



Dr. Derek Steinbacher
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Cosmetic / Orthognathic / Rhinoplasty



Care Instructions: FaceLift / Necklift

General

A facelift and necklift are required to reposition loose or lax skin or and eliminate or minimize lines from wrinkles or muscle creases. The tissue contour is improved, and the face appears more structural, younger, and attractive appearing. Instead of a “melting wax” appearance the skin is appropriately positioned, in anatomic positions correlating with to a refreshed, youthful, and crisp, sculpted appearance. Incision lines are hidden in places where they cannot be appreciated. The fascial and muscle layers under the skin are tightened and repositioned as well, placing the layer in harmony with one-another. The foundational structure – bone, and facial skeleton, is at times altered, or augmented as well.

Providing an ideal platform upon which the facial soft tissues can drape. Skeletal augmentation using facial implants, chin implant, or genioplasty may be advised in certain instances. Facial fat grafting provides fill, fullness, and rejuvenation. In addition to supporting the soft-tissue and adding augmentation, fat restores youthful appearance and due to the stem cells has a positive impact on skin texture, healing, quality, and overall appearance.

All components of the face are ideally addressed to achieve the best, well-balanced, youthful, contoured, and natural appearing face. It is not just the “canvas” but the support and position of the canvas as well. Just as the foundation of the house, the support, the walls, and the exterior all contribute to the most robust, long-lasting and aesthetic structure – so too, the multiple layers must be assessed and addressed in the face.

These instructions are intended for **facial rejuvenation** procedures commonly performed together – including: **facelift, necklift, eyelid surgery (upper and lower blepharoplasty), brow lift, facial fat grafting, and chemical peel (and/or dermabrasion).**

Imaging and 3D:

We will take several regular photographs at several different angles. As you enter your first visit we have you sign a consent for these photos and their uses. We have a 3D camera machine (photographic, NOT X-ray), that we will use to capture an image of your existing appearance. Evaluating this from many angles enables a clear picture of areas of balance and imbalance, and the proportions relative to your face. In some situations, we can perform a “simulation” to mock-up what your appearance could look like with surgery. Remember, this is still a pixelated system, and is intended to give you a rough idea only of possible result. We will be cautious, and not create/simulate a face/neck that is realistically impossible, or not biologically achievable. We will show you many before and after examples and point you to our sources where you can review these images at your leisure as well.



Factors that influence healing and time to see the ultimate result:

There are several factors that influence the final result. First, in all cases there is swelling, and it remains swollen for many months after surgery. While the majority of the swelling is resolved by 2 months, the remaining 30% of swelling comes down over the year (ask to see our paper on this topic). Swelling is worse during summer and hot months. Conversely, in some cases as the swelling comes down subtle irregularities may develop. There are several options for these if needed.

Having past trauma and scars to the skin can healing jeopardize healing and appearance. Some people develop thicker scarring (or fibrosis) underneath the skin that may lessen the shapeliness. We utilize several techniques to try and avoid this, but healing potential is intrinsic to one's own genetics and cannot always be altered.

Secondary procedures (if you've had a prior facelift) can be more challenging; and not as predictable, given the scarring, altered perfusion to tissues.

Smoking, diabetes, history of infections (nasal, skin, sinuses), and other conditions can potentially alter your healing. If you are excessively preoccupied appearance, we may have you take a brief survey and have discussions with some of our collaborators prior to deciding on surgery as well.

General Pre-operative information

Medical history: Please inform us of any major medical problems. We will perform a history and physical but in some cases a clearance from your other specialists, and our anesthesia department may be required. Please inform us of any auto-immune problems, diabetes, healing problems, bleeding problems, bone disorders (e.g., osteoporosis or osteopenia), or respiratory problems, sleep apnea/snoring. Please let us know if you have **high blood pressure** or heart conditions.

Medications: **NO blood thinners – no aspirin, NSAIDS, ibuprofen, or similar medications BEFORE SURGERY.** Do NOT take these prior to surgery. These can increase bleeding. Please do NOT take these for at least 2 weeks prior to surgery. If your primary doctor has you on these for a specific reason we will coordinate with you and them. We will screen your medication list. We may give you NSAIDS, specifically ibuprofen after surgery, but please do not take prior to surgery. We may give you a medication to decrease your blood pressure – if it tends to run high.

Pre-Anesthesia Testing. (PAT). In certain circumstances you will need to meet a member of our anesthesia staff prior to surgery. Also, certain tests, such as an EKG, and labs may be obtained prior to surgery. A clearance from your primary doctor and modification of your existing medication schedule may be required. If you are young, healthy, with no medical problems and few medications this might not apply to you.

Foods / Supplements to Avoid Prior to surgery: Avoid onion, garlic, tomatoes, and ginseng, or other herbal supplements prior to surgery. Avoid fish oil. Avoid herbal teas (green tea is good/fine). (Arnica and pineapple juice are both good preoperatively).



Smoking: Do NOT smoke for 4 months before and 4 months after surgery. Smoking will decrease your ability to heal and will increase your risk for infection. Also, the heat and sucking in of hot smoke can have ill-effects on your lips (that we may have adjusted surgically).

General care and washing prior to surgery: Please remove nail polish or nail gel before surgery. Male patients should shave their face prior to the procedure (morning of or night before).

PREPARING FOR THE DAY OF SURGERY

You will receive a phone call from our office letting you know you what time you should arrive for surgery. Our nursing staff will be in touch to review questions and medications as well. If you ever have additional questions please email or call 203-453-6635

The day of surgery, plan to arrive 1-2 hours prior to the scheduled start time. A member of the surgical team will reach out to confirm the time of arrival with you the day or two before. Please contact Remember: **NO FOOD OR DRINK AFTER 12 MID-NIGHT THE NIGHT BEFORE SURGERY.** You and your family will meet with the nursing, anesthesia, and surgical team members. We will answer any final questions. **Tell us / anesthesia if you have a history of motion sickness** or nausea with anesthesia; please tell the anesthesia team – we take several measures to reduce nausea and vomiting, and they may wish to add a motion sickness (Scopolamine) patch behind your ear.

LENGTH AND STAY

The operation usually takes 3-5 hours. It is a same-day surgery.

*If you are from out of town, we will help arrange accommodations, and we can arrange the possibility of a nurse checking on you (or staying with you).

General

- You will have an external head/face wrap. **Please do not remove it.**
- You may have an external surgical drain. **Please do not remove it.**
 - *You will empty and record drainage as described postop.*
- You may shower after 1-2 days but please avoid direct stream of water to the face
- Please keep fat grafting site (abdomen or inner thigh) clean, dry and intact. Do remove the tape on this area, allow it to fall off on its own.

Diet

Generally, only a “clear liquid,” or bland diet should be taken for the first 24 hours after surgery, as anesthesia can cause an upset stomach. This includes items such as clear juices, broths, Jell-O, and dry crackers. Pineapple juice has also been shown to reduce swelling/bruising. After 24-48 hours, a regular diet can be resumed as tolerated.



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Medication

- Antibiotics are typically given during surgery and continued for 1 week at home. We will give you a prescription when you are discharged.
- We will give you a prescription for oral pain medication at discharge. For safety, the medication dose is weight based.
- All medications should be taken exactly and only as directed.

Topical Ointments

For the first 2-3 days postoperative, most incisions will be covered and no need to apply any ointments. However, your eyelids will be exposed, and you will need to apply ointments as indicated.

- **Eyelids** (for the blepharoplasty incisions): Please apply the ointments as directed. We typically prescribe a steroid/antibiotic ointment (tobradex or similar) and/or an ophthalmologic eye ointment. Please apply this to your blue stitches above and below the lash lines, as directed several times per day.

After the facial wrap is removed (2-3 days postop) – the other incisions will be exposed.

- **Scalp/Brow lift incisions.** Please apply regular bacitracin 2-3 x per day until we see you back for suture removal.
- **Facelift incisions** (in front of and behind ear, and in temple regions). Please apply bacitracin several times a day until at least 2 days after suture removal.
- **Necklift incision** (under chin). Usually we leave a steristrip (white band-aid) on this incision. Leave this until it falls off. Then apply bacitracin for 2 days.
- **Chemical peel or dermabrasion or laser sites.** Around the eyes please use the eye ointments as above, on both the incisions and the undereye regions. Around the mouth bacitracin should be used for the first 3-4 days, then you can switch to Aquaphor and/or Vaseline and/or vitamin E cream. (Green tea bags or cream is ok here too).

Scar care: Begin 2-3 days after sutures are removed or 2-3 days after steri-strips come off. Please alternate between – **Green tea** containing cream (please ensure no parabens), and **Vitamin E** containing creams (i.e., morning green tea, midday Vitamin E, evening green tea, bedtime vitamin E). After 7-10 days of these creams you can use a silicone based ointment or scar strips. The strips are not possible to use around the ears or in the hair – but can be used under the chin. *Mederma* or similar represents the silicone scar gel.

POST OPERATIVE SWELLING

- The amount of swelling varies from patient to patient and cannot be predicted.
- Swelling increases first 2-3 days and starts going down by the end of the second week.
- We do several things to help lessen the edema [Ask to see our papers on fat grafting and edema].
- Facial ice packs are crucial the first 2-3 days after surgery.
- WE RECOMMEND ICED GREEN TEA BAGS to the eyes.



- Arnica and vitamin K cream (topical), pineapple juice (drinking it) can help
- Traumeel ointment apply to the face 3x / day.
- Arnica pills or tabs 3x/day; also Bromelain tabs 2-3x /day
- Anti-inflammatory medication (steroid type) (Medrol dosepack, usually only after first week)
- Keeping head elevated.
- Stay upright and walk around. (not with exertion and sit up slowly)
- Lymphatic facial massage before surgery (possibly after).

COLD PACKS FOR POST-OPERATIVE SWELLING

Cold packs are very important in the first 48 hours after surgery to reduce post-operative swelling. Use them 20 minutes on, 20 minutes off, to prevent damage to the skin. After 48 hours, you may still apply cold packs for comfort, but the therapeutic value will be diminished.

Below are suggestions and comments regarding various types of cold packs:

Green tea bags These are ideal for swelling and bruising around the eyes. Steep these in hot water in advance, and then place into the freezer. These can then be placed over your closed eyes.

Retail Cold Packs There are often several types of cold packs for sale in the first aid section of the drugstore. Unfortunately, they are usually somewhat stiff and not designed for small, delicate areas like the nose and eyes. They may be uncomfortable to use and challenging for you to position in such a way that the cold pack makes enough contact to be effective.

Frozen Vegetables Another commonly used cold pack is a bag of frozen vegetables. Small vegetables like peas work best, because they can conform to the shape of the nose or other body part. However, the vegetables will start to degrade from repeated defrosting and refreezing. You should not eat the vegetables after using them for cold packs.

Bruising

Bruising may occur within 3-5 days after surgery and usually disappears by 2-3 weeks.

- Arnica and Vitamin K (topical) and Pineapple juice (drinking it) can help it resolve
- Traumeel ointment to face 3x/day.
- It is normal to have bruising and swelling around your eyes, as well as numbness of the area following surgery.

Activity

- Keep your head elevated with 2-3 pillows.
- Stay upright and walk around – helps the swelling drain. Sit up slowly, and don't overdo it. If you feel dizzy sit again. Ensure you are drinking enough and sit up and walk slowly without much exertion.
- You can SHOWER / BATHE at 1-2 days after surgery – but make sure a family member can assist you. Please have someone help you and consider sitting if possible.
- DO NOT Squat or stoop. And minimize or have someone help if climbing stairs after surgery.
- NO Strenuous aerobic activity, NO lifting over 5 pounds should be avoided for 4 weeks.



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- NO contact sports for 6 weeks. Failure to observe this can jeopardize the healing and cause the swelling to stick around longer, possibly with infection risks as well.
- Patients may feel up to returning to work after 7-14 days; but it depends on your specific job and the activities you perform at work. Discuss this with us at your visit.

Follow-up

The first follow-up appointment is usually approximately 2-3 days post-operative if a surgical drain is placed. At this visit, we will assess the surgical site, remove the drain, and place a new dressing (“Face-bra”) that you can place and remove yourself. Plan to return for a follow up visit 5-9 days later for suture removal. We recommend follow visits at approximately 6 weeks, 3 months, 6 months and 1 year from your date of surgery.

For additional information and before and after examples please visit:

<https://www.dereksteinbacher.com/facial-rejuvenation/>

OR

<https://www.instagram.com/dereksteinbacher/?hl=en>

Office Phone: 203-453-6635

Office Fax: 203-458-7580

In the event, you have urgent concerns please contact or message us.

Concerns and Contacts

Please call 203-453-6635 for assistance/concerns, such as persistent fever (greater than 101 degrees), excessive drainage or bleeding, difficulty breathing or new onset swelling.

In case of an emergency, call 911.

