



MD AESTHETICS

Lip lift

What is a Lip lift?

As we get older the top lip can descend on the mid-face causing the upper lip to appear thinner and further from the nose. A Lip lift is surgery to lift the upper lip, thereby making the gap between the upper lip and the base of the nose narrower, whilst at the same time everting the upper lip to restore a fuller appearance and help restore or create incisor (teeth) show when smiling. A lip lift involves the removal of excess skin from under your nose, hiding the scar in the crease where your nose meets the philtra region between it and the upper lip

People that may benefit from lip lift surgery are those who:

1. Are very self-conscious of their thin and/or flat top lip
2. Want incisor (teeth) show when smiling
3. Restore a concave shape to the upper lip that has flattened out over time
4. Want more voluminous lips
5. Feel the distance between their nose and upper lip is too long
6. want to improve self-image and esteem and gain more self-confidence as a result.

How is the operation performed?

The operation is usually carried out under a Local Anaesthetic (you are awake) and takes around thirty (30) minutes to complete. Very occasionally it is recommended to undergo a small amount of fat grafting at the same time to help enhance the volume of the lip(s). The technique employed to give you the best results will be discussed with you by Mr Davis in clinic.

What happens after surgery?

You will be able to go home, but it is advised that you travel with someone and do not drive yourself if coming by car. You will be provided with an ointment to apply two or three times per day for the first few days.

You are encouraged to shower the next day after your operation using warm, not hot, water temperature, either dabbing your facial area dry, letting it dry naturally or to use your hairdryer on a cool setting to blow it dry – you are **NOT** to rub your mouth and nose area for a month after surgery as this could cause the wound to come apart as very fine sutures are used to repair the skin.

A period of at least a couple of days off work is advised, depending upon your job. This will be discussed further in clinic during consultation as appropriate.

You will come for a wound check one week after your surgery and return to see Mr Davis in clinic between four and six weeks after surgery, and again after three months. Further follow-ups will be arranged as necessary.

Potential risks?

- *Bleeding & Haematoma:*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your mouth/nose area of your face. Where possible avoid bending over too much so as your head is not down in the first week so as to minimise bleeding.

Your upper lip may become swollen, tense and tender with a bleed and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Infection:*

Whilst not common, should it occur your upper lip and/or lower nose may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics. Very occasionally an infection can result in part(s) of the wound coming apart – this is managed by a regular change of dressings and showering, and will be allowed to heal by itself over the subsequent four-to-six weeks.

- *Swelling &/or bruising:*

Swelling can occur naturally and can take weeks to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish. Try to keep your head up as much as possible to aid gravity in dealing with swelling.

- *DVT/P.E. (blood clots):*

Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. You are encouraged to stay well hydrated.

- *Scars:*

Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally

scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.

- *Altered sensation:*
The nerves supplying the upper lip and nose can be damaged during the surgery resulting in your skin and/or upper lip and lower nose feeling numb. This usually recovers with time, however permanent loss of or reduced sensation can happen.
- *Asymmetry:*
No two sides of the lower nose/philtrum area and upper lip are ever completely symmetrical. Despite best efforts to make them as symmetrical as is possible, minor asymmetries will remain after surgery. Very occasionally a notable asymmetry can occur that require further surgery to adjust.
- *Skin necrosis:*
Very rarely the blood supply to the skin of the lower nose or skin between the upper lip and base of the nose can be compromised resulting in skin dying. This is managed, should it occur, with dressings until healed. Very occasionally the scar requires revising.
- *Wound breakdown*
Very occasionally some of the wound can come apart for a multitude of reasons. This is almost always small enough to manage conservatively with ointment, allowing nature time to heal the area. Should any scar that forms be unsightly or an issue then this can always be revised at a later date, often under a local anaesthetic such as those used by the Dentists if putting your teeth to sleep for a filling etc.
- *Under or over correction*
Occasionally the amount of tissue removed between the upper lip and nose can be either under or over corrected, possibly requiring 'touch up surgery'. Any further surgery is at a cost to the patient financially and will result in more time off work.