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COSMETIC SURGERY OF THE FACE

Q *What is cosmetic surgery?*

A Ageing is natural and the changes that we experience with ageing usually require no surgery or other treatment. Sometimes, however, subtle changes with age may make us look tired, or simply older than we feel. In these circumstances cosmetic surgery is often very beneficial.

Cosmetic surgery can also be very effective in the treatment of scars or other blemishes that are not related to ageing at all.

Q *Is this type of surgery done only for cosmetic reasons?*

A No. As ageing changes progress other problems can arise, particularly around the eyes. For example, excess skin in the upper eyelids may become visible in the edge of vision, or bulges in the lower eyelids may be visible when we read. These are termed 'functional' changes because the function (in this case of the eyes) is affected. They can be corrected with surgery very similar to the procedures used in cosmetic surgery.

In addition, other problems, especially of the eyes, can arise as we age. The lower eyelids may start to turn in (entropion) and cause discomfort or fall away from the eye (ectropion) and cause soreness and watering. The upper lids may droop (ptosis). The eyes may water constantly. All of these problems are common. They can be uncosmetic and inconvenient and the surgical treatment is usually straightforward.

Q *What happens during ageing?*

A A predictable sequence of changes occurs in the face as we age.

Early changes are barely discernable and few seek advice. Fine wrinkling of the skin may begin in the late 20s. At the same time the furrow between the cheek and the mouth - the nasolabial fold, a smile line - becomes apparent. The furrow between the cheek and the inner corner of the eye - the nasojugal fold, or 'tear trough' - also appears.

During the 30s fine 'crow's feet' wrinkles often appear at the outer corners of the eyes and other lines may appear in the forehead. By the 40s small folds of skin are often starting to appear, especially in the eyelids and prominent fat in the upper and lower eyelids may be creating a mild 'baggy' appearance. The facial skin becomes gradually less elastic and the fullness also becomes less as the volume of the tissues very gradually declines over the years.

The changes in the eyelids, which lead to so many seeking advice, are influenced by other changes in the forehead and the cheeks.

The forehead tissues relax very gradually with time and the brows drop a little. This pushes more skin into the upper eyelids. The cheeks also tend to sink as their deep attachments relax. This accentuates the nasolabial folds and eventually contributes to the jowls appearing below the jawlines and to lax skin in the neck.

All these changes can be treated. In general, early changes - fine wrinkles alone - are not treated surgically. One of the non-surgical treatments, or even careful make-up, can give the desired effect. Once folds of excess skin, fat prominence in the lids and sinking of the forehead and cheeks appear, surgical treatment has a definite role to play.

Q What surgery might I need to consider?

A Blepharoplasty removes excess skin and/or fat from the eyelids. In the lower lids skin needs to be removed much less frequently than in the upper lids; if only fat needs to be removed from the lower lids it is often done through the back of the lids (the 'conjunctival approach') to avoid any visible scars. If the brows are lower than normal this causes more skin to descend into the upper lids. The treatment is to lift the brows to their correct level. This is usually done 'endoscopically' through incisions hidden behind the hairline. (See below).

Eyelid ptosis correction. Ptosis is drooping of the upper lid. It is common and it can be corrected at the same time as blepharoplasty (or separately if blepharoplasty is not required). The approach may be through the eyelid skin with the scar hidden in the skin crease of the upper lid, or it may be from the back of the eyelid with no visible scar. A number of factors determine which approach is recommended.

Brow and forehead lift restores the brows to their correct level. There are several approaches to this. If the brows are not too low the *endoscopic* approach is usually recommended. Through incisions placed behind the hairline the forehead is lifted together with the brows. This approach can raise the hairline a little so if the hairline and forehead are already high an alternative approach such as the *pretrichial* lift (with the incision just in front of the hairline) or the *direct* lift (with the incisions just above the brows) may be preferred.

Cheek ('mid-face') lift raises the prominence of the cheek which sags with age. This also reduces the nasolabial and 'tear trough' furrows a little and supports the lower eyelid as well. At the same operation the outer corner of the eyelids can be raised slightly if needed.

Other procedures around the eyes. Other more subtle changes around the eyes can be corrected at the same time as the procedures discussed above. A filler, botulinum toxin or a chemical peel can be applied. Skin blemishes can be removed.

Face lift. There are many different approaches and variations to face lift surgery and the techniques have evolved over the years. Mild laxity of the tissues of the face with limited jowl formation and neck skin laxity is often currently treated with a '*short scar face lift*' or 'minimal access cranial suspension lift' also known as a 'mini face lift'. The scar is limited to the area in front of the ear and recovery is quick. More marked laxity of the facial tissues often requires a more extensive face lift at a deeper plane in the face than the 'mini face lift'. The scar extends behind the ear and recovery takes longer.

Q *How do I know if cosmetic surgery or other cosmetic treatment will benefit me?*

A The first step is to take advice from a surgeon experienced in this type of surgery. This may be an *ophthalmic plastic surgeon* (especially for treatments around the eyes) or a *general plastic surgeon*. As mentioned above, not all ageing changes are best treated with surgery; alternative therapies such as botulinum toxin, fillers (eg Restylane, Radiesse or fat) or skin resurfacing (eg chemical peels, laser or radiofrequency) are often more appropriate for minor changes. IPL (Intense Pulsed Light) may be helpful for minor skin blemishes. These treatments are frequently offered by therapists who are trained in non-surgical techniques but are not trained in cosmetic surgery and may not be medically qualified. These treatments are also offered by many cosmetic surgeons and their teams.

Q *How do I find a good cosmetic surgeon?*

A *Ophthalmic plastic surgeons* are eye surgeons who, while not limited to the eyelids, are particularly trained and experienced in surgery to this important region of the face including any related problem of the eyes themselves. They also may offer surgery for the brows, forehead and cheeks. Most will be members of the British Oculo-Plastic Surgery Society (BOPSS) and possibly the European Society for Ophthalmic Plastic and Reconstructive Surgery (ESOPRS).

General plastic surgeons offer surgery for the lower face and neck while also offering surgery to the mid and upper face, including the eyelids. Plastic surgeons offering cosmetic surgical treatments will usually be members of the British Association of Aesthetic Plastic Surgeons (BAAPS).

The websites of BOPSS and BAAPS have lists of their members including their contact details and links to their personal websites with more details of their training and areas of particular expertise. Your family doctor will know your local consultants and will be able to refer you.

Q *How do I find a therapist for advice about one of the non-surgical treatments?*

A Many therapists work from high street premises or private hospitals. Some offer only a limited selection of therapies; others offer a full range, excluding surgery. Many magazines and other media publish regular articles on cosmetic products and treatments and give links to websites or to individual practitioners.

Hospitals and clinics offering cosmetic treatments should be registered with the Healthcare Commission which inspects their facilities regularly to maintain standards.

Q *How much will it cost?*

A Fees for cosmetic treatments vary widely between surgeons and also between non-surgical therapists. Hospitals and clinics also vary in the fees they charge. London tends to be more expensive than the provinces. It is always advisable to ask for a written quote, including the possibility of any extra costs before embarking on treatment. Ask also about potential further costs should complications arise after treatment. Would the surgeon or therapist make an extra charge or would management of any complications be covered by the initial fee?

Most insurance companies will not cover the cost of purely cosmetic surgery or other treatments. Sometimes, however, they may consider it if the treatment is needed for 'functional' reasons as well (see 'Is this type of surgery done only for cosmetic reasons?' above).

Q *How long will the effect of cosmetic treatment last?*

A Cosmetic treatments do not halt the ageing process. Laxity in the skin and the tissues of the face continues to progress very gradually over the years. It is usually possible to estimate the duration of particular surgical procedures and other treatments. However, people vary and the estimate can be only approximate.

Surgical treatments for the effects of ageing can be expected to last for several years, often longer. Frequently no further surgery is felt to be needed even if some of the laxity has reappeared. By contrast, the benefits of surgery for other cosmetic blemishes such as scars or skin pigmentations are usually permanent.

Non-surgical treatments generally last for much shorter periods and need to be repeated at regular intervals. For example, the effect of botulinum toxin wears off in an average of about 14 weeks, depending on the preparation being used. The injections are then repeated. Fillers gradually absorb, reducing their filling effect over several months, depending on the particular filler used. Skin resurfacing also gradually loses its effect over a variable period of time depending on the modality used. The treatment then needs to be repeated for continuing effect.

Q *Am I suitable for cosmetic treatment?*

A Most people who seek advice for cosmetic reasons have a clear objective in mind. They have identified a particular problem which they would like to have treated and they want to know the best treatment to achieve their objective.

Others want to discuss a number of issues which may lead to treatment when they understand what can be achieved. In both of these situations advice regarding the best treatment is usually straight forward and a simple decision needs to be taken on whether to proceed or not.

Some people have a less clear idea of what they want from cosmetic treatment. Often it is possible with discussion to focus on the issues causing concern and to proceed to appropriate treatment. Sometimes, however, the surgeon may not be able to gain a clear idea of what his patient wants. In these circumstances the advice is usually to wait and think through the discussion then return later. Further discussion may then help to clarify the real issues needing treatment.

Occasionally discussion with other professionals may help and the surgeon may suggest this in order to plan the best and most appropriate treatment.

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