



FACELIFT AND POST-FACELIFT REHABILITATION

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Abstract:

In modern aesthetic medicine, facelift occupies a special place among plastic surgeries, demonstrating a steady increase in popularity in recent decades. The desire to preserve youth and attractiveness, the increasing influence of social standards of beauty, as well as the development of innovative surgical techniques contribute to an increase in the number of facial rejuvenation operations.

Keywords: Facelift, face lifting, rehabilitation period, postoperative recovery, facial plastic surgery, facial rejuvenation, postoperative care, aesthetic surgery, surgical rejuvenation, compression therapy

INTRODUCTION. Modern facelift is a complex surgical procedure that requires not only the high professionalism of the surgeon, but also carefully planned postoperative management of the patient. The success of the operation is largely determined by the quality of the rehabilitation performed, which plays a key role in achieving the desired aesthetic result. An integrated approach to the rehabilitation period, which includes both medical aspects of recovery and psychological adaptation of the patient, is of particular relevance. Properly organized rehabilitation helps to minimize the risks of complications, shorten the recovery period and ensure long-term preservation of the results of the operation.

This paper examines the main aspects of facelifting and subsequent rehabilitation, modern approaches to postoperative management of patients, as well as a set of measures aimed at preventing possible complications and ensuring optimal aesthetic results, the modern term is facelift. There are many ways to perform facelift, they differ in the types of accesses, the location of incisions, the degree of intervention and take into account the indications and characteristics of each patient individually, which ensures the best and most natural result, because often during surgery the surgeon combines several techniques. There is so much information on facelift that an unprepared person can panic. And there's something to it: promotional articles abound with various "author's techniques" of facelifting, although, in fact, there aren't many options for facelifting technology. An experienced and sought-after plastic surgeon does not need to confuse you with newfangled terms. He will explain everything "on his fingers" in simple, accessible language, coordinate the scope of the intervention with you, tell you where and how to make incisions based on your specific situation. Therefore, whether it makes sense to delve into the

multiple names of facelift subspecies in detail is an open question.

But considering that a facelift is a rather complicated operation that requires the knowledge, experience and talent of a surgeon, it is still desirable to understand the main points. Facelifting solves many tasks: it is not only a facelift of the face and neck, but also a facelift of the forehead and eyelids, the zygomatic area, smoothing deep wrinkles and nasolabial folds, removing wrinkles of "puppets". Facelifting is often complemented by upper and lower blepharoplasty, liposuction, removal of Bichat lumps, lipofilling, endotine insertion, as well as zygomatic and chin implants to correct facial proportions. The main existing facelift techniques are classic circular facelift, SMAS lifting, S-lifting, MAKs lifting, Endoscopic facelift and Cheek lifting. The classic circular facelift is aimed at solving such tasks as: forehead lift, eyelid lift, oval face and neck lift. The sutures are located in the scalp in the occipital and temporal regions, around the ear in the natural recesses of the auricle and are not visible to the eye, so do not be afraid of visible scars. With a circular lift, excess skin is excised and deep layers of tissues are tightened. The option in which only the skin is tightened is used extremely rarely and is shown only to women with thin faces with a minimum amount of fatty tissue, but with excess skin. As an independent operation, it is rarely performed, and experienced surgeons almost always combine it with SMAS lifting. SMAS lifting is the most extensive operation in terms of intervention and giving the greatest effect. This technique is often indicated for patients over the age of 40. According to the location of the incisions and indications, it is similar to the classic circular facelift, but during the operation, this method affects deeper layers of soft tissues and muscles, which not only tighten, but fix them in the correct position, correcting the muscular framework that firmly holds the facial tissues. S-lifting and MACS (MAX) lifting are low-



trauma facelift operations with small incisions around the auricles. These types of facelifts are aimed at lifting the upper and middle parts of the face and do not affect the lower parts and neck. Due to the access method, the possibilities of this method are limited, therefore, they are shown to patients with only minor tissue prolapse that does not require serious interventions. Endoscopic lifting is the least traumatic method of facelift, which produces small punctures in the scalp and oral mucosa. All surgical procedures are performed through these incisions, which makes it possible to minimize tissue injury and, as a result, significantly accelerate the rehabilitation period. Endoscopic facelift is possible only in cases where there is no need to excise excess skin. Endoscopic forehead lift is another popular operation, which is used not only to correct age-related facial changes, but also to overestimate the hairline, raise eyebrows and upper eyelids, as well as to change the incision of the eyes, therefore, young girls who want to adjust the proportions of the face also resort to this technique. Cheek lifting (check-lifting; chick-lifting) - translates as a cheek lift. This operation is aimed at tightening the middle zone of the face: it smoothes the nasolabial folds, allows you to remove nasolabial furrows and masking bags. The incisions are located along the ciliary edge of the lower eyelid in a similar way to the incisions during lower eyelid plastic surgery, so these two operations are very often combined, removing not only fat hernias and excess skin, but also tightening the circular muscle. Check-lifting is often resorted to by women from the age of 30-35, when a comprehensive facelift is not yet necessary and the clarity of the oval is preserved, but the face has acquired a tired appearance. In addition, an indication for a mid-face lift may be a congenital facial structure with pronounced bags on the cheekbones, rather than age-related changes. The rehabilitation period after facelift takes up to 2 months, depending on the amount of intervention, but with any technique, the restrictions and recommendations are the same. After the operation, a bandage will be applied to the face, which is changed the next day when the stitches are processed and examined by the surgeon. Next, wearing a bandage is mandatory for 5-10 days. Stitches are removed on an average of 7 days. Bruises and bruises usually go away within 14 days, but this figure is very individual and depends not only on the method of facelift and the amount of surgery, but also on the individual characteristics of the body. It is extremely important to give up smoking for the entire period of rehabilitation, sleep on the back of your head for the first month and avoid eating hot and harsh foods, and coordinate the first washing of your hair and the use of

any ointments and medications not prescribed by your doctor with your surgeon. For the first 2 months, eliminate physical activity, saunas and heat exposure. Within 1 year after facelift, it is important to prevent scars from getting exposed to sunlight in order to avoid pigmentation, as well as to follow the schedule of examination by your plastic surgeon.

Rehabilitation after facelift

Facelift is a plastic surgery to lift the skin of the face. By affecting the soft tissues of the face, the plastic surgeon performs aesthetic correction of its shape and surface. The successful elimination of any age-related changes on the face is the main goal of facelift. After the operation, the patient will have a guaranteed result – a young, clean, well-groomed face.

Facelift is a complex and often large-scale surgical procedure. The consequences, such as swelling and bruising, cannot be avoided in any case. Therefore, high-quality recovery after facelift is extremely important.

Standard rehabilitation

In all cases, rehabilitation after facelift includes several standard procedures:

taking painkillers. Some patients can do without them, as the pain after surgery is insignificant, and a high pain defect allows them to be tolerated without discomfort.;

wearing a special compression mask. After facelifting, it is necessary to fix the facial skin so that the scars heal properly and quickly.;

special skin care. After facelifting, on about the second day, the skin is treated with special medications that accelerate healing. However, the use of cosmetics should be abandoned for the entire period of rehabilitation.

Postoperative complications

There are a certain number of complications that require special rehabilitation after facelift:

internal bleeding. Within a day and a half after the operation, the patient may experience increased pain and swelling, which can develop into hematomas.;

necrosis of tissues in the suture area. As a rule, this complication occurs in patients with diabetes and atherosclerosis, as well as in smokers. In general, skin necrosis is rare and resolves within a year.;

facial asymmetry. Due to errors during the operation, the contours of the face may deform (for example, a hematoma has grown or one flap has dropped).;

the appearance of postoperative scars. In most cases, such scars are insignificant, but if they heal incorrectly, they can become very noticeable.;

infections. Infections can enter the surgical wound during surgery or accompany tissue necrosis. The result



is inflammatory processes that require medical treatment.

The elimination of all such complications is also part of the task of rehabilitation after facelift.

CONCLUSIONS:

To speed up the rehabilitation period, the patient needs to follow a few simple rules. First, you should avoid any physical activity during the month. This is necessary in order to prevent an unwanted increase in blood pressure. For the same reason, it is worth abstaining from sexual activity for the entire recovery period.

Secondly, you should not take aspirin during recovery after facelift. The fact is that because of it, blood clotting can slow down, which slows down the healing of scars and is fraught with bleeding.

Thirdly, effective rehabilitation after facelifting also includes temporary abstinence from alcoholic beverages, sunbathing and tanning salons, hot baths and saunas.

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