Facelift Before and After Photos - Me Clinic Melbourne

Canonical: https://www.meclinic.com.au/face/facelift-before-and-after-photos/

Details:

Before and after photographs are the most common way people judge facelift surgery . They are worth looking at carefully — and worth knowing how to read, because the face is the easiest part of the body to photograph misleadingly.

Photographs are shown and discussed at consultation, where your surgeon can select cases comparable to your anatomy and explain what is realistic.

The standards these photos must meet

Before and after images used by registered health practitioners in Australia are governed by the Medical Board of Australia's Guidelines for advertising regulated health services.

Images must be genuine — real patients, real results.

Photographs on this website have been retouched only to protect patient privacy , never to enhance or alter the results of the surgery.

Images must carry a clear and prominent disclaimer that results may vary between individuals .

Patients must consent to the use of their images.

Results may vary between individuals. A photograph records one person's outcome, not a prediction of yours.

How to read a facelift photograph

Same lighting, above all. Facial ageing is largely read through shadow. Light from above deepens every fold and hollow; flat frontal light removes them. Two photographs of the same unoperated face under different lighting can look like a before and after.

Same angle and camera height. A camera slightly above eye level lifts the jawline and neck; slightly below does the opposite.

Same head position and expression. Chin position changes the jawline and neck contour dramatically. A neutral expression in both frames is the only fair comparison.

Same distance and focal length. Shooting closer with a wider lens distorts facial proportions.

Makeup, hair and glasses. All change apparent facial contour. Hair pulled back in one frame and down in the other is not a comparison.

Time elapsed. A facelift result settles over 6 to 12 months. A photograph at six weeks still contains swelling, which can flatter the result by filling hollows; one at three months is different again.

Look at the same places every time

The parts of a facelift photograph that tell you the most:

The jawline and the neck — where a facelift does most of its work, and where the change is hardest to fake with lighting.

The area in front of and behind the ear — where the incisions are. Look for the earlobe: a pulled-down or attached earlobe is a sign of excess tension, and it is one of the visible tells of an overdone facelift.

The hairline and sideburn — has it been shifted or distorted?

The direction of the lift. A well-executed lift moves tissue upward and slightly back. A face pulled laterally, with a flattened cheek and a stretched look at the mouth corners, indicates a skin-tension lift.

Whether they still look like themselves. A facelift restores a version of the same person. If the after photograph looks like a different person, the change was more than a facelift.

Ask to see the scars

Scars are the one thing a gallery almost always crops out, and they are permanent. A facelift result you are happy with and a scar you are not is a common and entirely avoidable disappointment, because the information was available and nobody asked for it.

Ask specifically: “Can I see close photographs of the incisions at twelve months?” Front of the ear, behind the ear, and into the hairline. That is a reasonable request of any surgeon, and the answer is informative either way.

What to look for when you see them

Where the front incision sits. Placed in the natural crease in front of the ear or just inside the tragus, a scar is largely invisible. Placed forward of that, on the cheek skin, it is not.

The tragus — the small flap of cartilage in front of the ear canal. Its shape should be preserved, not flattened or blunted.

The earlobe. It should sit free and at a natural angle. An earlobe pulled downward and forward, or fused to the cheek with no notch above it, is the classic sign of a lift closed under tension.

The hairline and sideburn. The sideburn should still exist and sit at roughly its original height. A sideburn pulled up and back, or a hairline stepped where the incision crossed it, is permanent and difficult to correct.

The scar behind the ear , which is generally easiest to hide but also where widening is most common.

Width and colour at twelve months. A mature scar is pale, flat and narrow. Anything raised, red or spread at a year is likely to stay that way.

Tell your surgeon if you have a history of keloid or thickened scarring, or of poor healing anywhere on your body. It changes the planning and, occasionally, the recommendation.

Ask for a photograph of the face smiling

Every facelift gallery is a gallery of resting faces, for a reason: a resting face is where the result is most flattering and easiest to standardise. But nobody lives at rest.

A lift that looks correct sitting still can behave differently in animation — the cheek bunching high on smiling, the corner of the mouth pulled sideways, a stiffness on one side. Ask to see a smiling frame of the same patient , before and after.

It is also the frame that tests the most important question on this page: do they still look like themselves? Identity lives in how a face moves far more than in how it sits. A good result is recognisably the same person, rested.

Before you look at any gallery, look at yourself

Galleries answer “what can surgery do?”. They cannot answer “what is happening to my face?”, and the second question comes first.

Find a photograph of yourself from fifteen or twenty years ago

Not to set that as the goal — that is not what surgery delivers — but to see what has actually changed, which is regularly not what people think. It is common to come in asking for something corrected that has been there since childhood, and to overlook the change that has genuinely occurred.

Put an old photograph beside a current one, both relaxed and front-on, and look for what moved rather than what you dislike.

Then sort what you see into four zones

Zone	What has changed	Usually addressed by
Brow and upper eyelid	Brow lower than it was; heaviness or hooding above the lash line	Brow lift or upper blepharoplasty
Mid-face	Flattened cheek, deeper fold beside the nose, hollowing under the eye	Volume restoration, or a lift that repositions the mid-face
Lower face	Jowls; loss of a clean jaw edge	Facelift
Neck	Loose skin, vertical bands, fullness under the chin	Neck lift , often with a facelift

Two checks that sort descent from deflation

Lie flat on your back and look in a mirror held above you. Gravity is removed. What improves lying down has descended — that is the surgical group. What stays exactly the same is volume loss , which lifting does not address and which needs restoring rather than repositioning.

Pull gently up and back in front of each ear , a few millimetres. If a small movement restores the jaw, a lift is working with you. If the skin bunches in front of the ear before the jaw improves, there is more excess than a modest procedure will hold.

Do this before the consultation. It turns “I look tired” into a set of specific observations, which is what makes a consultation useful.

Ask what was actually done

Facelift results in a gallery are frequently combined procedures. A single photograph may represent a facelift plus a neck lift , blepharoplasty , brow lift, fat transfer and skin resurfacing — and the total change is not attributable to the facelift alone.

It also matters which facelift. A deep plane result, a SMAS result and a lower facelift are different operations producing different changes. Ask which one a photograph shows, and whether it is the one being proposed for you.

Ask for a case at five years

Every gallery is a gallery of twelve-month results, because that is when a face looks its best and when patients are still coming back for photographs.

But durability is the whole question with a facelift. The operation does not stop ageing; it resets a starting point, and the face continues from there. “Do you have a patient you can show me at five years, or ten?” is the question that separates a surgeon with a long practice and honest follow-up from a gallery of best cases.

If the answer is no, that is not automatically damning — patients move, and few return for photographs a decade later. But it should prompt the follow-up: “What does this typically look like at five and ten years, and what would a revision involve?”

Why your result will differ

Outcomes vary with your bone structure, skin thickness and elasticity, how much tissue has descended, the fat distribution of your face, your age, whether you smoke, how you heal, and the technique used.

Bone structure sets a limit that no operation changes. Someone with strong underlying facial structure achieves a more defined result from the same operation than someone without it. That is not something a gallery shows.

Smoking deserves separating out from that list. It is the single largest modifiable risk factor here, and not a small one: it constricts the blood supply to the skin flaps a facelift depends on, and skin necrosis — tissue death at the edges, which can scar permanently — is substantially more likely in smokers. Surgeons routinely require a period of abstinence before and after surgery, and some decline to operate otherwise. Vaping and nicotine replacement carry the same vascular effect.

What photographs do not show

Recovery. Weeks of swelling and bruising, numbness that can last months, and the six to twelve months before the result settles.

Complications. Haematoma, facial nerve weakness, skin necrosis, scarring and asymmetry do not appear in a curated gallery.

Durability. A photograph at twelve months does not show what the face looks like at ten years.

Movement. A face can look correct at rest and unnatural when it smiles. Still images cannot show this.

How it felt. Tightness, numbness, the sensation of the ears and scalp, and the months of not quite recognising your own face.

What it cost, all in. Surgeon, anaesthetist, hospital or theatre, garments, follow-ups and the possibility of revision.

The process before any of this

Since 1 July 2023, cosmetic surgery in Australia has a required process, and it exists precisely so that decisions are not made from a gallery.

A GP referral is required before seeing a surgeon about cosmetic surgery.

Screening for body dysmorphic disorder forms part of assessment, with referral for psychological assessment where indicated.

At least two consultations before surgery, one of them in person with the surgeon who will operate.

A cooling-off period between consenting and operating.

Additional safeguards for under-18s — a three-month cooling-off period and mandatory psychological assessment.

Two things worth checking yourself: the title “Specialist Plastic Surgeon” is protected and indicates FRACS qualification in plastic surgery; and anyone’s registration and any conditions on it can be checked free on the AHPRA public register.

Your rights during photography

Record photography and advertising use are separate consents. You can agree to one and decline the other.

You can withdraw consent for promotional use later , including after surgery, and ask for images to be removed from the website and social media.

You can ask how images are stored, for how long, and who can access them.

You can ask for identifying features to be cropped or obscured.

You can have a support person or chaperone present, and stop at any point.

You can ask for copies of your own photographs.

Seeing photographs relevant to you

Ask to see cases with a similar starting point to yours — similar age, similar degree of descent, similar skin quality — rather than the most dramatic result in the gallery. Ask for multiple views of the same patient, and ask how long after surgery each was taken. These are all reasonable requests.

The short list, in one place:

“How long after surgery is each of these?”

“Which operation is that — and what else was done at the same time?”

“Can I see someone who started where I am starting?”

“Can I see the scars at twelve months, close up?”

“Can I see them smiling?”

“Do you have anyone at five years?”

“What is the all-in cost, itemised — and what would a revision cost?”

“What does recovery actually look like, week by week?”

Facelift costs range from $20,000 to $50,000 depending on type. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350. Cosmetic surgery is not covered by Medicare, and we are not a no-gap provider.

Risks

All surgical procedures carry risks and potential complications, including haematoma, facial nerve injury causing weakness or paralysis of facial muscles, permanent numbness, skin necrosis (substantially more likely in smokers), infection, permanent scarring, hair loss around incisions, earlobe distortion, asymmetry, delayed healing, anaesthesia complications, blood clots, and the possible need for revision surgery.

Please read our information on the risks and complications of cosmetic surgery before proceeding.

We are at 4 Burke Road, Malvern East VIC 3145, five minutes' walk from Caulfield station. Phone 1300 852 050, or use the online consultation form .

Related: facelift , neck lift , eye area surgery , thread lift .

Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about before and after photos

What rules apply to these photographs?

The Medical Board of Australia's Guidelines for advertising regulated health services. Images must be genuine, carry a clear disclaimer that results vary, and be used with patient consent.

Are the photographs on this site retouched?

Only to protect patient privacy — never to enhance or alter the results of the surgery.

What misleads most often?

Lighting. Facial ageing is read through shadow, so light from above deepens every fold and flat frontal light removes them. Two photographs of the same unoperated face can look like a before and after.

When should a facelift result be judged?

It settles over 6 to 12 months. A photograph at six weeks still contains swelling, which flatters the result by filling hollows.

Where should I be looking in the photograph?

The jawline and neck, the area in front of and behind the ear, the hairline and sideburn, the direction of the lift, and whether the person still looks like themselves.

What does an overdone facelift look like?

An earlobe pulled down or fused to the cheek; a face pulled sideways with a flattened cheek and a stretched look at the mouth corners; a sideburn displaced upward.

Can I ask to see the scars?

Yes, and you should — close photographs at twelve months, front of the ear, behind the ear and into the hairline. Galleries almost always crop them out, and they are permanent.

What makes a good scar?

At twelve months, pale, flat and narrow, sitting in the natural crease in front of the ear or just inside the tragus, with the tragus shape preserved, the earlobe free at a natural angle, and the sideburn at roughly its original height.

Should I mention my scarring history?

Yes — any history of keloid or thickened scarring, or poor healing anywhere on your body. It changes the planning and occasionally the recommendation.

Why ask for a smiling photograph?

Because nobody lives at rest. A lift that looks correct sitting still can bunch the cheek high on smiling or pull the mouth corner sideways — and identity lives in how a face moves.

Why look at an old photograph of myself?

To see what has actually changed, which is regularly not what people think. It is common to ask for something corrected that has been there since childhood while overlooking the real change.

How do I tell descent from volume loss?

Lie flat on your back and look in a mirror above you. What improves lying down has descended — the surgical group. What stays the same is volume loss, which lifting does not address.

Is there a second check?

Pull gently up and back in front of each ear, a few millimetres. If a small movement restores the jaw, a lift is working with you. If skin bunches in front of the ear first, there is more excess than a modest procedure will hold.

Do gallery results usually represent one operation?

Frequently not. A single photograph may represent a facelift plus neck lift, blepharoplasty, brow lift, fat transfer and resurfacing. Ask what else was done.

Does the type of facelift matter?

Yes. Deep plane, SMAS and lower facelift are different operations producing different changes. Ask which one a photograph shows and whether it is the one proposed for you.

Should I ask for a five-year result?

Yes — durability is the whole question. Surgery resets a starting point; the face continues from there. If none are available, ask what it typically looks like at five and ten years and what a revision would involve.

What limits my result regardless of technique?

Bone structure. Someone with strong underlying facial structure achieves a more defined result from the same operation, and a gallery does not show that.

How much does smoking matter?

A great deal. It constricts the blood supply to the skin flaps a facelift depends on, and skin necrosis is substantially more likely in smokers. Vaping and nicotine replacement carry the same vascular effect.

What can a photograph never show?

Recovery, complications, durability, how the face moves, how it felt, and the all-in cost.

What is required before cosmetic surgery in Australia?

Since 1 July 2023: a GP referral, screening for body dysmorphic disorder, at least two consultations with one of them being in person with the operating surgeon, and a cooling-off period. Under-18s have a three-month cooling-off period and mandatory psychological assessment.

How do I check a surgeon's qualifications?

"Specialist Plastic Surgeon" is a protected title indicating FRACS qualification in plastic surgery, and registration and any conditions can be checked free on the AHPRA public register.

Can I decline having my photographs used in advertising?

Yes. It is a separate consent from photographs for your record, you can withdraw it later, and you can ask for images to be removed.

What does a facelift cost?

Between $20,000 and $50,000 depending on type. A Specialist Plastic Surgeon consultation is $350 as at September 2024, including GST. Not covered by Medicare.

What are the risks?

Haematoma, facial nerve injury causing weakness or paralysis, permanent numbness, skin necrosis, infection, permanent scarring, hair loss around incisions, earlobe distortion, asymmetry, delayed healing, anaesthesia complications, blood clots, and possible revision surgery.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.