

«Version 2» nov 2015

Information delivered to :

Doctor :

Patient's name :

Date :

This document has been conceived under the authority of the French Society of Plastic Reconstructive and Aesthetic surgery (*Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE*) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake an endoscopic face lift.

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

### ● DEFINITION, AIMS AND PRINCIPLES

Endoscopy (key-hole surgery) is a surgical technique which has been used for many years in many types of surgery. It consists of operating without the necessity of a large incision, but rather by introducing a tiny camera through a small incision, this then sends pictures to a screen and the surgeon works with special instruments guided by the images. This technique makes it possible to minimize operative traumatism and particularly to reduce the residual scars.

This technique has been adapted for use in cosmetic surgery where it has been found to be particularly useful for the upper third of the face, from the forehead and temples as far as the corners of the mouth. This is called an endoscopic lift.

This operation aims to correct unsightly aspects of this part of the face, whether hereditary or age-related, using a few small incisions (1cm) hidden in the hair.

The principle is to detach the entire zone beneath the tissues at bone level, to weaken the muscles responsible for the wrinkles, then to reposition the tissues and secure them with deep stitches.

In certain cases it can be possible to work on a lower zone of the face; on the cheekbones, the cheeks, and the naso-labial fold around the nose and cheek).

An endoscopic lift can be carried out alone, or if necessary, in association with numerous other facial operations such as: blepharoplasty (eyelid lift), canthopexy (lifting the corner of the eyes) face and neck lift, laser skin abrasion, chemical peels, botox injections, etc...

An endoscopic lift aims to correct age-related problems of the upper face and to replace a 'tired' or 'severe' appearance by a refreshed, relaxed aspect & a more "open look".

The objectives most commonly obtained are :

- To reduce the height of the lower eyelid.
- To raise & fix the cheek pads in their previous position.
- To fill the hollow below the eyes & to plump up the cheek pad.
- To improve "crows feet" wrinkles at the corner of the eyes.
- To reduce the lines between the nose & the corners of the mouth.
- To reposition & fix in place the cheeks.
- When combined with an endoscopic forehead lift it is possible to improve.
- Lowering of the forehead with horizontal furrows.
- Lowering of the eyebrows with lateral hoods of the upper eyelids.
- Vertical scowl lines between the eyes.

This procedure, for both men and women, can be carried out at the age of 40.

It can however be done much earlier when the problems are hereditary and not age-related, such as eyebrows which are too low, scowl lines caused by muscular hyperactivity.

This surgery is purely cosmetic & cannot be reimbursed by any private or public medical insurance .

### ● BEFORE THE OPERATION

The motives and wishes of the patient will have been analysed. A careful study of the forehead zone and its proportions compared with the rest of the face will have been made. A preoperative check up is done as prescribed. An anaesthesiologist will see you in consultation at least 48 hours before the operation.

No aspirin-based medication should be taken during the 10 days preceding the operation.

It is strongly recommended to stop smoking for a month before & after surgery, (smoking can cause delays in healing).

An antiseptic shampoo will be used the evening before, or the morning of the procedure.

It is obligatory to fast (neither to eat or drink) for six hours before the operation.

### ● HOSPITAL STAY AND TYPE OF ANESTHESIA

**Types of anesthesia, a choice of two types of anesthesia are possible :**

- **Local anesthesia enhanced by intravenous sedation** ('twilight anesthesia').
- **General anaesthesia** during which you sleep throughout the procedure.

The type of anesthesia will be chosen after discussion between you, the anesthesiologist and the surgeon.

**Hospital stay :** This procedure can be carried out on an out-patient basis, in an ambulatory facility, the patient leaves on the day of the operation after a few hours under observation.

However, in certain cases, a short hospital stay may be preferable. The patient is hospitalized in the morning (or sometimes the previous afternoon) and leaves the following day.

### ● THE PROCEDURE

Each surgeon has adopted his or her own specific technique which he or she adapts in order to obtain the best results in each case.



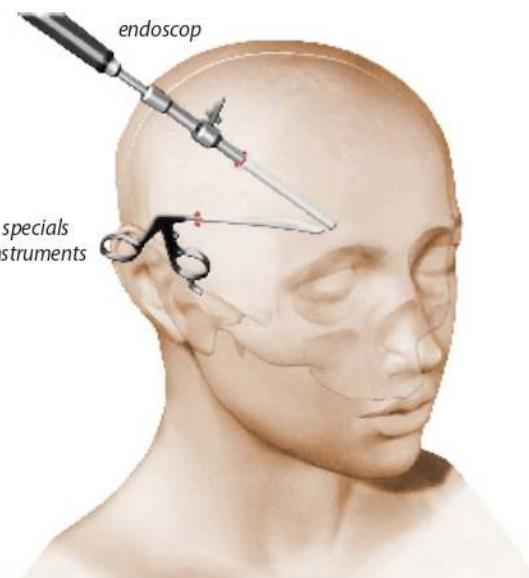
We can however give you some basic points:

#### **Incisions :**

There are three to five, they are between 5 and 10mm long and are placed in the scalp a few centimetres beyond the hairline.

One of the is for the endoscope which is linked to a tiny camera, the others are for the different instruments specific to this type of surgery.

These incisions will of course form the future scars which will be almost invisible since concealed in the hair and also very small.



**Undermining :** The entire forehead and temple zone is detached as far as the eyebrows and the bridge of the nose. In some cases this continues as far as the cheekbones and the upper cheek and as far as the corners of the mouth.

#### **Muscle weakening :**

The muscles of this zone are then weakened in order to treat the wrinkles for which they are responsible: the frontalis muscle for the horizontal furrows and the corrugator and procerus muscles for frown lines.

Other specific problems can be treated according to the requirements of the case.

#### **Draping :**

The detached tissue will be repositioned in order to straighten the laughter lines, lift the eyebrows and thus remove the low forehead effect and to reposition the cheek pads. The tissue is maintained in the correct position by deep stitches of a type determined by each surgeon.

#### **Sutures :**

the small incisions are closed, often with easily removed staples or with reabsorbable sutures.

The procedure lasts between 2 to 3 hours depending on the surgeon and the individual corrections required & any added procedures.

### ● AFTER THE OPERATION

There is no real pain, but a certain tightness around the forehead, the temples, cheek bones and the eyelids.

For the first few days you are advised to rest as much as possible and avoid physical strain.

During the post-operative period there will be swelling and bruising which vary in extent and duration for each patient.

The dressing will be removed between the first and the third day. The clips are removed between the eighth and the fifteenth day.

Visible signs of the operation will diminish, progressively a return to normal social and professional activities will be possible after a few days (between 10 and 20 in general). Some numbness of the forehead or sometimes itching of the scalp may occur in the first few weeks. This will gradually disappear.

### THE RESULT

The final aspect will not be visible for 3 to 6 months. This is the time necessary for the swelling to be absorbed & for the tissues to become supple.

In general the procedure will have considerably enhanced the appearance of the upper part of the face, giving a younger aspect with diminished lines between the nose & mouth, plumper cheek pads shorter lower eyelids and reduced hollows below the eyes.

With associated forehead lift there will also be a raised forehead and eyebrows giving a more "open look", a moderate tightening of the upper eyelids, removal of crow's feet, and greatly diminished wrinkles of the forehead and frown lines. This result is in general durable and although ageing is not stopped by the operation, the beneficial result is still visible even after many years.

The aim of this procedure is to improve but not obtain perfection. If your objectives are realistic the results should give great satisfaction.

### DISAPPOINTING RESULTS

These can be caused by a misunderstanding concerning what can reasonably be achieved. This is true of wrinkles which while being considerably improved do not completely disappear, or excess eyelid skin needing surgical removal for a perfect result. They can also be caused by unexpected tissue changes or unusual scarring. Persistent swelling can occur over some months, or slight asymmetry of the eyebrows.

These imperfect results, if perceived as unacceptable can be corrected by 'touch-up' surgery under local anaesthetic from the 6th month after surgery.

### POSSIBLE COMPLICATIONS

An endoscopic forehead lift, although essentially an aesthetic procedure, is nevertheless an operation, and this implies that the risks inherent to any surgery, however rare they may be, apply here.

A distinction should be made between risks related to the anesthesia and those related to the surgery.

For the anesthesia, the risks will be explained by the anesthesiologist during the preoperative consultation. You must be aware that anesthesia can cause unpredictable reactions which can be difficult to control : the presence of an experienced anesthesiologist, in a surgical context means that the risks are practically negligible.

In fact techniques, products and monitoring methods have progressed considerably over the last twenty years, giving optimal safety, especially when the operation is not an emer-

gency and the patient is in good general health.

Concerning the surgical aspect : by choosing a competent, qualified Plastic Surgeon, used to performing this procedure, you limit the risks, without however eliminating them completely.

Fortunately, real complications are rare following an endoscopic forehead lift which has been carried out correctly. In fact practically all the operations go well and the patients are completely satisfied with the result.

**In spite of the fact that complications are so rare you must be aware of the following possible problems;**

- **A hematoma:** this is not a serious complication but it may be necessary to drain the hematoma if it is large. It should not be confused with bruising which is normal after surgery.

- **Infection:** this is extremely rare when the operation is carried under normal conditions of asepsis in surgical environment. It is always localised & never general.

- Complications such as **abnormal scarring, skin death (necrosis)** or **alopecia** (localised hair loss) are rarer and also less marked than with a classic forehead lift since the incisions are reduced in size. However smoking increases the risk.

- Nerve damage can sometimes affect the sensory nerves causing itching of the scalp and sensory loss.

This is temporary and fades after some months. Paralysis of the frontal motor nerve is extremely rare and has been temporary in the majority of cases reported.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor one, always has some degree of unforeseeable unknown factors.

You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.

These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

### PERSONNAL OBSERVATIONS :