

# On the Face of it

**Face lifts often get a bad press, but techniques have changed and these days, if you pick the right surgeon, it is possible to achieve a very natural looking result. In this article, Mr Gary Ross explains his approach to face and neck lifting**

Many non-surgical treatments and minimally invasive face and neck lifting techniques have been introduced into cosmetic practice over recent years. A consultation regarding facial rejuvenation must involve the pros and cons of these alongside the pros and cons of classic face lifting and neck lifting procedures.

The aim of facial rejuvenation is to change and improve appearance and produce a long lasting, natural looking result, with as little down time as possible. Although non-surgical treatments and minimally invasive face lifting is effective in slowing the ageing process within our formative years, as we get older classical face and neck lifting is often the only procedure that can address the ageing lower face and neck adequately.

The classic signs of jowl formation, prominence of the nasolabial angle, blunting of the jaw line and fullness under the chin are best addressed by modern face and neck lifting techniques using the classic approach.

Modern techniques in face lifting address mainly the layer underneath the skin and above the muscle, which is called the SMAS layer. Minimal skin excision is required with an emphasis on redraping of the skin following the SMAS lift.

The windswept look, with change in earlobe position and

stretched scarring as a result of skin face lifts only still occurs in very rare and unfortunate cases and is easily avoidable.

The effects of ageing lead to an increase in subcutaneous fat deposition in the jowls and the nasolabial creases. These descend in a vertical fashion and for face lifting the SMAS needs to preferentially lifted in a vertical fashion.

Because we lose tissue with age, the SMAS layer should be remoulded rather than removed

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to improve facial contour.

Autologous fat may also be required to improve the volume of the face.

The neck is one of the most difficult areas to address and must be considered in all patients consulting for facial rejuvenation, as an ageing neck can let down a youthful face. To lift the neck, one must consider not only the repositioning of the SMAS layer but also the repositioning of the platysma layer that is a continuation of the SMAS layer in the neck.

As the platysma ages and weakens the fat under the chin becomes more prominent – often

this fat needs to be removed by either an open approach or by liposuction. Where liposuction is required to reduce fat in the jowls, under the chin and on the neck, the fat can be redistributed into other areas such as the cheek, lips or chin to provide an overall rejuvenated effect.

As previously mentioned, the platysma layer is a continuation of the SMAS layer and therefore the platysma also needs to be lifted in a vertical plane via suspension methods. Finally one must also consider the chin and the angle of the jaw and where required a genioplasty, or chin augmentation, may be required.

The face/neck interface must be addressed in all consultations regarding facial rejuvenation. Although non-surgical treatments and minimal access face lifting provide a useful adjunct in the fight against the ageing process, the pros and cons of classic facelifting using modern techniques provide a long lasting result with minimal downtime and may be more likely to achieve the expectations of the patient.

**CS&AG**

**Treatment:** Face and neck lifting

**Price:** From £4,500

**Time taken:** 2-3 hours

**Anaesthetic:** General

**Hospital stay:** Overnight

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Info

**Seconds ahead**

This lady has previously undergone a skin only facelift under local anaesthetic in another institution. The jowl has recurred with a blunting of the jaw line. The SMAS layer has been repositioned vertically onto the cheek and the skin redraped.



**Seconds ahead (2)**

This is the side view of the lady above showing the deformation of the earlobe with stretched scar along with blunting of the jaw angle. Repositioning of the platysma layer vertically in combination with vertical suspension of the SMAS leads to improved jaw contour, removal of the jowl and a smooth cheek curve.



**Fat chance**

This lady has undergone a classic facelift using both vertical suspension of the SMAS and platysma suspension alongside liposuction of the neck and jowls with autologous fat transfer.



**Fat chance (2)**

This is the side view of the lady above, showing the dramatic change on the neck utilising the techniques above. For neck rejuvenation an open excision was required to remove fat under the platysma, combined with liposuction and platysmaplasty. Finally a chin implant has been used to improve the angle of the chin and the jaw.



**Neck and neck**

This lady did not wish to undergo a facelift procedure and was most concerned about her neck. A neck lift in combination with liposuction and a chin implant have improved her profile and achieved a result that she was looking for.

