PROCEDURE

Facelift

A facelift is surgery that tightens and repositions sagging tissues in the face and neck.

PURPOSE
Reduce sagging in the lower face and neck

PROCEDURE TYPE
Therapeutic surgery through incisions around the ears and hairline

WHERE IT IS DONE
Operating theatre or accredited office-based surgical suite

ANAESTHESIA
Local with moderate sedation or general anaesthesia

HOW LONG IT TAKES
About two to five hours

PREPARATION
Fasting, medication review, possible blood-thinner changes, transport arranged

RECOVERY
Home same day; no driving until your surgeon clears you

MAIN RISKS
Hematoma, nerve injury, skin loss, infection

RESULTS
Visible after swelling settles; final result over several months

Overview

A facelift is an operation that lifts and repositions tissues in the lower face. It may also treat loose skin and tissue under the chin and along the neck. The medical name is rhytidectomy.

During surgery, the surgeon usually tightens deeper support layers rather than simply pulling the skin. Excess skin may be removed. Incisions are commonly hidden in the hairline and natural creases around the ears. An additional small incision may be made beneath the chin if the neck is treated.

A facelift does not treat every sign of ageing. It has limited effect on eyelid concerns, forehead sagging, fine surface lines, sun damage, or uneven skin colour. Other procedures may be offered for these concerns.

Why the procedure is performed

A facelift is usually performed to improve changes caused by ageing, sun exposure, weight changes, and reduced skin elasticity. These can include:

The aim is improvement rather than perfection. Surgery cannot stop future ageing or guarantee a particular appearance. Your surgeon should explain which areas can realistically change and whether the planned operation includes the neck.

- Loose skin along the jaw or lower face
- Jowls, meaning sagging tissue beside the jaw
- Deep folds between the nose and mouth
- Loose skin or tissue beneath the chin
- Reduced definition between the jaw and neck

Who should and should not have it

A facelift may be an option if you are bothered by lower-face or neck sagging, are well enough for surgery, and understand the likely result and recovery. Stable weight and realistic expectations are important.

The operation may be avoided or delayed if you have an active infection, an uncontrolled medical condition, or a condition that makes anaesthesia or wound healing unsafe. Bleeding disorders and medicines that affect blood clotting require careful assessment.

Nicotine reduces blood flow to the skin and raises the risk of wound-healing problems and skin loss. This includes cigarettes, vaping products, and nicotine replacement products. Your surgeon may require you to stop nicotine before and after surgery.

A facelift may not be the right operation if your main concern is fine wrinkles, skin texture, eyelid changes, or loss of facial volume. It should also be reconsidered if you expect surgery to solve relationship, work, or emotional difficulties. A responsible surgeon will discuss your goals and may advise against surgery when the likely benefit does not justify the risk.

How to prepare

Follow the treating facility's own instructions first, even if they differ from general information given here.

You will usually have a preoperative assessment. Tell the team about your health conditions, previous operations, allergies, smoking or nicotine use, and all medicines and supplements you take.

Preparation may include:

Do not stop a prescribed blood thinner like warfarin or apixaban , aspirin, or another regular medicine unless the clinician who manages it and your surgical team tell you how to do so safely.

Prepare a comfortable recovery area at home. Loose clothing that fastens at the front can be easier than clothing pulled over your head. Arrange for a responsible adult to stay with you after sedation or general anaesthesia.

- Having blood tests or other checks based on your health
- Changing medicines that affect bleeding
- Avoiding nicotine for the period set by your surgeon
- Not eating or drinking before anaesthesia
- Washing your hair and face as instructed
- Arranging transport home and help during early recovery

What happens during the procedure

Before surgery, the surgeon may mark your face and review the planned incisions. You will receive local anaesthetic with sedation or a general anaesthetic. With general anaesthesia, you are unconscious. With sedation, you are relaxed and may remember little, but the depth of sedation can differ.

The exact technique is chosen for your anatomy and goals. The surgeon commonly makes incisions near the temples, around the front of each ear, and behind the ears into the hairline. The deeper tissue layer beneath the skin may be lifted or tightened. Fat may be repositioned or removed, and excess skin is trimmed without placing excessive tension on it.

If your neck is being treated, the surgeon may tighten neck muscles or remove fat through an incision under the chin. The skin is then redraped, and the incisions are closed with stitches, clips, or both.

A small drainage tube may be placed to remove blood or fluid. Dressings are usually applied around the face and neck.

Recovery and what to expect afterward

Pain is usually described as soreness, tightness, or pressure rather than severe pain. Your team may recommend prescription or non-prescription pain relief. Rapidly worsening or one-sided pain is not expected and needs urgent advice.

You may eat and drink once the anaesthetic team says it is safe. Start with light food if you feel nauseated. Staying hydrated and eating enough protein can support recovery.

Rest with your head raised as directed. Swelling, bruising, numbness, and a tight feeling are common early on. Avoid strenuous activity, heavy lifting, and bending until your surgeon allows them. Do not put ice or heat directly on numb skin unless instructed.

You cannot drive home after sedation or general anaesthesia. Do not drive while taking sedating pain medicine, while your movement or vision is restricted, or until your surgeon says it is safe.

Many people need about two weeks away from public-facing work, although bruising and swelling may last longer. More physical work usually requires additional time. Drains, stitches, or clips are removed according to the surgical plan.

Risks and possible complications

Every facelift involves risks. Your personal risk is influenced by the extent of surgery, your health, nicotine exposure, medicines, and previous facial operations.

Possible complications include:

Some facial weakness may result from swelling and improve as healing continues. Permanent nerve injury is possible but less common. Your surgeon should explain the risks that are most relevant to the technique being proposed.

- Bleeding or a hematoma, which is a collection of blood beneath the skin
- Infection
- Poor wound healing or loss of skin
- Temporary or lasting numbness
- Injury to facial nerves, causing weakness or uneven movement
- Noticeable, raised, widened, or uneven scars
- Hair loss near an incision

- Fluid collection, prolonged swelling, or skin contour changes
- Facial asymmetry or a result that does not meet expectations
- Blood clots or complications from anaesthesia
- A need for another operation or later revision

Results and follow up

You may notice a change immediately, but swelling and bruising can hide the result. The face may initially look tight or uneven. It usually takes several weeks for much of the swelling to settle and several months for tissues and scars to mature.

Follow-up visits allow the team to check healing, remove drains or stitches, and answer questions about activity and scar care. Keep these routine appointments even if recovery seems straightforward.

Results can last for years, but they are not permanent. Your face will continue to age, and weight changes or sun exposure may affect the result. Sun protection and avoiding nicotine can help protect the skin and scars.

Alternatives

You do not have to have a facelift. The alternatives depend on what you want to change.

Doing nothing avoids surgical risk, cost, scars, and recovery time. The appearance of the face will continue to change naturally.

A smaller or "mini" facelift uses shorter incisions and may mean a shorter recovery. It usually produces less change and may not correct significant neck looseness.

A neck lift focuses on the jawline and neck. It does not fully address sagging in the cheeks or folds higher on the face.

Dermal fillers replace some lost volume and may soften certain folds. They involve less recovery but cannot remove loose skin or reposition deeper sagging tissue. Results are temporary.

Botulinum toxin injections relax selected muscles that cause movement-related lines. They do not lift jowls or tighten the neck.

Laser treatment, chemical peels, and similar skin resurfacing procedures can improve fine lines, colour, and texture. They do not provide the deeper lifting achieved by surgery.

Thread lifts use temporary threads beneath the skin. They are less invasive, but the lift is generally subtler and less durable than a surgical facelift. They can still cause infection, unevenness, or visible threads.

When to call your healthcare team

Contact your surgical team urgently if you develop:

A rapidly expanding neck swelling or trouble breathing is an emergency. Call emergency services for breathing difficulty, chest pain, fainting, sudden confusion, or signs of a stroke such as new one-sided weakness or trouble speaking.

For routine concerns about bruising, numbness, scars, activity, or return to work, contact the team during normal office hours or discuss them at your planned follow-up.

- Rapidly increasing swelling, especially on one side
- Sudden severe or worsening pain
- Bleeding that soaks through the dressing
- Skin that becomes unusually pale, dark, blistered, or cold
- Fever, pus, worsening redness, or increasing warmth
- A wound that opens
- New or worsening facial weakness

Common questions

Will I be asleep for a facelift?

You may have general anaesthesia and be fully unconscious. Some facelifts are performed with local anaesthetic and sedation. Ask which approach is planned and what you are likely to remember.

Can I drive myself home?

No. You need someone to take you home after sedation or general anaesthesia. Wait to drive until you are off sedating medicine and can move your head comfortably and react safely.

How painful is a facelift?

Most people have soreness, pressure, and tightness. Pain should be manageable with the plan provided by the surgical team. Sudden, severe, or one-sided pain needs urgent assessment.

When will I know what the final result looks like?

You will see an early change once dressings come off, but swelling can distort the result. A more settled appearance develops over several weeks, with final healing taking several months.

Will the scars be visible?

Scars are usually placed around the ears and in the hairline. They often fade over time but do not disappear completely. Hairline changes, raised scars, or widened scars can occur.

How long will the result last?

A facelift can provide a long-lasting change, but it does not stop ageing. The tissues will continue to change with time, sun exposure, and weight changes.

Sources

- American Society of Plastic Surgeons: Facelift Surgery
- American Society of Plastic Surgeons: Facelift Risks and Safety
- NHS: Facelift
- Mayo Clinic: Face-lift
- Cleveland Clinic: Facelift