



Facial Plastic Surgery

Insight into procedures

- Why consider facial plastic surgery?
- What kinds of problems are treated?
- And more...

Facial expressions allow us to interact and communicate with each other. Our appearance also has an impact on how others perceive us, so many people try to always put their “best face forward.”

Some individuals would like to improve certain aspects about their face. Others are born with facial abnormalities such as a cleft lip, a birthmark, or other birth defects and desire correction. Many of us notice the effects of aging, sun damage, or previous facial trauma on the face. Fortunately, many of these conditions can be corrected through procedures performed by a surgeon.

Why consider facial plastic surgery?

The range of conditions that otolaryngologists diagnose and treat are widely varied and can involve the whole face, nose, lips, ears, and neck. Facial plastic surgery is a component of otolaryngology that can be divided into two categories—reconstructive and cosmetic.

Reconstructive plastic surgery is performed for patients with conditions that may be present from birth, such as birthmarks on the face, cleft lip and palate, protruding ears, and a crooked smile. Other conditions that are the result of accidents, trauma, burns, or previous surgery are also corrected with this type of surgery. In addition, some reconstructive procedures are required to treat existing diseases like skin cancer.

Cosmetic facial plastic surgery is surgery performed to enhance visual appearance of the facial structures and features. Common procedures include facelifts, eye lifts, rhinoplasty, chin and cheek implants, liposuction, and procedures to correct facial wrinkles. An otolaryngologist surgeon is well trained to address all of these problems.

What training is necessary?

An otolaryngologist can receive up to 15 years of college and post-graduate training in plastic surgery, concentrating on procedures that reconstruct the elements of the face.

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Post-graduate training includes a year of general surgery, four years of residency in otolaryngology (disorders of the ears, nose, and throat), and may also include one to two years in a fellowship dedicated to facial plastic surgery.

After passing a rigorous set of exams given by the American Board of Otolaryngology, otolaryngologists may become board-certified in the specialty of Otolaryngology—Head and Neck Surgery. Because they study the complex anatomy, physiology, and pathology of the entire head and neck, these specialists (sometimes called ENTs) are uniquely qualified to perform the procedures that affect the whole face.

What kinds of problems are treated?

The following are examples of procedures:

Rhinoplasty/Septoplasty—Surgery of the external and internal nose in which cartilage and bone are restructured and reshaped to improve the appearance and function of the nose.

Blepharoplasty—Surgery of the upper and/or lower eyelids to improve the function and/or look of the eyes.

Rhytidectomy—Surgery of the skin of the face and neck to tighten the skin and remove excess wrinkles.

Browlift—Surgery to improve forehead wrinkles and droopy eyebrows.

Liposuction—Surgery to remove excess fat under the chin or in the neck.

Facial implants—Surgery to make certain structures of the face (cheek, lips, chin) more prominent and well defined.

Otoplasty—Surgery to reshape the cartilage of the ears so they protrude less.

Skin surface procedures—Surgery using lasers, chemical peels, or derma-abrasion to improve the smoothness of the skin.

Facial reconstruction—Surgery to reconstruct defects in facial skin as a result of prior surgery, injury, or disease. This includes reconstruction of defects resulting from cancer surgery, scar revision, repair of lacerations to the face from prior trauma, removal of birth marks, and correction of congenital abnormalities of the skull, palate, or lips.

Non-surgical procedures—Techniques such as chemical peels, microdermabrasion, and injectables. Injectables are medications that can be placed under the skin to improve the appearance of the face, such as Botox™ Cosmetic, Dysport™, Restylane™, Juvederm™, Radiesse™, Sculptra™ and other fillers.

How do I find a surgeon?

The Academy can recommend a board-certified otolaryngologist in your area who has a specific interest in facial plastic surgery. A reputable surgeon will take a thorough patient history and advise you on the best procedure for you. Patients should also be cautious not to be swayed by



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doctors who have the latest equipment, but should instead focus on finding the provider who possesses the skills, expertise, and experience necessary to choose the right treatment method for each individual.

What should you know prior to facial plastic surgery?

Your surgeon should discuss the procedure, risks, benefits, alternatives, and recovery with you. Knowing what to expect will put you more at ease. You should ask how many of the particular type of procedures the surgeon has performed, and how often. You should also know what sort of preparation plans you need to make, how long the procedure will take, and any associated risks. Your surgeon should advise you about any medications you should avoid before your surgery.

Some risks might include: nausea, numbness, bleeding, blood clots, infection, and adverse reactions to the anesthesia. Additionally, if you smoke, you should avoid doing so for two weeks before your surgery in order to optimize healing following your procedure.

You will also want to understand all associated costs and payment options before undergoing any procedure. Insurance will usually cover reconstructive plastic surgery, but check with your provider. If you will be paying for the procedure, find out what payment options are available and if there is a payment plan.

What will recovery be like?

Most plastic surgery will not require a long hospital stay. Depending on the extent of your surgery, some procedures can be completed on an outpatient basis, meaning you would not require a hospital stay. Other procedures may require a hospital stay overnight or for a day or two. Either way, before you are released from the hospital, your surgeon will discuss with you any special care to take while you're recovering at home. You will be provided instructions regarding how to tend to your incision area. Permanent sutures and surgical staples will be removed in the office about a week after the procedure. Your surgeon should also explain any special diet you should follow, medications you should take or avoid, and any restriction on activities.

Following your surgery, generally, you should:

- Avoid aerobic exercise for two weeks.
- Refrain from weight lifting and contact sports for one month.
- Talk with your surgeon about medication to manage pain and swelling.
- Avoid aspirin because it can cause bleeding and make bruising worse.

Most patients feel comfortable returning to work one to two weeks following their surgery, when swelling and bruising are reduced and their appearance has improved.

