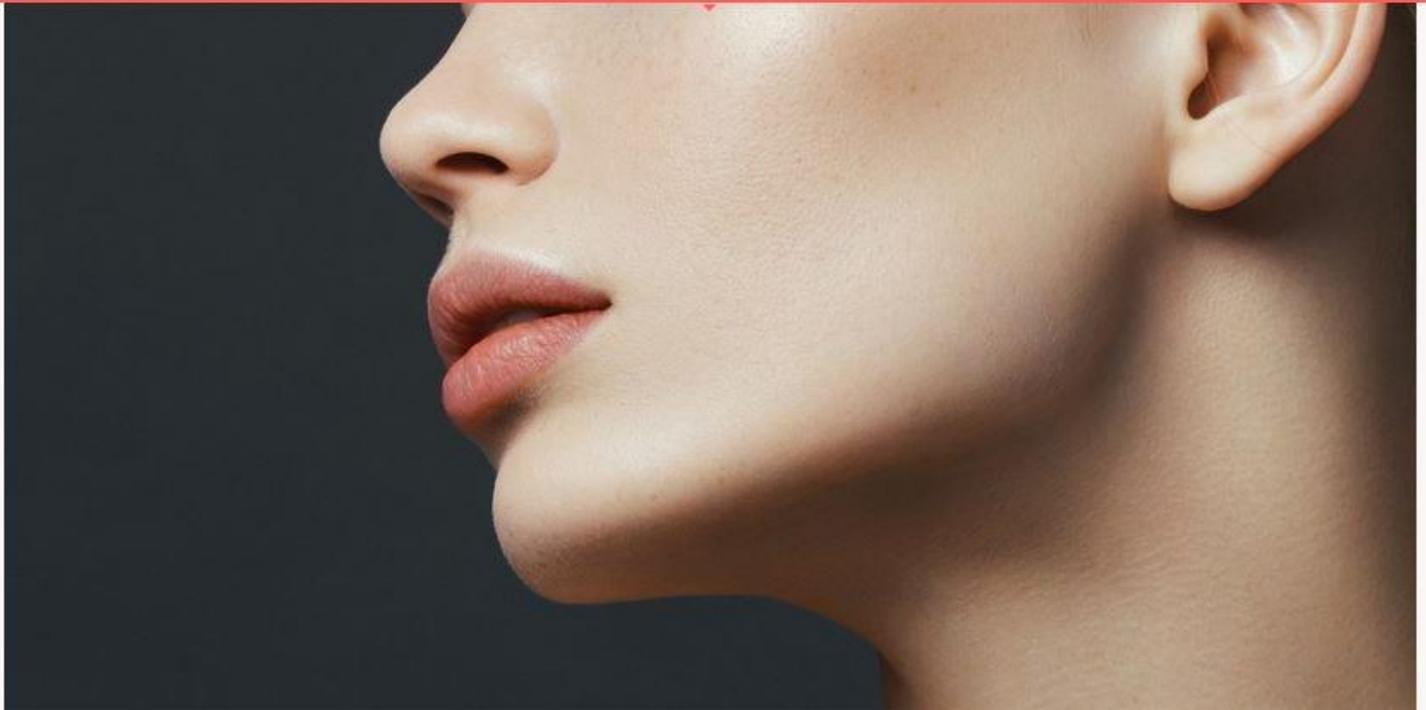


Face-Lift: The New Advancements in the Old-School Surgery

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Toxins, fillers, lasers—they've comprised the bulk of the beauty world's breaking news since the dawn of Botox for cosmetic use. And for good reason: Line-smoothing shots (Botox and now Xeomin and Dysport) and contour-restoring hyaluronic acid fillers (like Restylane and Juvéderm) are pretty freaking miraculous. And remember when we heralded the arrival of skin-tightening treatments, like Thermage and Ultherapy? Sharpen a jawline without a single prick!

But against this backdrop of flashy nonsurgical breakthroughs, a veteran anti-ager has been quietly rising up. More people—over 28 percent more—got face-lifts in 2015 than in 1997 (five years before the birth of Botox), according to the American Society for Aesthetic Plastic Surgery. Turns out, all those quick shots and no-downtime lasers haven't nudged the surgery closer to extinction. They've actually brought it out of the shadows. Noninvasive treatments “have de-tabooed plastic surgery by letting people dip a toe in the waters of this world,” says Marc Zimbler, an assistant clinical attending professor of facial plastic surgery at NYU Langone Medical Center in New York City. And soon they're ready to jump off the diving board.

*Here's What You Should Know
Before Getting a Face-Lift*



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It helps, of course, that the face-lift has enjoyed a makeover of its own in recent years. “Twenty years ago, the surgeon who did the tightest face-lift was considered the best,” says David Rosenberg, a facial plastic and reconstructive surgeon in New York City. Not so today, as significant advances are helping surgeons achieve far more natural-looking results while minimizing scarring and downtime. That’s even piquing the curiosity of fortysomethings who’ve experienced the limitations of nonsurgical tools—namely, their inability to transform the lower face and neck in a meaningful way.

Techniques like Thermage and thread lifts can raise skin by a millimeter or two, and fillers that lift and swell the skin can take up a bit of slack, “but they’re not going to replace a face-lift,” says Paul Jarrod Frank, a clinical assistant professor of dermatology at Mount Sinai Hospital in New York City. “I’m not going to load someone up with filler and turn her into a Cabbage Patch Kid just to make her skin a little tighter.” And noninvasive neck procedures effective enough to stave off surgery just haven’t kept pace with face-focused ones, notes Karyn Grossman, a dermatologist with offices in Los Angeles and New York City. Now, let’s get down to brass tacks.

What Can—and Can’t—a Face-Lift Fix?

The face-lift’s main goal is to remedy laxity in the lower face and neck, not to erase every little flaw. With age and the hormonal upheaval of menopause, the skin slackens and its underlying support system of fat and muscle collapses, ushering in droopy cheeks, an ambiguous jawline, and a neck marred by wattle and bands—all of which “can be mostly or completely corrected with a face-lift,” says Lawrence Bass, a clinical assistant professor of plastic surgery at the Manhattan Eye, Ear and Throat Hospital in New York City. Nasolabial folds, the parentheses offsetting the mouth, may also look a bit better after surgery but probably won’t disappear entirely, he explains. Tugging that area enough to iron out deep creases can distort the mouth into a telltale Joker smile.

While the face-lift does bolster and reshape flattened cheeks, it doesn’t address hollows or the tone and texture of the skin. Things like brown spots and fine lines around the mouth will persist, says Haideh Hirmand, a clinical assistant professor of plastic surgery at Weill Cornell Medical College in New York City. Which is why many surgeons now routinely perform laser treatments and fat transfers directly following surgery—right after skin is stitched closed, while you’re still under anesthesia—stacking the downtime for the freshest result. The standard face-lift also ignores the upper face completely, furrows and crow’s-feet included. You can tack on a separate yet simultaneous eye job or brow lift for an added cost.

What Advances Have Been Made?

Many—starting with a biggie: the depth of treatment. Rather than simply pulling back and cutting away lax skin, surgeons now lift and reposition underlying muscles. “The skin-only lift of the past produced immediate results, but given the skin’s remarkable ability to stretch, the benefits lasted only about four or five years,” explains Konstantin Vasyukevich, a clinical assistant professor of head and neck surgery at the Albert Einstein College of Medicine in New York City. To compensate, “surgeons overpulled the skin, creating that wind-tunnel look,” he adds. Today, doctors use sutures to tighten either the connective tissue enveloping the muscles of the midface and neck (a so-called SMAS, or subcutaneous musculoaponeurotic system, lift) or the underside of the muscles themselves (a deep-plane face-lift). This allows surgeons to redrape the skin without stretching it to freaky effect. Changing the direction of the lift—pulling up as much as back—also contributes to a less pinched appearance. The old-school horizontal hike could betray a face-lift by giving “a weird, winged look to crow’s-feet and neck lines,” says Dara Liotta, a facial plastic and reconstructive surgeon in New York City.

Surgeons have also mastered the nuances of replicating facial anatomy. “We now know exactly how much skin we need to lift up and which specific tether points [of the musculature] we have to snip to boost everything into place in a very focused way,” says Bass—meaning without taking apart the entire face and causing massive swelling and bruising. Some surgeons also use energy-based devices that help firm and lift the skin and melt unwanted fat during surgery, “so we can do less cutting and really limit bruising to just around the ears,” says Julius Few, a clinical professor of plastic surgery at the University of Chicago Pritzker School of Medicine. Doctors also cater to our collective intolerance for downtime by offering partial lifts—mainly to younger (mid-40s to early 50s) people who’ve used lasers and injectables over the years. With her “jowl lift,” Hirmand can fix the neck and jawline while sparing the face, easing patients’ anxiety over looking different and shaving about a week off their recovery. In Rosenberg’s office, the midface lift is hugely appealing to fortysomethings without neck issues, who just want to redefine their cheeks and jawline. He did 38 of them in 2015, compared with only 17 the year before.

More-discreet scars are a happy by-product of these advances. Those with a considerable amount of loose skin, however, may still require traditional incisions, which travel from the temple down along the front of the ear—or sometimes inside the ear—then around the lobe and up the back of the ear and into the hairline. Though no small thing, “they tend to heal really well and can be tailored to the individual, so they’re almost completely hidden in the hair or creases of the ear,” says Liotta.