relatively early facial ageing.

Traditional SMAS facelift

The standard facelift techniques pull the SMAS (termed Superficial Musculoaponeurotic System) layer towards the ear, which is a lift in a relatively horizontal direction. Although this does result in rejuvenation it does not lift upwards and hence does not lift against gravity. There are different names including SMAS lift surgery, SMAS plication, SMAS imbrication, SMAS excision, subperiosteal lift and endoscopic facelift techniques. Over 90% of facelift procedures are of this type.



A traditional SMAS facelift lifts in a more horizontal direction. Although effective, it does not lift in the same direction as gravity

6.4. Signature Vertical deep-plane face & neck lift

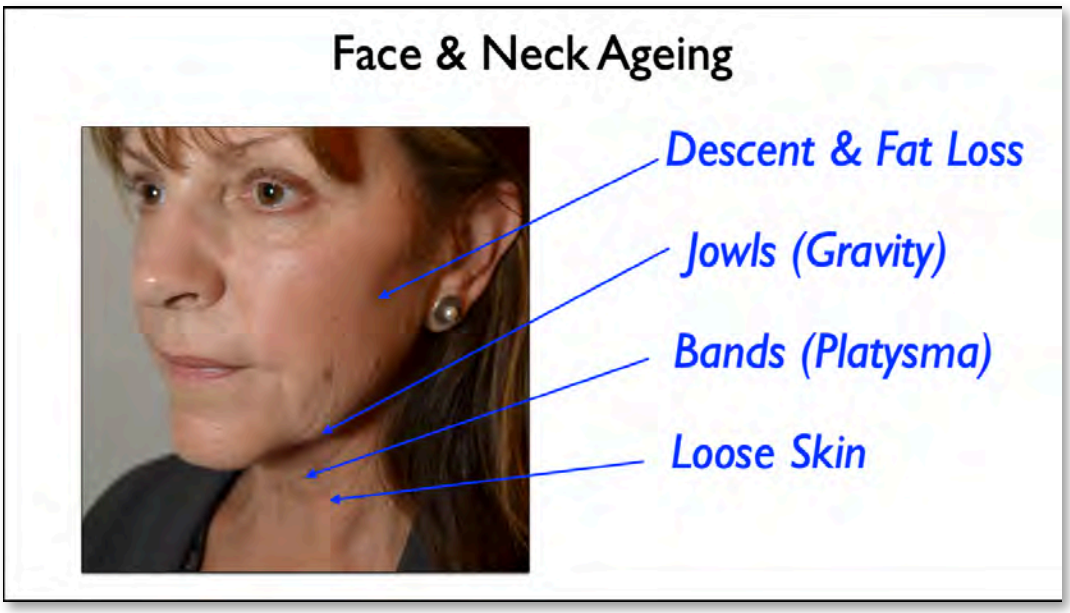
A modern approach to facelift surgery is to lift and restore areas to exactly where they were before facial ageing. This requires lifting upwards, in other words opposing gravity, lifting areas to where they have dropped. This technique is termed deep-plane facelift and is a more advanced facelift technique.

I developed a signature deep-plane facelift surgery that restores the natural curvature of the neck. To give a sharp and youthful neck angle requires elevation of the soft tissues and SMAS layer beneath the skin. This advanced technique minimises surgery, thus improving the speed of recovery and giving a natural rejuvenation.

I customised my approach to face and neck lift surgery, with the focus on giving a natural-looking result and fast recovery. In addition, techniques are used to redistribute areas of lost volume, restore the natural contours around the eyes, and skin resurfacing to make the face look more beautiful than before.

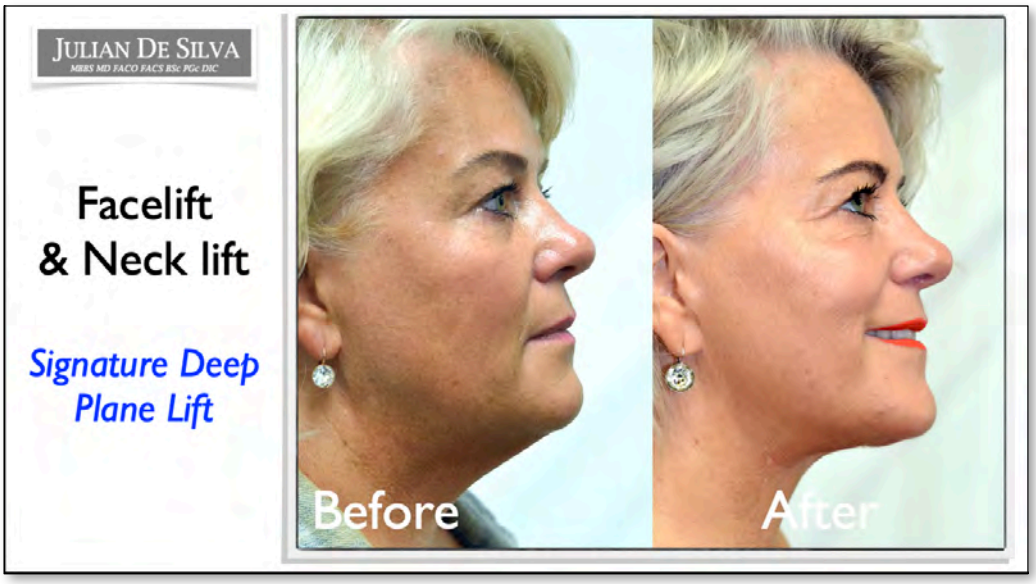
There are common changes that patients notice in their appearance of their upper eyelids as a combination of genetics and facial ageing:

- Patients often complain of increased folds in their upper eyelid with fullness, and sometimes an extra roll of loose skin. Women often describe difficulty putting cosmetics on the upper eyelids as a consequence of smudging.
- Often there can be a fullness in the inner aspect of the eyelid near your nose which is caused by fat behind your eye coming forwards.
- Asymmetry between the upper eyelids is common, almost always the right and left sides look uneven.
- Patients may complain of difficulty seeing as a consequence of the upper eyelid skin covering the superior and lateral field of vision.
- Patients with hobbies requiring frequent looking up, may have difficulty seeing.



Facial ageing includes a combination of descent with gravity, loss of volume (fat) and skin laxity.

A deep-plane facelift lifts vertically upwards, restoring areas to exactly where they descended from. Dr.De Silva has developed his signature deep-plane facelift to provide patients with a more natural rejuvenation.



Dr.De Silva has developed his signature deep-plane facelift to provide patients with a more natural rejuvenation. This involves lifting the deeper soft tissue and lifting vertically (upward direction) as opposed to sideways (conventional facelift surgery). This restores a natural jawline and avoids a fake appearance.

These are links to videos of facelift patients describing their experience with Dr.Julian De Silva:

Case 1: Facelift Surgery Experience

Case 2: Facelift Surgery Experience

6.5. Male Facelift

Cosmetic procedures for men are rising in popularity, and each year more male patients are looking to refresh their appearance. Most of my patients want to look completely natural. Common changes that give a man a more tired appearance are loose skin and bands in the neck, loss of smooth jawline with increased lines and wrinkles. In today's work and social environments, there is an increasing desire to look fresh and less tired in order to boost self-confidence and reflect personality.

What gives a man a more tired appearance?

Among the earliest signs of facial ageing are changes and sagging of the lower third of the face, the presence of jowls (the prominent soft tissue at the jawline) and a sagging neck with loss of the natural curvature and defined neck angle. Along with eyelid changes, the neck is one of the first indicators of a more tired appearance. Facelift surgery that usually includes a neck lift restores the natural contours of the jaw and smoothens the angle of the neck beneath the jaw. The rejuvenation that results from a natural neck angle can turn back the years and may make a person look younger.

What is different about a male facelift?

In considering a male facelift, I believe it is essential to be conservative, focusing on improving the neck and jawline while preserving some of the natural facial lines. Over-pulled or over-lifted appearance gives a ‘done fake’ look that is key to avoid. Over-lifting in men's faces can result in the feminisation of the face, and care is required to focus on conservative natural-looking results and taking measures to avoid this. The differences between male and female facial anatomy must also be considered. The facial bone structure is generally much thicker in men than women and men have stronger jawline and chin as well as thicker, coarser skin. Facelift surgery is a surgery of finesse and detail.

How do you hide scars in a male facelift?

Scars are very important features of facial surgery, particularly in men, where shorter hair means that scars are potentially more visible.

Unsatisfactory scars are caused by a combination of factors including surgical technique, the position of scars, closure techniques (stitches v staples) and genetics (One per cent of patients can have healing issues with scars secondary to their genetics). Taking meticulous measures to minimise and hide scars is key to success:

- **Surgeon's technique.** Surgeons use different techniques to complete a facelift and neck lifting procedure. Meticulous care and attention to detail are required to hide the facelift incisions in natural creases and curves.

- **Location of the incision.** The incision and scars can be hidden by placing the visible portion of the incision inside the ear canal or opening behind the little lump in front of your ear called the tragus. Patients with marked skin laxity require an approach to the minimised movement of beard growth. I discuss this with my male patients for the optimal outcome.

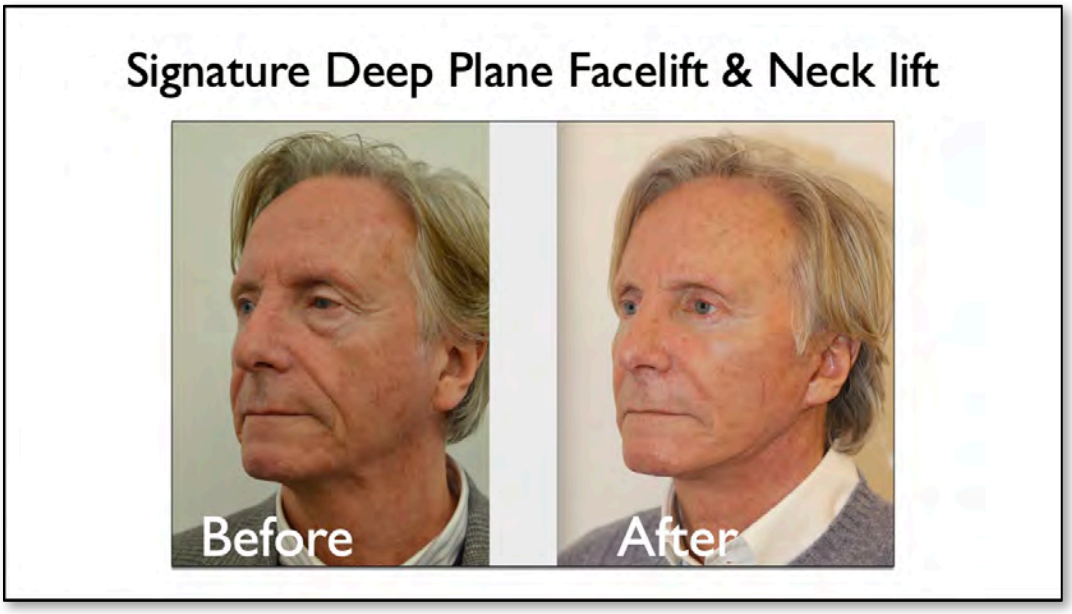
- **Multiple-layered meticulous closure.** Multiple-layered skin closure ensures there are deep stitches to support the soft tissues once the superficial skin stitches are removed; this is key to avoid unattractive widened scars. **Bevelled incision.** In hair-bearing skin, the use of a bevelled incision in the hairline enables hair to grow through the scar after surgery, hiding the scar.

- **Deep-plane facelifting technique.** Lifting the deep tissues beneath the skin (SMAS or Deep Muscle Tightening) before skin closure, is essential to give a natural-looking result and avoiding tension on the skin.

- **Stitches.** There are different methods that can be used to close the skin. Some surgeons use staples to save time; however, they can leave marks, unsatisfactory scars, and are uncomfortable to remove. I avoid the use of staples in all patients as the best healing is from the use of fine sutures in non-hair bearing skin.

- **Regenerative medicine.** I pioneered and developed the use of signature regenerative medicine techniques to enhance scar resolution.

- **3D Telescopes.** For some patients, a small high-definition camera can be used though a small incision with use of a camera to hide and conceal scars. With the use of natural techniques and latest technologies I am able to enhance the natural-looking neck contour and increase the longevity of the neck lift.



Dr.De Silva has developed his signature deep-plane facelift to provide patients with a more natural rejuvenation. This involves lifting the deeper soft tissue and lifting vertically (upward direction) as opposed to sideways (conventional facelift surgery). This restores a natural jawline and avoids a fake appearance.

My technique

- Face and neck lift surgery is one of the most common plastic surgery procedures I complete for men on a daily basis.

I utilise a spectrum of different face and neck lift techniques from Los Angeles and New York. Every person differs in their facial shape, size, symmetry, ethnicity, genetics and exposure to environmental elements such as sun and smoke. As a consequence, no two faces are the same. I tailor my surgical technique in accordance with multiple patient factors. In order to give patients the most natural-looking and long-term results, I prefer to use an innovative signature technique that focuses on deep-plane facelift (beneath the SMAS, Superficial Muscular Aponeurotic System). The benefits of this lift include a natural rejuvenation the face by restoring soft tissues to their youthful position and the avoidance of stretching the skin under tension, the traditional method of performing facelift surgery. Deep- plane face lifting also is associated with faster healing as there is less disruption of the natural anatomy.

- I am known for natural-looking results and use specialised techniques that foster a natural and conservative rejuvenation.

Here are links to videos of facelift patients describing their experience with Dr.Julian De Silva:

Case 1: Facelift Surgery Experience

Case 2: Facelift Surgery Experience

With good male cosmetic surgery, it can be difficult to tell the person has undergone a procedure. Male blepharoplasty is more challenging than female blepharoplasty, as it requires more conservative surgical techniques to give a natural result.

6.6. VIP Patients

My team and I believe that all patients are important and should be cared for as VIPs. To have surgery is a choice and we all know great service when we experience it. That said, if you are a VIP or require anonymity, we are able to arrange every part of your journey including concierge car service, VIP private secret entrance, as well as luxury private apartments. We have completed facelift procedures on patients from all professions, including actors, actresses, models and TV presenters. It is particularly important in these professions as the patient's appearance is under the spotlight on a daily basis, facing the glare of camera and high-definition lens. There is little forgiveness in modern HD cameras.

Key when considering procedures on patients with a high public visibility include;

- Conservative procedures (avoiding too much change with a procedure).
- Natural-looking (meticulous attention to pre-operative photos).
- Focus of attention on improved version Minimal time for recovery (use of regenerative medicine, light therapy, oxygen therapy).
- Discretion and anonymity.

A common concern with many patients is that some celebrities look like they have had too much cosmetic surgery and their appearance looks “fake”. There are several reasons for this:

- Opening up the eyelids with blepharoplasty can change a person’s appearance> Good, alleged examples include Mickey Rourke, Tom Jones and Renee Zellweger.
- There is often substantial pressure to look better and better in case a younger, better-looking actress or model may take one’s place. There is a law of diminishing returns: a small amount of volume augmentation looks natural and improved; too much looks artificial.
- Patients who are celebrities often have their own opinion. However what makes sense in theory does not necessarily follow in practice.

Why did Renée Zellweger look so different?

This is a question that many of my patients have asked me about, and it is difficult to avoid photos of Renee demonstrating how much her appearance has looked to have changed over the past few years. Many articles in the media have suggested she has had radical plastic surgery. So what has really happened?

Renee's appearance has changed, specifically her eyelids. When she was younger, she had very full upper eyelids, relatively low eyebrows and a relatively short distance between her eyebrows and her eyelid. As a result, naturally, you could barely see her upper eyelids and they appeared very full. Now her appearance is quite different. You can see a great deal more of her eye and can see her upper eyelid which is opened out. Most women have relatively high eyebrows and a more open eyelid appearance however everyone's eyelids are different, and it can be an error to over-generalise appearance.

Why has this happened?

With her eyelid surgery, it looks as if too much soft tissue was removed, changing her appearance. All of us look at each other's eyelids in communication whether socially or professionally, and a change in the appearance around your eyelids can

significantly change a person's appearance. Natural surgery requires a degree of artistry by the surgeon to ensure that your appearance is only a rejuvenation on how your eyes used to look. Although Renee's appearance has changed, she still looks healthy, rejuvenated and having more open eyes is generally more attractive. However it is a change to her appearance.

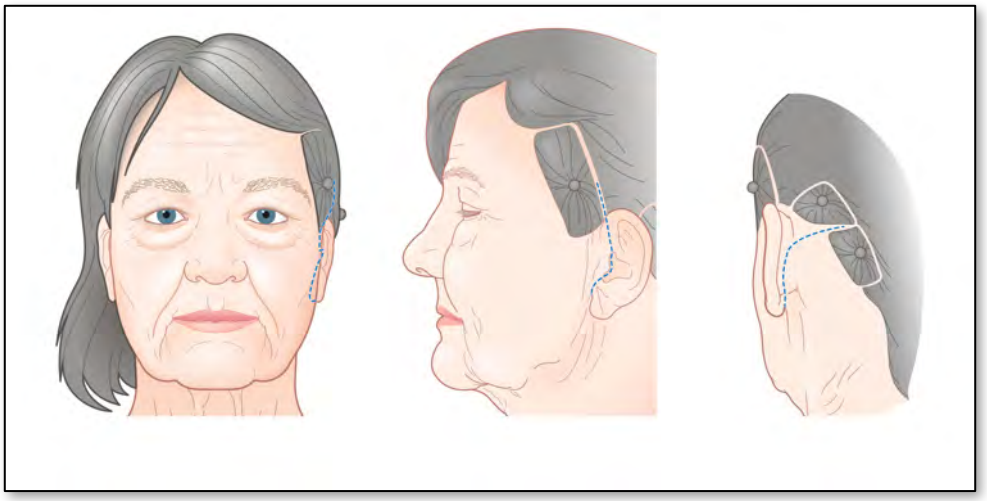
6.7. Facelift Step-by-Step

How is facelift surgery completed?

- The goal of facelift surgery is to rejuvenate the face by lifting the neck that has descended and dropped as a consequence of facial ageing. My facelift technique is focused on a natural rejuvenation. No two people age identically, and unique factors include genetic and environmental influence. Frequent changes include descent of the cheeks with age that can result in deepened lines in the face (nasolabial lines) as well as an irregular jawline with jowls (soft tissue hanging below the jawline). The key for natural-looking surgery is to avoid pulling of the skin alone and to lift the deeper tissues of the face, including the SMAS layer (Superficial Muscular Aponeurotic System). The elevation of the surface alone with tension gives rise to the consequence of an unnatural "done" appearance. This is avoidable with proper surgical technique and experience. In addition, care is required to tailor the treatment to the person, including attention to volume loss and skin changes that are also common with facial ageing.

- The markings of the face are an essential aspect of facelift surgery as they can lead to scars. I hide incisions on the face wherever possible. The markings are tailored to the individual person. Millimetres make a difference in the face, and meticulous care is required to ensure the markings are accurate to enable a natural rejuvenation and to avoid scars in the skin. I hide the facelift incision in the natural creases of the face, in the hairline, behind the tragus cartilage of the ear. The incisions are tailored to each individual, depending on the surgery required and their natural creases. Key to sound healing and minimal scarring is

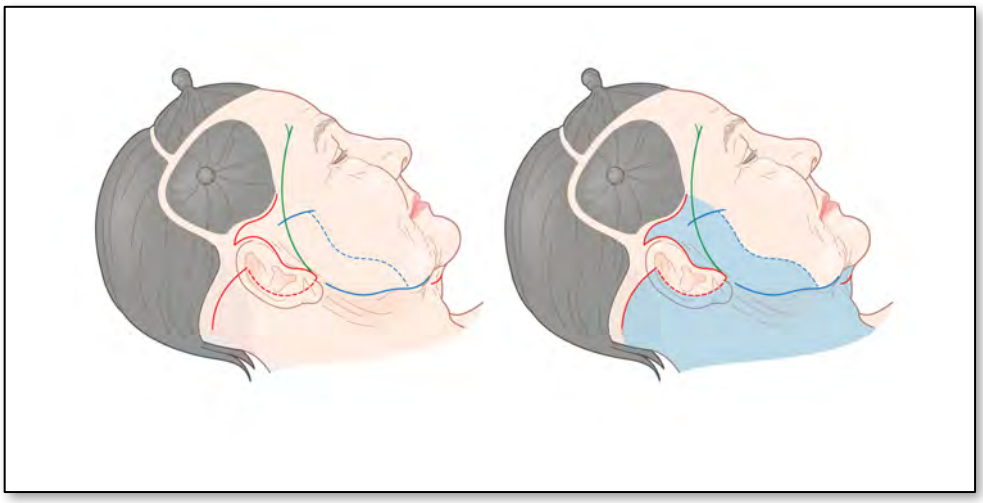
skin closure without tension. I use three layers of skin closure with facelift surgery to ensure the finest possible scarring. Some individuals are more prone to scarring; a good example is keloid scarring, a type of healing where instead of a scar shrinking it grows and becomes thicker requiring additional treatments. If you know that you have scarring tendencies always let your surgeon know.



Scars for facelift surgery can be hidden in the natural curves around your ears and meticulous attention to detail is required to conceal scars.

- After the incision in the skin is completed, a subcutaneous flap is developed that enables the lax skin to be taken up and the face to be lifted. The flap is continued from the incision anteriorly towards the cheek and lips as shown by the dotted blue line above. Anatomical landmarks include the zygomatic arch, parotid gland, lateral canthus and lateral commissure and the mandible. At this time, it is key to release deep facial ligaments that tether the skin to the bone and have the potential to reduce lifting. Care is required to preserve the functioning of the delicate underlying structures, including the facial nerves and muscles. I ensure precise attention is paid to the creation of the flap and haemostasias to reduce both bruising and swelling. Speedy lifts that take only an hour may only lift the skin; this does not give a natural-looking result as it results in a wind-swept appearance.

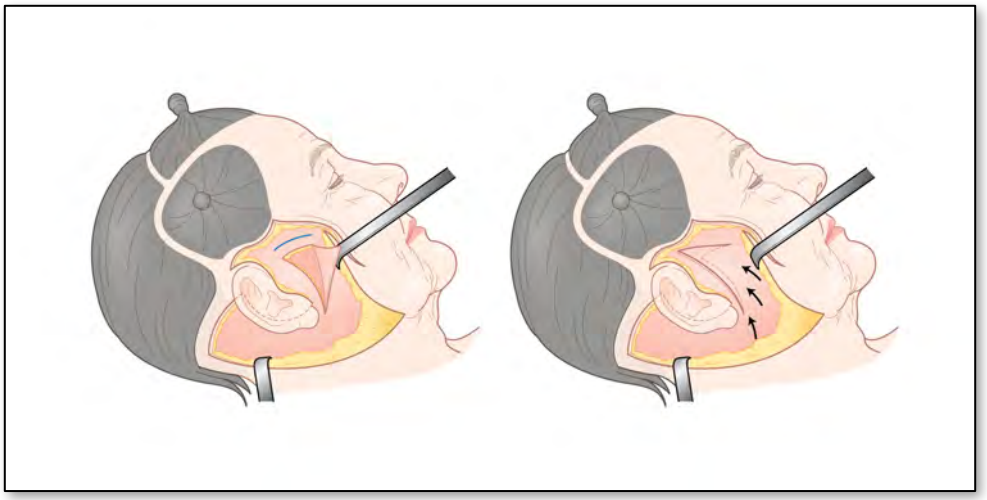
- The flap is continued behind the ear in the hairline, and care is required to preserve superficial nerves that supply sensation to this area. I am cautious in this area and seek to elevate the skin in a natural arc, so a person can wear their hair up after surgery if they so choose.



The area of surgery required in facelift and neck lift surgery is dependent on the individual changes and skin laxity. As a general principle, patients with more loose skin need more area for improvement.

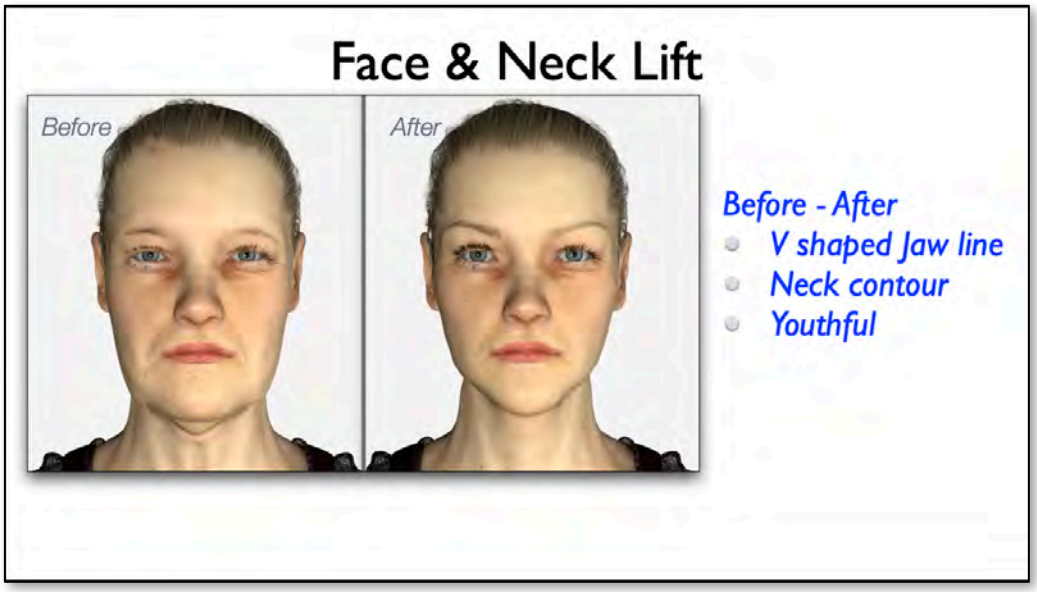
- My facelift technique was devised from the cosmetic centres of New York and Los Angeles and involves a deep-plane lift that moves from the subcutaneous tissue, from the SMAS, to a deeper facial layer. This reduces both bruising and swelling and lifts the face at a deeper layer, resulting in a more extended period of effectiveness. Technically, deep-plane lifting is more challenging as it requires a detailed understanding of the underlying anatomy and facial nerve branching. Alternatively, the SMAS layer can be elevated, stitched, or part of the SMAS removed (SMAS-ectomy). This technique avoids a deep- plane lift. The SMAS is lifted, and the orientation or vector of lift is assessed to give a natural-looking elevation that varies in different people and faces (the vector of lift is shown in the figures above with arrows). The lift is then supported with deep stitches> I use long-lasting stitches that help the face during healing for several months. Below and inferior to the ear is a sheet of muscle termed the platysma. I create a flap from this muscle and lift the soft

tissue to enhance the youthful angle of the neck at the same time as the facelift surgery. In some cases, I use a 3D telescope to enable a more profound lift while preserving the natural anatomy and preserving essential anatomy in the face.

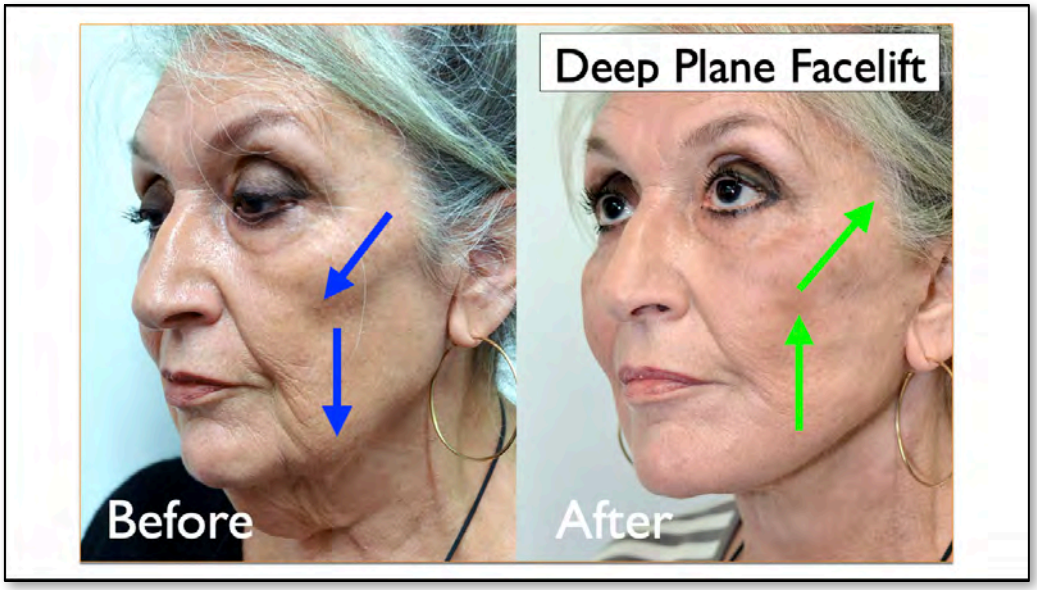


Key to a natural facelift is lifting the deeper soft tissues. This is the area that has descended with ageing and gravity. Old techniques that just lifted skin could result in a wind-swept fake appearance.

- At this time, there is excess skin as a consequence of facial ageing and loss of natural skin elasticity. Closure of the skin is essential as meticulous attention is required to avoid scarring and some of the unwanted legacies of facelift surgery that result from tension during skin closure such as 'pixie ear'. I close the skin with precise detail, using interrupted stitches at three different levels, and a combination of interrupted and continuous non-dissolving fine stitches. Non-dissolving stitches are preferred as these avoid scarring and stitch lines. Closure of one side of the face can take up to 45 minutes in a person with marked skin laxity. By closing in multiple layers, when the superficial stitches are removed from the skin after one to two weeks, there are deep stitches that remain under the skin that support the soft tissues during healing. This results in a fine linear scar that is difficult to see. This technique avoids closure under tension that results in a wide scar that is unsightly and difficult to correct.



The principles of facelift include lifting to restore the more V-shaped jawline associated with a more youthful appearance.



A deep-plane facelift lifts vertically upwards, restoring areas to exactly where they descended from. I developed my signature deep-plane facelift to provide patients with a more natural rejuvenation.

6.8. Neck Lift Surgery

Common signs of facial ageing are vertical bands in the neck that result from the separation of the platysma muscle, loose skin and fullness in the neck with loss of the jawline. Ageing of the neck results in the appearance of these vertical cords and increased sagginess below the jaw. Immediately beneath the skin of the neck is the platysma muscle which forms a sheet in the neck that extends from the collarbones up to the jawline. Natural-looking facial surgery requires a restoration of the natural neck angle between the jaw and the neck and repair of the platysma muscle. Treating the neck is one of the most difficult aspects of facial plastic surgery and many revisions that we see are difficult cases where the natural planes and elevation of tissue have not been respected.

So what makes a good neck or an attractive jawline?

The aim of the neck lift is to ensure distinct jawline along the mandibular bone, with a more defined angle to the neck. The area may be filled with soft tissues including a layer of superficial fat, laxity in the neck platysma muscle, deep genetic fat and descent of the submandibular salivary glands. Reshaping of these soft tissues is required to improve neck definition and needs to be tailored to each individual's requirements.

What is involved in a neck lift?

Neck lift surgery requires repair of the neck muscle to address vertical bands in the neck that appear with age, and restoration of the sharply defined angle between the jawline and the neck, associated with youth. Often, elevation of the soft tissues of the neck results in excess skin that requires removal. The incision can be hidden behind the ear to avoid visible scars while giving the best-possible neck profile.

What are the different types of neck lift?

There is a large spectrum of techniques to improve the shape of the neck; the key is customisation to an individual person's needs. Procedures include:

- Neck liposuction.
- Neck tightening stitches.
- Neck muscle corset stitches (termed plastysmaplasty).
- Combined facelift surgery.
- Deep soft tissue reshaping (salivary gland reduction).

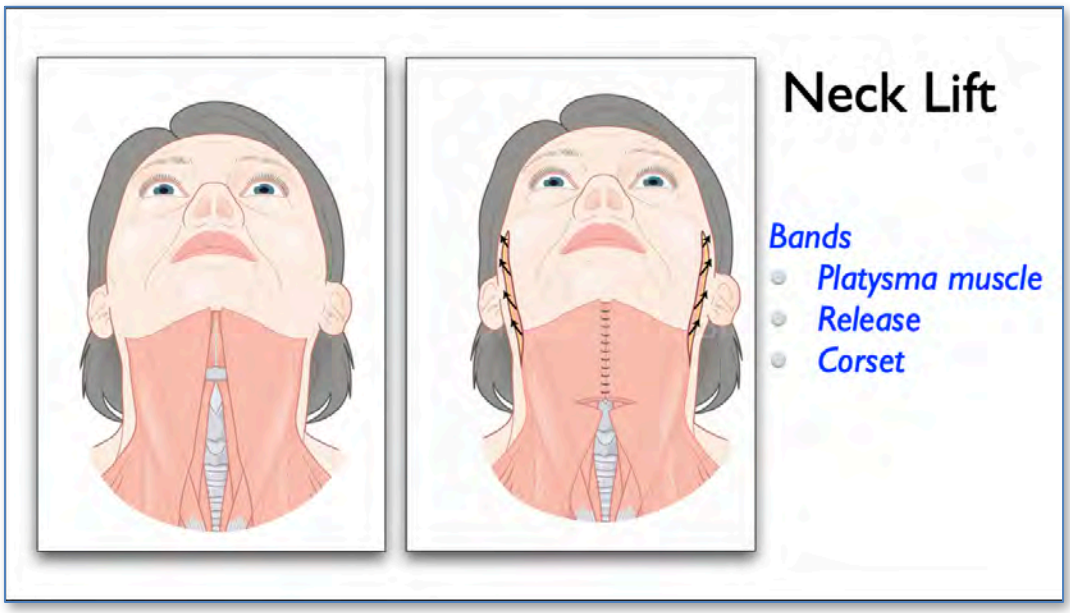
A neck lift procedure includes improving the angle between the jawline and neck, reducing bands and removing loose skin behind the ears.

6.8.1. Neck Lift Step-by-Step

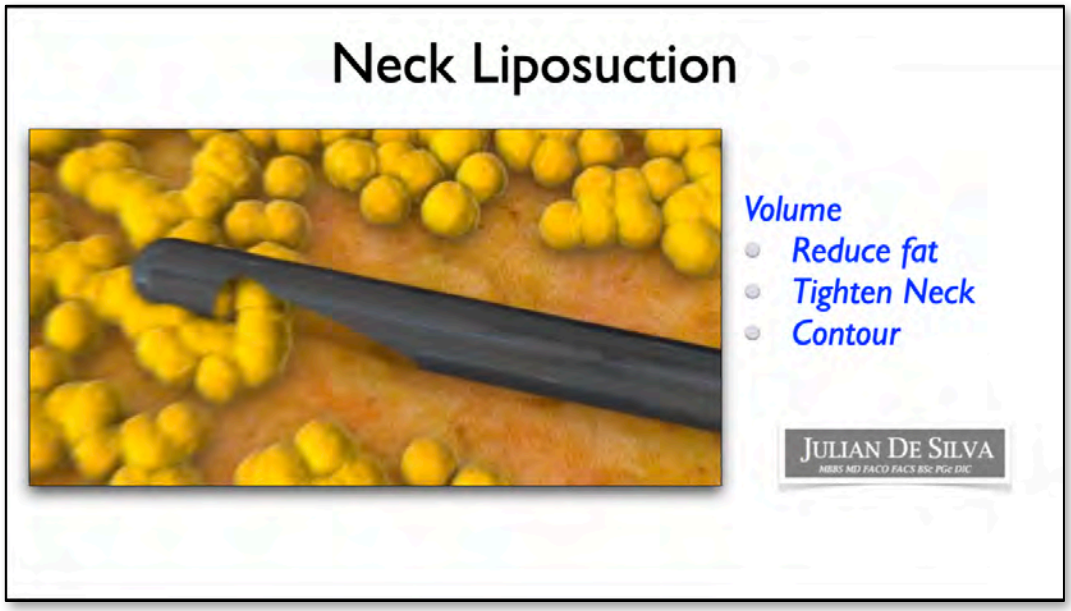
What does a neck lift surgery involve?

I focus on lifting the neck to restore the natural shape and restore the definition between the jawline and neck. The anatomy of the neck is intricate, with layers of muscles, blood vessels and nerves. Elevation of the neck requires maximising the lifting of the neck that has descended with facial ageing and gravity.

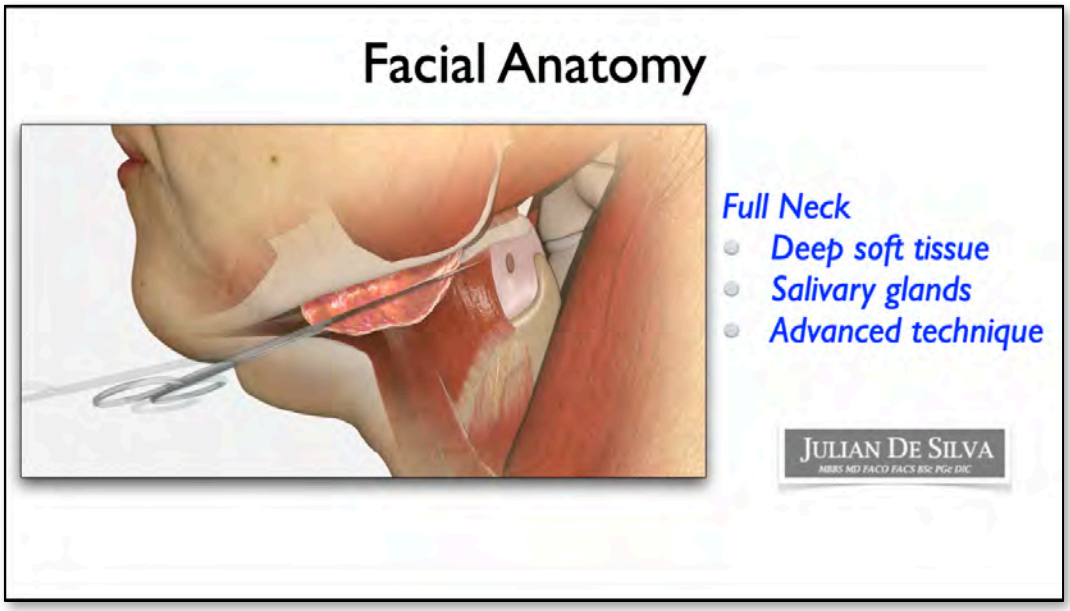
Incisions are hidden under the chin and immediately behind the ear. The platysma muscle is like a sheet that extends from the collar bones (clavicle) to the jawline and with facial ageing this muscle often becomes floppy with bands. Key to the surgery is addressing the thin platysma muscle that becomes lax in the neck, often resulting in vertical bands running down the anterior part of the neck. The edges of the platysma muscle are identified through a keyhole incision in the neck; the muscle is sculpted and stitched together to smoothen the neck contour. The soft tissue under the chin requires elevation with a combination of sculpting and refining the soft tissues, and liposuction to accumulated fat. The neck lift requires suturing of the platysma muscle in the midline of the neck to restore and support the neck. I use a specialised double imbrication technique to maximise the tightness of the neck, to give the best support possible against gravity and the longest-lasting possible result.



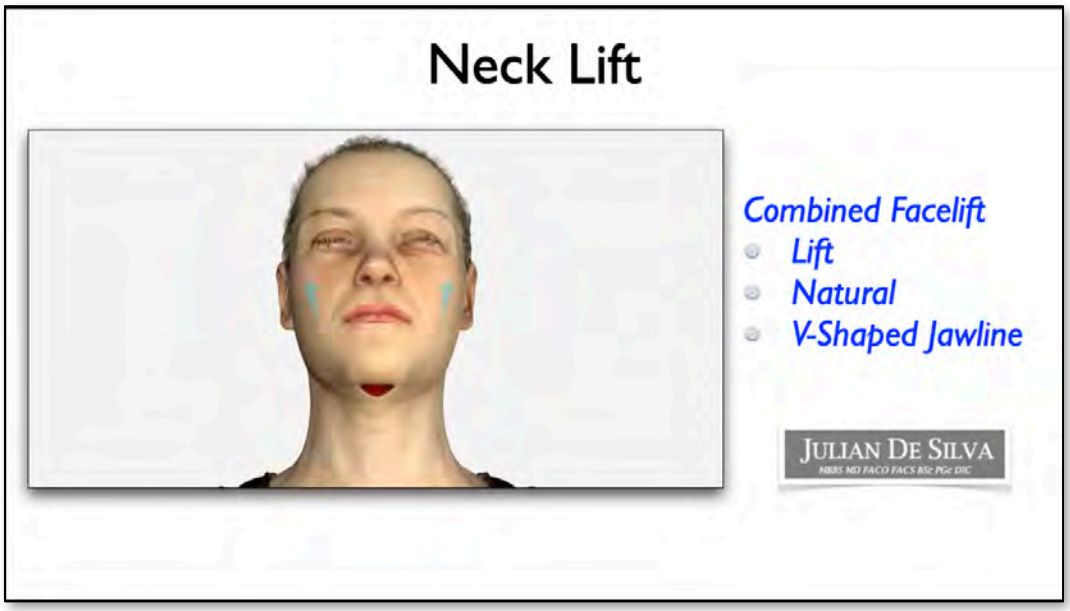
Superficial fat beneath the skin can be reduced with neck liposuction. Care is needed as a cushion of fat is important under the skin to provide a smooth and curvaceous appearance. Patients with thinner skin do not require liposuction as in these patients, it is important to preserve the underlying cushion of fat to enable a smooth and natural appearance.

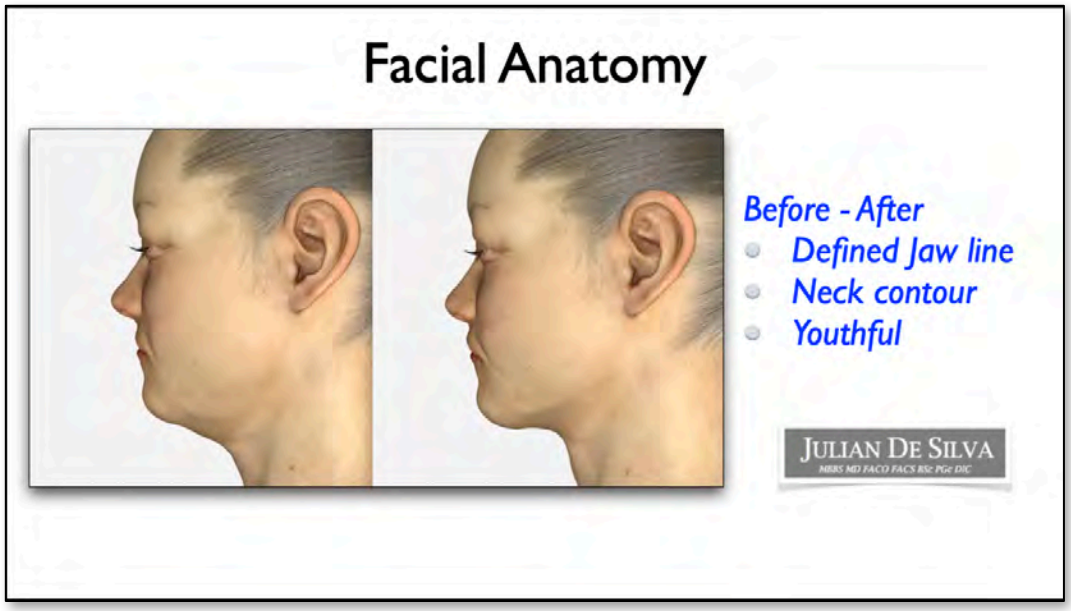


Some patients describe a fullness in their neck that was apparent at a younger age - in their 20s or 30s. This is important to identify prior to surgery to enable improved contouring at the time of procedure. Commonly, these genetic changes are a consequence of a combination of smaller chin, deeper cushion of fat (termed subplatysmal fat) and prominent submandibular salivary glands. These deeper soft tissues can be reduced during a neck lift procedure, however these are more advanced techniques and can take an additional hour to complete.



Once the neck has been shaped and tightened there is often between one to three centimetres of loose skin. The loose skin can often be removed behind the ears, hiding the scar in this area. The principle aim with any scars is to hide them in natural contours behind the ear. Although initially scars can be pink and lumpy-bumpy, with time these soften and are difficult to see when positioned immediately behind the ear.





A change in the neck and jawline can be seen immediately, although swelling increases over the first three days to hide the fine detail.

I tailor the neck lift to the individual and their facial anatomy. Heavy neck and subsequent tissues require additional techniques and sutures to lift the neck and support the neck against gravity. Patients who are not good candidates for an isolated neck lift are those with extreme skin laxity and with soft tissue that is present over the jawline, termed jowls. These signs of facial ageing are suited to a combined technique that includes both face and neck lift surgery.

For some patients, the use of additional procedures is required to enhance the result of a neck lift. The position of the chin in relation to the jaw and lips is an important consideration. Small chin results in weakness of the lower third of the face and chin augmentation at the same time as the neck lift surgery will improve the results.

6.9. What are the risks of facelift & neck lift surgery?

Facelift and neck lift surgery is generally regarded as a safe procedure with a high satisfaction rate among patients. The nature of surgery is that there will always be some risks. Complications in face and neck lift surgery may occur because of several reasons. One of the most important factors responsible for the success of surgery is the surgeon. The surgeon must have complete knowledge of how the surgery has to be performed. Facelift and neck lift surgery is demanding, and requires in-depth knowledge of the anatomy, experience, and attention to detail.

Complications can be defined as any unforeseen occurrence during or after the surgery. The complications that can occur during or after facelift surgery can be divided into four categories: intra-operative, immediate post-operative, early and later post-operative.

Intra-operative complications occur during the surgery. For example, these can occur due to a reaction to some medication or due to the local or general anaesthesia given and are managed by the surgical team at the time of surgery.

Immediate post-operative complications occur immediately after the surgery when the patient is in the initial recovery stage and may include bleeding or reaction to medication. These complications need to be handled immediately by the surgeon who performed the operation.

Early post-operative complications in facelift and neck lift surgery occur once the patient has been discharged. These appear almost immediately after the person returns to a normal routine. They can include bleeding or a haematoma (collection of blood), a reaction to a medication, infection, and can be corrected by contacting the doctor immediately.

Late post-operative complications associated with facelift and neck lift surgery may occur when the patient fails to take proper care after the surgery, the surgical technique used, or the patient's healing process. These complications include those of

asymmetry, scarring, hollowing, numbness and facial-muscle weakness and delayed healing. Most of these complications are minor and can be easily corrected.

The commonest complications are bleeding and haematomas, all of which are treatable. The most serious complication of face or neck lift surgery is permanent damage to a branch of the facial nerve resulting in reduced facial expression following surgery. This is an extremely rare complication. Face and neck lift surgery is generally a popular surgery with high patient satisfaction and low risk of complications.

All patients have a degree of swelling, that resolves over a period of weeks. For 80% of patients this is within the first three weeks.

Complications can be further classified into: Common events as part of normal healing, Uncommon events and Rare events.

Common Events (normal healing)

Common events can be regarded as normal aspects of healing and can occur with any type of surgery. The frequency of these risks is dependent on the surgeon performing the surgery and risks can be reduced by surgical technique.

Swelling. Swelling around the face is normal after surgery, as this is part of the body's normal healing process. Although most swelling resolves in the first three weeks, sometimes this can take six weeks. Very occasionally a small amount of swelling can take some months to completely resolve. Swelling can be asymmetrical, with more swelling on one or both sides. There are certain medical conditions that are associated with more swelling, for example, auto-immune medical conditions including thyroid eye disease.

Bruising. Bleeding may occur under the skin, which is described as bruising and is common after surgery. Most bruising resolves within two weeks, however it can take six weeks to resolve completely. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

Discomfort/Pain. After facelift surgery there can be some discomfort or pain, usually for less than twenty-four hours after the surgery. Most patients describe relatively mild discomfort only. Take pain relief medication (termed analgesia) as prescribed and if the discomfort is not relieved contact your doctor immediately. Pain is not a common feature of recovery in my patients.

Numbness. The face and neck always feel numb after facelift and neck lift surgery. This improves with natural healing between six weeks and six months after surgery. Rarely, there can be permanent numbness in a localised area.

Uncommon Events

Scarring. Any incision in the skin results in a scar. Generally, with facelift and neck lift surgery, the majority of the incisions and resulting scars are discreet and can be hidden in natural lines and contours around the ears. There are genetic factors with healing. Scars are usually unattractive and of different colour than the surrounding skin. The final result of a healing scar is twelve to eighteen months after surgery and the use of concealer make-up may be useful soon after surgery. Approximately one per cent of the population may heal with larger scars or keloid scarring which may require additional treatments to improve.

Haematoma- Is regarded as substantial bruise, a collection of blood. This can be the size of a golf ball or even larger. Research has shown this complication to occur in 8-12% of patients undergoing surgery. My modern techniques and anaesthesia have managed this risk factor and less than 1% of my patients have this complication.

Cysts. During healing a cyst may form along the incision and scar line or as a consequence of a stitch. If small these may spontaneously resolve, however sometimes they can persist and require a small surgical procedure to remove.

Rare Events

Infection. Infection is very rare after facelift surgery. The gold standard is to take antibiotics during the recovery period to protect against infection.

Motor nerve injury. Damage to a motor nerve is a rare occurrence after surgery but can result in droopiness to the lips or face. Temporary weakness as a result of stretching or swelling of the nerve is common and resolves between six weeks and six months. Permanent motor function injury is a rare event and every precaution is taken to avoid damage to a motor nerve. Occasionally it is necessary to use botulinum toxin to even the appearance of the face while the nerve function returns.

Asymmetry. The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a facelift procedure. All facelift surgery is aimed to provide an improvement but perfection is not possible.

Allergic reactions. In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and to prescription medicines. Allergic reactions may require additional treatment.

Hair loss. Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is rare and not predictable. Usually, hair loss is temporary, however it may be permanent.

Final Result/Delayed healing. Wound disruption or delayed wound healing is possible after facelift surgery. Some areas of the face may not heal normally or may take a long time to heal, and areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue. Delayed healing may be associated with specific risk factors that include smoking and diabetes. The final result from facelift surgery is twelve months after surgery. The final result from revision facelift surgery is from twelve to eighteen-months.

Unsatisfactory result. There is the possibility of an unsatisfactory result from the facelift surgery. This would include risks such as unacceptable visible deformities, loss of facial movement, wound disruption, and loss of sensation. There is always a

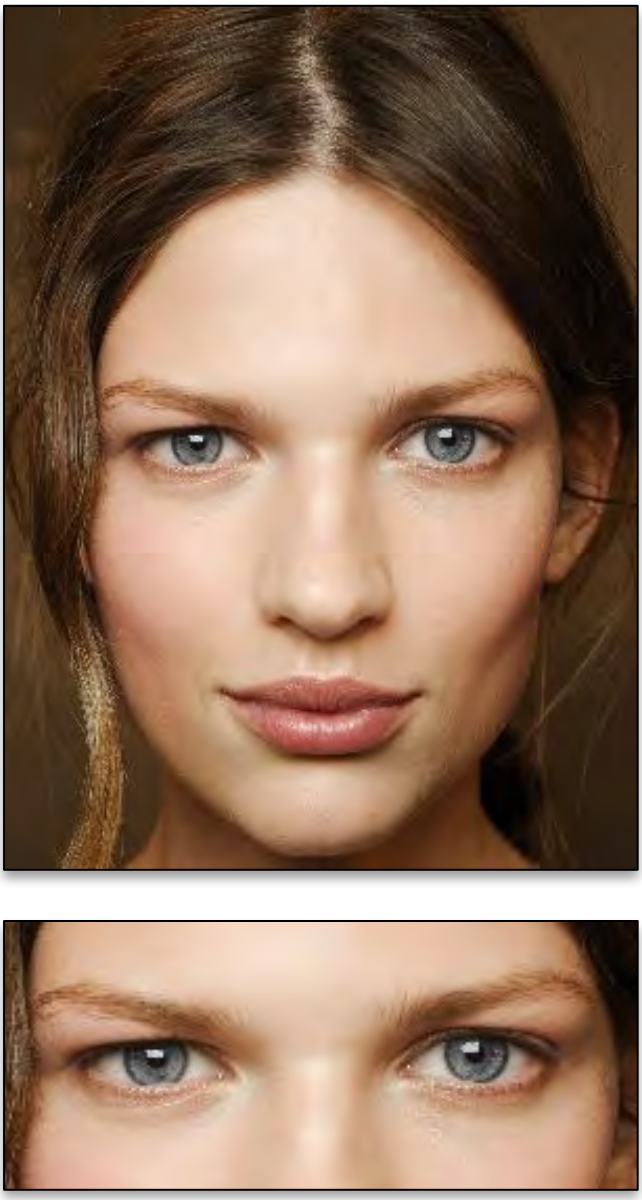
possibility of disappointment with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

6.10. What will facelift & neck lift not improve?

As with many aspects of life, there are some aspects that can be greatly improved, some that are more challenging and some simply impossible. This chapter discusses some of the limitations of surgery.

Facial Symmetry

Even the most beautiful actors, actresses and models have a degree of asymmetry. This is normal. Although eyelid symmetry can be improved with blepharoplasty it cannot be made perfect. Often there is a difference in the sizes and shapes of the underlying bones of the skull and there is no surgery that is able to give perfect symmetry.



This is an image taken of a model from a glossy magazine. At first glance she has a beautiful, well-proportioned face. However, when we look closely at her eyelids in

isolation, we can see a marked difference in the shape of her upper eyelids that creates an illusion of a smaller right eye.

Facial Lines

Deep facial lines between the nose and the lips (termed nasolabial folds) are not principally treated with facelift surgery. These lines are not corrected by lifting alone and may only be improved by 50%. Facial lines around the mouth (termed marionette and smokers' lines) are particularly challenging to treat with surgical and non-surgical methods and generally lines may only improve by 50%.

Skin quality

Thin skin can often be more challenging with facial surgery as there is a tendency for fine lines in the skin and visibility of underlying anatomy. Fine lines in the skin can be treated with additional treatments (including skin resurfacing, nano fat transfer, platelet rich plasma and retinol). Thin skin is more challenging in areas such as the neck as it unmasks the underlying anatomy which can include the platysma muscle or salivary glands. Expectations for improvement in patients with thinner skin are important to discuss prior to surgery.

Bone Structure

Underlying weak bone structure may be at the root of some changes in facial ageing, including weak chin and cheeks. These can be enhanced at the time of facelift surgery in the form of implants (chin, cheek) or fat transfer. For example, a small chin and weak jawline can be enhanced with a chin implant to improve facial balance and harmony.

Fine lines and wrinkles

The presence of fine lines around your eyes can reflect a combination of skin type and thickness. Fine crêpe lines are associated with thin skin and can be exaggerated with movement. Blepharoplasty can improve these lines but will not be a complete solution for thin skin and the lines will require additional combination treatments.

7. Combined with Facelift & Neck Lift Surgery

Ageing changes occur as a consequence of genetic and environmental factors and affect multiple areas of the face, including the skin, the soft tissues and the underlying bone. A facelift and neck lift procedure lifts and rejuvenates changes around the jawline and neck, removes loose skin and treats bands in the neck. Often a combination is required with other facial procedures to give a fully rejuvenated, natural-looking appearance.

Facelift and neck lift is commonly combined with other facial procedures including:

Upper third of the face

- Botox for fine lines at the junction of the brows, forehead and crow's feet.
- Brow Lift (hidden incision) or Temporal Brow Lift.

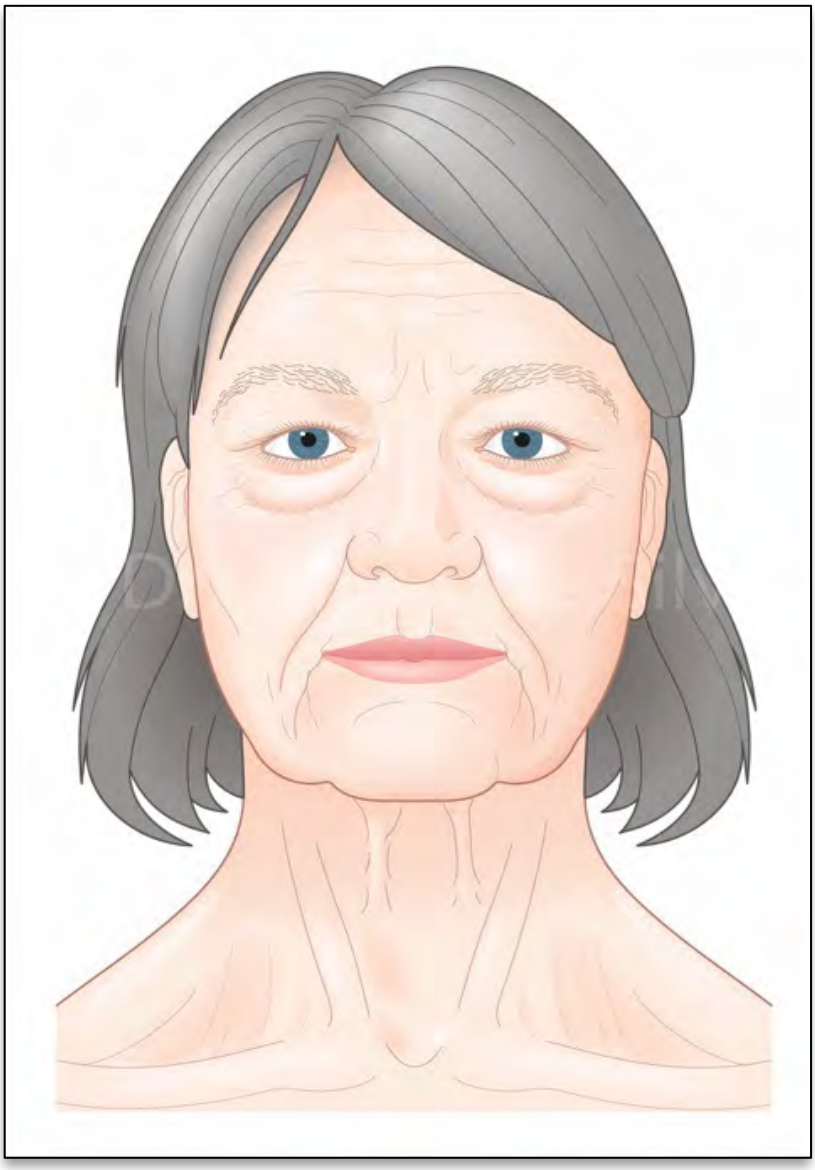
Middle third of the face

- Volume augmentation of the cheeks with fillers, fat transfer or implants.
- Fat-transfer to the mid-face and cheeks.

- Blepharoplasty/eyelid lift surgery
- Skin resurfacing for lines and deep wrinkles.
- Rhinoplasty/Nose reshaping
- Lip lift (Shortening distance between nose and lip)

Lower third of the face

- Face or neck lift procedure.
- Chin augmentation.
- Lip augmentation



Combination Treatments with Facelift surgery. Frequently the best results from Face and neck lift surgery require combination treatments that include Skin Resurfacing, Volume Replacement (fat transfer), Blepharoplasty & Rhinoplasty.

7.1. Fat Transfer

One of the commonest changes associated with facial ageing is loss of facial volume. This can result in shadows or depressions in the face. Common areas of volume loss include between the eyelid and the cheek (termed tear trough), between nose and lips (termed nasolabial folds), corners of mouth (termed marionettes) and the temples. We know that from the age of forty there is a natural loss of fat volume in the face, although this does not correspond to fat gain, which is common elsewhere in the body. The characteristics of volume loss are often exaggerated in people with naturally thinner faces or those who engage in high levels of aerobic exercise and fitness work.

In facelift surgery, loss of volume may be effectively corrected with autologous fat transfer. The use of fat stem cell transfer enhances the result by improving facial volume and skin quality. Implants are effective for deficiency of underlying bone structure.

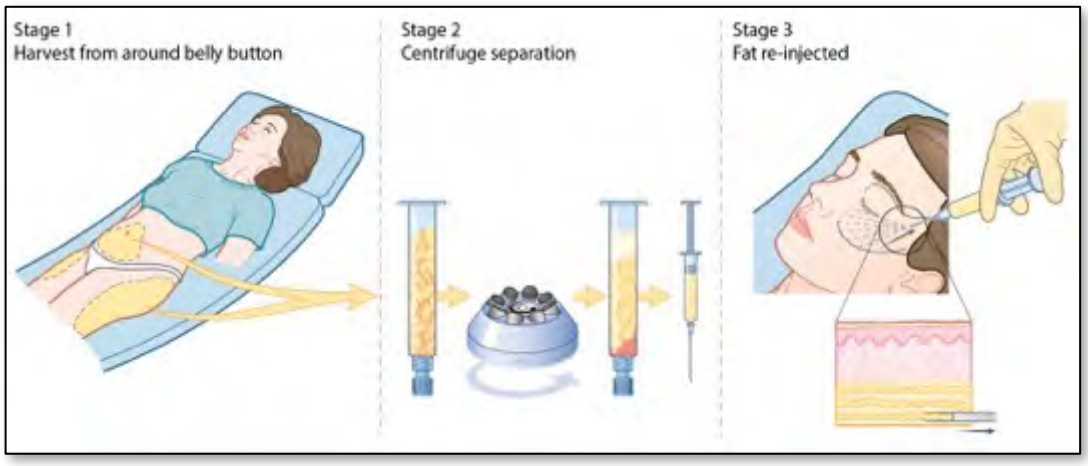
One benefit of autologous fat transfer to the face is that your fat naturally contains a high concentration of stem cells. These tend to have a beneficial effect on skin rejuvenation, improving the tone and texture of your skin. Fat stem cell technology is currently one of the latest trends and innovations in this area of medicine

I frequently use fat transfer in facelift surgery, partly to add volume. In addition, the fat contains natural regenerative cells (derivatives of stem cells) which improve the quality of the skin and improve the results from facelift surgery. Key with fat transfer is to be conservative as many patients are concerned about having a puffy appearance and this can be avoided with conservative surgery. Fat grafting and cheek implants are two effective technique to rejuvenate the appearance of the lower eyelid and cheek at the same time as blepharoplasty.

How is fat transfer completed?

The process involves taking some fat from around the belly button, processing the fat to concentrate only the fat cells and inserting this into tiny amounts (termed micro-aliquots) into the ring depression. I use special micro-cannulas from the US to insert

the fat, avoiding incisions in the skin and placing it in precise locations in the face. I ask patients to bring an old photograph of when they were in their thirties to guide volume loss with ageing and enhancement. The fat is placed into areas that are specific to the individual, including the junction between the eyelid and cheek, cheek, eyebrows, glabellar, temples and lines around the mouth. In some individuals that have hollowing of the upper eyelid and deep sulcus, fat can be used to effectively rejuvenate their appearance by placing a micro-aliquot of fat in the upper-eyelid sulcus, restoring a fuller brow associated with youth.



The process of fat transfer includes harvesting the fat from around your belly button, concentrating the micro-fat cells, then artistry in applying the fat to places in the face where volume has been lost with facial ageing.

This patient had noticed an increasingly tired appearance as a consequence of facial ageing around her eyelids with lower eyelid bags and dark ring below the eye. I completed upper and lower blepharoplasty (hidden incision) with fat transfer and laser skin resurfacing. After surgery the patient has a more refreshed appearance with smooth lower eyelids.

7.2. Skin Resurfacing

Skin acquires damage in the form of lines, wrinkles, pigmentation dark spots and increased pore size. Depending on skin tone and ethnicity, most people acquire damage to their skin as a result of natural ageing, sun damage and other factors (e.g., smoking). Skin resurfacing improves the quality of your skin by stimulating newer fresher skin to replace the damaged skin. The degree of skin resurfacing can be modified to suit both your skin type, expectations and recovery time. The benefit of skin resurfacing is an improvement in the quality of your skin, which includes a reduction in fine lines, wrinkles, pigment changes and pore size. Skin resurfacing is a treatment to the skin that results in a fresher, more youthful appearance to your skin.

There are different types of skin resurfacing and broadly speaking they can be divided into non-surgical and surgical treatments. Patients with early signs of ageing that may be limited to mild sun damage, may be effectively treated with light skin resurfacing that include mild to moderate peels and microdermabrasion. These have a fast recovery time and provide a mild improvement to skin appearance. Laser skin resurfacing is considered the gold standard and is more powerful than most peels as the laser stimulates collagen production within the skin.

I invest in in the latest in technology to offer my patients the most effective and fastest-possible recovery. The latest CO2 Fractional Laser equipment promotes faster recovery than older technology. The Fractional CO2 Laser penetrates deep into your skin and provides heat to stimulate collagen production, and the superficial component of the laser is effective for more superficial rejuvenation and softena the fine lines and removea pigmentation from the top layers of skin. The laser's design treats the skin with precise control and can be tailored to a specific problem and allotted downtime. For fine lines and superficial sun damage, a single procedure can produce significant results with a faster recovery. Fractionated CO2 technology differs from the previous technology as it is a single treatment that delivers more dramatic results than older non-ablative lasers.

I often use fractionated CO2 laser resurfacing in conjunction with other facial cosmetic surgery to improve the results. The laser improves the appearance of the skin by reducing lines, wrinkles, sun damage, brown spots, acne scars and provides improved tone, texture and skin tightening.

Modern Laser Resurfacing uses the latest technology to improve effectiveness and reduce recovery time.

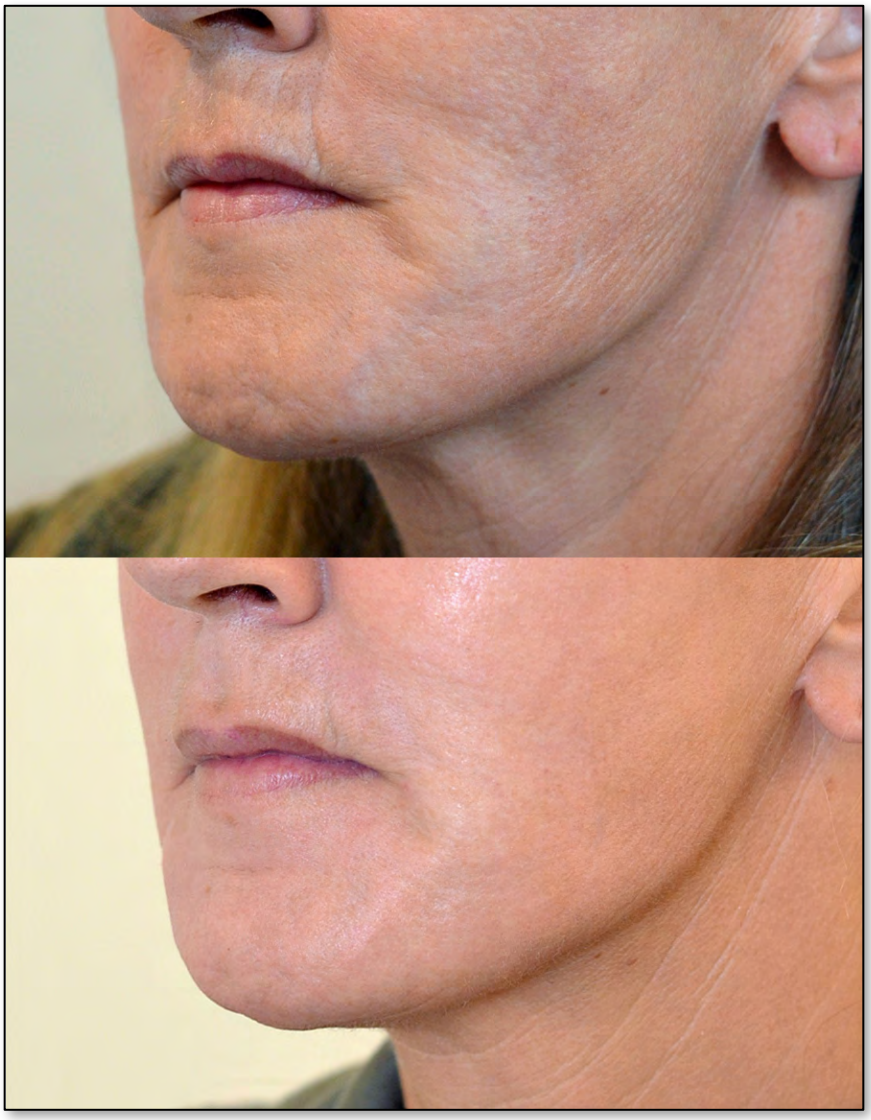
The skin around the eyelids often has wrinkles, lines and changes in colour as a consequence of accumulated damage including sun damage, environmental damage (e.g. smoking) and facial ageing. Fine wrinkles may be smoothened, skin quality improved, and the skin tightened slightly with skin resurfacing techniques. Skin resurfacing needs to be tailored to the skin type of the individual and includes the use of chemical peels and more advanced laser resurfacing.

Laser skin resurfacing is an effective technique for rejuvenating the skin for treatment of:

- Wrinkled or sun-damaged facial skin.

- “Crow’s feet” lines around your eyes and some skin laxity in your lower eyelid area.
- Fine wrinkling of your eyelid skin.
- Pore size.
- Brown spots or blotchy skin colouring.
- Acne or chicken pox scars.
- Superficial facial scars from a past injury including surgery.

I offer the latest laser technology for rejuvenation of your skin in combination with regenerative medicine (growth factor technology). This enables a higher level of laser to be used and at the same time reducing the recovery time. Traditionally, advanced laser treatments resulted in almost six months’ recovery, but using our latest technology this can be reduced to two weeks.



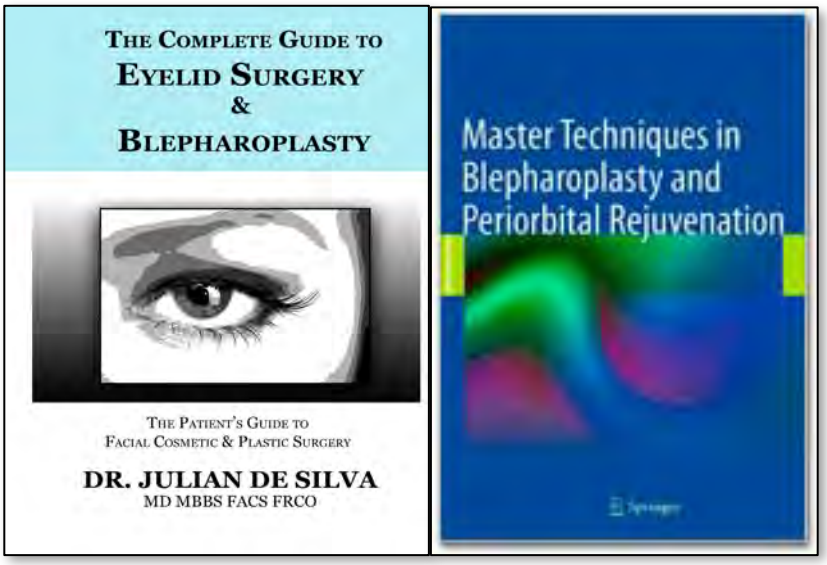
This patient had numerous fine lines and wrinkles coupled with enlarged pores and pigmentation. She underwent combined laser skin resurfacing with facelift surgery. After surgery the quality of her skin has been improved with a smoother appearance and reduction in fine lines and pore size.

7.3. Upper blepharoplasty

The eyes are the first centre of attention when people meet, and any small imbalance or asymmetry is readily observed. Heavy upper eyelids, dark circles or bags around the eyes often leads to a tired and aged look. Although these changes are usually associated with ageing, some people develop changes around their eyes from their late teens. The detail around the eyes is of substantial importance, as subtle changes of even less than half a millimetre can be discernible between the right and left sides. I customise my approach to eyelid surgery based on the patient's facial balance and in most patients, scars can be hidden with surgical techniques to give the most natural-looking results.

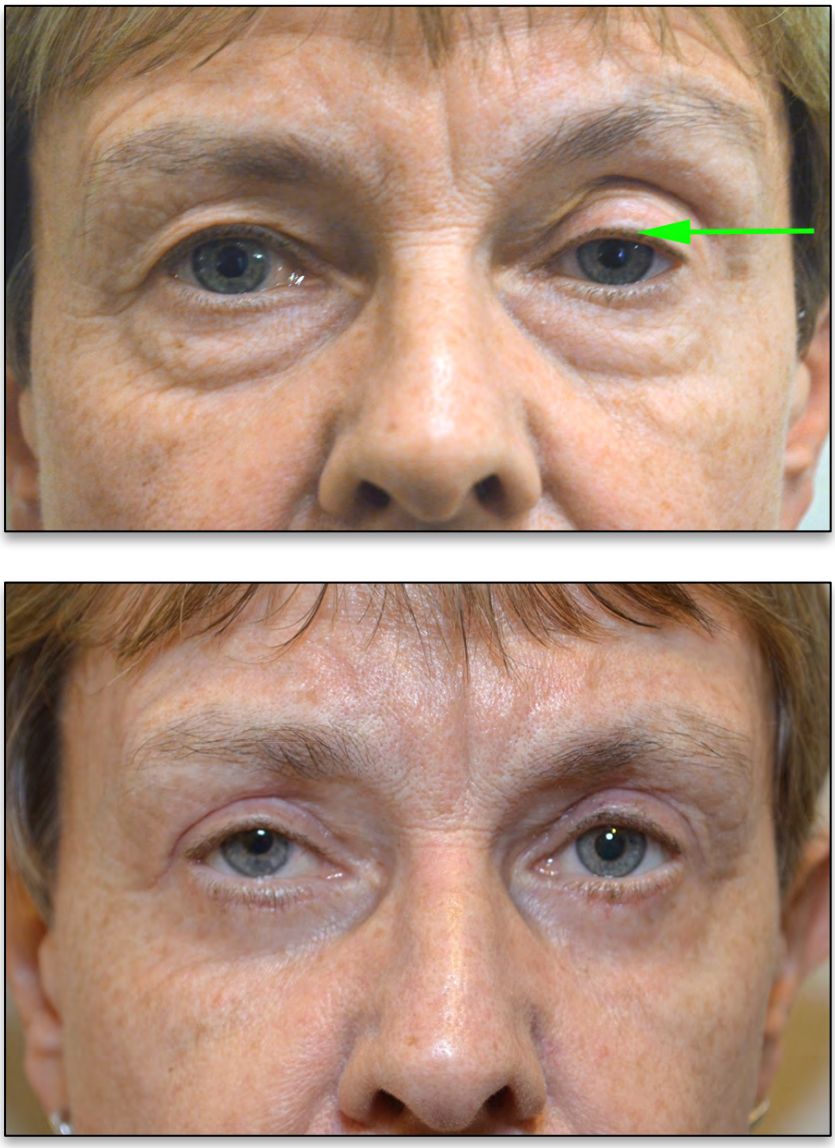
Blepharoplasty surgery (also termed an eyelid lift) often substantially rejuvenates facial appearance, makes you look less tired and can roll back between five and ten years. As we age, the skin and muscle associated with the eyelids tends to loosen, producing bags or dark rings that may make us look old and tired. In addition, tissues that separate the cushioning orbital fat that surrounds the eyeball become weak and fat protrudes into the eyelids, forming bags under the lower and upper eyelids. In several cases, the excess tissue can also obstruct vision.

I commonly complete blepharoplasty with facelift surgery. The recovery time is similar to facelift surgery and by completing at the same time, there can be a more substantial rejuvenation. Most patients have minimal discomfort or pain after blepharoplasty and the main aspect of healing is swelling. I often combine the procedure with biotechnology such as plasma-rich-protein, in order to enhance the result, speed up healing and reduce dark circles.



Dr .Julian De Silva has authored multiple book chapters on blepharoplasty and the latest innovations in cosmetic eyelid surgery.

Click here for more information about upper blepharoplasty



This patient had noticed an increasingly tired appearance. Upon examination, Dr. De Silva noted that she had loose upper eyelid skin, fat bags in the lower eyelids and a droopy left eyelid as a consequence of ptosis. She underwent upper and lower blepharoplasty with fat transfer and laser skin resurfacing and left ptosis correction (hidden incision technique). After surgery, the patient has a more refreshed appearance with more symmetrical eyelids.

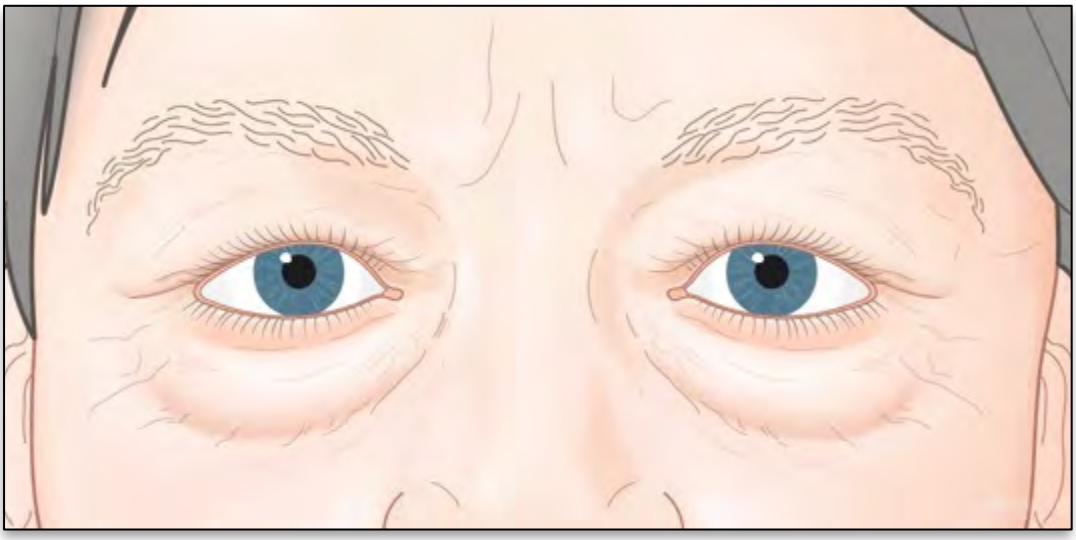
7.4. Lower blepharoplasty

Common changes that patients notice in the appearance of their lower eyelids include:

- Bags or swelling in the lower eyelids (orbital fat).
- Multiple folds and loose lower eyelid skin.
- Dark circles around the lower eyelids (multifactorial).
- Laxity in lower eyelid.
- Asymmetry between the lower eyelids.

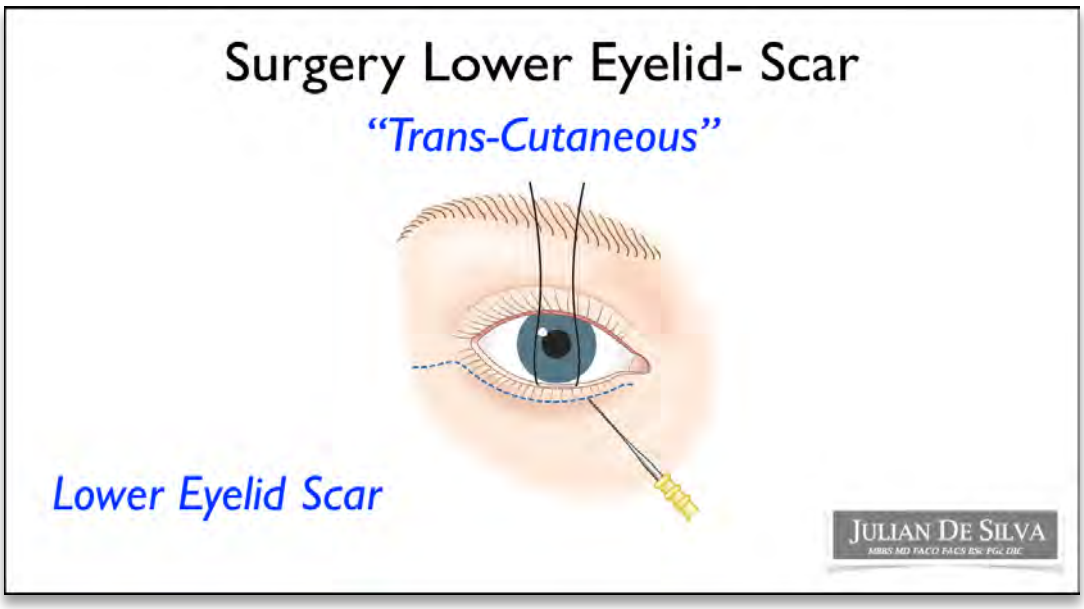
Depending on the changes above, the individual requirements for lower blepharoplasty differs for each individual. Common requirements include removing the fat from the around the lower portion of the eye. This fat generally causes bulges around the eyes as we age. There are two techniques in which lower blepharoplasty is completed: the first is the older technique with a scar through the skin and the second newer technique is from the inside of the eyelid, avoiding a scar.

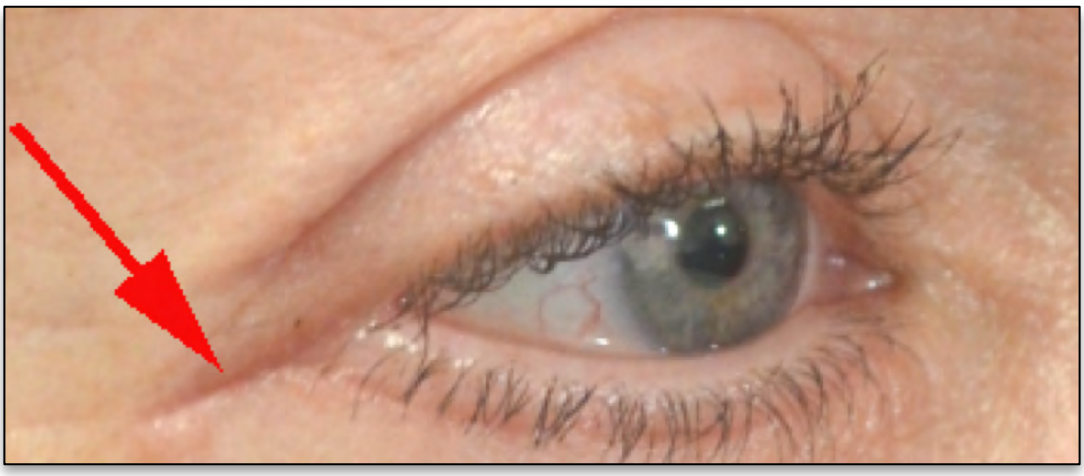
Although bags in your lower eyelids are generally associated with ageing, there is a genetic component that can result in lower eyelid bags at a much younger age, even in late teens and early twenties. Commonly, there are anatomical reasons for having eyelid bags at a younger age, including the position of your eyelid in relation to your cheek (termed negative vector). Although youth is not a reason to avoid surgery, it does mean that additional precautions are required to ensure a good surgical result.



Common changes that patients notice in their lower eyelids with facial ageing include bags or swelling (secondary to fat), dark circles, loose eyelid skin and asymmetry.

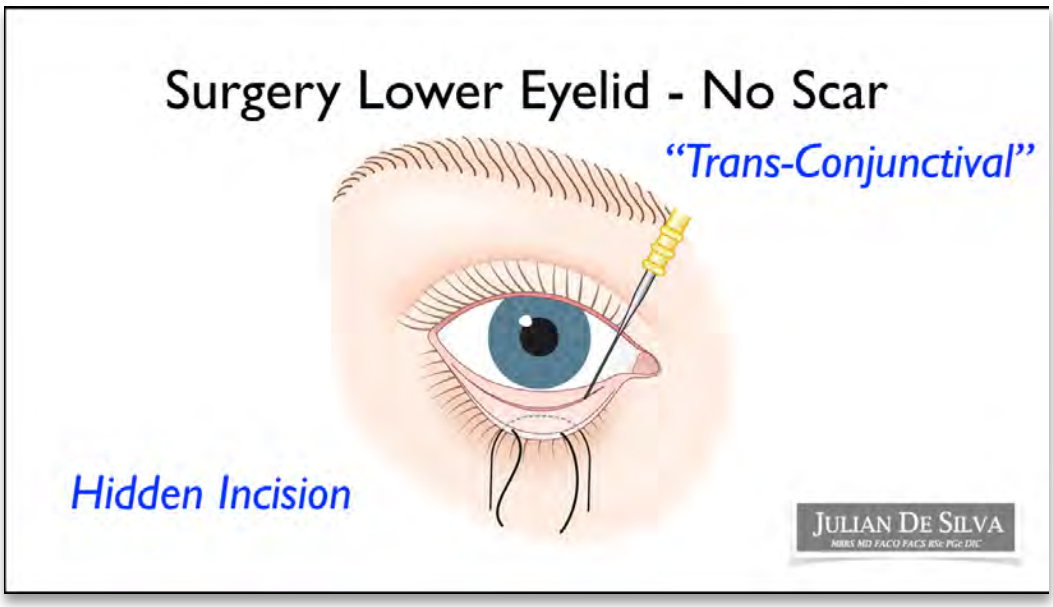
Skin incision (termed transcutaneous) technique. The incision and resulting scar are just below the lower-lid eyelashes (termed transcutaneous). Within several weeks, this scar is hidden by the eyelashes of the lower eyelid. The eyelid skin is unique in that it is very thin, and patients who are predisposed to scarring may have keloid scars. However, these are rare. In addition, this simpler technique may have an increased risk of changing the shape of the lower eyelid, resulting in lower-lid retraction or rounding of the lower eyelid.



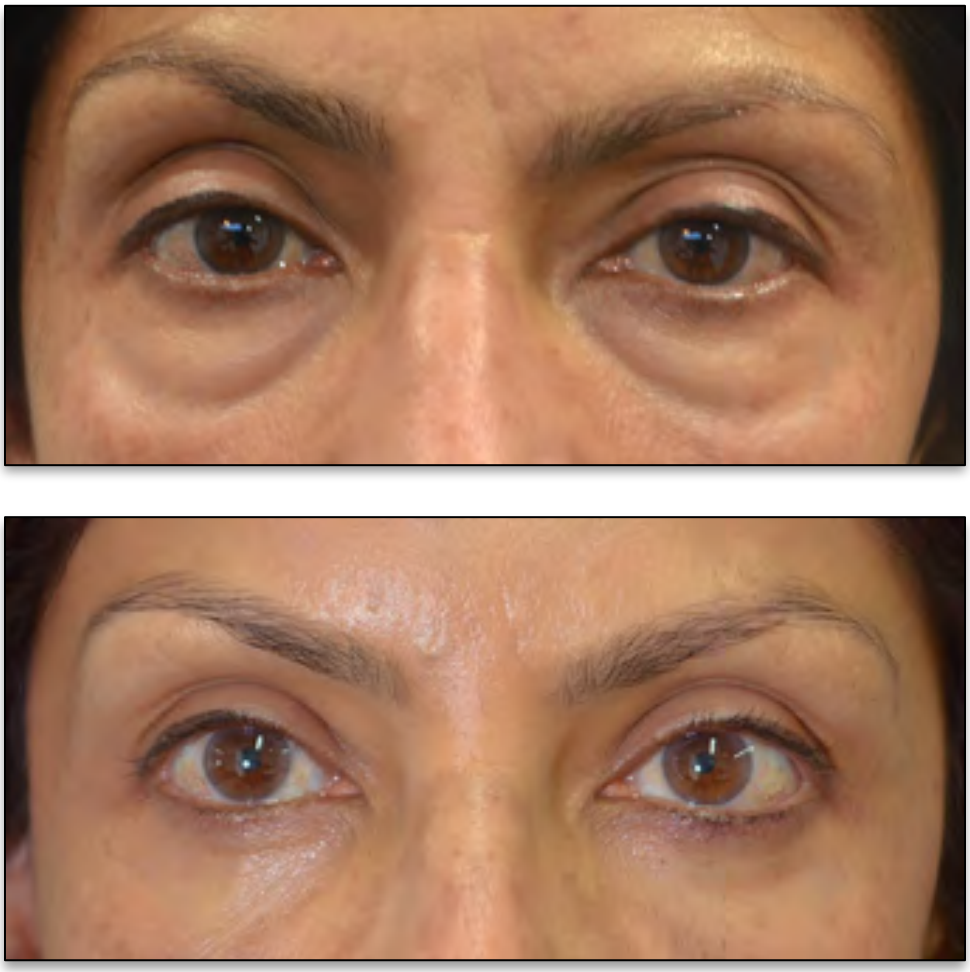


The older technique for lower blepharoplasty requires a scar beneath the lower eyelid. Worldwide, this technique is still used more commonly than the newer hidden scar (transconjunctival) techniques. The newer method is favoured by Dr. De Silva in over 95% of patients to avoid a scar and ensure a faster recovery and a natural-looking result.

Hidden incision (termed transconjunctival) technique. In this surgery, the incision is placed in the conjunctiva (termed transconjunctival) of the eyelid, in which case it is completely hidden. The transconjunctival technique accesses the lower eyelid from the inside of the eyelid, leaving important anatomy (including the skin, orbicularis oculi muscle and orbital septum intact). The technique is more challenging to perform but avoids a scar and is safer. I prefer to utilise the more hidden incision technique to avoid visible scars in the eyelid in the majority of patients. In all patients, there are unique variations in eyelid appearance and surgery should be tailored to the individual.



With the more modern technique for lower blepharoplasty, the scar is hidden on the inside of the eyelid (transconjunctival technique), resulting in faster healing and recovery. The new technique is more challenging and requires additional technology and more experience than the old technique.



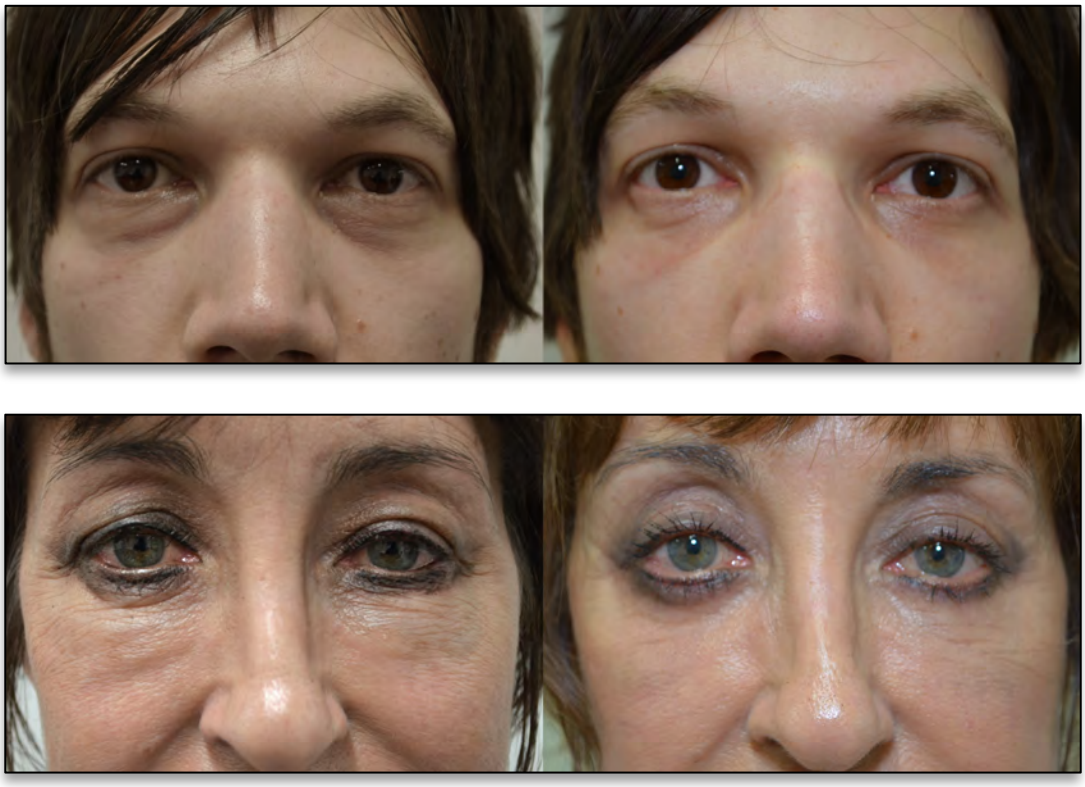
This patient had noticed an increasingly tired appearance as a consequence of facial ageing around her eyelids with lower eyelid swelling and bags. Dr. De Silva completed lower blepharoplasty (hidden incision) with fat transfer and laser skin resurfacing. With hidden incision surgery, there are no scars visible from the surgery, and the lower eyelid looks smooth and rejuvenated.

There is a degree of artistry in lower blepharoplasty, and the key to the surgical technique is removing the optimal amount of fat. If too much is removed it results in a hollowed-out appearance to the lower eyelid, whereas too little fat results in residual fat bulge. There are additional surgical refinements that are used in conjunction with lower eyelid surgery to enhance the results. These include: support of the eyelid (termed canthopexy or canthoplasty), volume replacement (termed fat transfer) and skin rejuvenation (CO_2 laser resurfacing) that are tailored to the individual.

During blepharoplasty, there is controversy between surgeons as to whether the fat should be removed or repositioned (termed tissue-sparing blepharoplasty), since removal of excessive fat may result in a hollowed appearance that is unsatisfactory and difficult to treat. The optimal technique for a patient does depends on the individual patient, their eyelid characteristics, genetics and ethnicity. No two people have identical eyes and facial ageing is dependent on many individual factors. My preferred technique is a conservative approach to transpose fat immediately below the eyelid at the cheek, termed fat transposition. In patients who have a large volume of fat prolapsing forward, both the transposition of some fat and excision (surgical removal) of the remaining fat may be the preferred option. A more contemporary concept in lower blepharoplasty is the preservation of the orbital fat. Traditional techniques favoured the excision of orbital fat. However, there is evidence that fat preservation with lower blepharoplasty results in more favourable long-term aesthetic results. The techniques are as above. However, the orbital fat is repositioned (termed fat transposition) over the inferior orbital rim in the tear-trough depression. The fat is secured over the orbital rim with an absorbable or non-absorbable suture. This procedure may be associated with more swelling and a longer recovery period. For some patients with deeper lower-eyelid ring, transposition of fat may be insufficient, and fat may need to be taken from elsewhere to fill the ring-like depression (termed fat transfer).

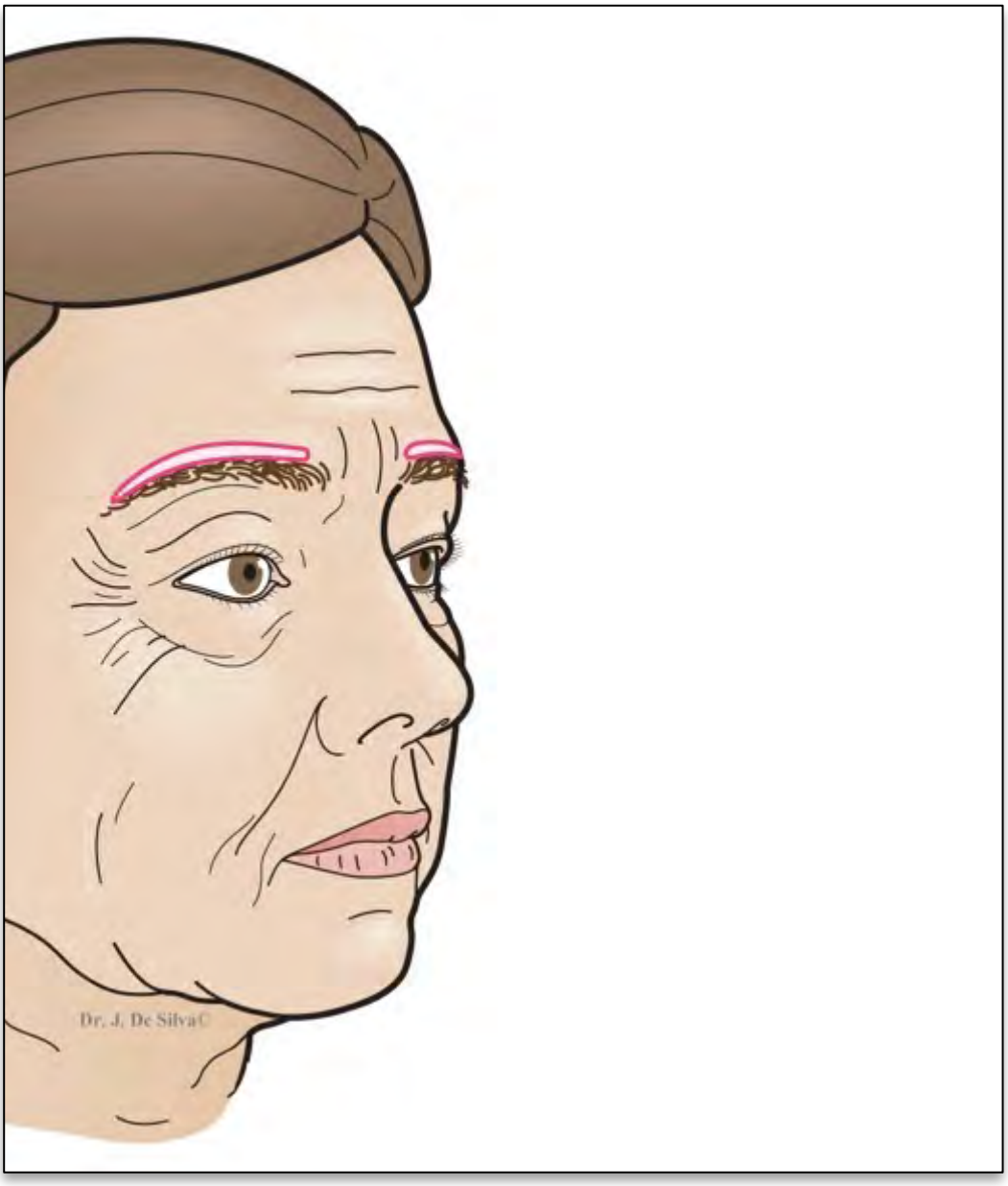
My preference is to use a hidden incision (termed transconjunctival blepharoplasty) in most lower eyelid cases as the surgery, although technically more challenging, avoids a scar in the skin. In the figure above, an incision is made on the inside lining of the eyelid with a specialised instrument (CO_2 laser or monopolar electrocautery machine) as this technology prevents bleeding, thereby reducing swelling and speeding up recovery. The soft tissues are then supported both superiorly and inferiorly to enable the fibrous septum to be seen in the lower eyelid.

Click here for more information about lower blepharoplasty



The lower eyelids of these two patients had a ring-like shadow and dark circles. Both had undergone previous filler to the eyelid by other clinicians. Dr.De Silva completed lower blepharoplasty with fat transposition and transfer with the use of platelet rich plasma. After surgery, both patients were very happy with a more refreshed appearance and smoother lower eyelids.

7.5. Brow Lift



A droopy brow is characterised by your eyebrow sagging downwards, which can create more fullness in the upper eyelid and a more tired appearance. With time, compensatory facial expression may result in use of the forehead muscles to lift the eyebrow resulting in deep forehead lines. A Brow Lift is a procedure that lifts the eyebrow, restoring your brow to its natural position, creating a natural rejuvenation.

With respect to facial anatomy there are measurements and positions of the eyebrows that are regarded as normal. In women, a youthful feminine brow is considered to be at the level of, or above the upper bony margin and that has a higher arch towards the outside tail of the brow. With facial ageing there can be descent of the brow as a combination of gravity and facial expressions that results in a lower and flatter brow. In men the eyebrow position in youth is lower than in women and has a flatter shape.

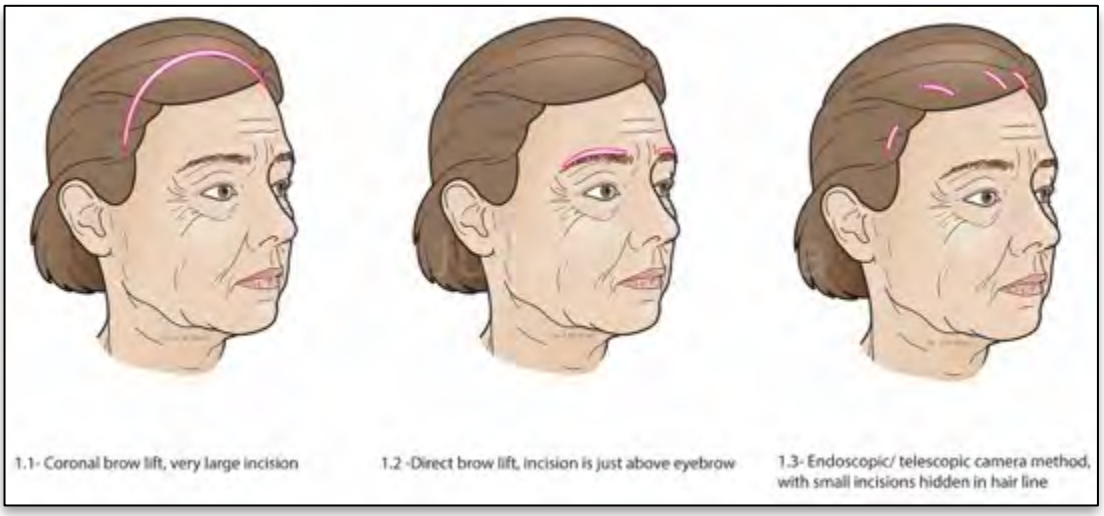
Although we know these are common positions of the eyebrows, the natural position of the brow is very variable, and any brow lift procedures need to be customised for an individual based on their unique changes with facial ageing.

Brow and forehead lifting has three principle techniques:

1. Coronal Brow Lift. This is an older plastic surgery technique that involves a large incision from one ear to the opposing ear. Although effective in lifting the brow, it has a long recovery time and implications for visible scarring.

2. Direct Brow Lift. A technique utilising scars immediately above the eyebrows. Although effective, it is only suitable for specific individuals as it can result in visible scars.

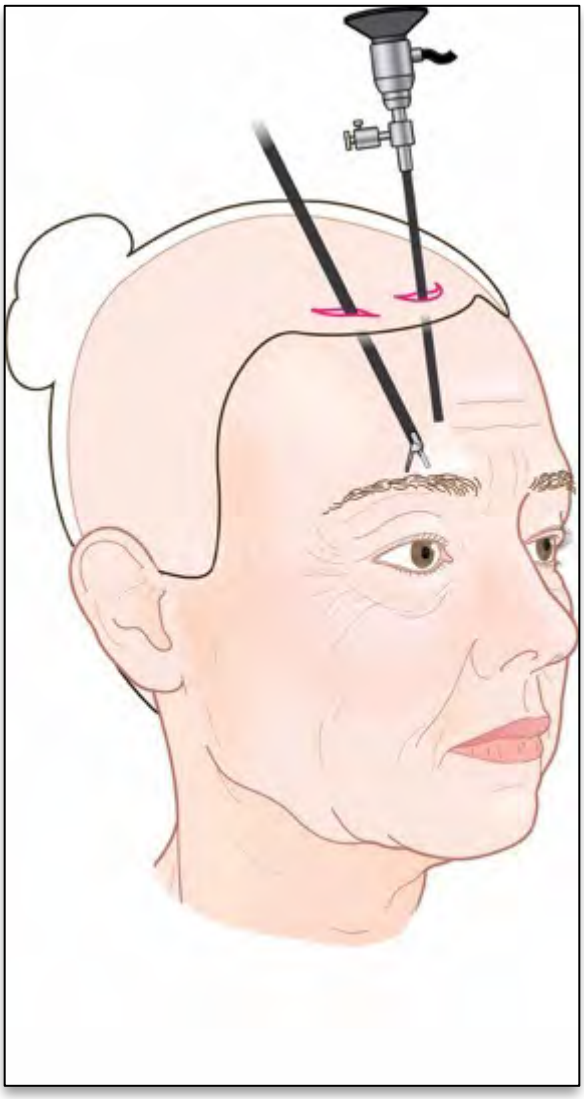
3. Endoscopic Brow lift. Small hidden incisions in the hair are used to lift the forehead. This enables hidden incisions and faster recovery than traditional surgical techniques.



There are three different techniques for brow and forehead lifting. Older and more traditional brow lifting techniques required large scars and long recovery, shown in the image as the coronal brow lift and direct brow lift. Modern brow lifting techniques hide small incisions within the hair, utilise 3D-telescopic camera technology and avoid the scars of older techniques.

Lifting the outside part of the brow, termed the temporal brow, preserves a natural appearance and lifts an area that commonly drops with ageing. A temporal brow lift is a common procedure that I complete with facelift surgery to improve the results. Endoscopic brow lifting utilises small incisions that are hidden within the hair and the use of a tiny camera to elevate the forehead with keyhole surgery. The camera enables the surgeon to see the anatomy underlying the forehead with specialist equipment. The technique is advanced and it requires great skill to lift the brow effectively.

The traditional techniques to lift the forehead and brow required a large incision in the forehead (Direct brow lift) or very large incisions in the hair line (Coronal brow lift from one ear to the other ear). Although these techniques were effective in lifting the forehead, they left noticeable scarring and were associated with greater downtime and recovery period.



To complete endoscopic surgery, the latest technology is required to give a 3D-telescopic image of the anatomy through a tiny skin incision.

The recovery from forehead lifting is dependent on the technique used. Utilising modern techniques and hiding small scars within the hair, the recovery is around two weeks. All patients will have some numbness in the forehead after the procedure, and this improves from six weeks. Most patients may return to normal activities including exercise between three weeks after the procedure. I use a signature technique with 3D-camera technology to enable the smallest incisions and fastest-possible recovery after forehead lifting.

In the past, brow surgery was over-used as a substantial proportion of people naturally have low eyebrows, including may famous actors and actresses. George Clooney, Tom Cruise, Nicole Kidman and Grace Kelly are a few of them. In people who always had low eyebrows it is unwise to advise brow lift surgery as this procedure can change a person's appearance by giving them a surprised look.

Grace Kelly had relatively low eyebrows in her youth. Dr. De Silva advises conservative measures in lifting the forehead and brow lift to ensure a natural appearance and avoid a surprised appearance.

A combination of brow lift surgery with facelift surgery and blepharoplasty to provide a natural rejuvenation. Dr. De Silva believes that key to a natural rejuvenation is a conservative approach to brow lift and blepharoplasty surgery.

7.6. Rhinoplasty

As the nose forms the very centre of the face, it is also key to facial harmony and balance. A natural-looking 'nose job' results in an appearance that is in harmony with both the patient's face, ethnicity and body type. Nose reshaping, termed rhinoplasty, is an operation of finesse and millimetres can make the difference between a natura-looking result and one that has the trademarks of surgery. Utilising specialized rhinoplasty techniques, a nose can be reshaped to result in an improvement that looks natural, only with a more refined appearance where the nose looks in balance with the rest of the face. Less is usually more when it comes to rhinoplasty. I have found that nose reshaping can bring improved harmony to a person's face which makes a significant difference on how a patient feels about themselves.

I believe that reshaping the nose to give a natural-looking result requires surgical intricacy to modify the size, shape, contours and definition of the nasal bridge and tip. Cultural variation is an important consideration in rhinoplasty as different ethnicities have distinctive anatomy that require ethnic rhinoplasty techniques to achieve a natural-looking result. Middle Eastern, South Asian, East Asian, African, Afro-Caribbean, Mediterranean and Hispanic ethnicities have distinct requirements.

For successful rhinoplasty, your surgeon needs to have a degree of obsession for the fine detail in the aesthetics of your nose and face to provide the best possible result. Reshaping the nose in a style that is natural while maintaining functional normal breathing is important. To discuss and plan surgery, your surgeon may be able to utilise computerised digital imaging to ensure that your expectations are consistent and in agreement with your surgeon's aesthetics.

Rhinoplasty is a technically challenging procedure and requires many years to perfect from a surgeon's perspective. The techniques have evolved over the past decade and modern procedures are substantially more advanced than those from even five years ago. I spent time in London, Los Angeles and New York, to become familiar with most contemporary techniques used by American colleagues.

Natural-looking rhinoplasty

A natural appearance of a person's nose is one that is in harmony with a person's facial characteristics and does not look out of place or out of character. A pinched or pointy tip, a scooped bridge or a nose that is too small are all signs of a rhinoplasty that bears the evidence of surgery. My aesthetic is a natural appearance with which, except for close family and friends, most people will not be able to tell that you have undergone surgery. Rhinoplasty is an artistic surgery and there are no absolute measurements or definitions that can determine the best result. Instead, it requires an artistic eye to interpret individual facial characteristics (e.g. ethnicity and facial balance) in order to deliver a natural-looking result. There are recognised contours in the nose shape, angles between the nose and facial characteristics that should be taken into account with nose reshaping.

Common appearances that patients notice in their nose and seek rhinoplasty for, include the appearances listed below. Each of these characteristics is discussed in further detail in the next chapter.

- Nasal hump or bump reduction.
- Nasal tip refinement.
- Droopy nasal tip.
- Droopy tip on smiling.
- Large, over-projected nose.
- Crooked nose.
- Wide nose.
- Wide, uneven nostrils.
- Septum and breathing issues.
- Small chin.
- Ethnic rhinoplasty.
- Pollybeak.

- Low nasal bridge.
- Hanging columella.
- Short nose.
- Over-narrowed pinched tip.
- Ethnic Rhinoplasty.
- Asian rhinoplasty.
- Afro-Caribbean rhinoplasty.
- Middle-Eastern rhinoplasty.
- Refinement or Celebrity rhinoplasty.

Nasal hump reduction reduces the size of a nasal hump on the bridge of the nose to make a nose both straighter and smoother. Following a reduction of your nasal hump, the bones of the nose require narrowing to provide the nose an improved shape and avoid a flattened nasal bridge.

Nasal tip refinement reduces a large box shape or irregular nasal tip, sometimes referred to as bulbous nasal tip. The nasal tip cartilages are refined and sculpted to give an improved shape and definition. The definition of the nasal tip is affected by the ethnicity of your nose and skin thickness at the nasal tip.

The correction of a **droopy nasal tip** involves lifting the tip of the nose. This is often combined with nasal tip refinement to improve the definition of the nasal tip. The optimal position of the nasal tip is specific to each individual and based upon your individual characteristics, such as height, ethnicity and gender. After surgery I expect your nasal tip to be one to two millimetres higher than its final position, and over a period of months after surgery, the tip will come to rest at its final position.

Nasal augmentation creates a more prominent and smoother nasal bridge to give a stronger, more even and proportioned nose. Often this is performed for patients who

have a small nose or have had a scooped bridge to the nose, sometimes called a ski-slope.

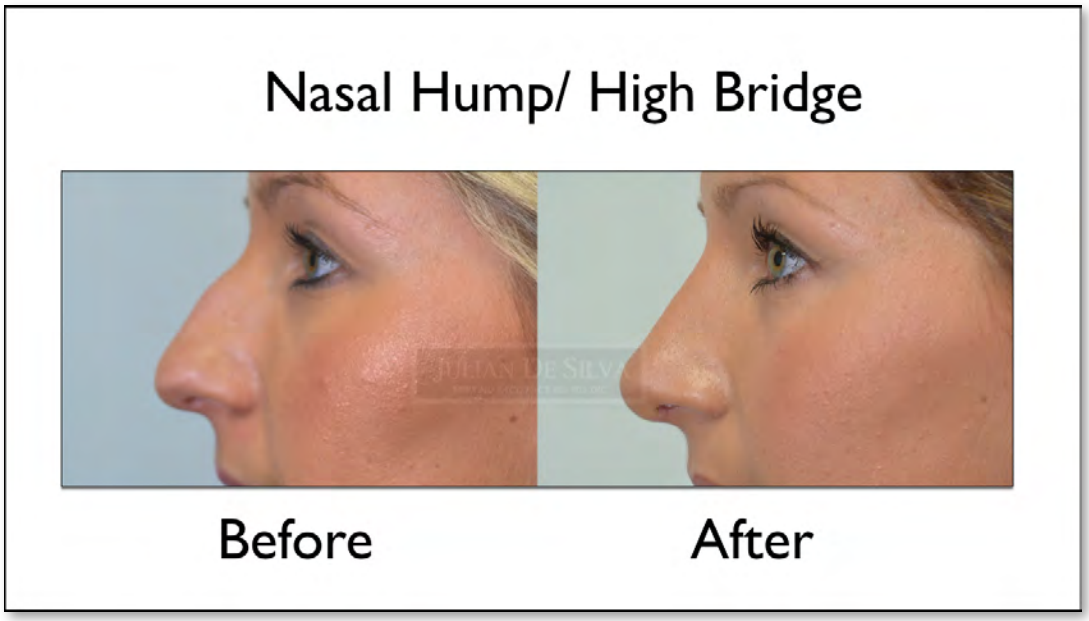
Nasal width reduction reduces the width of the nose in relation to your face. A wide nose results from a combination of genetics and ethnic characteristics. I hide the incisions on the inside of the nose and have a highly conservative approach to preserve functional breathing. Narrowing of your nose during rhinoplasty improves the appearance of the nose by improving its proportion to your face.

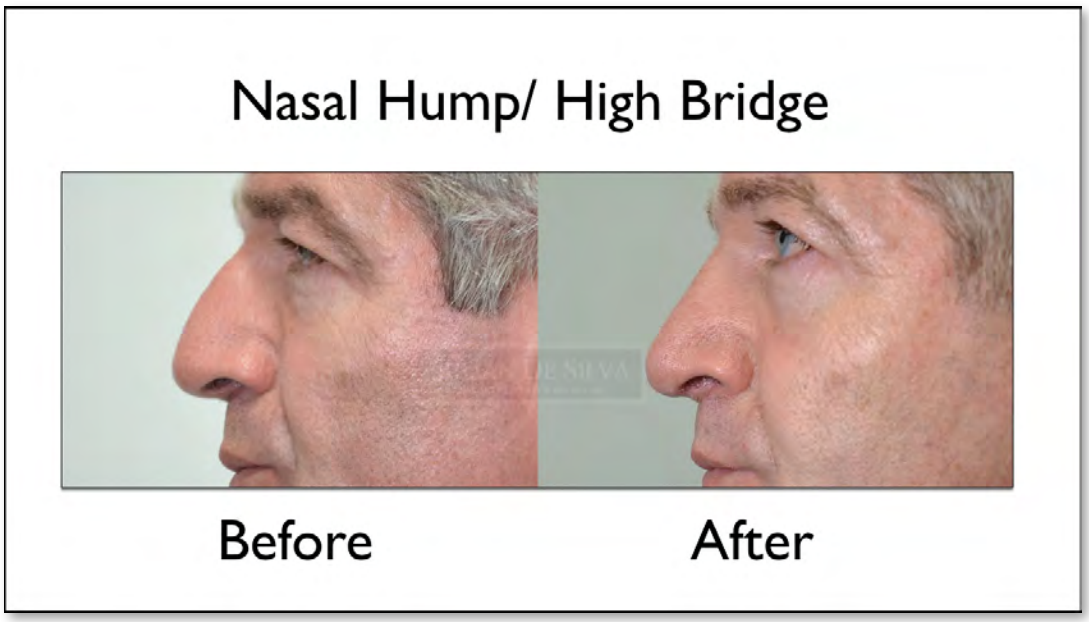
Ethnic rhinoplasty refers to surgery that is tailored towards improving the nasal shape and refinement with consideration to a patient's genetics and ethnicity. The nose is made up of skin, cartilage, soft tissues and bone, all of which have different characteristics based on your ethnicity. Rhinoplasty requires consideration of both your individual facial characteristics and ethnicity to obtain a result that is harmonious to your face.

Septal deviation refers to the central cartilage in the nose (this wall of cartilage tissue separates the right and left nostrils). A septal deviation often causes a crooked nose and may cause difficulty in breathing due to blockage of the airway. I correct a septal deviation with septoplasty in the majority of cosmetic rhinoplasties to improve or maintain the breathing of the nose.

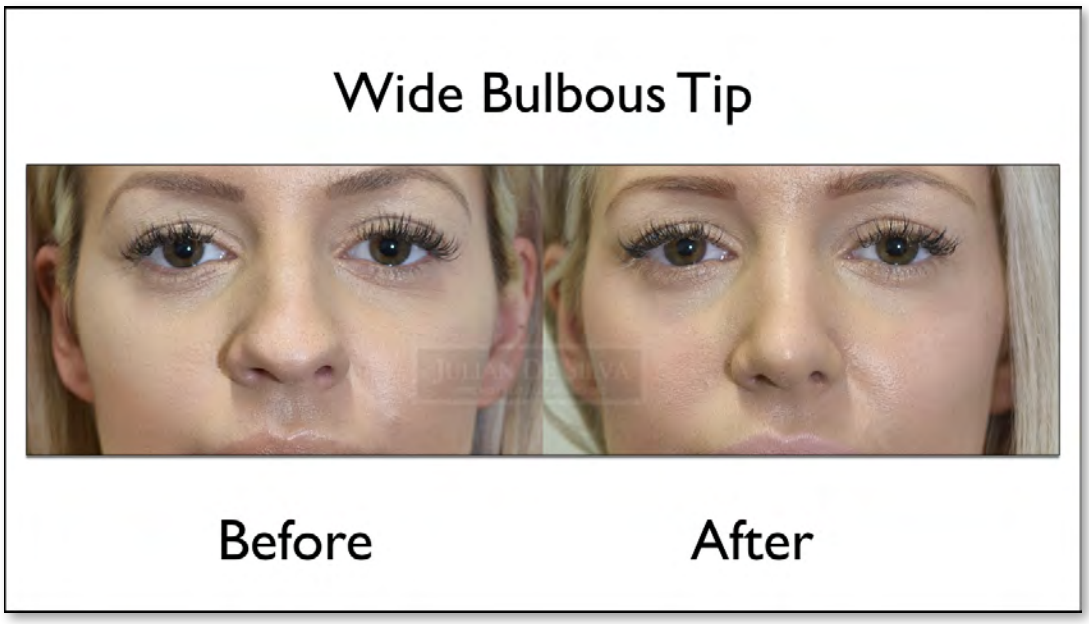
Click here for more information about rhinoplasty.

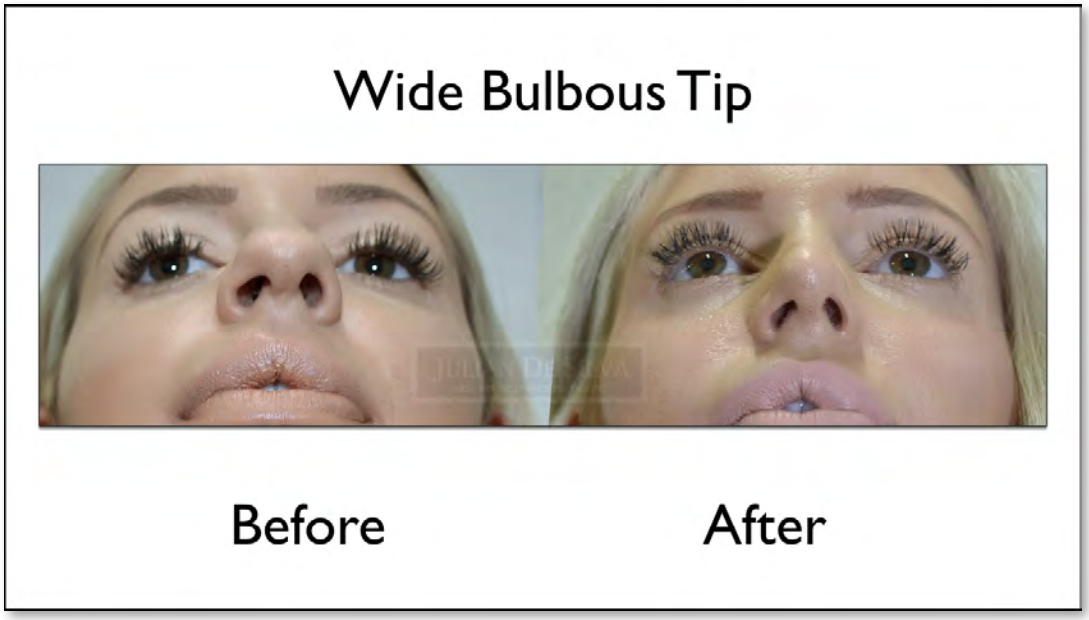
Common examples of Rhinoplasty



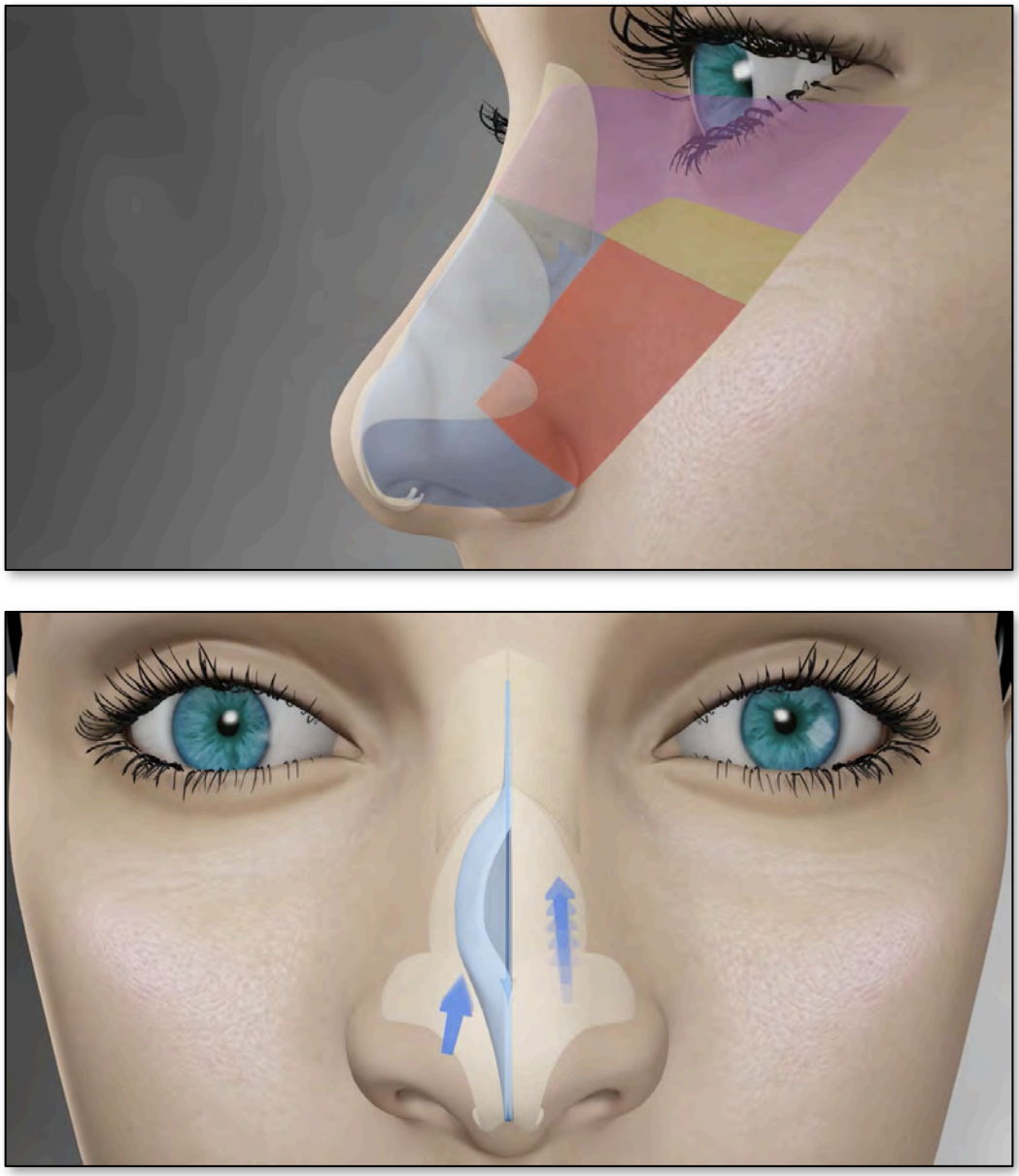


A hump on the bridge of your nose is one of the most common reasons patients look to undergo rhinoplasty. A nasal hump is often unflattering and can be particularly prominent in patients with thinner skin. The after photographs shows a natural rejuvenation of the nose with a shape that is in balance with the person's facial characteristics.

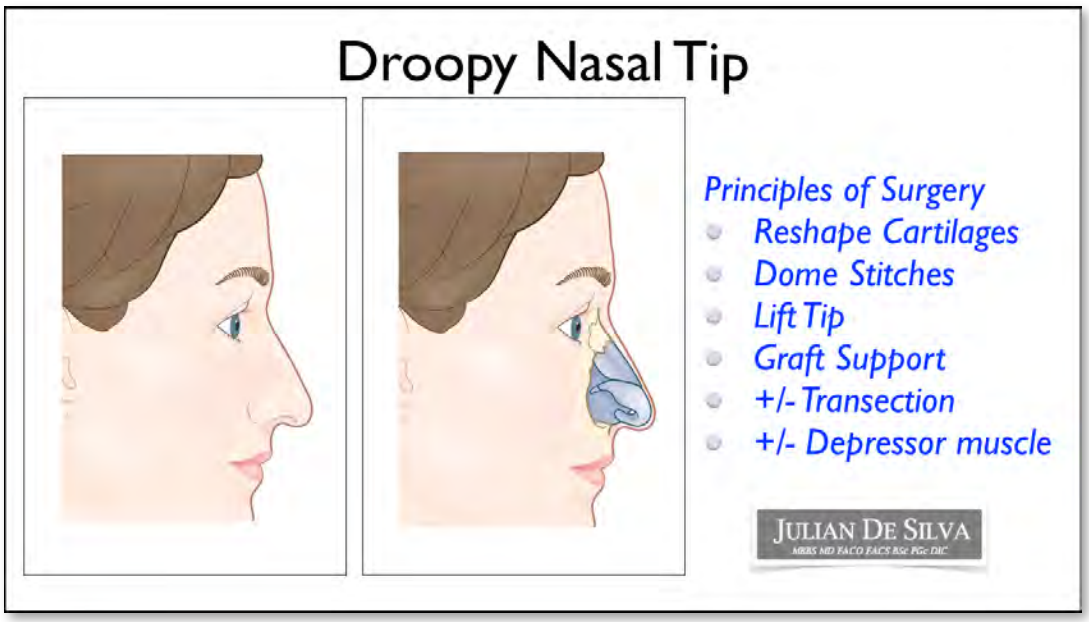


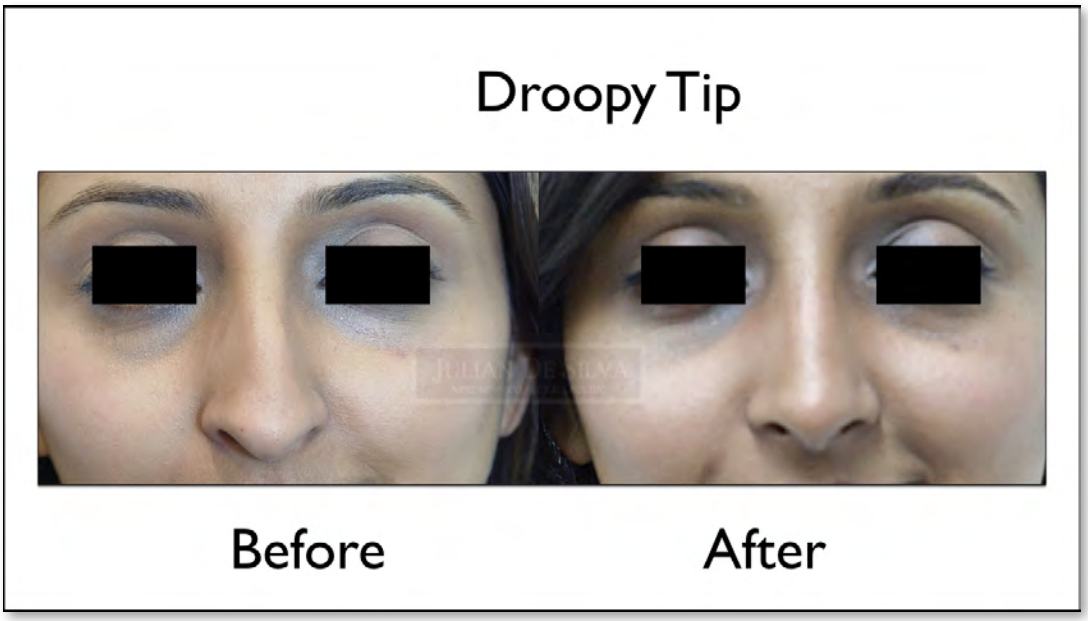


A more refined, elegant nasal tip is a common request from rhinoplasty. There are several common factors that can create an enlarged nasal tip, termed a "bulbous" tip. Dr. De Silva creates a more refined nasal tip by shaping and sculpting the lower lateral cartilages that are often too wide and asymmetrical. In addition, inserting special stitches (termed dome-binding sutures) will also help shape the tip further by creating additional definition. These dome-binding sutures can be used to reshape and define the nasal tip. In patients with thicker skin, additional techniques may also be required.



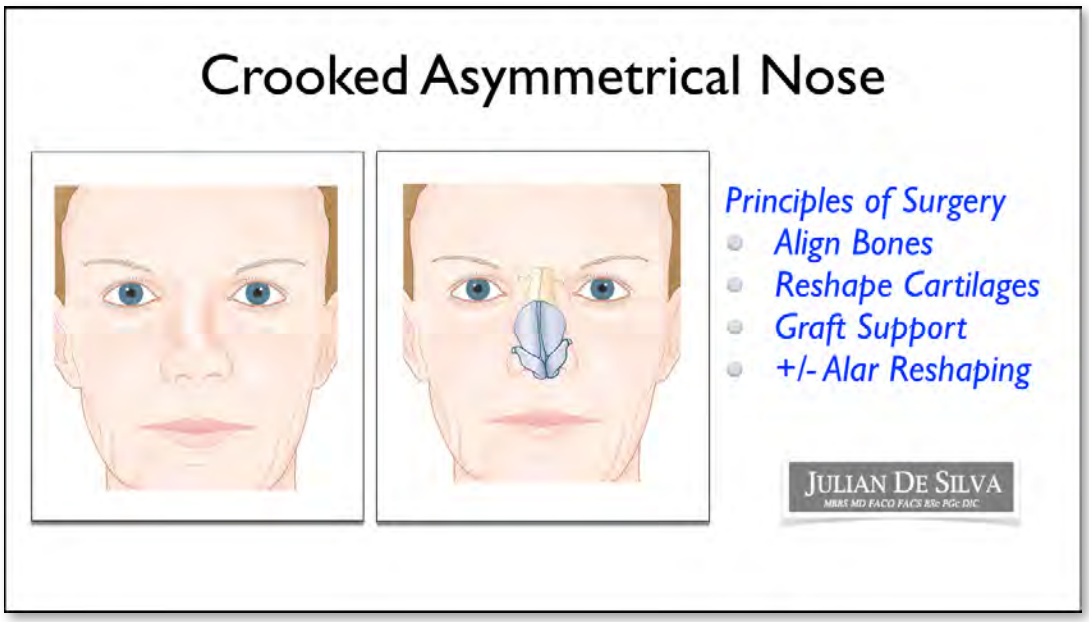
The septum is a cartilage plate that lies in the very centre of the nose. The septum is a wall of tissue that separates the right and left nostrils. The septum cannot be seen from the outside and a nose may look relatively straight but have a deviated septum inside. To improve breathing, the central part of the septum (shown in red) can be corrected at the same time as rhinoplasty. A deviated septum on the patient's right side shows the decreased air flow on the right side.

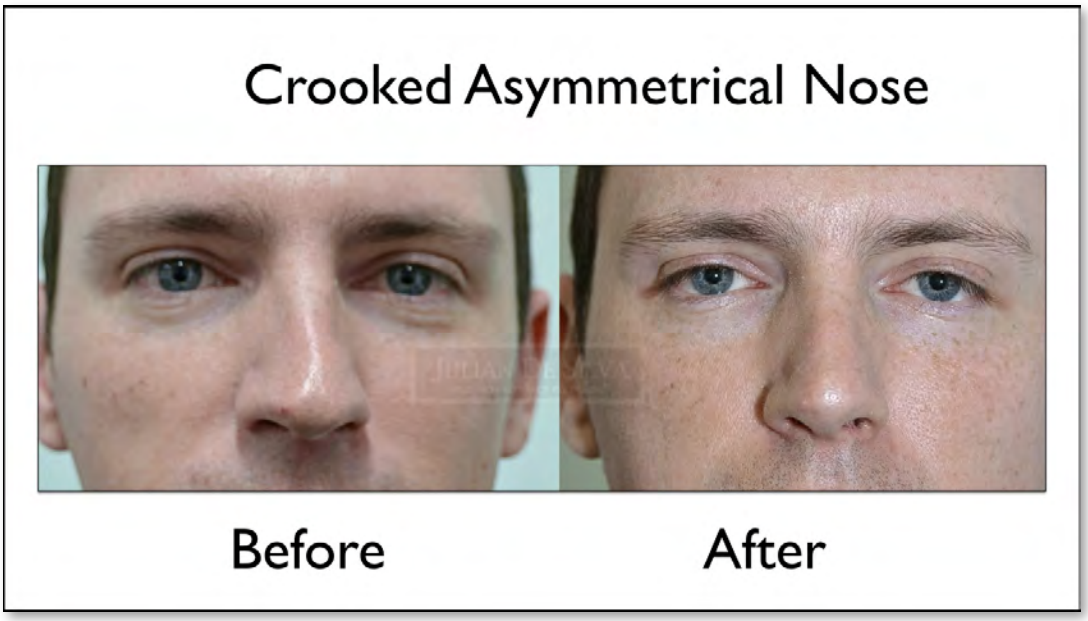




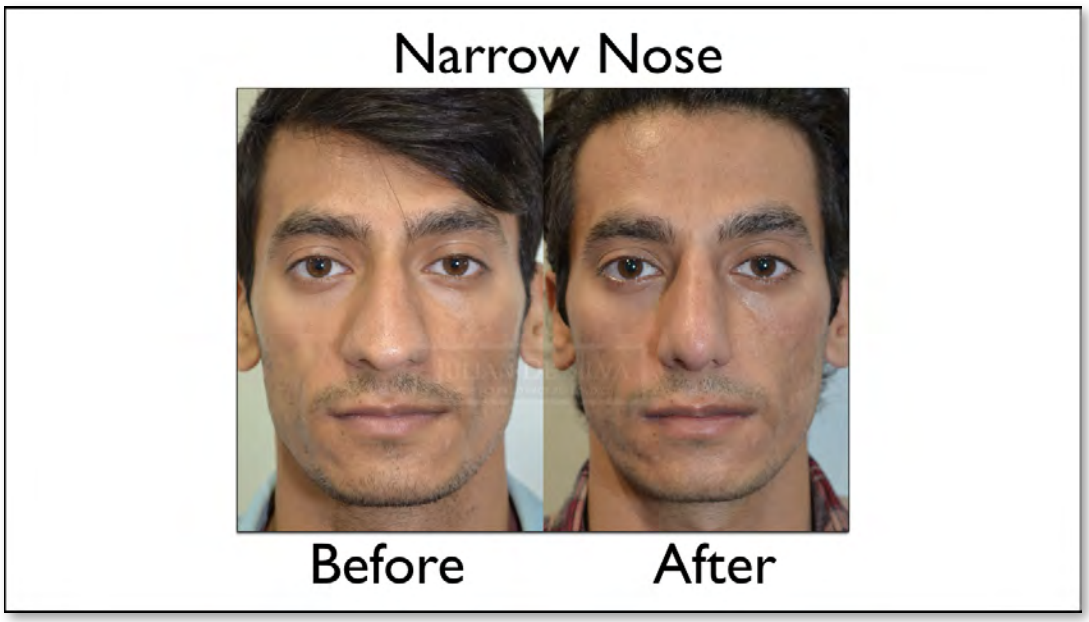
A droopy nasal tip is defined as a tip that is low with the nose appearing too long, and often dips down further on smiling. The tip may naturally be droopy, can be inherited from parents and can drop further with ageing or due to traumatic injury. Rhinoplasty can be used to reposition the tip in a more natural position by lifting the nasal tip. Care is required with this procedure, since the tip should not be over-lifted as this can result in an unnatural piggy-shaped nose. Artistry is required in ensuring that the tip is lifted to a natural position.

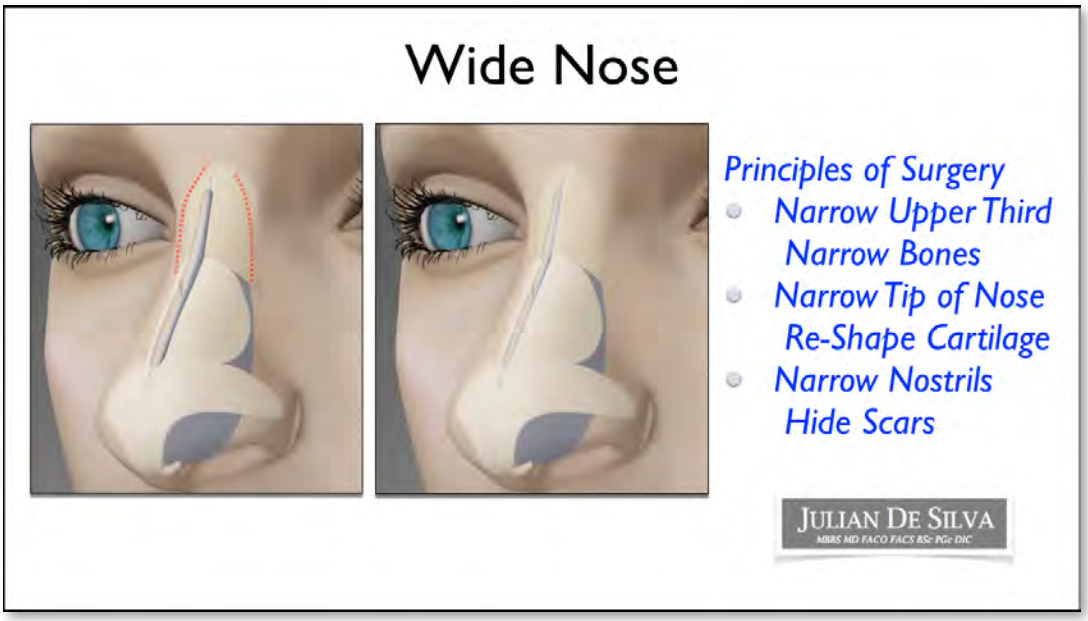
A large over-projected nose is defined as a nose that extends out too far from the face, which essentially means that the nose is too big. Often, this can be most visible from side-profile views, in which the relative proportions of the nose look excessive in relation to the face. It is also important to consider the other characteristics of your face, as a small chin may result in the nose appearing relatively large in proportion to your chin as a consequence of facial balance.



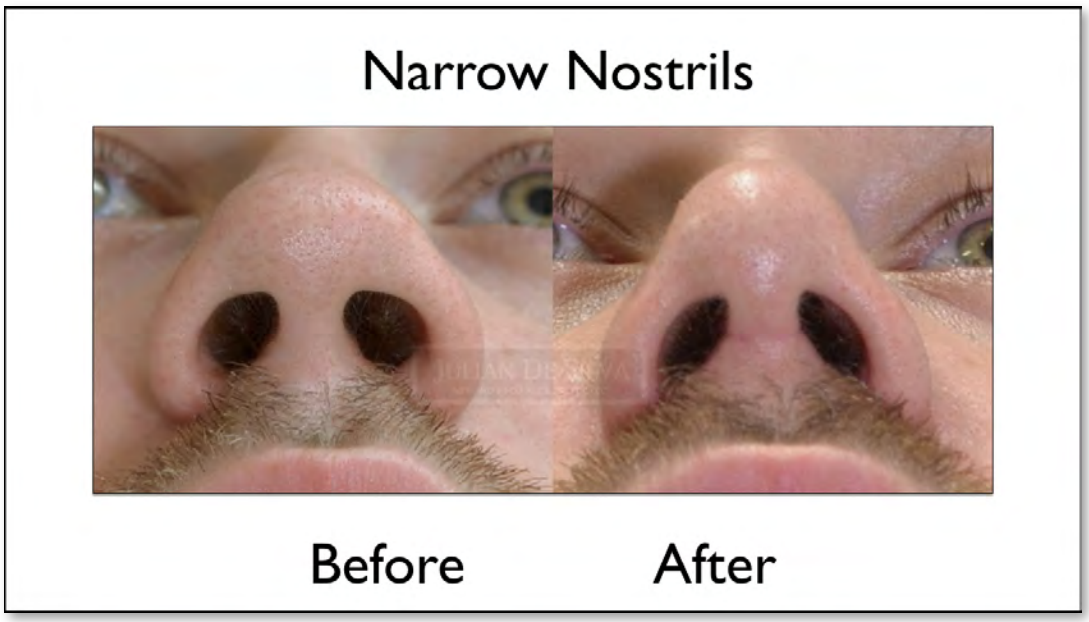


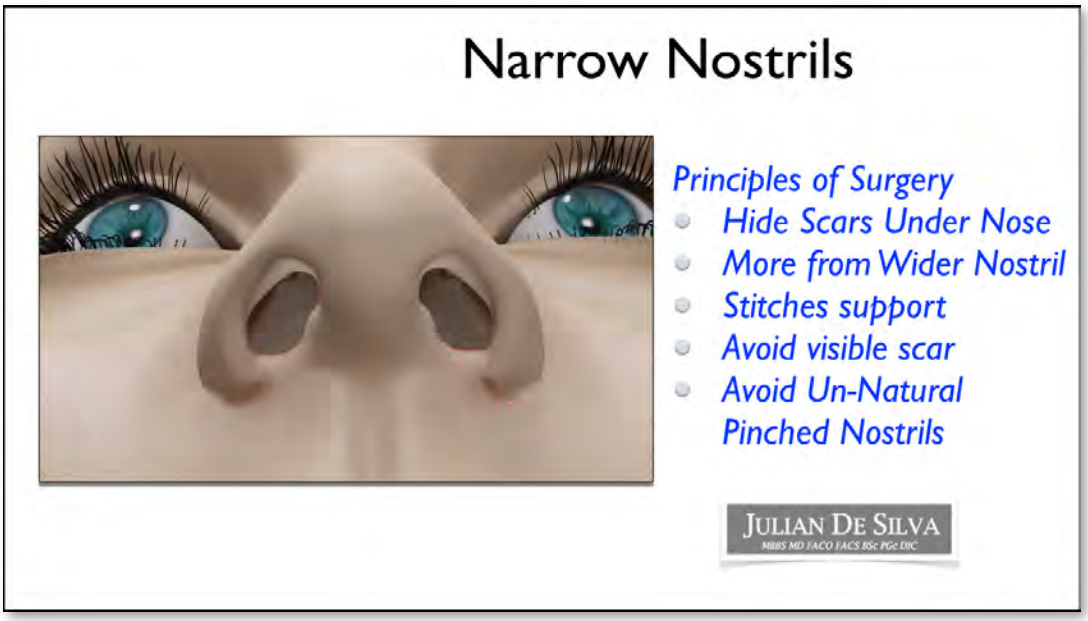
A crooked symmetrical nose is defined as a nose that is not straight, which can occur naturally or be caused by a traumatic injury. The deviation can be at the top, the middle or the lower third of the nose and is often characterised by additional symptoms, such as reduced breathing on one side. Straightening a crooked nose requires straightening the bones in the upper third of the nose, aligning the cartilages in the middle and aligning the lower third of the nose. To achieve this, the bones need to be broken, realigned and brought inwards (termed osteotomies) and the cartilages must be made straighter by utilizing graft tissue.





A wide nose is generally unflattering for both women and men and a narrower nose generally has a more elegant appearance across different ethnicities and cultures. Narrowing of the nose can generally refer to three main areas: narrowing the bridge of the nose, narrowing the tip of the nose and narrowing the nostrils.





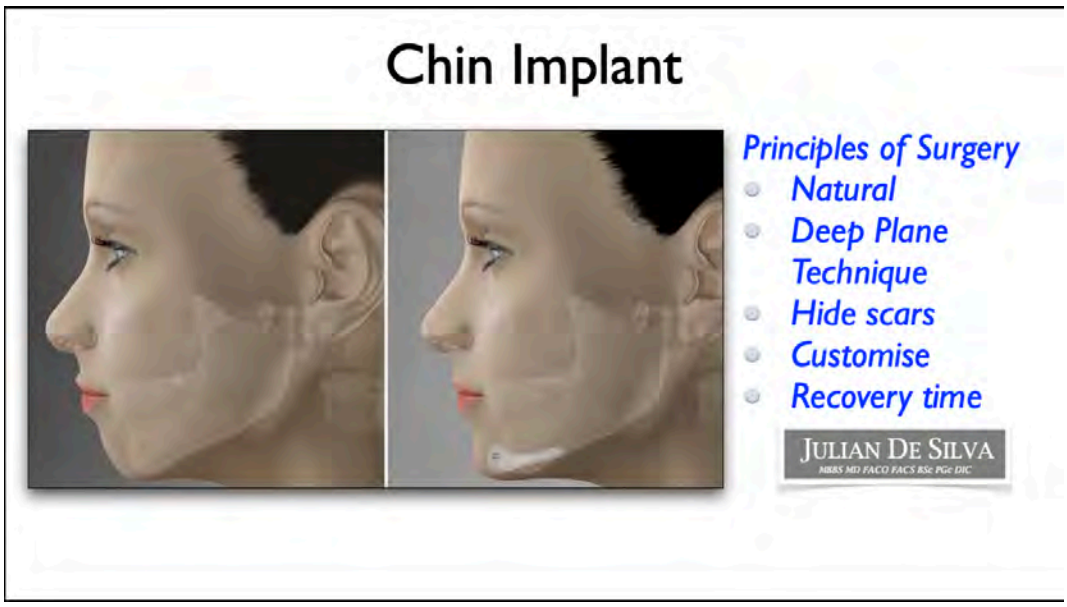
Narrow nostrils generally have a more refined and elegant appearance, contrasting with the wide base of a nose with enlarged nostrils. Wide nostrils can be defined by a width that is outside the width of two vertical lines drawn down from the inside corner of each eye. In addition, most people have a degree of natural asymmetry of the nostrils, which is usually the most visible when looking at the nose from below.

7.7. Chin Implants

The face lies in relative balance and proportion, and a small chin is relevant to the neck and jawline as it can create facial imbalance giving a fuller neck and the appearance of a larger nose. A small chin is usually apparent on looking at a person's side profile, where the chin should align with a vertical line drawn through the philtrum (junction between nose and upper lip). I may advise the use of a chin implant to restore balance and improve facial harmony.

The left figure shows the normal position of the chin in relation to the lips. In a person with good facial proportions, the chin is 1-2 mm behind the lower lip. There are variations in facial harmony and balance based on genetics, gender and ethnicity.

The right figure shows the position of a recessed chin which is positioned behind a vertical green line drawn through the lips.

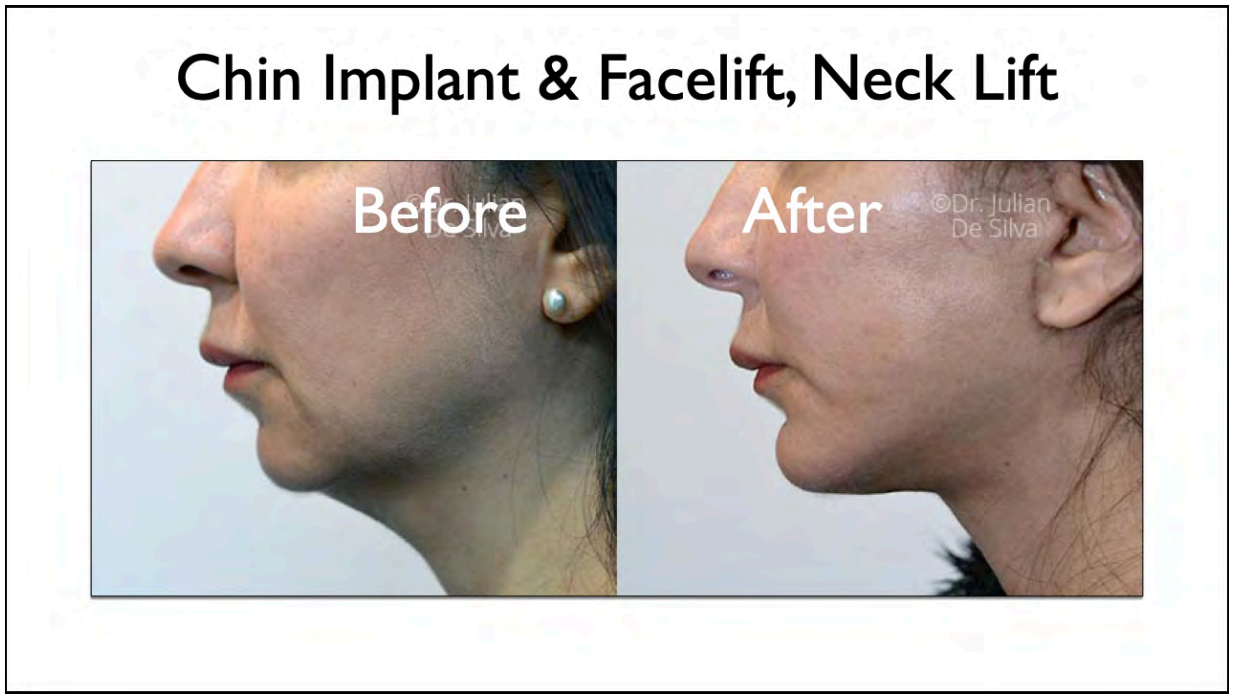


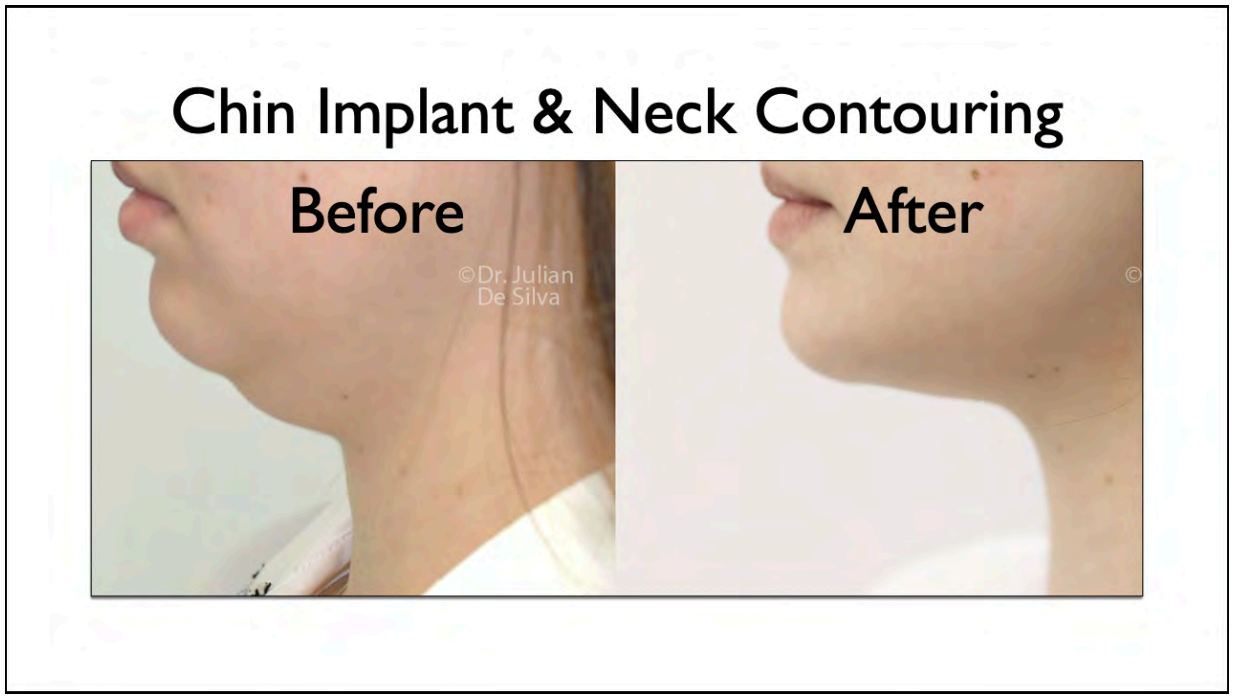
With chin implants, there is a degree of artistry as there is perfect measurement that defines the perfect chin, Dr. De Silva sculpts each implant to match an individual's jawline (V-shaped v Square-shaped jawline).

I find a proportion of patients looking to undergo facelift and neck lift surgery have a weak chin, and benefit from chin augmentation to obtain the best result. The surgery can be completed utilising the same incision as facelift and neck lift surgery, requiring no additional scars or recovery time. Each chin implant to a person is unique as every jawline is different and requires a different 3-D enhancement to obtain the best result. Natural variation in the chin, jaw and neck skin, soft tissues and skeletal structure mean that optimal proportions differ in all faces. I have treated patients with rotated chin implants by other surgeons and secure most implants with a specialized mini screw which prevents further movement. These titanium screws are approximately eight mm in size and prevent any long-term movement of the chin implant.

Traditionally, chin surgery involves making cuts into the jaw (genioplasty or mentoplasty) and resetting of the position of the jaw. This once involved substantial surgery with realignment of the jaw and there was a longer recovery time, risk of cross bite and nerve injury. Chin implants provide a more straightforward technique to enhancing the chin area, avoiding the issues of genioplasty and more invasive jaw surgery.

Click here for more information about chin implants





These patients with small chins underwent combined chin implant surgery by Dr.De Silva. The after photos show a natural rejuvenation with improved definition

in the neck area. A chin implant simulates bone and improves facial harmony and definition between the jawline and neck.

7.8. Lip Lift

The distance between the lowest part of the nose and the top of your lip is termed the philtrum. This distance can lengthen with facial ageing and shortening this distance can result in a more youthful appearance. A lip lift is a procedure that elevates the position of the lip, giving a more youthful and relaxed smile. The Lip Lift procedure has become more popular as it creates a more attractive upper lip shape and thereby giving improved facial balance and proportions.

A lip lift can help improve

- Long distance between your nose and your upper lip.
- Thin upper lip.
- No teeth showing when smiling.

If you decided to change your lip, the next step is to determine the right procedure. Lip lift surgery is not for everyone. If you think that you really need the procedure, first you must be evaluated by an experienced lip lift surgeon with an artistic eye to get an opinion as to whether it is the right surgery for you. That is because the key to a natural-looking lip lift is not only perfectly performed surgery, but also whether it is an ideally-selected candidate.

Click here for more information about lip lifts.

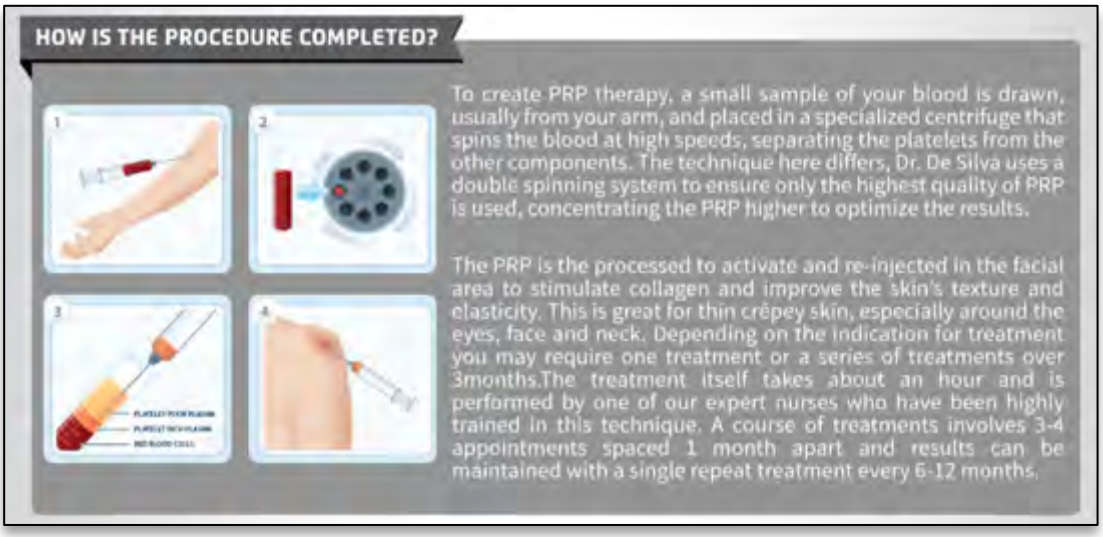
This figure shows the combination of a lip lift procedure with facelift and neck lift surgery to shorten the distance between the nose and upper lip, resulting in a more youthful appearance.

8. Facelift Special Techniques

8.1. Enhanced Healing

The use of biological technology (Bio-Tech) as a method of rejuvenating the face remains at the forefront of scientific innovation and is increasingly a central discussion in medical research. It includes stem cell therapy, platelet rich plasma (PRP) and amniotic membrane products (AMP).

Platelet rich plasma (PRP) Therapy is at the forefront of new medical and surgical treatments and many professional sports stars have utilised this technology to enhance their recovery following injuries. PRP utilises your body's natural reparative mechanisms to trigger faster recovery after surgery and enhance specific treatment results. PRP involves taking a relatively small volume of blood from a vein in your arm, utilising a high-tech machine to concentrate the PRP (growth factors) in your blood, then reintroducing the PRP into the areas of the face that have been treated with the laser to boost healing and recovery with your own growth factors.



Not all PRP (Platelet Rich Plasma) is created equal. Most available PRP systems utilise a simple lab centrifuge. Although fast and readily available, these produce a lower quality of PRP that has inferior results. Dr.De Silva utilises a ultra-modern-machine that produces high-quality PRP for use in combination with different facial procedures to enhance recovery time.

Amniotic membrane products enables us to utilise the phenomenal potential of stem cells without additional surgery or invasive procedures. The human placenta is composed of two layers: the amnion and the chorion. The amniotic membrane regulates metabolic activities with a multitude of growth factors and cytokines (signal molecules involved in healing). These growth factors are of key importance in wound healing and facilitate tissue growth and healing. Regenerative medicine technology is only now beginning to be understood, and over the next decade a host of new, potential treatments will evolve from this technology.

Regenerative medicine is at the forefront of new medical and surgical treatments. Many professional sports stars have utilised this technology to enhance their recovery following injuries by natural stimulation of the body's self-repairing mechanisms. Tiger Woods reportedly underwent PRP injections before all four professional golf 'majors'.

What does PRP treatment involve?

For PRP treatment, a clinician removes a small vial of patient's blood and spins the contents in a centrifuge. The components are then processed to isolate a growth factor concentrate that when re-injected into the human body stimulates the body's own repair mechanisms.

How does PRP work?

The technology remains at the forefront of innovation, and the science behind the technology is thought to result from the promotion of body regeneration through growth factors. Body injuries and ageing are characterized by a mixture of long-term inflammation and soft-tissue damage through sun light. The growth factors are able to trigger healing and rejuvenation

What are the advantages of PRP?

- PRP is produced as a natural product from a person's body, so this makes the technique very safe as one cannot get infections or allergies to one's own blood.
- PRP has been used by professional athletes as it is natural body product and therefore is completely legal to use in professional sports.
- I use a modified PRP as a treatment for specific facial conditions such as acne scarring and dark circles. These conditions are very difficult to treat with traditional treatments and modified PRP offers patients an alternative treatment that can by highly effective in some cases.

What are the disadvantages of PRP?

- PRP is not a useful treatment for all facial ageing and has a limited effect on loss of volume and soft-tissue decent.
- PRP is a relatively new technological innovation. As a result although it is being used by professional athletes it has limited availability in clinics and hospitals.
- The duration of effectiveness of PRP is not known. Although the impact may be modified by processing before re-insertion into the body, there has not been sufficient scientific evidence at this time to predict how long PRP is effective for.

8.2. Oxygen Therapy

Hyperbaric oxygen therapy involves breathing pure oxygen in a pressurized chamber to promote healing. Oxygen has a profound influence over wound healing as any oxygen deficiency stunts the body's ability to heal. Oxygen therapy stimulates and supports the body's healing processes. With normal healing, when white blood cells receive enough oxygen, they can effectively reduce swelling, kill bacteria and allow the rapid reproduction of new blood vessels to heal tissues.

How does oxygen therapy work?

Oxygen therapy works by increasing the oxygen concentration in all body tissues. In areas that have been compromised by surgical trauma, oxygen therapy stimulates the growth of new blood vessels that assist in bringing more oxygen to the cells of the damaged tissue. This supplies the nourishment necessary for wound healing which in turn, leads to a faster recovery and less scarring. Oxygen therapy is a non-invasive medical treatment administered by breathing 100% oxygen in an oxygen chamber at atmospheric pressures one-to-three times greater than normal. This increased pressure causes the blood to take up greater volumes of oxygen, delivering fifteen times more oxygen at the cellular level in tissues to enhance the healing process. Each session of oxygen therapy after surgery lasts approximately one hour. Studies have estimated that the recovery time can be reduced by 33% or more.

What are the benefits of oxygen therapy?

Oxygen therapy activates the body's natural healing processes and reviving damaged tissue is the most significant benefit. Scientific research has shown the benefits of oxygen therapy in cosmetic procedures:

- Reduction in swelling, inflammation and bruising.
- Decreased risk of infection at the incision site (anti-bacterial effect).
- Reduction in post-operative discomfort and pain, which will allow the patient to return to a normal lifestyle much faster.
- In non-surgical procedures, patients can see the erythema (redness) resolve quicker.
- Recovery from Mohs surgery (precise technique used to treat skin cancer).
- Serious infections e.g., necrotising fasciitis.
- Smokers (delayed healing).
- Medical conditions (e.g., diabetes, delayed healing).

I advocate using the advances in technology to aid healing and recovery after facelift surgery and I invested in this technology to enable my patients to heal faster after surgery.

8.3. Light Phototherapy

How does light phototherapy work?

Light phototherapy is based on the principle that living cells absorb light and the treatment and specific light can aid healing and recovery. Light produces vitamin D and provides energy and serotonin and can also accelerate our skin's natural repair processes. Although sunlight with ultraviolet light is damaging to the skin, light phototherapy in the form of red, blue and infrared light is clinically proven to be beneficial.

The treatment takes thirty minutes, exposing the skin to low levels of this beneficial light energy which energise cellular functions to stimulate various cellular processes with therapeutic effects. The effect of LED Phototherapy is a natural response similar to that of plant photosynthesis through a process known as photo biomodulation.

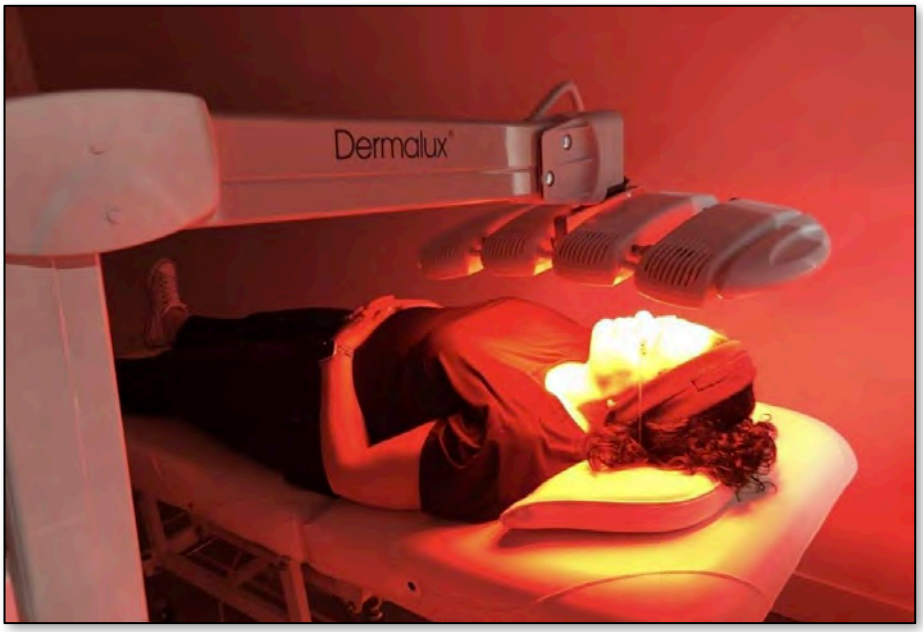
What is important in LED phototherapy devices?

The effectiveness of the light therapy is dependent on the underlying technology (LED Light Emitting Diode) including the precise wavelength and power of light which determines the target and depth of penetration in the skin. The home-use LED phototherapy machines have a relatively small wavelength and power which limits their effectiveness. I have a state-of-the-art LED phototherapy machine that provides the best wavelength and power of light that is currently available, providing faster recovery after procedures and improved skin quality.

Light phototherapy & professional athletes

Red-light therapy is popular among professional athletes and fitness enthusiasts as a way to achieve peak performance, including building muscle, delaying the onset of fatigue, and accelerating recovery. There have been hundreds of peer-reviewed

scientific studies on red-light therapy which point to enhanced physical performance and recovery after injury.



Light Phototherapy session can be used to enhance recovery after a facial procedure or to improve skin quality and texture.

8.4. Nano Fat transfer

Stem-cell technology has the potential to be the largest breakthrough in medicine in the modern era, the principle being to use your own body's natural reparative and healing mechanisms to improve the function of a part of your body. Stem cells are unique in the body as they have the potential to develop into many different cell types in the body during early life and growth. Stem cells serve as an internal repair system, dividing without limit to replenish and repair other cells and body tissues. The treatment of facial ageing in the future may be driven by triggering natural reparative mechanisms in the body that are able to regenerate and repair themselves. This is the basis of stem-cell based therapy and regenerative medicine.

At present our ability to harness stem-cell technology is limited and there is ongoing scientific research to evaluate treatments. Nano fat is a new technique in fat grafting, which enables the treatment of lines and imperfections within the skin associated with

ageing. With facial ageing there are often increased fine lines and indentations in the surface of the skin which are often challenging to treat with conventional surgery. Nano fat offers a new advance in the treatment of these deeper lines, enabling treatment of the skin with the nano fat to smooth out lines and skin imperfections and some scars.

How is nano fat made?

This involves taking your own fat (as with fat transfer) and processing it through a serious of filters and high-tech devices to provide a very fine nano fat material that can be used to treat fine lines in your skin. The Nano Fat material is termed in medical jargon a “stromal vascular fraction”, which includes regenerative cells, growth factors and other regenerative material that can be used to improve fine imperfections in the skin.

I use stem-cell technology to enhance facial cosmetic and plastic surgery in specific circumstances, particularly in patients with deeper lines around the mouth and face. This technology is frequently used in conjunction with laser skin resurfacing and PRP.

This patient underwent nano fat treatment on the deeper lines around their mouth. These lines are challenging to treat with conventional surgery and laser procedures. The results show a natural rejuvenation with improvement in skin quality with fewer fine lines and irregularities around her mouth

Nano fat can be used in patients for superficial fat replacement to restore thinning skin to a more youthful condition. From research studies, stromal vascular fraction and nano fat have been found to reverse some of the architectural changes in elastin and collagen found in ageing. Nano fat has been shown to improve hair growth in men and women who are thinning in the early stages of alopecia (baldness), as well as to

improve the appearance of scars and heal certain wounds. The underlying cause of these changes has been suggested as an increase in the blood supply to the tissues. Key with this treatment is an understanding that this technology is relatively new and is dependent on your own quality of fat and underlying cells for the result. In other words, all treatments are focused on an improvement and absolute results cannot be guaranteed.

Common applications of nano Fat are used to improve:

- Deep lines and wrinkles (rhytids) in the skin, forehead rejuvenation, vertical lines around the lips (perioral rhytids, sometimes termed smokers' lines).
- Sun damage, including thinning of skin.
- Treatment of some scars depending on depth and severity.

I often complete nano fat treatments in combination with other treatments to enhance the results - facelift and neck lift surgery in conjunction with laser skin resurfacing.

8.5. Revision facelift & neck lift

What is revision facelift and neck lift surgery?

Revision facelift is the terminology for undergoing a facelift after having a previous procedure on the face, including previous facelift or neck lift surgery. The facial anatomy and soft tissues are intricate and once surgery has been completed there is a degree of scarring and change in anatomy that is unique to each patient. The level of scarring is dependent on multiple factors, including the previous surgery, the surgeon, the ethnicity of the patient and their individual genetics and healing. The treatment of patients who have undergone previous surgery is more challenging and is dependent on the degree of scarring and patients' expectations from surgery. Although for most patients, a substantial improvement can be made, the key to success is the achievement of the patient's expectations. Approximately 22% of my facelift patients are revision surgeries.

What are common indications for revision facelift?

- Insufficient improvement from surgery.
- Loose skin and fullness in the neck.
- Deepening facial lines.
- Unsatisfactory scarring.
- Loss of rapport with surgeon.

Most of these indications can be improved and may occur in the best of hands as a patient's healing process plays an important role in facial surgery. Each revision surgery is unique and requires customised treatment with respect to the individual patient’s requirements.

How do you approach revision facelift?

Facelift or neck lift surgery to fix either cosmetic defects or improve scarring can be challenging as there are changes in the underlying anatomy and scarring that can be improved but not reversed. Patients may end up dissatisfied with their end results and wish to fix their previous surgery. Revision facelift surgery can be completed to improve the shape and expectations are important to discuss beforehand. Revision facelift surgery seeks to solve the underlying problems, and as each case is unique, the techniques used will also vary by patient. It is important to choose a surgeon who has technical skill, knowledge of the latest techniques, an artistic touch, and experience with revision surgery. Simpler cases of revision facelift and neck lift surgery may involve removal of excess loose skin or further tightening of the neck. Revision surgery can be challenging, with a combination of scar tissue and a change in natural anatomy, so realistic expectations for improvement are key to a successful outcome. For some patients, revision facelift in combination with other techniques is required to ensure the best-possible result. These procedures include: fat transfer and nano fat, chin augmentation, laser skin resurfacing

Recovery time after revision surgery?

Revision facelift surgery is an outpatient procedure and can take between three and five hours. Often, recovery time is longer with revision surgery as a consequence of increased swelling and scar tissue. A combination of anti-inflammatory medications, light phototherapy and oxygen therapy can be utilised to enhance recovery. I have invested in the latest machines to enable faster recovery through technology.

Can revision surgery always be completed?

I am able to achieve excellent results in revision surgery and will operate on cases where I feel I can achieve a success that is in accord with patient expectations, If I cannot do this, I may advise against further surgery. I ask some patients to send information such as medical history and photographs of their face in advance of a consultation to ensure we are able to help.

Can scars be improved?

- Scarring can generally be improved, however this often requires revision facelift surgery to remove the existing scars and replace with healthy skin. Improvement of scars can be dependent on there being some loose skin. Unsatisfactory scars are caused by a combination of factors including surgical technique, the position of scars, closure techniques (stitches v staples) and genetics (1% of patients can have healing issues with scars secondary to their genetics). Scars can generally be improved by a number of measures:

- **Surgeon's technique**. Surgeons use different techniques to complete a facelift and neck lifting procedure. Meticulous care and attention to detail are required to hide the facelift incisions in natural creases and curves.

- **Location of the incision**. The incision and scars can be hidden by placing the visible portion of the incision inside the ear canal or the opening behind the little lump in front of your ear called the tragus.

- **Multiple-layered meticulous closure**. Multiple-layered skin closure ensures that there are deep stitches to support the soft tissues once the

superficial skin stitches are removed. This is key to avoid unattractive widened scars.

- **Bevelled incision.** In hair-bearing skin, the use of bevelled incisions in the hairline enables hair to grow through the scar after surgery, hiding the scar.
- Deep-plane facelifting technique. Lifting the deep tissues beneath the skin (SMAS or Deep Muscle Tightening) before skin closure is essential to give a natural-looking result and avoiding tension on the skin.
- **Stitches.** There are different methods that can be used to close the skin. Some surgeons use staples to save time; however, they can leave marks, unsatisfactory scars and are uncomfortable to remove. I avoid the use of staples in all patients as the best healing is from the use of fine sutures in non-hair bearing skin.

Regenerative medicine. I have pioneered and developed the use of signature regenerative medicine techniques to enhance scar resolution.

Why come to the UK for revision surgery?

London and Harley Street have been famous for providing world-class medical services since the 19th Century. They offer a combination of state-of-the-art facilities, stringent safety regulation and international clinicians. I have treated patients from all continents of the globe looking to have the best quality of care in the world. Our specialist team can help you organise virtual consultation and co-ordinate your trip to the UK. We are able to utilise the latest technology to enhance your recovery, including oxygen therapy and regenerative medicine.

Photographs several weeks after revision facelift and neck lift surgery with Dr.De Silva. The surgery was completed with skin resurfacing, fat transfer, and relocation of chin implant.

8.6. Maintenance (Non-Surgical)

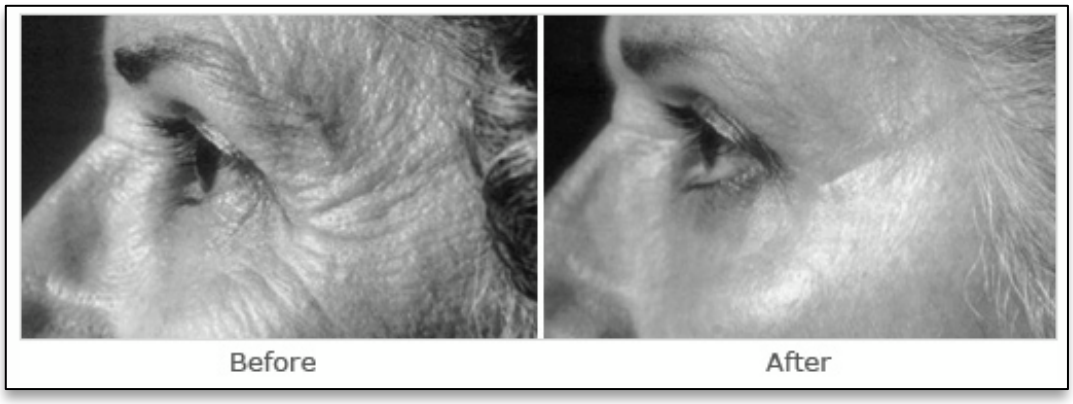
Facelift surgery when completed as described in this book, deep-plane facelift surgery in conjunction with fat transfer for depressions and skin resurfacing will last for a period of eight to ten years. Each subsequent year will see some further facial ageing and maintenance will enable treatments to last longer and maintain a fresher and more youthful appearance. My team and I offer ongoing maintenance treatment for our patients in the form of follow-up appointments at six-to-twelve-month intervals.

8.6.1. Fine Lines in skin (Vitamin A)

Wrinkles that appear in the skin, usually from your thirties, can be caused by a combination of skin type (thin skin favours wrinkles), natural ageing and

environmental factors (principally sun exposure, also smoking). There is no silver bullet for fine wrinkles in the skin as they are partly genetic, but they can be improved with a combination of treatments:

Reducing sun exposure and avoiding smoking reduce damage to the skin. Wearing a sun block (sun protection factor 30 or above) is a first step. Cosmeceutical products have a role in reducing fine lines, particularly the use of tretinoin (Vitamin A) or retinol. Vitamin A improves fine lines in the skin, by increasing skin turnover and collagen production. For patients with thin skin, I often recommend using a retinoic acid product that enhances skin quality and reduces fine lines.

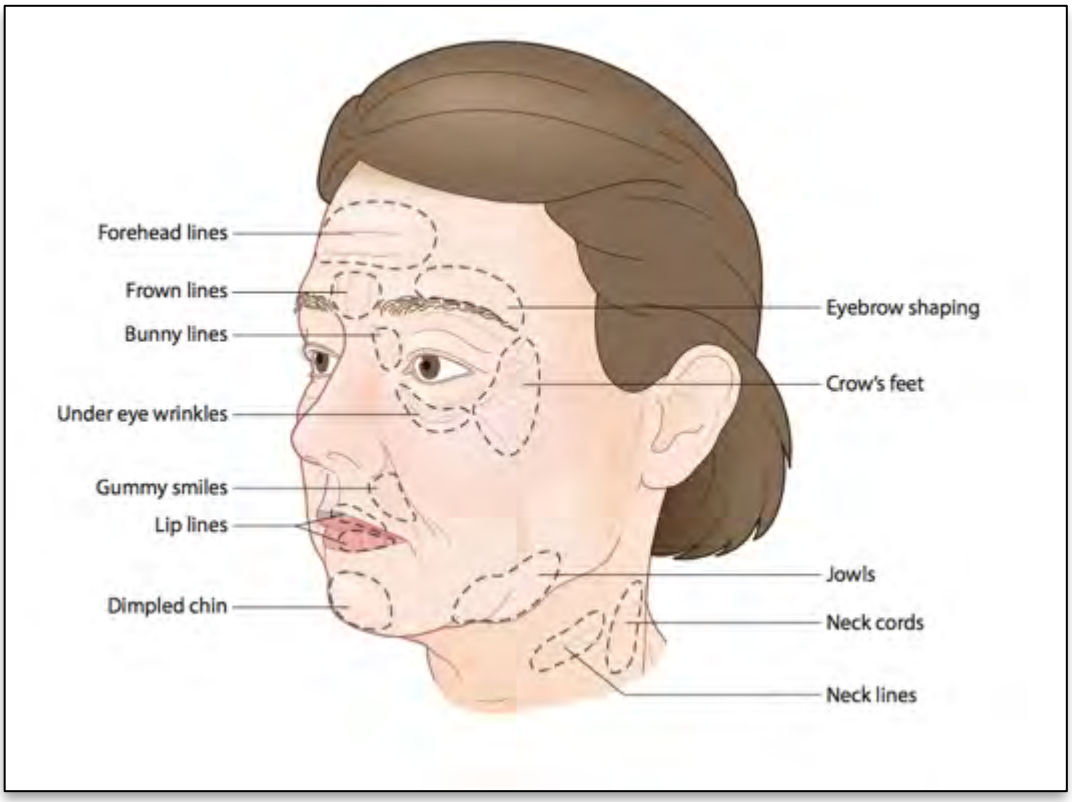


This photograph is of a patient with facial wrinkles and lines treated with topical Retinoic Acid (Vitamin A) for eighteen months.

8.6.2. Lines with movement (Botulinum Toxin)

Facial lines with movement can be effectively treated by botulinum toxin (termed botox). Botox has been used in health care since the 1970's and has been utilised in the cosmetic surgery industry for over twenty-five years. There are some patients with an eyelid condition (termed blepharospasm) that have had botulinum toxin treatments over multiple decades. Botulinum toxin is considered a medication and must be prescribed by a doctor. In skilled hands it is a safe and effective treatment for lines and wrinkles. It is used in seventy countries and is used to treat over four million Americans every year.

The treatment works by reducing fine lines and deep wrinkles by relaxing the underlying facial muscles. The effect of the botulinum toxin is that it reduces the appearance of lines and wrinkles already formed, restoring a more youthful appearance. Untreated areas of the face are not affected, so you can still smile and frown with normal facial expression. Botulinum toxin is a treatment with relatively few side effects, just occasionally redness and mild swelling. The treatment lasts for a four-to-six month period before wearing off.



Potential areas of the face that may have facial lines associated with facial expression. These fine lines associated with movement can be treated effectively with botulinum toxin.

The most popular areas for botox treatment around the eyelids include:

- Frown lines between the eyebrows (termed Glabellar lines).
- Forehead lines (this may not be recommended by our specialist facial surgeons for some patients who have upper-eyelid fullness).

- Crow's feet (fine lines at outside of the eyelids).
- Fine lines under the eyes.

Other areas of the face that can be treated include:

- Upturning corners of mouth.
- Multiple chin lines or furrows.
- Gummy Smile (showing upper gum on smiling).
- Square jaw (reducing the width and square appearance of your jaw).
- Early neck bands (vertical bands in your neck).

The treatment is non-invasive, with recovery in a few days and you can resume normal activities the day after treatment.

Botulinum toxin must be prescribed by a doctor and is not appropriate for everyone. It is not recommended if you are pregnant or breast feeding. Nor is it recommended if you have any conditions involving nerve damage or muscle weakness If there is a history or family history of conditions such as Myasthenia Gravis or Bell's Palsy these should be discussed with your clinician.

What does the treatment involve?

Botulinum toxin treatment can temporarily smooth moderate-to=severe wrinkles on the face. Lines and wrinkles around the face can be minimised by using a purified protein produced by Clostridium Botulinum bacteria which induces long-term relaxation of contracted muscles. This treatment has been used to treat patients effectively who have aa medical condition termed blepharospasm (unable to open their) for over thirty years.

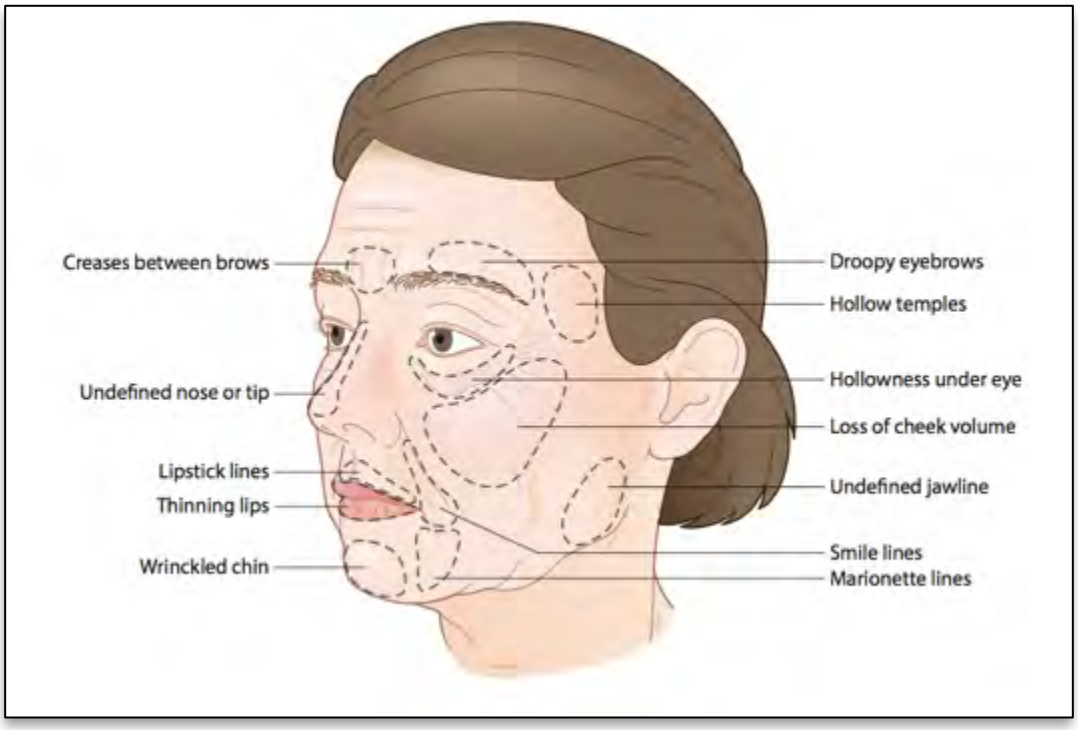
Treatment consists of a number of tiny injections made through a very fine needle directly into the muscle. The effects of the botulinum toxin injections begin to appear within a few days. The results generally last around four to six months, after which time, the injections can be repeated.

What are the risks of wrinkle-reducing treatments?

Side effects of botulinum toxin treatments are relatively rare when the treatment is completed by a trained specialist. However, there is no treatment without some risks.

- The commonest side effect is temporary redness in the area of injection which lasts for a period of hours and can be covered with make-up concealer.
- Occasionally (less than 5%) of the time there can be a bruise as a consequence of botulinum toxin. This usually resolves within five days, but it can take two weeks and can be covered with make-up or concealer.
- Very occasionally, an allergy can occur to botulinum toxin treatment.
- Very occasionally, an infection can occur with any skin treatment and precautions can be taken to minimise this risk.
- Very occasionally, botulinum toxin can be ineffective.

With treatments close to the eyes, it is possible the eyelid can be made droopy (termed ptosis) or even double-vision may occur (termed diplopia). Generally speaking, with cautious techniques, these temporary but inconveniencing complications can be avoided. From a technical perspective, use of Botox should be very conservative in the lower mid to lateral brow area to minimise risk of eyelid ptosis.



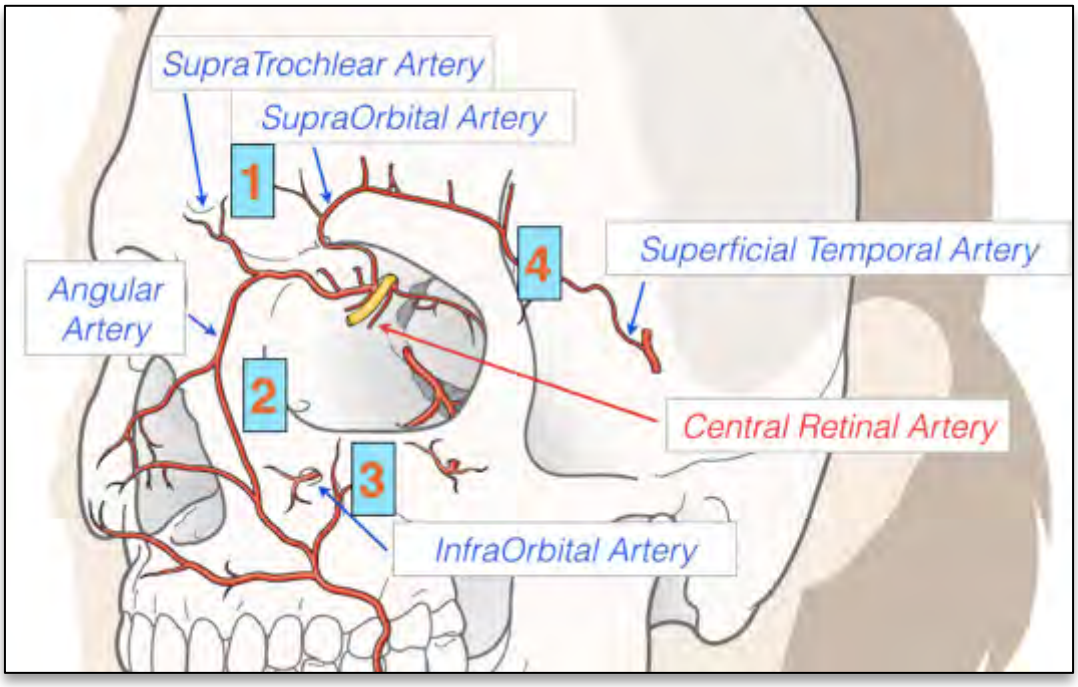
Potential areas of the face that may have volume loss associated with facial ageing that can be effectively treated with filler augmentation

8.6.3. Shadows & Volume loss (Fillers)

Each year, every person has some mild loss of facial volume (natural fat) and experiences the effects of gravity. Although these changes can be markedly improved with facelift surgery there is continued ageing after this. Occasional use of fillers can maintain the results of facelift surgery.

Lines, shadows and depressions are all facial characteristics that can be improved by adding volume with fillers. There are a number of fillers that are currently available with different characteristics and properties that have benefits to different parts of the face.

Modern fillers are often manufactured out of hyaluronic acid (Restylane®, Juvaderm®, Voluma® and many others), poly-L-lactic acid (Scultpura®), calcium hydroxylapatite (Radiesse®). There are advantages of hyaluronic acid fillers (termed HA fillers) in that they can be dissolved, they are soft and gel-like, simulating normal soft tissues, and allergies are rare. Fillers can be injected into depressions and folds of skin, so expertise is required in specific areas of the face to complement and maintain.



This figure is taken from a presentation by Dr. De Silva at a national conference to other clinicians on how to avoid risks of scarring and damage to vision with filler techniques. Although filler complications can be serious, including scarring and blindness, care with modern techniques can be taken to avoid these issues. Dr.De Silva teaches safe techniques to other clinicians at medical conferences.

8.6.4. Skin Rejuvenation (Peel, PRP, Light therapy)

Each year the skin accumulates wear and tear as a combination of environmental factors including sun damage. Intermittent rejuvenation will enhance the results of facelift surgery long-term including the use of peels, regenerative medicine (PRP and dermapen) and LED phototherapy. These treatments are discussed further in the previous chapter.

9. The crucial questions and answers

9.1. Facelift & Neck Lift: frequently-asked questions

9.1.1. Can other procedures be done at the same time as a facelift?

Facial ageing results in changes in all parts of the face, including the skin, the soft tissues and the underlying bone. A facelift restores soft tissue, drooping, and laxity of the face, neck and jowls. To give a patient a natural rejuvenation, I often combine facelift surgery with other procedures to give a fully rejuvenated, natural-looking result.

Volume deflation of the mid-face and cheeks are common signs of facial ageing and can be effectively treated with a combination of facelifting and conservative filler or fat augmentation. I prefer the use of fat transfer (a natural filler) to restore the face using a patients' own soft tissues. I often utilise fat transfer augmentation, as from our experience this gives a longer-lasting natural result. Fat transfer to faces that have had

a substantial loss of volume can be very effective in restoring the malar mound and curvature of the cheeks, giving a natural and youthful look.

Eye changes are a very common indicator of facial ageing and include drooping of the skin in the upper eyelid, dark circles and bulging pockets of fat in the upper and lower eyelids. These eyelid changes are commonly treated with blepharoplasty at the same time as a facelift in at least half of patients.

Ageing of the skin from damage by the sun and environmental elements results in lines and dark spots that may be effectively rejuvenated and smoothened with a combined facelift and laser-resurfacing procedure. With the use of facelift and CO_2 laser resurfacing of the skin, an excellent result can be obtained. I take precautions with the use of laser on the skin to ensure a high-quality result and may include skin-area testing. Facial imbalance secondary to the underlying bone structure cannot be addressed by a facelift alone. I analyse the face as a whole and common shortcomings are in the chin and cheek areas. In some patients, these are addressed with volumetric addition with facial implants. I prefer the use of silicone implants; these are very safe and have been used in the body for many decades and are undetectable once inserted.

Other treatments that should be tailored to each individual include temporal brow lift (lifting tail of eyebrow), lip lift (reducing distance between nose and upper lip), nano fat transfer (fine lines in skin) and enhanced healing (regenerative medicine, LED phototherapy and oxygen therapy).

9.1.2. What is facial ageing?

Facial ageing is characterised by the laxity of the skin, loss of facial volume and descent of soft tissues with gravity. In the lower face, this results in a saggy appearance to the neck with loss of the natural neck angle and descent of soft tissue below the jaw that gives rise to jowls. Face and neck lift cosmetic surgery rejuvenates the soft tissue descent to its site above the jawline and tightens the lax skin. In the neck, there is a loss of elasticity and thinning of the skin that results in increased folds and sagging. In addition, the platysma muscle that underlies the skin in the neck can be seen as a pair of vertical bands. I use a signature deep-plane lift combined neck surgery to double-

stitch the platysma muscle that restores a natural curvature to the neck that is both youthful and more effective than commonly utilised single-stitch techniques. Double-stitch imbrication technique evens out irregularities in the neck contours and recreates a long-lasting rejuvenated neck angle.

9.1.3. What are non-surgical facelifts? How effective are they?

Non-surgical facelift techniques use a variety of volume fillers and tissue stitching while avoiding opening of the tissues with surgery. These techniques do have an effect in rejuvenating the face by restoring volume. Facial ageing is a combination of skin, soft-tissue and underlying skeletal changes. Although non-surgical lifts can address some of the signs of facial ageing, they will only give a temporary effect. Patients who are prepared to have non-surgical facelift treatments should understand the effects are modest and will not be long-lasting. To rejuvenate weathering of the skin, counteract facial descent, and skin laxity, requires surgery. Many new devices over the past five years have promised incredible results without surgery. Often they are heavily marketed and unproven. Most are only available for a short period of time, after which the devices are found to be less effective. Good advice is: if something sounds too good to be true, it generally is. There can be difficult choices patients have in deciding what to believe, and I provide advice and guidance on any of the latest cosmetic technological innovations. I only adopt techniques that give patients both natural-looking results and longevity of improvement. As a rule, I will only use treatments I know are effective and appropriate for use on my own family members and friends. I served as the clinical representative of the Ethics Committee at St. Mary's Hospital from 2002-2006.

9.1.4. Facial ageing of the face and neck. What causes the changes?

Facial ageing is a combination of genetic and environmental factors. Particularly, sun exposure on the skin causes cumulative damage resulting in dark spots, fine lines and wrinkling that appear on facial movement and deeper lines on the face. Our understanding of facial ageing has changed over the past five years. Before that, facial ageing was considered to be secondary to gravity and drooping of the face and neck. The major leap in our understanding of facial ageing over the past few years has been the concept of fat compartments that not only descend with gravity but also lose volume, termed "deflation". Why does this matter? Although isolated treatment of facial soft-tissue droop or restoration of facial volume will have an effect, facial beauty

is about symmetry, balance and harmony and all of the many factors. What leads to a great, natural-looking result is a simultaneous rejuvenation of the skin, soft tissues and underlying skeletal changes. Volumetric fillers that have revolutionised the non-surgical approach to facial rejuvenation in the past few years will restore lost facial volume, soften deep facial lines and promote youthful appearance of the cheeks.

Although volume has proven to be effective in facial rejuvenation, like many things in life it can be taken too far – witness the "over-filled" or "over-done" appearance characterised by some actors and celebrities in the media. The artistry in giving patients a natural result requires a harmonious approach that both restores volume and treats facial decent. Different faces will age in a unique manner and I tailor my treatment of every patient individually. Although fat transfer benefits a majority of patients, more than 10% of patients require minimal, or no, volume addition to ensure a natural result.

9.1.5. Why have a face or neck lift?

A facelift will have the effect of rejuvenating the face, taking years off a person’s appearance by restoring features of the face to a more youthful time. Society places value on youth and beauty through more successful jobs, more attractive partners and inner confidence and self-belief. Although cosmetic surgery was once considered a premium luxury, it is now considered an investment in oneself, and an opportunity to revitalise and recapture a youthful external appearance that a person feels on the inside.

Commonly, my patients describe feeling many years younger than they look. A facelift is a way of lifting a patient's esteem and restoring a balance between these factors. Successful rejuvenation of the face is about looking better and a complete absence of lines and wrinkles is not a desirable goal, as this looks fake. I judge it as success when friends comment on how good you look after surgery without knowing that you have had surgery - a natural rejuvenation.

Patients seeking a facelift are often looking for a more youthful appearance that can help with job prospects or in finding a partner, and the confidence that comes from a

more youthful appearance. Patients usually take two to three weeks off work and social engagements depending on the procedure, although after a few days, patients can do most non-strenuous activities. After three weeks, patients can return to all normal activities.

9.1.6. How do my techniques differ?

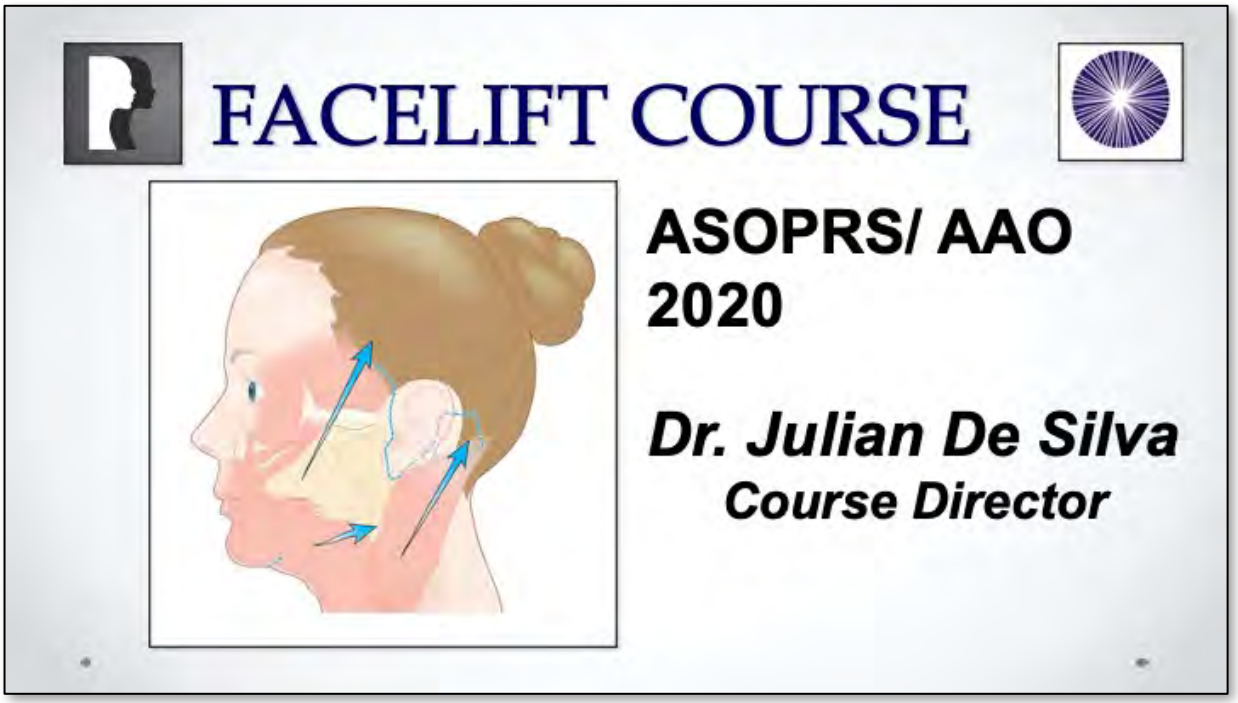
My approach to facelift surgery is based on two principles: a natural-looking result and the quickest recovery using the most modern and innovative techniques.

I utilise my own signature deep-plane facelift technique that uses a double-layered lifting that restores the youthful position of the soft tissue muscle layer (SMAS) underlying the skin. This technique was developed from my experience training in London, Los Angeles and New York. A triple-layered closure gives a more permanent lift designed to last many years and creates a natural look as it avoids tension on the skin, which is one of the hallmarks of surgery using other single-layered techniques. All faces change with time and at different speeds dependent on environmental and genetic factors. My technique uses a smaller incision that is hidden in the natural creases of the skin, behind the ear and in the hairline.

I tailor the facelift to an individual's facial ageing, underlying bone structure and soft-tissue changes. In some patients' faces, particularly men, restoration of the neck curvature is important, and I may use a double-stitching imbrication technique to enhance the result. Sometimes a natural look is about what not to do. In men, over-pulling of the soft tissues in the cheek does reduce lines in the face (e.g. nasolabial folds), but it, can result in the feminisation of the face. I adapt my technique to the features of the face. Keeping a natural look is a combination of technique and artistry. I may suggest focusing entirely on a neck lift in some cases.

My approach to a face is an evaluation in symmetry, balance and proportion. I completed my first facial surgery in 2002 at Imperial College London and I have continued my passion for facial aesthetics over the past decade. I often use other techniques in combination with a facelift in order to give the most natural-looking result. A combination of a facelift with laser skin rejuvenation has enhanced the results

of many patients by alleviating deep facial lines caused by exposure to the elements, principally the sun.



Dr.De Silva has been teaching facelift surgery as a course director for the facelift surgery course at the International ASOPRS meeting in the US, since 2012.

9.1.7. What are the different types of facelift?

There are various descriptions that are used to describe a facelift. Numerous facelift terms have been described, trademarked and marketed and often they are variations of these techniques.

Classical Facelift

The older and conventional facelift used an incision that followed the hairline beginning at the temple and going down, behind the ears, and back up to the other ear and returning into the hair. After completing the incision, the skin was lifted, pulled upwards and backwards. The underlying muscles termed SMAS were usually elevated with a mixture of techniques in front of the ear. The excess skin that overlaps was then trimmed away and re-stitched where the cut was originally made. The skin was closed

with the use of stitches or metal clips. A hospital stay for a minimum of one day was required, and all patients had general anaesthesia.

MACS lift (Minimal Access Cranial Suspension)

A MACS lift involves smaller incisions than the traditional surgical method. In this procedure, slits are made in the temple and in the front part of the ears, which is followed by permanent re-stitching. The MACS lift is suitable for relatively mild facial ageing as the surgery involves the use of two to three sutures to lift the face and the support to the face is substantially less than other facelift types. This facelift has a shorter duration than deeper facelifts that lift the underlying muscle/ SMAS tissue. The MACS lift is a simpler technique that has some limitations.

Mini Facelift or Short-Scar Facelift

A Mini Facelift is a cosmetic procedure performed that involves a shorter incision around the ear. It is useful in treating younger patients with facial ageing with soft-tissue changes of the lower part of the face and jowl area. This surgery does not treat any sagging of vertical banding of the platysma muscle in the neck.

Midface Lift

A midface lift is a cosmetic surgery that is used to elevate the area of the cheeks and can be formed with open incisions under the eyelid or hidden incisions in the hair or mouth. Elevation of the midface does improve the middle third of the face. However, facial ageing tends to also affect the upper and lower thirds of the face.

Deep-Plane Facelift

The face is organised in layers of tissue that includes the skin, underlying SMAS and skeletal structure. I use a signature deep-plane lift to maximise the elevation of the face in natural planes, avoiding unnecessary injury to vessels and to speed up recovery. Keyhole surgery in which a telescope is used to evaluate the soft tissues and muscle layer that underlies the skin enables smaller incisions to be used and also enables hidden scars. The advantage of a deep plane is an improved lift that is more natural

because it lifts upwards, restoring natural anatomy to where it belongs. There is some evidence it may have a shorter recovery time that an extensive classical SMAS facelift.

Neck lift

In some patients, the predominant feature of facial ageing is laxity of the neck seen as creases, folds and neck bands. A neck lift is a modified facelift in which the platysma muscle underlying the skin is tightened. Although there are different ways in which the platysma muscle can be tightened, the key to low downtime is lifting of the muscle and strengthening its attachments. I use deeper plane elevation and a double-stitching method to give a longer-lasting result. By supporting the deeper tissues, the excess loose skin can be trimmed without tension, leading to a softer look by avoiding scars. Although some surgical techniques have suggested that only a single stitch is necessary to support the neck platysma, this will not support the neck from gravity long-term. A good result is one that achieves patient expectations and has a quick recovery and a good long-term result. In patients who have increased volume of soft tissue, this can be substantially improved with the use of reshaping of deeper soft tissues (deep fat, repositioning or reducing submandibular salivary glands).

9.1.8. Do I have to go to hospital and have general anaesthesia?

Facelift surgery was traditionally always performed in a hospital under general anaesthesia with an overnight stay. However, with modern-day techniques, facelift surgery can be performed in private operating theatres under sedation and as day-case procedures. Sedation is also termed "twilight" anaesthesia and is generally regarded as safer than general anaesthesia. Patients breath on their own, have rapid recovery after sedation and are able to home quicker without symptoms of nausea or the hangover of general anaesthesia. There is no need to stay in hospital as hospital stays are associated with issues such as infection and MRSA.

Traditionally, all facelift surgery was performed under general anaesthesia and many patients do not like the idea of this as it is often associated with feelings of nausea and sickness, slow recovery, hospital stays and issues such as deep vein thrombosis. I prefer sedation as this is safer, enables rapid recovery and avoids side effects like nausea or

sickness. I only perform surgery in private hospitasl and treatment centres that have full accreditation by the Care Quality Commission.

Sedation anaesthesia is also known as Monitored Anaesthesia Care or MAC. The main advantages of sedation are: (1) Unlike general anaetheseia it does not require putting a breathing tube in the throat a. (2) It does not require a breathing machine. (3) The recovery is much faster. (4) There is less nausea after surgery.

All of these elements mean a better experience for patients, with greater comfort and safety.

9.1.9. How long does a facelift last?

A facelift will typically last for between five and 10 years. Different surgical techniques will impact the longevity of effect. A simple facelift that focuses on reducing loose skin may take less than two hours to complete but will not address the underlying issues and the longevity is likely to be substantially less.

I believe a patient who is undergoing cosmetic surgery is investing in their appearance and I use a modified deep-plane SMAS facelift to give patients a more durable and longer-lasting result. There are patient factors, including genetic makeup and exposure to the elements such as the sun, that will influence the duration of a facelift. I advise all his patients on lifestyle changes that maintain the results of their facelift and may suggest referral to one of my specialist colleagues. Patients are frequently attending for a second, third, or even fourth facelift. Other areas of the face age differently to the lower face and neck.

9.1.10. What is the recovery time from a facelift?

Typically, patients will go home on the day of surgery. There is a support bandage that applies pressure to the face and neck for the first day. There is usually only mild discomfort that is relieved by oral analgesia. Neck lift surgery usually results in feelings of tightness after the surgery. I advise my patients to apply ice packs to their face for the first twodays as this speeds up recovery and reduces swelling. Patients can feel tired for a few days, and the main aspect of healing is swelling. How much swelling can vary

greatly between patients, some of whom look great even after twenty-four hours. Some though, can look quite swollen for two weeks. Occasionally patients can feel really drained for the first couple of weeks. After a week patients may return to most normal activities, although strenuous activity should be avoided for three weeks.

Most of the stitches are removed at one week and I avoid the use of staples as these promote scar formation through tracks. In addition, I takes steps to minimise scarring, with meticulous techniques including three-layered closed and temporary mini drain to enhance recovery after surgery. my team and I follow our patients personally after their surgery and the team is accessible 24-7.

9.1.11. At what age is a facelift suitable?

The average age of a person having facelift surgery is between fifty and seventy. People do have facelifts in their forties as all faces age at different rates and a combination of natural genetics and exposure to the sun may result in early ageing. In younger patients, a facelift can be used as a form of preventative maintenance - , a requisite in some professions such as actresses and actors in the movie industry.

There is no fixed age limit for cosmetic surgery. The person must have good health and be a non-smoker as safety always comes first. Occasionally we have patients in their 80s undergo surgery and be absolutely delighted with the results. There are no absolutes to age in having a facelift but it is necessary to do a comprehensive series of blood tests, electrocardiogram (heart tracing) and chest x-ray to establish good health as safety is of paramount importance.

9.1.12. Will my friends and family know I have had a facelift?

The aim of a facelift is to rejuvenate the face by restoring drooping soft tissues of the face (square jawline, jowls), remove excess skin that has become lax, restore the youthful curvature of the neck and jaw-neck angle. A good facelift is one that is natural-looking and avoids a fake wind-swept appearance that has been characterised by some cosmetic patients in the media.

I believe the key with successful facelift and neck lift surgery is a natural look and I look at old photographs to evaluate individual ageing as well as using specific techniques, including a signature deep-plane technique, double-layered tightening of the neck, hidden incisions and complementary techniques such as facial volume replacement. My objective is for friends and family to notice you looked freshened up and rejuvenated but not know that you have undergone surgery. The best version of yourself.

9.1.13. What happens after surgery?

A bandage is placed around your head from the top of your head to under the chin. This gives support to the face and reduces swelling. I use micro-drains for some patients to reduce swelling and enhance recovery. By the use of meticulous techniques, patients are able to leave the surgical centre and go home after one or two hours. Most patients have little or no pain but they should take things relatively easy and avoid all forms of exercise. I see all of my patients the day after surgery and provide them with contact details so I may be reached twenty-four hours a day. At one week, I will remove facial stitches, and by two weeks most of the swelling will have resolved. The scars are hidden behind the ear and in the hair while the remainder fade over a period of months.

9.1.14. What won't a facelift do?

A facelift restores drooping of the soft tissues of the face and the sagging skin of the neck. A facelift will not treat volume loss, termed deflation. For this I advise volume replacement with fat augmentation or filler that will enhance the facelift result.

A facelift will not rejuvenate the skin, fine lines, dark spots and wrinkles. I will advise a combined facelift and skin-resurfacing and nano fat technique to enhance the results. Commonly a CO_2 laser is used to resurface the skin and in some patient of darker skin tones, it is advisable to use an alternative skin resurfacing technique including regenerative medicine.

9.1.15. Who is a good candidate for a facelift?

A good candidate for a facelift is someone with facial ageing with symptoms of sagging of the skin and soft tissues of the face, deepening of the nasolabial folds (a line between nose and mouth) and loose skin below the neck with loss of the angle between the chin and neck. The patient should be in good health, and a non-smoker and have realistic goals for rejuvenating their face.

9.1.16. I don't want to have general anaesthesia, is there an alternative?

Most facelift surgery is completed under general anaesthesia which, although effective, many patients are reluctant to have. An alternative is a type of sedation used in conjunction with local anaesthesia. Sedation is also known as "twilight anaesthesia" or MAC (Monitored anaesthesia care). Twilight anaesthesia means that your body is sleepy and relaxed; you are still conscious and able to respond to questions and instructions, unlike general anaesthesia where you are unconscious. The recovery after surgery is longer with general anaesthesia. With twilight anaesthesia, typically, you won't remember the procedure or the short period of time following it, though you will feel a little euphoric. The benefits of sedation are that it relieves your anxiety around surgery and the recovery after surgery is faster.

9.1.17. Can I have a one-stitch facelift?

The one-hour facelift is the name of a procedure that suggests it will be fast to complete, with local anaesthesia and fast recovery. Unfortunately, any short cuts with the surgical technique are reflected with both limited effectiveness and short-lived results. The risk of a one-hour facelift is a fast technique that results in a small improvement that lasts for a short period of months. A surgical technique that is so fast as to be completed in one hour can only be superficial beneath the skin, not lifting the deeper facial tissues, and hence only lasts a short period.

Facelift techniques vary from mini facelifts, to complete face and neck lifting techniques, and take from three to six hours. More extensive techniques are usually

required as a result of further ageing. True facelift techniques require general anaesthesia or sedation anaesthesia; the results take several hours to complete and last for a period of years.

Often patients require additional procedures such as fat transfer, blepharoplasty or skin resurfacing to get the best possible results. In addition, to give fine or hidden scars takes time and consideration and would take more than one hour just to close the incisions.

In recent years there has been a large number of advertised techniques that promise a great deal. There are no techniques that provide something for nothing, and many patients are disappointed by their results. The reality is that, as with many things in life, there are few short cuts. . A small, 2cm cut in the skin requires five or more stitches to repair effectively and the lower part of your face cannot be supported effectively by a single stitch. The techniques required to give long-term effectiveness and natural-looking results are meticulous and take both time and expertise to complete.

9.1.18. What is sedation anaesthesia?

Sedation is also known as "twilight anaesthesia" or MAC (Monitored anaesthesia care). Twilight anaesthesia means that your body is sleepy and relaxed; you are still conscious and able to respond to questions and instructions, unlike general anaesthesia where you are unconscious, and the recovery after surgery is longer. Typically, you won't remember the procedure or the short period of time following it, though you will feel a little euphoric. The benefits of sedation are that it relieves your anxiety around surgery and the recovery after surgery is faster.

9.1.19. What anaesthesia is required for my facelift?

Facelift surgery does require some form of anaesthesia; there are three principal types of anaesthesia - local, sedative anaesthesia and general anaesthesia.

Local anaesthesia involves injecting numbing medicine at the area to be operated on. The face is a sensitive area of the body, and local anaesthesia alone is not usually sufficient for facelift surgery.

Sedative anaesthesia, also known as twilight anaesthesia, means an anaesthesiologist gives you some medications that make you sleep during the surgery. My team and I offer sedation anaesthesia for facelift surgery, which ensures a comfortable experience, as patients have a rapid recovery and go home approximately thirty minutes after the surgery with an escort or chaperone.

General anaesthesia means that the patient is completely unconscious, requires a breathing tube and the recovery is slower, taking a minimum of four to six hours. For facelift surgery, general anaesthesia is safe, effective and commonly used.

The ideal choice of anaesthesia for facelift surgery does differ for each patient, depending on medical history, previous experiences of anaesthesia and allergies.,

Read more about Sedation Anaesthesia.

9.1.20. How can I avoid a 'pulled look' from a facelift?

A pulled look from a facelift is the result of an unsatisfactory aesthetic that is an un-natural rejuvenation of the face. A natural rejuvenation is one that restores parts of the face to their original position taking into account individual facial ageing and utilising specialised surgical techniques that respect the natural contours of the face.

For a natural-looking facelift and rejuvenation, I believe there are several facial plastic surgery factors that are of key importance:

- Elevation of the deeper layers of the face (including the SMAS, superficial musculoaponeurotic system). This requires specialised surgical techniques and hours of surgery to complete. Fast techniques that are superficial, principally lift the skin, resulting in stretching of the skin and a pulled look.
- Meticulous attention to detail is required to ensure that scarring is limited to a fine line and lifting does not alter natural hairlines. With meticulous techniques, these issues can be avoided. Excessive pulling of the skin can result in distortion of the ears and wide scars that are hallmarks of unnatural surgery.
- Browlift procedures were once fashionable to elevate the position of the brow. Many people have a naturally low position of eyebrows even in youth, and

brow lifts are less commonly indicated and need to be conservative. Over-lifting of the eyebrows results in a surprised and unnatural appearance.

- Artistry. Every surgeon has a different aesthetic and looking at a surgeon's before-and-after photographs will give an indication of this aesthetic.

- Often, natural-looking rejuvenation requires additional treatments to give the best possible result. Common additional procedures include fat transfer, skin resurfacing and blepharoplasty.

9.1.21. What is a Weekend Facelift?

The **weekend facelift** is the name of a procedure that suggests it will be fast to complete under local anaesthesia and with a fast recovery. Unfortunately, any short cuts with facelift surgical technique are reflected with both limited effectiveness and short-lived results.

The risk of a weekend or one-hour facelift is a fast technique that results in a small improvement that lasts for a short period of months. A surgical technique that is completed very quickly in less than two hours can only be superficial beneath the skin, Not lifting the deeper facial tissues means it will only last a short period. Simple techniques that are very fast - less than two hours - are focused on pulling skin. There is an increased risk of a pulled and unnatural appearance with a fast skin-lifting technique.

Patients with thinner skin often need skin rejuvenation to enhance the results of facelift surgery. This may include additional techniques including fat transfer, nano fat, skin resurfacing and regenerative medicine to ensure a natural appearance. Only lifting in patients with thin skin may lead to a pulled appearance.

The reason patients chose these mini facelifts is often related to price. However, they are less favourable when one takes into account their length of effectiveness and the cost of further surgery.

Facelift techniques vary from mini facelifts, to complete face and neck lifting techniques, and take from three to six hours. More extensive techniques are usually

required as a result of further ageing. True facelift techniques require general anaesthesia or sedation anaesthesia; the results take several hours to complete and last for a period of years. To create a fine or hidden scar takes time and meticulous work. It would take more than one hour just to close the incisions. In recent years there have been a growing number of advertised techniques that promise a great deal but there are no techniques that provide something for nothing, and many patients are disappointed by the results.

For the reasons above, I do not recommend the weekend facelift. 9.1.22. How can I make my Facelift last longer?

How long a facelift procedure lasts is dependent on several factors: the facelift technique; additional procedures;' environmental factors; genetics.

- **Facelift techniques** vary from mini facelifts, to complete face and neck lifting techniques, and most surgeons will use different surgical techniques dependent on the patient and their individual ageing. More extensive techniques are usually required as a result of further ageing. True facelift techniques take several hours to complete, and last for a period of years, usually between five and eight. My preference is to use deep-plane facelift techniques in suitable patients as these are likely to last for a longer period of time. Thread-lifts, mini-lifts, one-hour facelifts and other similar procedures often have a much shorter duration - between six months and a year. I do not advise patients to have these quick techniques as they do not give good long-term results or reach patient expectations.

- **Additional procedures** used in conjunction with facelift surgery will enhance the effectiveness and longevity of the surgery. Fat transfer to restore volume loss and skin resurfacing to restore sun-damaged skin are two common procedures that will enhance the facelift procedure

- **Environmental factors** that will speed up facial ageing and reduce the longevity of a facelift include smoking, sun exposure, poor nutrition and stress.

- **Genetic and ethnicity** both influence facial ageing and longevity of a facelift. A useful indicator for genetics is looking at how your parents have aged relative to their peers.

9.1.23. When is a facelift the best choice?

A facelift procedure rejuvenates the face by lifting soft tissues of the face that have descended with facial ageing as a consequence of descent of soft tissues, laxity in soft tissues of face and skin, volume loss. Facelift surgery is effective to treat facial characteristics, including:

- **Deep Nasolabial lines** that run from the nose towards the outside corners of the lips.
- **Jowls**, soft tissue that has descended below the jawline resulting in loss of a smooth jawline.
- **Excess skin** or vertical bands in the neck (secondary to laxity in the platysma muscle).
- **Marionette lines** from the corner of the mouth to the chin region.

The facial ageing changes usually occur from the forties but are are dependent on environmental factors (including smoking, sun exposure, poor nutrition and stress) and genetic factors. Often, to give the best result from a facelift, the surgery needs to be combined with additional procedures, including fat transfer to treat facial volume loss and skin resurfacing to restore sun-damaged skin.

Non-surgical treatments, including the use of wrinkle injection and hyaluronic acid fillers, have been influential innovations in the past 10 years that have advanced cosmetic surgery. Patients with early signs and symptoms of facial ageing including dynamic wrinkles (wrinkles on facial expression) and early volume loss around the cheeks below the eyes (termed tear trough depression) are effectively treated with non-surgical treatments.

The changes described above, including deep nasolabial lines, jowls and excess skin in the neck, are not effectively treated with non-surgical methods and require facelift surgery to give a natural-looking rejuvenation.

9.1.24. If I have a facelift at forty-five, will I need a future facelift?

A facelift procedure rejuvenates the face by lifting facial soft tissues that have descended with facial ageing as a consequence of descent of soft tissues, laxity in soft tissues of face and skin, and facial volume loss with facial ageing.

The **indications for a facelift** are to treat characteristics of the face include deep nasolabial lines (from the nose towards the outside corners of the lips), jowls (the soft tissue that has descended below the jawline resulting in loss of a smooth jawline), excess skin or vertical bands in the neck (secondary to laxity in the platysma muscle) and marionette lines (from the corner of the mouth to the chin region)

The facial ageing changes above that are suitable for facelift surgery usually present from the forties onwards. However, they are dependent on environmental factors (including smoking, sun exposure, poor nutrition and stress) as well as genetic factors.

How long a facelift procedure lasts is dependent on several factors: The facelift technique, Additional procedures, Environmental factors and Genetics.

- **Facelift techniques** vary from mini facelifts, to complete face and neck lifting techniques and most surgeons will use different surgical techniques dependent on the patient and their individual ageing. More extensive techniques are usually required as a result of further ageing. True facelift techniques take several hours to complete and last for a period of years, usually between five to eight. My preference is to use deep-plane facelift techniques in suitable patients because they last for a longer period of time. Thread-lifts, mini-lifts, one-hour facelifts and other similar procedures often have a much shorter duration of between six months and a year.

- **Additional procedures** used in conjunction with facelift surgery will enhance the effectiveness and longevity of the surgery. Fat transfer to restore volume loss and skin resurfacing to restore sun-damaged skin are two common procedures that will enhance the facelift procedure
- **Environmental factors** that will speed up facial ageing and reduce the longevity of a facelift include smoking, sun exposure, poor nutrition and stress.
- **Genetic and ethnicity** both influence facial ageing and longevity of a facelift. A useful indicator for genetics is looking at how your parents have aged relative to their peers.
- **Non-surgical treatments**, including the use of wrinkle injection and hyaluronic acid fillers, have been important innovations in the past decade that have advanced cosmetic surgery. To maintain the effectiveness of a facelift does require maintenance with non-surgical treatments to give the best long-term results.

Facelift surgery generally lasts for five to eight years, depending on the factors above. We know from scientific research including the study of twins, that a person who has undergone a facelift will always look younger than that if they had not had a facelift. However, as time passes, to maintain that look a further facelift may be required. Patients working in professions where appearance is key to career prospects commonly undergo multiple facelift procedures to maintain their appearance over several decades.

9.1.25. Is forty too young to have a facelift?

The facial ageing usually **presents from the forties** but depends on environmental factors (including smoking, sun exposure, poor nutrition and stress) and genetic factors.

The **indications for a facelift** are to treat characteristics of the face include deepening lines (e.g., nasolabial folds, lines from the nose towards the outside corners of the lips), jowls the (soft tissue that has descended below the jawline resulting in loss of a smooth jawline), excess skin or vertical bands in the neck (secondary to

laxity in the platysma muscle) and Marionette lines (from the corner of the mouth to the chin region)

Often, to give the best result from a facelift, the surgery needs to be combined with additional procedures, including fat transfer to treat facial volume loss and skin resurfacing to improve sun-damaged areas.

Non-surgical treatments, including the use of wrinkle injection and hyaluronic acid fillers, have been important innovations in the past decade that have advanced cosmetic surgery. Patients with early signs and symptoms of facial ageing including dynamic wrinkles (wrinkles on facial expression) and early volume loss around the cheeks, below the eyes, (termed tear trough depression) are effectively treated with non-surgical treatments.

The changes described above, including deep nasolabial lines, jowls and excess skin in the neck are not effectively treated with non-surgical methods and require facelift surgery to give a natural-looking rejuvenation. Age itself is not an accurate indicator for facelift surgery. Most forty-year-olds would not have the indications for facelift surgery as described above (jowls, deep nasolabial lines and vertical bands in the neck). However, as a consequence of genetic and environmental factors, if these symptoms and signs are present, then a facelift may be the most suitable facial rejuvenation.

9.1.26. Is seventy-six too old to have a facelift?

A facelift procedure rejuvenates the face by lifting soft tissues of the face that have descended with facial ageing as a consequence of descent of soft tissues, laxity in soft tissues of face and skin, and volume loss. By your seventies there will be most if not all of the changes above and these will be effectively rejuvenated with a facelift. There are several further considerations.

- **Safety** is of paramount importance. If you are fit and healthy with few medical conditions, then having a facelift is safe, has a fast recovery and delivers good results. If you have medical conditions, it is important that you have the necessary medical assessment to ensure your conditions are controlled, and you are fit for surgery.

- **Assessment** for my patients includes blood tests, heart tracing (ECG or EKG), and chest -ray
- **Medications** that you are taking may affect bruising, swelling and healing in general. It is key to discuss these with your surgeon.
- **General fitness** is important, and with regular exercise, this improves your recovery and healing.
- **Additional procedures** used in conjunction with facelift surgery will enhance the effectiveness of the surgery. Fat transfer to restore volume loss and skin resurfacing to restore sun-damaged skin are two common procedures that will enhance the facelift procedure.
- **Surgical technique** for facelift surgery in older patients requires meticulous care as the tissues lose some of the strength and elasticity with age, resulting in finer and more delicate facial tissues.

There is not a specific age that is too old for, facelift surgery, more important is good general health and fitness.

9.1.27. Do I need to have surgical drains with facelift surgery?

When completing facelift surgery, some surgeons will insert a fine tube into the soft tissues at the end of the surgery (termed a drain), on both the right and left side, to continue to drain fluid after the surgery. These are then usually removed one day later. The drains can be a minor inconvenience to patients as they get in the way in the shower. For some years I did not use drains and patients healed without their use. To enhance healing and recovery I now commonly use a temporary drain after surgery. By having a drain, swelling and bruising is drained away in the first week, resulting in faster healing and recovery. Every patient can choose what they would prefer in terms of comfort and healing.

9.1.28. What kind of facelift leaves the smallest scars and the best results?

Scars from facelift surgery should be discreet and difficult to see. I hide scars in your natural hairline and natural curves of your ear. I am absolutely thorough in each case to ensure the scars are hidden as far as possible and to close just one side takes forty-five minutes. Other techniques in front of the ear can be completed much faster but may result in visible scars.

Many surgeons use staples to save time in the hair. These can leave track scars and are very uncomfortable to remove. I only use fine stitches in the face, which take additional time to insert but avoid removing staples after surgery. Although no scars are invisible, most scars, once healed, are relatively discreet and difficult to see. Only one per cent of patients have issues with scar- healing that may require additional treatment, e.g. keloid scarring, a medical condition resulting in thickened and inflamed appearance of a scar requiring additional treatment with anti-inflammatory treatments.

A scar from facelift surgery can include wide visible scars on the face, elongated pixie-shaped ears and the loss of hairs or stepped pattern in the hairline. These results are avoidable by using specialised surgical techniques and meticulous attention to detail.

For a natural-looking facelift and rejuvenation that avoids scars, I advocate:

- Elevation of the deeper layers of the face (including the SMAS, superficial musculoaponeurotic system). This requires specialised surgical techniques and hours of surgery to complete. Elevation of the skin only, is much faster to complete but results in widened scars.
- Meticulous attention to detail is required to ensure scarring is limited to a fine line and lifting does not alter natural hairlines. With these techniques, these issues can be avoided. Excessive pulling of the skin can result in distortion of the ears and wide scars that are hallmarks of surgery.

- Brow lift procedures were once fashionable to elevate the position of the brow. The majority of us have a naturally low position of brow even in youth, and brow lifts are less commonly indicated and need to be conservative. Over-lifting of the eyebrows results in a surprised and unnatural appearance.

- Artistry: every surgeon has a different aesthetic, and it is worth considering this when you make a choice. Often, natural-looking rejuvenation requires additional treatments to give the best result. Common additional procedures include fat transfer, skin resurfacing and blepharoplasty.

- Occasionally, there are medical conditions that can result in poor healing and increased scarring, such as keloid scarring. If you know that you have such a condition, always inform your surgeon.

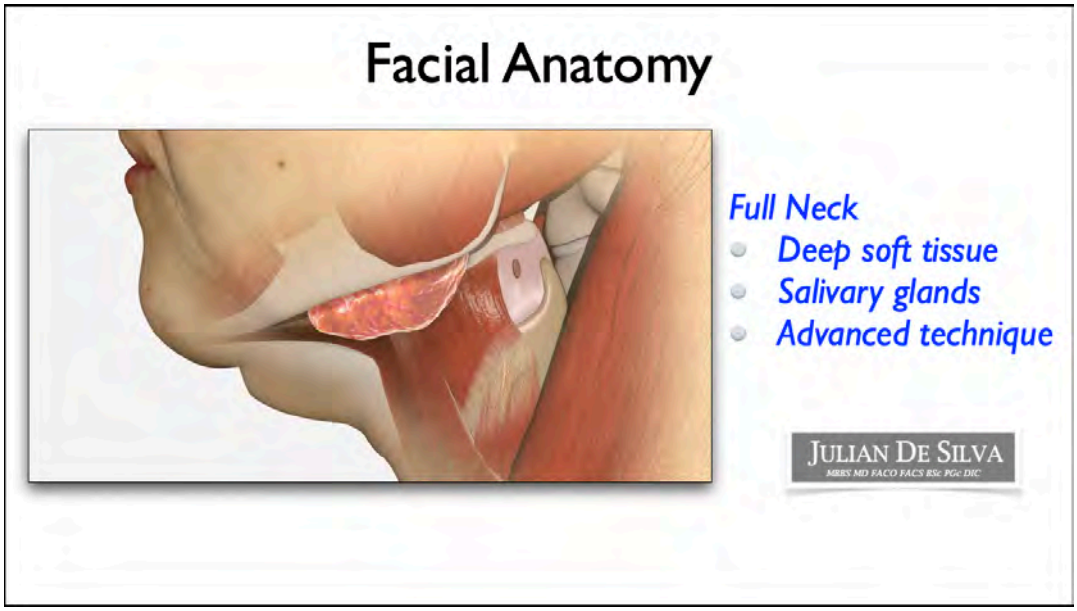
With full consideration of the factors above, scarring from facelift surgery can be avoided. Once scars have been made on the face, they are more difficult to treat and may require revision facelift surgery to reduce tension on the healing skin, or the use of laser resurfacing.

9.1.29. Facelifts: is it normal to have part of my glands under my jawline removed?

The salivary glands are located under your jawline (termed submandibular and submaxillary salivary glands) and are usually hidden behind your natural jaw and soft tissue of your neck. In some people the glands can be lower down and create bulging in the neck which can create a more bulbous or irregular shape and contour of your neck.

Most people who undergo facial rejuvenation with face and neck lift surgery do not require surgery on their salivary glands. In some people, as a consequence of their natural anatomy and facial ageing, the position of the glands could affect the final surgical result. In these patients, partial removal of the salivary glands as part of the face and neck lift surgery may be beneficial and improve the result of the surgery. The anatomy of the salivary glands includes a very powerful blood supply so surgery on the glands needs to be cautious and reserved for when absolutely necessary. If your salivary glands are more prominent in your neck, then partial removal at the same time as facial

rejuvenation surgery may improve the results of surgery. An assessment is required to determine your individual needs and suitability for this surgery.



In the neck, some patients as a consequence of genetics of facial ageing, can have more prominent salivary glands that give a fuller appearance to the neck with less definition.

9.1.30. What is the difference between a Full facelift and a Mini Facelift?

A mini facelift procedure is a technique that benefits a person with relatively early features of facial ageing, including facial sagginess with deep facial lines (termed nasolabial folds) with or without early jowls (softening of the smooth jawline) and some skin laxity in the cheeks and lower face. Key for suitability for a mini facelift is relatively good skin elasticity and relatively mild changes in the lower third of your face and neck. The advantages of a mini facelift are a small incision and hidden scar with rapid recovery after surgery.

There are circumstances where a mini-facelift procedure is not adequate – for instance if you have substantial skin laxity, marked jowls, droopiness in the neck including vertical bands (termed platysmal bands). With these features, usually from

your fifties, a full facelift is required to provide a natural rejuvenation. A full facelift requires a larger incision as more surgery is required to lift and rejuvenate the face. The incision is longer as it needs to extend behind the ear into the hairline, principally to treat the increased skin laxity. At the same time, the incisions can be largely hidden in natural creases and contours to avoid visible scars after surgery. The recovery from a full facelift is approximately two weeks, although the final result is six to twelve months later.

Key to a natural rejuvenation in both mini-facelift and full-facelift techniques includes meticulous attention to detail, lifting beneath the skin including the SMAS and deep soft-tissue layers (to avoid a wind-swept appearance) and multi-layered closure (to avoid visible scars). These techniques are effective at rejuvenating your face depending on your clinical needs, and an assessment is required to determine your individual needs and suitability for this facial surgery. These techniques may be completed with other facial techniques, including blepharoplasty (eyelid lift), fat transfer (volume rejuvenation), and CO2 laser resurfacing to augment the natural results.

9.1.31. I can feel a stitch along the incision line a month after surgery.

Surgeons use a variety of different techniques for closing incisions after surgery. If your surgeon only uses superficial stitches, all of these may be removed between one and two weeks after surgery I use three layers of deep stitches to ensure no tension on the wound and ensure the finest-possible scar. These specific stitches dissolve as much as six-months after surgery, ensuring the soft tissues are held in place during the healing period. On occasion, as the swelling resolves, the very edges of these stitches can be felt along the incision line. They are difficult to see as they are clear in colour. If they are irritating or uncomfortable, they can be removed. However, if they are not causing any issues they can be left as they will naturally dissolve between three to six months after surgery. There are deep stitches beneath the skin that dissolve in between three and six months and which are important as they support the face during healing and reduce scarring. Sometimes as the swelling goes down, you can feel an edge of a

stitch. All stitches I use dissolve with time. 9.1.32. Numbness eight weeks after facelift and neck lift surgery?

During face and neck lift surgery, the face is rejuvenated by lifting the soft tissues that have dropped with facial ageing and restoring them to their natural position. As part of the surgery, the excess and floppy skin that has become lax with time is partly removed. It is completely normal to have a degree of numbness around the face and neck during the healing period. The sensory nerves gradually improve after surgery and between six weeks to six months. Numbness during this period steadily improves as the sensory nerves recover. It is rare for the numbness to persist after 12 months, however in the same way every person has relatively unique facial characteristics, very occasionally numbness can be long-lasting. Patients who have difficulty adapting to this change may also find some tightness in their neck during the healing period. For these patients, manual lymphatic drainage (termed MLD), a specific type of neck massage, may be effective in improving symptoms and reducing recovery time.

9.1.33. What is Accusculpt?

Accusculpt technology uses a laser to reduce fat and in principle is similar to liposuction. The treatment reduces fat in the neck, which may be particularly useful fin younger patients. The technology does not benefit facial ageing that has resulted in effects of gravity or skin laxity. For instance, patients with jowls or loose skin, are not treated. Accusculpt is marketed as a form of a facelift, however it is not a true facelift. A true facelift involves lifting the layers beneath the skin, where gravity has resulted in jowls or deep lines in the face and removing the remaining loose skin. Every few years there is a new non-surgical technology that promises results that avoid the need for surgery. Although these techniques have a role for some patients, there are limitations and they cannot be used for everyone.

The risk of an Accusculpt facelift is that it is a fast technique that results in a small improvement that lasts for a short period of months. A surgical technique that is completed relatively quickly can only be superficial beneath the skin. It doesn’t lift the deeper facial tissues and therefore only lasts a short period.

Facelift techniques vary from mini facelifts, to complete face and neck lifting techniques and take from three to six hours. More extensive techniques are usually required to treat further ageing True facelift techniques require general anaesthesia or sedation anaesthesia. They take several hours to complete but the results last for years.

9.1.34. How long does a neck lift take?

The length of a neck lift will depend on the complexity of the surgery, the degree of laxity and facial ageing, as well as patient ethnicity and sex. On average a neck lift will take from one and a half to three hours. Anything under ninety minutes is a short length of time. There is a great deal of individual variation in the neck, and good surgery requires meticulous attention to detail, including measurements and time. It is important that your surgeon takes adequate time to complete the surgery cautiously and without rushing. Combined face and neck lift takes on average four to six hours.

I allow a minimum of three hours for most neck lift procedures and additional time to ensure the best possible result. For more complex revision neck lifting and combination treatments including facelift, fat transfer and blepharoplasty, additional time may be required taking it up to seven or eight hours.

9.2. The ten commonest fears in undergoing Facelift and Neck lift surgery

9.2.1. Concerns about the results from Facelift and Neck lift surgery

Being concerned about the final results is natural. Your face is an important part of you that cannot be hidden. Facelift surgery, like all facial surgery, is not something you should rush into. It is worthwhile spending time to research and build a e a clear understanding of what you would like to achieve, who you would like to complete the surgery, and the time frame and support you have for recovery. The information to enable you to answer these questions and make an informed decision is all in this book.

9.2.2. I am worried about when I can return to work and exercise

To allow a fast recovery you do need to plan ahead and to take some time off from your normal activities. Two to three weeks off work is all that is normally required but the exact time period does depend on your profession and the nature of the t surgery you are undergoing. For example, combining facelift surgery with fat transfer and skin resurfacing will enhance the results from surgery but may give more swelling during the recovery period.

Performers who are in front of HD cameras and a public audience need to allow additional time for fine amounts of swelling to resolve. In terms of exercise, three weeks off is usually required to enable sufficient time for healing and resolving of swelling. Exercise too early increases the chance of more swelling and bruising.

9.2.3. I am worried about finding the best surgeon

Choosing the best surgeon is important. When choosing your surgeon you should consider area of specialism, experience, memberships of professional bodies, cost and personal recommendations. Facial cosmetic and plastic surgery is as much art as science. No two faces are identical, facial shape and proportions, ethnicity, and body shape are all important considerations for facial plastic surgery. Choosing your facial cosmetic surgeon is the most important decision in defining both the outcome and safety of the surgery. There is a detailed chapter in this book that will help you with this decision.

9.2.4. I am afraid of undergoing general anaesthesia

In the past most cosmetic surgery was performed under general anaesthesia. Many patients are concerned about “going under” but there are alternative types of anaesthesia available. Although most facelift surgery can often be completed under general anaesthesia this can be associated with nausea, sickness and a longer recovery. An advancement on general anaesthesia is sedation anaesthesia, also called “twilight anaesthesia”. With sedation anaesthesia you are sleeping during the surgery, that

means you are breathing yourself and all of your natural protective reflexes are working normally. Sedation anaesthesia is regarded as very safe and the risks are very small. Compared to general anaesthesia, sedation anaesthesia is associated with less bruising, less swelling, increased safety and faster recovery.

9.2.5. I am worried about pain after surgery

Most of my facelift and neck lift patients do not experience pain and do not need to take prescription pain medications. Although I provide analgesia (pain relief medication) to all patients, most do not have much in the way of pain or discomfort after surgery. When there is pain, this tends to be a relatively mild ache and the discomfort does not usually last more than a few days. For the first night I organise my nurse to look after patients to ensure a high level of service during the early part of the recovery.

9.2.6. I am worried about the cost of surgery

Cost may be an important factor in your decision but with facial surgery cost should only be one of a number of factors you consider. Among these are quality of surgery, materials used, technology used, safety, and speed of recovery. The lowest cost option will not offer the same standard of care and should be considered cautiously. Twenty percent of all surgery I complete is revision surgery from patients who have had surgery elsewhere. If you have limited resources, then it may be a better option to wait until you have necessary funds rather than make a hasty decision based purely on cost.

The cost of a facelift can vary substantially depending on the type of facelift, the location, and the experience of the surgeon. There are facelift procedures that are very quick and completed in less than two hours that have a lower cost, however their outcomes and longevity are limited. The cost is tailored to an individual patient's needs and is based on whether it is a full facelift, neck lift, and if there are associated procedures to enhance the result. Additional techniques include volume augmentation, skin resurfacing and specialised eyelid contouring techniques. A good, long-lasting result that is free of problems is worth its weight in gold. The quality of your care and outcome is most crucial. Lower-cost surgery may result in compromises in quality of

the result and in safety. For an accurate assessment of price, a consultation is usually required.

9.2.7. I am worried what my family, friends and colleagues will think. There is a degree of artistry with facial cosmetic surgery and with good surgery the results will be natural looking. Allow sufficient time after your surgery for the majority of swelling to resolve. For most patients this will be between two and three weeks.

The key to a natural rejuvenation is maintaining a person's facial characteristics including their eyelids, eyebrows and cheeks. With the exception of close family, after good facial cosmetic surgery most friends and colleagues will not be able to tell you have undergone treatment. The best compliments are from friends who say you look refreshed or better, but cannot tell you have undergone surgery. The best version of you.

9.2.8. I am worried about the risks of surgery. It is completely normal to have some concerns about the potential risks; This is human nature. Facelift and neck lift surgery, as with any surgery, has some potential risks and complications that may occur. Complications in face and neck lift surgery may occur because of several reasons. One of the most important factors in the success of surgery is the surgeon. The surgeon must have complete knowledge of how the surgery has to be performed. Facelift and neck lift surgery is demanding, and requires in-depth knowledge of the anatomy, experience and attention to detail.

All patients have a degree of swelling, and sometimes bruising, that resolves over a period of weeks; 80% over the first two weeks. Patients who smoke have delayed healing and it is advisable to stop smoking for a period of weeks before and after surgery.

One of the commonest complications documented in scientific literature is bleeding and a collection of blood (haematoma) which occurs in up to 12% of cases completed with general anaesthesia. I have found, with modern techniques, this can be reduced to less than one per cent.

The two most serious complication of face or neck lift surgery are damage to a motor nerve and skin necrosis. Although rare (less than 2% of patients), a temporary weakness in motor function can occur as result of swelling or stretching around the motor nerve. This may result in a temporary asymmetry on a large smile that then improves naturally over a period of months. Permanent damage to a branch of the facial nerve results in reduced facial expressions but is very rare. Skin necrosis (delayed healing, usually a consequence of smoking) can be reduced by stopping smoking before surgery. Skin necrosis can be effectively treated with oxygen therapy, and I ensure my patients have immediate access to this treatment. Face and neck lift surgery is generally a popular surgery with high patient satisfaction and low risk of complications.

9.2.9. I am worried about needing further surgery?

Most patients only need a single facial procedure, and the need for revision surgery after facial cosmetic surgery can be reduced with care from your surgeon, meticulous measures before surgery (e.g. measuring blood pressure, blood tests), and use of technology after your surgery (oxygen therapy, LED phototherapy, regenerative medicine). Reading this book, will give you valuable insights into how to minimise risks with surgery. Key is choosing the best possible surgeon for you and following their suggestions and guidance both before and after surgery.

The commonest complications are bleeding and bruising, both of which are treatable. There is always a risk of minor asymmetry or loose skin that may settle with time. However, approximately five per cent of patients may require a small revision procedure that can be completed under local anaesthesia. Facelift and neck lift surgery is generally a popular surgery with high patient satisfaction and low risk of complications.

9.2.10. Will I have visible scars?

In facelift surgery, meticulous attention to detail is required in hiding scars within natural lines and creases. Surgeons complete facelift surgery using different techniques. Care and attention is required to hide facelift incisions. Surgical measures that can be taken to ensure scars are discreet include:

- **Location of the incision.** The incision, and thus the scar in front of the ear can be hidden in women by placing the visible portion of the incision inside the ear canal or opening behind the little lump in front of your ear called the tragus. In men, this is not ideal as it means the beard hair will grow up towards the ears. I will often use a natural crease that lies in front of the ear to mask this incision. **Multiple-layered meticulous closure,** ensuring that there are deep stitches to support the soft tissues once the superficial skin stitches are removed, is key to avoid widened scars. It takes additional time to complete and is more challenging for the surgeon. I always close the incisions with multiple layers to give the best-possible final result.

- **Additional surgical techniques** include careful bevelled incision in the hairline to avoid hair loss. SMAS or deep muscle tightening before skin closure and avoiding tension on the skin on closing the incision, are important aspects of the surgery.

- **Avoid staples.** I don't use this method used to close the skin. The best healing is from the use of fine sutures in non-hair bearing skin which takes additional time and meticulous care to complete.

Less than one per cent of patients may have a medical condition that leads to keloid scars resulting in the scar thickening and an inflamed appearance. These scars are rare but require additional treatment with anti-inflammatory medicine and regenerative treatments.

All surgical scars are red to pink initially and in most people fade over a period of weeks. As early as one week, concealer can be used to hide the colour of scars. The final result, when most people's scars have healed to a fine white line, takes 12 to 18 months after surgery; most scars are white and discrete by this time. A small proportion of scars may require a minor revision to make them as discreet as possible.

What can you do to improve your facelift scars?

- Follow your surgeon's instructions and advice.
- Keep your incisions clean and dry.

- Begin gentle massage of the incisions after two weeks.
- Avoid strenuous exercise and stress during your recovery.
- Eat healthy-protein and high antioxidant-containing foods.
- Take supplemental Vitamin C.
- Use of regenerative medicine (PRP, amniotic membrane product).
- Use of LED light phototherapy.
- Use of oxygen therapy.
- Avoidance of sun exposure with the use of hats and a high-quality sunblock of SPF 30 is important for twelve months after surgery to avoid redness and darkening of the incision sites.