Avoiding Patient Dissatisfaction and Complications in Facelift Surgery

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• Facelift • Necklift • Complications • Unfavorable result
• Hematoma • Infection • Scarring • Alopecia

Facelift is the cornerstone procedure within the armamentarium of the aesthetic facial surgeon. This procedure rejuvenates the lower two thirds of the face and neck achieving a more youthful jawline and neckline. As with all surgical procedures, facelift or rhytidectomy is associated with certain risks and benefits including bleeding, infection, scarring, nerve injury, and failure to achieve a satisfactory outcome. This article describes the sources of patient dissatisfaction, and the avoidance, recognition, and management of certain common complications related to facelift surgery. Attention is focused on avoiding and managing complications during the preoperative, intraoperative, and postoperative care of the facelift patient. This article strives to be practical and technique related and aims to help the practicing facial plastic surgeon achieve excellence in facelift surgery. To facilitate the clinical applicability of this article, it is divided into considerations related to the preoperative, intraoperative, and postoperative care of the facelift patient.

PREOPERATIVE CONCERNS IN FACELIFT

Psychologic Considerations

There are numerous considerations in the evaluation of the facelift patient. Aesthetic surgery is unique as compared with other surgical disciplines because psychologic considerations weigh heavily in the approach to the surgical candidate. Unlike other branches of medicine and surgery, the facelift patient presents as an elective surgical candidate who has self-selected for surgical consideration. The facial plastic surgeon must assess the goals and expectations of the prospective facelift patient. A surgeon's first impressions of a patient often prove valuable for gauging the suitability of a surgical procedure. This assessment should take into consideration the motivators, recent life events, and reasonableness of the patient's anticipated outcome with regard to the planned surgery.

There are numerous formal and informal methods of assessing the patient's mental well-being. Formal evaluation includes standardized testing, such as the Minnesota Multiphasic Personality Inventory, California Personality Inventory, and Eysenck Personality Inventory. Numerous studies have found that such inventories yield inconsistent results and fail to detect psychopathologic patients. Additionally, such testing is impractical and cumbersome in a clinical practice.

Experienced clinicians suggest that the most effective method of assessing a patient's psychologic suitability is to spend time with the patient gathering information and forming an impression. Additionally, the candid and casual assessment or impression provided by office staff may help in distinguishing the troubled patient. Certain

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patients seem stable and pleasant with the physician, yet may be unreasonable or argumentative with ancillary staff. This may be a harbinger of trouble. If a trusted staff member expresses reservations regarding a potential patient's unfavorable behaviors or attitudes, then it is wise for the surgeon to heed this input.

As part of the overall assessment of the facelift patient, the surgeon may wish to consider medical and legal factors, such as prior surgery; history of litigation; or "doctor shoppers," patients having undergone an excessive number of cosmetic surgical procedures, ending up with an unaesthetic result, perhaps suggesting a body dysmorphic disorder.

Age

Age is an important consideration in facelift surgery. Because of the nature of the procedure, the patient population is shifted toward the more elderly. The overall vigor, attentiveness, and presentation of the aged patient should be considered. This evaluation includes not only the medical evaluation of the patient as discussed later, but other factors related to aging. This includes an assessment of the quality of the patient's skin, such as tissue elasticity, friability, bruisability, degree of solar damage, texture, and quality. This may adversely affect the vascularity and healing abilities of the patient. Generally, more fair complexed individuals have more favorable scarring, yet their incisions may stay pink much longer than a darker pigmented individual.

Becker and Castellano demonstrated that facelift surgery may be safely performed on American Society of Anesthesiologistis (ASA) class 1 and 2 patients older than age 75 years. This carefully selected, healthy, aged population does not experience a higher rate of complications or unfavorable outcomes as compared with a younger population.

In addition to considering the health status of the aging face patient, attention should also be turned toward the age and vigor of the primary caregiver. Because facelift is most commonly performed as an outpatient procedure, the postoperative care of the facelift patient may be relegated to a spouse, and the health status and wherewithal of this individual bears on the quality of care of the surgical patient. The vigor and ability of this other party should be informally assessed with respect to their capability to care for the facelift patient in the perioperative period.

Concurrent Medications in Facelift

Part of the history and physical examination of every surgical patient includes an inventory of the patient's current and recent medications including anticoagulants and steroids. Over-the-counter medications, vitamins, and occasional medications should also be evaluated. The patient's medication list provides insight into their general medical condition and appropriateness for rhytidectomy. Homeopathic remedies are remarkably common among aesthetic surgery patients. Often, patients neglect to consider or inform the surgeon of their concurrent use of vitamins, minerals, and herbal remedies. In general, the surgeon should consider advising the patient to discontinue the use of all homeopathic remedies for 10 to 14 days before surgery and 10 to 14 days subsequent to surgery. To minimize the risk of complications related to unknown vitamins and minerals, these broad recommendations mitigate the likelihood of a medication-related unfavorable result. Isotretinoin (Accutane) is associated with poor healing and increased scarring; the use of isotretinoin in low dose in middle aged and perimenopausal patients to control complexion is not uncommon and so should be considered even in the facelift patient age range. Facelift surgery should be delayed for 12 to 18 months following the cessation of Accutane therapy.

Cardiopulmonary Assessment for Facelift Surgery

As part of any medical evaluation, it is imperative to evaluate the patient's cardiac and pulmonary status. Hypertension is associated with a significantly increased risk of bleeding, bruising, and hematoma formation. Attentive perioperative control of hypertension is mandated. Of particular importance with respect to cardiac status, a functional assessment of cardiac condition, such as an exercise or nuclear stress test, may be indicated in instances of impaired cardiac performance. Patients with chronic obstructive pulmonary disease, for example, may have worsened cough and Valsalva associated with anesthesia and a lengthy procedure that may be associated with an increased risk of postoperative bleeding.

In most instances of active cardiac or pulmonary disease, preoperative medical clearance from the patient's personal physician or an appropriate internal medicine physician should be considered. The goal of the medical preoperative evaluation is to assess medical problems in surgical patients, to determine how best to manage these problems during surgery, and to provide recommendations for perioperative care. Preoperative risk assessment is based on two factors: the type of surgery to be performed and the patient's health.