All Facelifts Are Not Created Equal

" A facelift is a facelift is a facelift"—not really.

In this time of rapidly advancing technology, no sophisticated consumer would purchase an item of computer hard or software without first inquiring about the chip speed or version number. Yet patients daily "shop" for facial surgery by procedure, for example, facelift, and by price. There seems to be an apparent lack of awareness that within a single category of surgical procedure exists an array of differing techniques and widely differing degrees of training and experience among surgeons.

One of the most important tenets that I acquired during my training stated, "There is no shortcut to quality". In other words, the "week-end" facelift will probably not last much longer! Or as one of my male patients noticed after this technique was televised, "none of those patients looked like they needed surgery". Within modern facial surgery lie procedures of markedly differing difficulty, efficiency, and risk. The task of the surgeon is to select the proper risk reward ratio.

While none of the latest in procedures is technically easier than its predecessor, the benefits far outweigh the increased risk in terms providing a more natural, balanced, and long lasting facial rejuvenation. Prior to the introduction of the "transconjunctival blepharoplasty" (lower eyelid surgery) and the "deep plane" facelift too many patients had obvious changes in the shape of the eye often accompanied by a downward displacement of the lower eyelid margin and the "wind tunnel" facial deformity! These stigmata should have disappeared long ago but unfortunately have not.

The eyelid procedure noted above was first described by a West Coast ophthalmic plastic surgeon in the Archives of Ophthalmology (eye disorders and surgery) in 1983, but this technique was not noted in the "plastic surgery" literature until 1996. Eighteen years later, surgeons are still using the older open lower lid approach and experiencing the same problems. In 1989 one of the first articles describing a technique of "deep plane"facelift was authored by a Texas plastic surgeon, but 12 years later only 5% of surgeons performing facelift use this technique. Numerous articles touting endoscopic procedures as offering results equivalent to conventional surgery without the risks have appeared, but the results do not match the claims. Endoscopic surgery of the upper face is not appropriate in patients with a "high"forehead and then leaves the mid forehead muscles active. This failure of endoscopic forehead lift has led to the popularity of botox injections!

In the past 20 years tremendous innovation and improvement have appeared not only in our understanding of anatomy and function but also in surgical implements, lighting, suture, and implant materials. A decade ago, an acceptable result in full-face rejuvenation "rolled the clock back" 10-12 years. Today an experienced surgeon using the above techniques in an ideal candidate can "roll the clock back" 20 years!

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