Preoperative and Postoperative Care for Patients Undergoing Blepharoplasty and Face Lift

“Surgical Strategies” focuses on refinements in aesthetic surgical techniques. Contributors are Aesthetic Society members or other recognized experts.

Four objectives should be met during the first preoperative consultation with a candidate for aesthetic plastic surgery. First, the candidate should feel that the surgeon cares for him or her as an individual who happens to have an aesthetic problem; that is, the candidate should be treated as a whole person, not as an isolated problem. Second, the candidate should be given time to articulate the nature of the problem and how he or she feels about it. Surgeons must therefore be good listeners. Third, the candidate should acquire a thorough understanding of the problem; the surgeon should explain the aging process, his or her personal philosophy regarding the patient’s particular problem, and how the recommended techniques would be applied. Fourth, the candidate should have a clear understanding of the results that can be expected, given his or her original condition (thus responsibility is shared with the patient), and the limitations of the surgery (humility is important). The surgeon should hope for the best, plan for the worst, and offer less than can be delivered.

Realistic goals established by the surgeon and the patient form the basis of any successful facial aesthetic procedure. This concept is illustrated by a sign in a restaurant near the Massachusetts General Hospital that says “If you don’t like our food, lower your expectations!” At the initial office consultation many candidates are unclear about what they desire or have unrealistic expectations with regard to the benefits of aesthetic surgery. In these situations the time spent during one or more office visits will pay a large dividend in the form of a happy patient in the long run. Although single preoperative visits have increased in my practice over the years, the beginning plastic surgeon should consider meeting with candidates more than once before scheduling aesthetic facial surgery. The second preoperative consultation will either guide the surgeon and the patient toward a successful operative endeavor or help prevent the surgeon from operating on a patient who is unlikely to be happy with the result of the surgery.

Patients undergoing blepharoplasty and face lift procedures should be cautioned in a supportive way about the inherent risks of surgery and reassured that most complications are fully treatable. I generally advise most patients to select surgical procedures that will provide a refreshed, age-appropriate appearance, not ones that will make them look decades younger than they actually are. This approach, which helps avoid a “done” look, is agreeable to most patients. It also allows the surgeon to perform a conservative procedure without pushing the envelope of the operation, which can lead to complications.

Blepharoplasty

Before the procedure begins, the patient’s eyes are lubricated liberally with Lacri-lube® ointment. Moist iced saline solution compress gauzes are applied to the orbital field at the completion of surgery and during the face lift component of a combined blepharoplasty/face lift procedure. Use of the iced saline solution compresses is continued in the recovery room, and these compresses are changed by the patient every 15 to 20 minutes for the first 24 to 48 hours after surgery. If a face lift is being done with a blepharoplasty, patients are hospitalized overnight and these dressing changes are completed by the nursing service. Before the patient goes to sleep at night, Lacri-lube® ointment is placed in the eyes and a final cold compress gauze is applied and held in place by elastic net facial wrap. The patient sleeps on three to four pillows to minimize edema as much as possible.

Two to three days after having a blepharoplasty, the patient returns to the office, at which time running intradermal Teflon®-coated Tevdek® sutures that have been
secured by Steri-strips® are removed. Additional flesh-colored Steri-strips® are applied after the skin is cleansed gently with a degreaser. These tapes will stay in place until the 1-week postoperative visit, at which time most tapes are removed and their use is discontinued. Two weeks after the blepharoplasty, a vitamin E oil massage is begun for the component of the upper eyelid scar that crosses the orbital rim in many patients.

Psychologic support for patients who have subtle degrees of asymmetry is usually necessary at this stage. I instruct patients to continue applying ophthalmic ointment at night and artificial tears in the day, while telling them “I would rather treat a patient 1 week longer than is necessary than 1-minute short of the required treatment.” Use of contact lenses is discouraged for 1 month. These patients are seen 1 week and 1 month after the surgery to ensure appropriate improvement in the recovery phase. Patients undergoing blepharoplasty are seen 6 months and 1 year after surgery to confirm the degree of scar formation, scar resolution, and overall impact of skin tailoring and fat removal.

**Face Lift**

Patients undergoing a face lift are counseled preoperatively about the amount of time required for recovery. Lumpiness, discoloration, and edema can prolong the recovery phase in patients undergoing an anterior neck procedure at the same time as the face lift.

At the end of a face lift procedure, a moist Kerlex® canine gauze is placed along the mandibular line and pressure is applied in the upper neck and in the retroauricular area. An Ace® wrap is applied in the operating room, and if retrotragal incisions have been made, two small cotton earplugs are used to prevent the oozing and drainage from creating a long-term postoperative ear cleansing problem. Blake® drains are used in the neck. The formation of large hematomas is a rare but unsolvable problem. The best preventive strategy is the “second look” technique, which involves raising the entire face lift flap on the second side before hemostasis and closure on the first side. Even with use of this strategy, I still encounter small hematomas; however, major hematomas have been almost eliminated in my practice. Administration of sublingual nifedipine in the operating room and careful monitoring of blood pressure for the first 12 hours after completion of face lift procedures have been useful in maintaining blood pressure stability.

The recovery period following face lift surgery is somewhat like that of childbirth in that patients receive notoriously inaccurate information from other patients who have undergone the procedure. It is easy to forget how long the recovery actually took when viewed in retrospect. In my practice, patients who have undergone a face lift are admitted to the recovery room and then to the plastic surgery floor overnight; they are discharged after drains are removed the following morning. At the time of drain removal, pressure is placed on the drain tracks for 3 minutes to prevent a drain track hematoma from forming. Before the patient is discharged a new supportive soft dressing is placed on the face to support the skin closure and to prevent the patient from becoming distressed at his or her initial appearance. If a small hematoma is found at the time of the first dressing change in the hospital, it is evacuated at the bedside by removing one or two retroauricular sutures and using suction catheter drainage. Small nodules and areas of isolated minimal hematoma are amenable to direct pressure and massage, which allows the patient to be involved in his or her recovery and speeds the resolution of visible or palpable lumpiness. Any skin loss is treated conservatively.

The patient returns to the office 3 to 5 days after the face lift for removal of the appropriate preauricular, inframandibular, and retroauricular sutures. During this visit the patient is allowed to shampoo his or her hair and apply some camouflage makeup. Most patients don’t feel ready to appear socially for 2 weeks but may be comfortable being seen if they are wearing a turtleneck jersey and dark glasses. Most patients are “presentable” 1 month after surgery; occasionally, a patient will need a 6-week recovery period.

To ensure patient confidence, the plastic surgeon’s staff should be available at any time postoperatively. This is particularly important during the early postoperative period when patients may be emotionally vulnerable. After 3 weeks, patients are instructed to begin massaging any lumps with vitamin E oil. They are instructed not to massage suture lines for 1 month to 6 weeks. Although massaging suture lines appears to help convert a red raised condition to a more flat, white scar, perhaps its biggest advantage is that it promotes the patient’s involvement in his or her recovery and the touching of numb areas that could become hypersensitive.

Consultations regarding the use of facial cosmetics are provided by my nursing staff, who are knowledgeable...
about postoperative camouflage techniques. Patients are instructed not to resume use of Retin-A® (which is often recommended preoperatively) until 6 to 8 weeks after the face lift surgery. Glycolic acid and trichloroacetic acid peels should not be used on undermined skin for 4 to 6 months.

Attention to detail and personal management of the patient's emotional and clinical state is recommended. Ironically, patients who seem to struggle the most in the early postoperative period are most likely to refer other patients for aesthetic treatment. I believe this occurs because these patients appreciate the close contact and direct care provided by the surgeon and thus are happy to refer their friends for surgery.

Patients who have had a face lift are seen 6 weeks following surgery, at which time postoperative photographs are taken. They are seen again 6 months and 1 year after the procedure, and then at yearly intervals thereafter.

The points I have highlighted in this article are intended to be neither exhaustive nor inclusive; rather, they are the key elements of my surgical philosophy and the preoperative and postoperative care I provide for my patients undergoing blepharoplasty and face lift surgery.

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