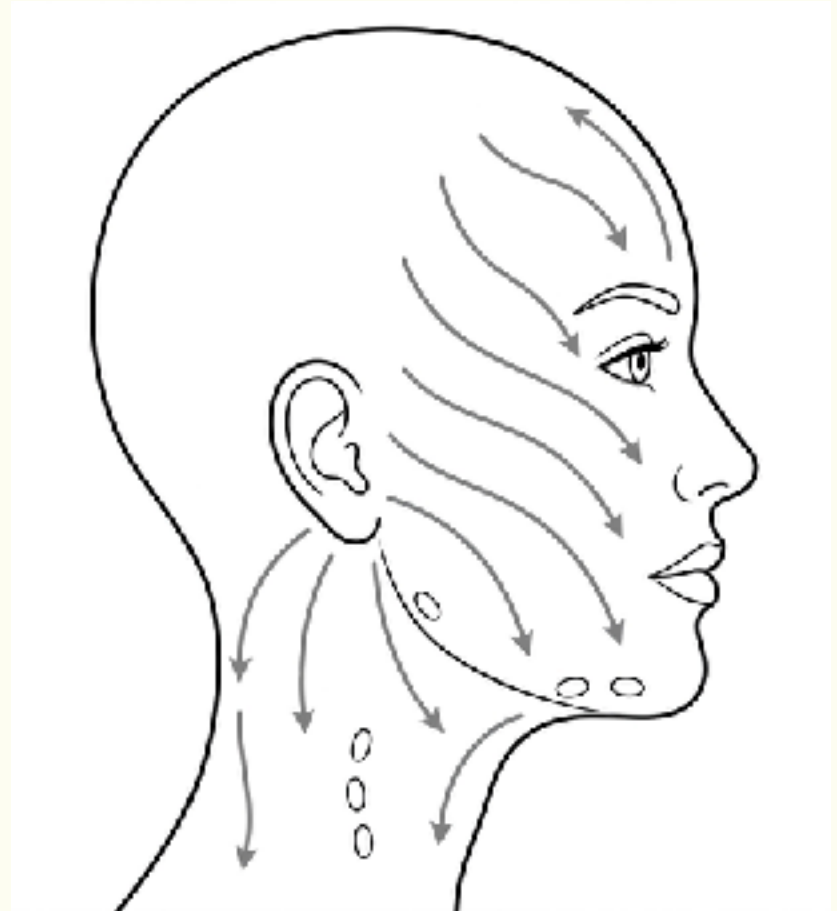


Recovery after Facelift/ Necklift:



Kathleen Helen Lisson, CLT

Kathleen Helen Lisson, CLT



Board Certified in
Therapeutic Massage &
Bodywork

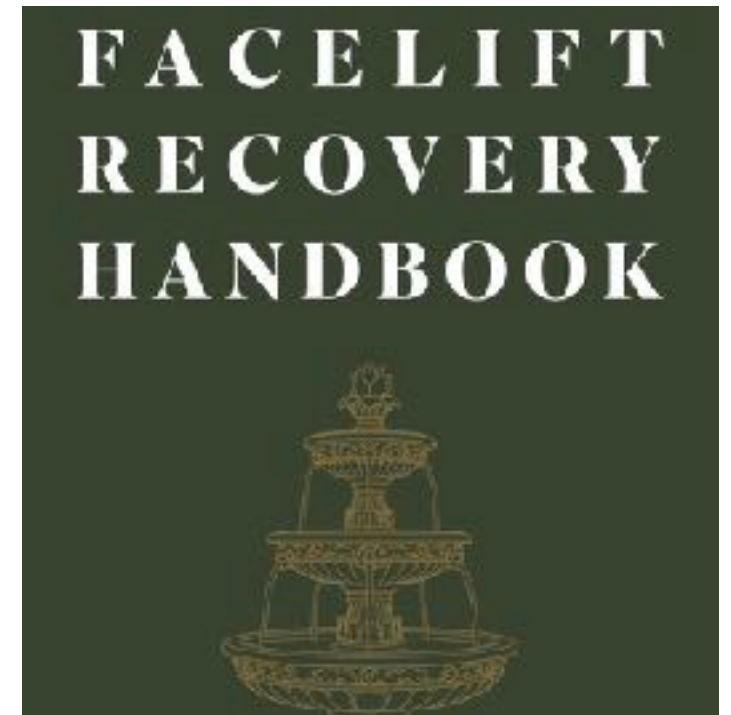
Lymphedema Therapist

Author,
Facelift Recovery Handbook

Disclosures

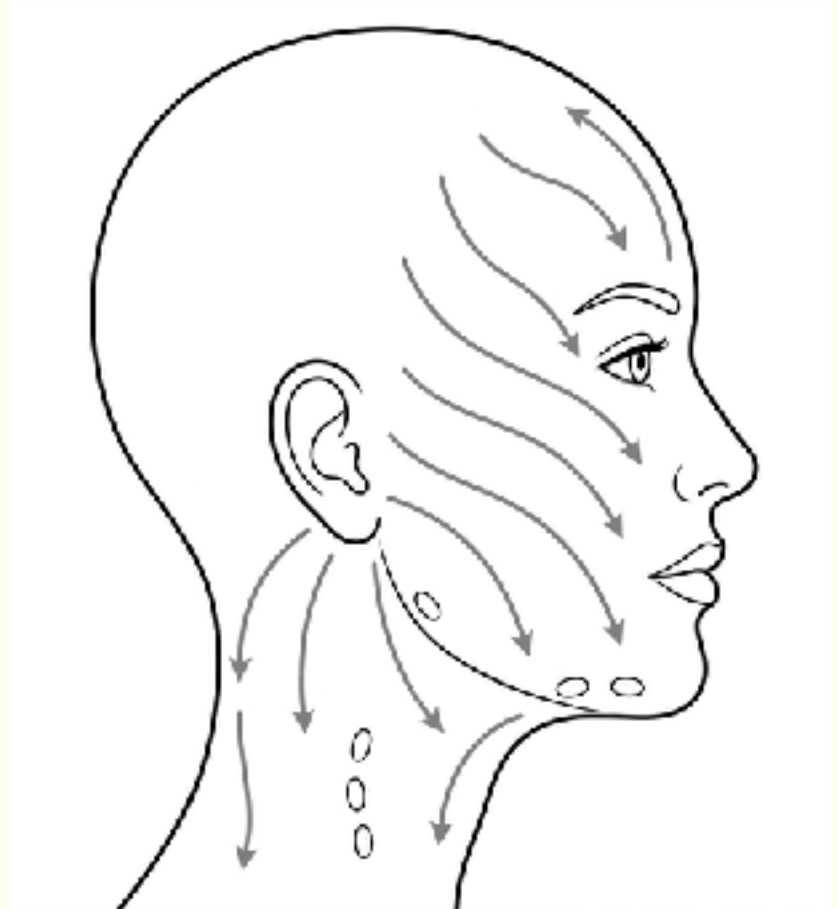
Author, Facelift Recovery Handbook

NCBTMB Approved CE Provider



Everything changes after facelift surgery

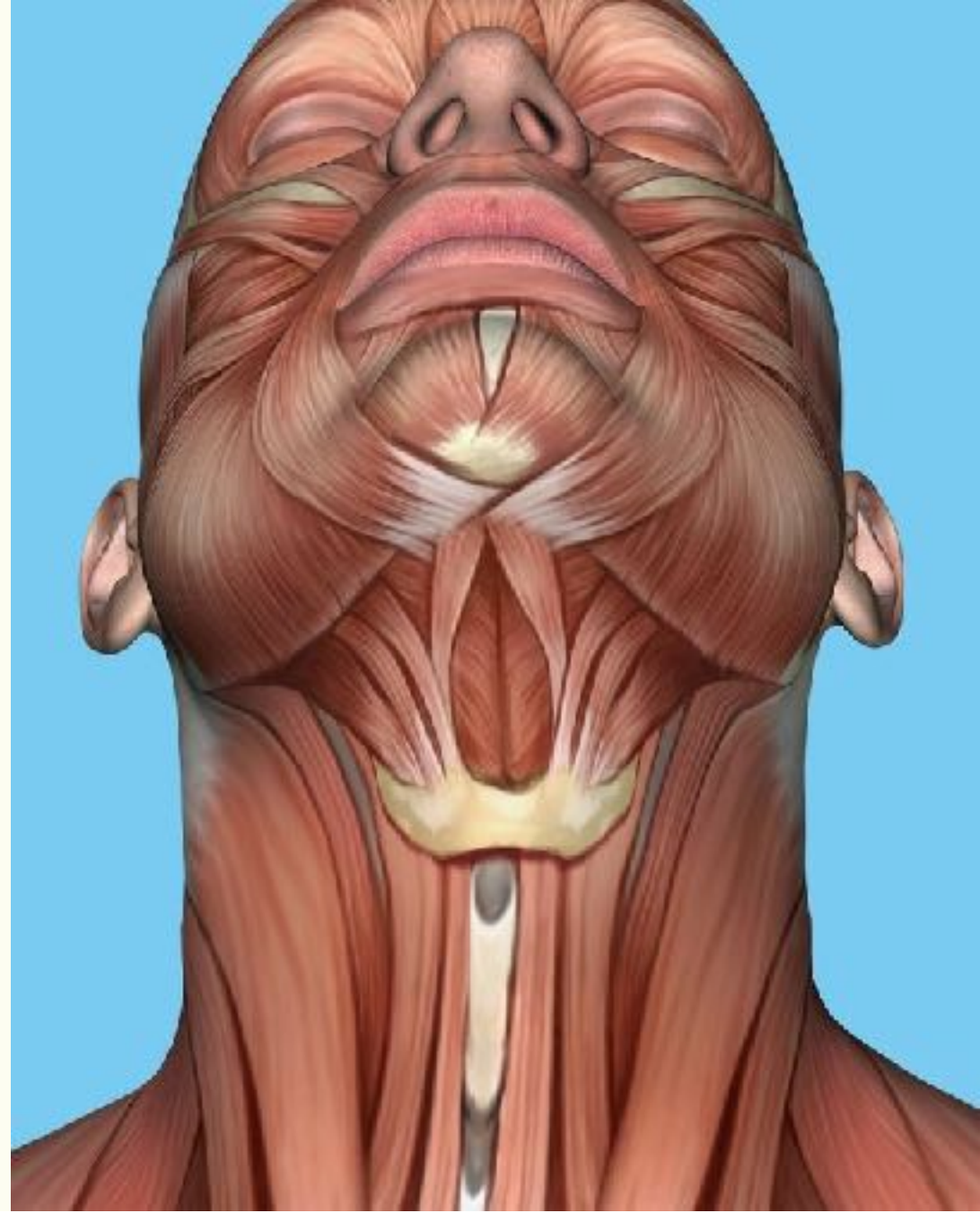
- MLD pathways (Mottura, 2002)
- Pressure vs. facial massage
- Facelift plus nose job or eyelid surgery may cause prolonged edema (Phondge et al., 2025)
- Venous pressure increases after necklift (Mottura, 2002)



Neck lift surgery may affect more than just removing skin and tightening the platysma.

The surgeon may also work with:

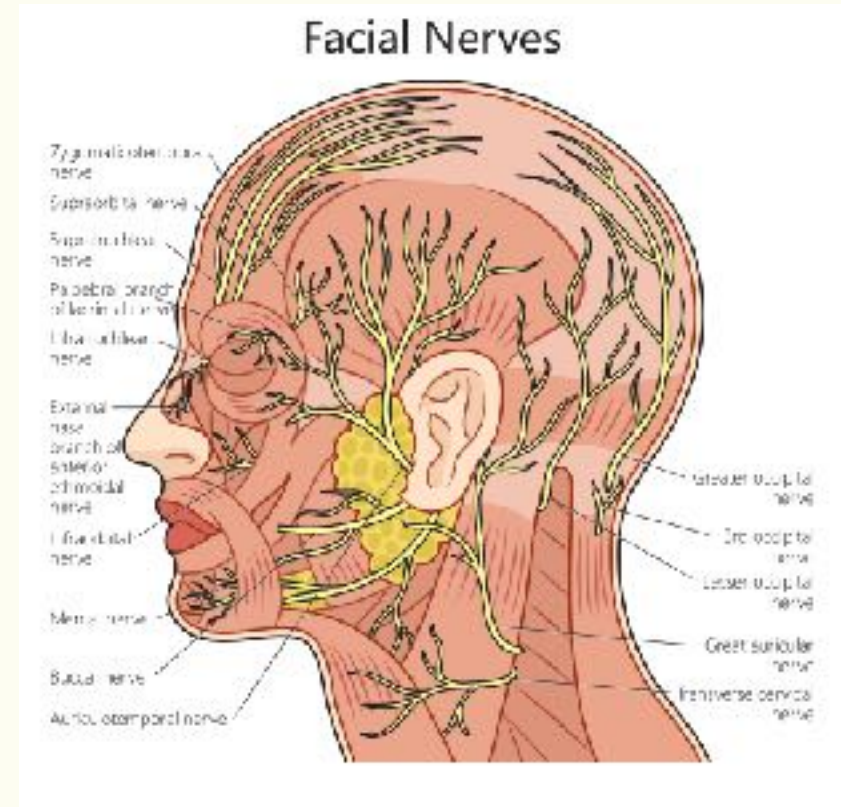
- Digastric muscle
- Submental fat
- Subplatysmal fat
- Submandibular glands



Complications associated with reducing the submandibular gland include:

- Hematoma
- Neck induration
- Nerve Injury
- Sialoceles
- Salivary fistulas
- Xerostomia

(Morel et al., 2025)



"Lower lip weakness is sometimes observed after LigaSure-assisted submandibular gland excision in deep-plane neck lift.

Most patients recover within the first three months after surgery, and none had permanent weakness in a study of over 80 cases"

(Basaran & Comert, 2025)



**The marginal
mandibular nerve is
often located close to the
parotid gland and**

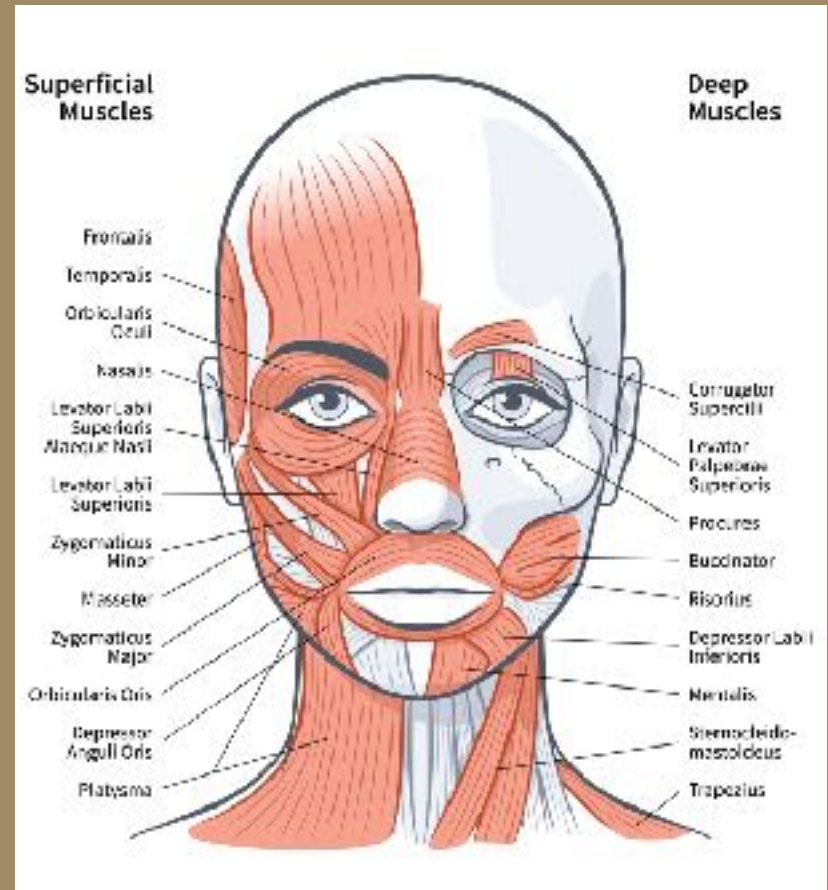
**injury “can distort the
expression of the smile
as well as other facial
expressions”**

(Batra et al., 2010)



"Transient
denervation of the
platysma muscle ...
usually resolves
spontaneously."

(Morel et al., 2025)



Nerve Injury is Temporary

"The condition resolved completely within 3 months, and botulinum toxin was used in 3 patients to alleviate contralateral lip hyperactivity."

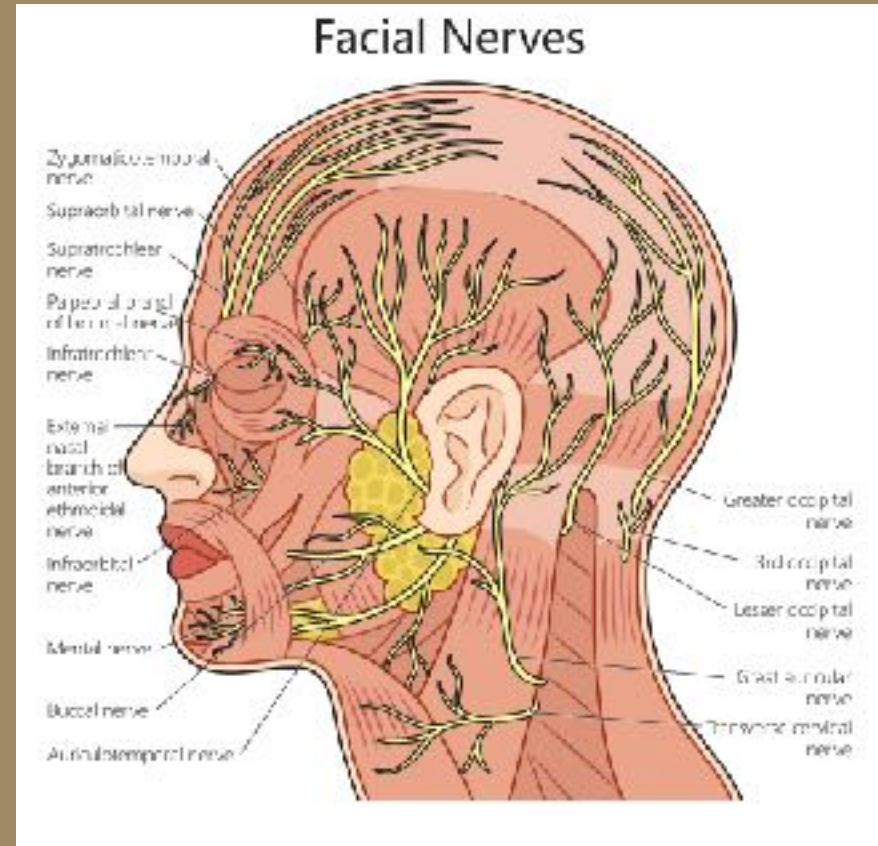
(Morel et al., 2025)

Temporary nerve injury after blepharoplasty or brow lift

(Chen et al., 2023).

- Upper blepharoplasty can cause injury to the supraorbital nerve or supratrochlear nerve
- Lower blepharoplasty may damage the infraorbital nerve
- Brow lift: damage to the supraorbital nerve's deep branch causes most distress, paresthesia, and numbness

Facelift can
also cause
temporary
nerve injury



A meta-analysis over over 180 studies found that deep plane and high lateral SMAS facelifts are more likely to cause temporary facial nerve paralysis than SMAS facelift techniques.

(Boyd & Ceradini, 2025)

**Facial nerve injury
can lead to weakness
and asymmetry,
difficulty in smiling
and eyelid
dysfunction**

(Samadizadeh et al., 2026)



A systematic review
and meta-analysis of
facelift surgery found that
“most sensory lesions resolve
spontaneously within a year.”

(Gandra et al. 2025)

“Nerve injury researchers have suggested that facial nerve function generally recovers three to six months after an injury due to multiple interconnections and intermingling of the facial nerve branches”

(Chen et al., 2023).



Prior use of injections
and threads may
increase risk of nerve
traction or neuropraxia
after facelift

(Araujo-Lopez, 2026)

“Use of threads for a single application carries ... a 20% risk of nerve injury intraoperatively or during the post-operative period”

(Araujo-Lopez, 2026).

“When hyaluronic acid fillers, biostimulators, and threads are present together, the overall risk of complications particularly nerve injury may increase to more than 50%”

(Araujo-Lopez, 2026)



“Self-massage, emotional expression exercises, and mirror feedback therapy have been used to treat facial nerve injury, as well as botulism toxin on the unaffected side to encourage the patient to use their muscles on the affected side.”

(Rocha et al., 2019)

Massage after facial paralysis

<https://www.clinsurggroup.us/articles/JSSR-5-172.php>



**Researchers
recommend that nerve
injuries after facelift
be treated with
corticosteroids to
reduce inflammation.**

(Gandra et al. 2025). (Rocha et al., 2019).

Araujo-Lopez cautions against using corticosteroids if the patient has previous filler usage “because many have thick skin and residual filler; corticosteroids may increase sebaceous gland activity and facial bulk.

(Araujo-Lopez, 2026).

“Instead, conservative medical management with gabapentin and B complex vitamins combined with twice weekly physiotherapy typically results in resolution by five to six weeks post-operatively”

(Araujo-Lopez, 2026).



Latest Updates:

<https://www.faceliftrecoveryhandbook.com/blog>

Is your program ready to become a LE&RN Center of Excellence?

LD Conservative Care COE— Designed for Therapist-led Programs

Eligibility Requirements:

- Minimum of 3 fully certified lymphedema therapists on staff
 - No physician director required
 - Deliver core conservative care services:
CDT, garment fitting/maintenance, risk surveillance

What Designation Brings:

3-year international recognition, referral network visibility,
LE&RN support and collaboration

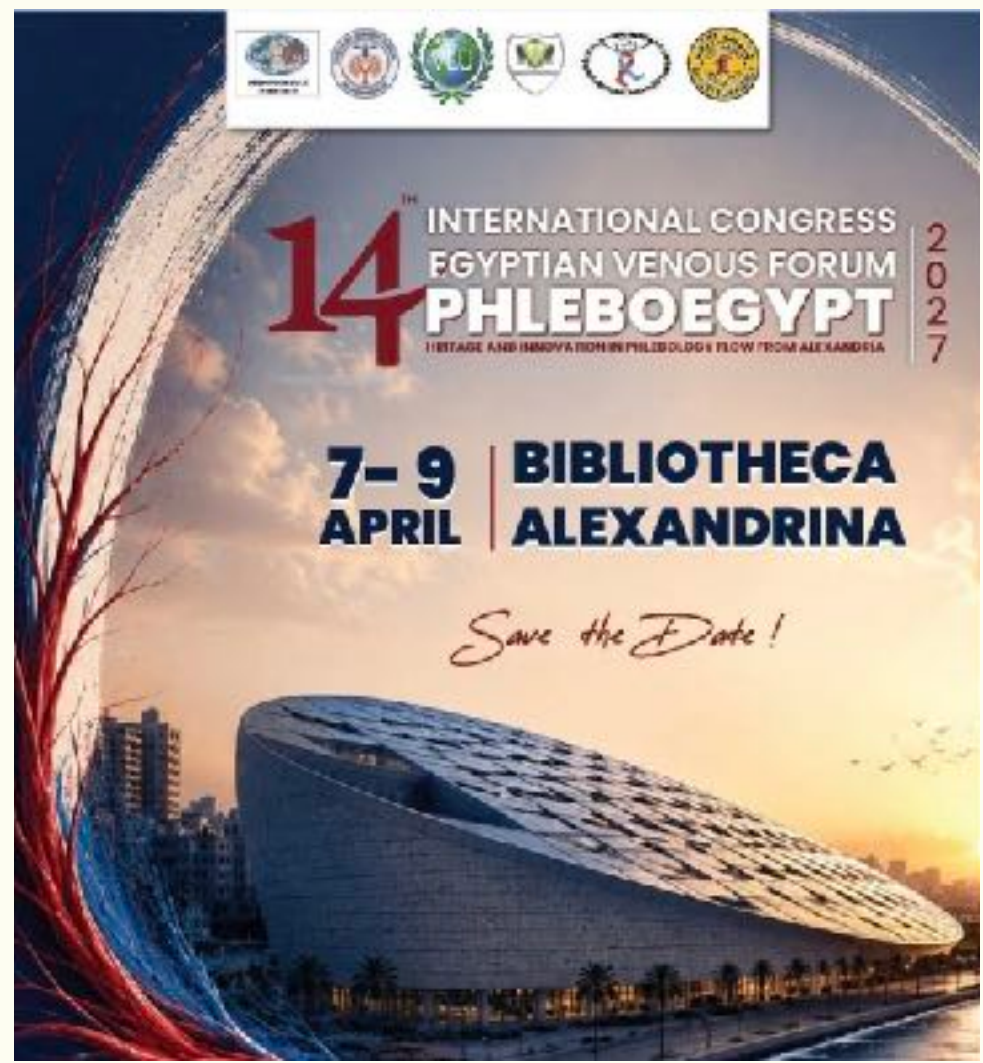


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Thank You

@KathleenLisson

PlasticSurgeryRecoveryMassage.Teachable.com