Neck Lift Melbourne - Platysmaplasty Surgery - Me Clinic

Canonical: https://www.meclinic.com.au/face/neck-lift/

Details:

A neck lift is surgery that removes excess skin from the neck, tightens the underlying muscle, and reduces fat deposits under the chin and along the jawline. It is generally considered for loose or sagging neck skin, visible vertical neck banding, or loss of jawline definition following ageing or significant weight change.

Incisions are typically placed behind the ears and under the chin. The platysma muscle is tightened, excess fat and skin removed, and the skin redraped.

The platysma muscle — why the neck ages the way it does

The platysma is a thin, sheet-like muscle running from the collarbones up to the lower face. It is involved in jaw movement and facial expression.

Over time it:

Weakens and separates in the midline , producing the visible vertical bands that run down the front of the neck

Loses elasticity, contributing to loose skin

Pulls downward, blurring the jawline

This is why skin tightening alone often does not fix a neck. If the bands are muscular, tightening skin over them does not remove them — the muscle itself has to be addressed, which is what platysmaplasty means.

Why the neck shows ageing earlier than the face

The skin is thinner and more prone to laxity and wrinkling

Platysma weakening produces banding

Fat accumulates under the chin

Collagen and elastin decline

Sun exposure — the neck is frequently missed by sunscreen and is one of the areas where cumulative sun damage shows most clearly

What a neck lift addresses

Loose, sagging neck skin

Excess fat under the chin

Vertical neck bands caused by platysma laxity

Jawline definition, and the balance between the jawline, neck and lower face

It does not change skin texture, fine wrinkling or pigmentation — those are addressed by resurfacing or skin treatments. And addressing the neck alone while leaving an ageing mid-face untreated can look unbalanced, which is why a neck lift is frequently combined with a facelift .

One anatomical limit worth knowing before you set an expectation: the sharpness of the angle under the chin is partly determined by how far forward your chin sits and how high your hyoid bone sits in the neck — neither of which surgery changes. The neck thread lift page explains it. Ask your surgeon what the best angle is that your own anatomy allows.

Who it may suit

People with loose or sagging neck skin

People with visible platysmal banding

People with a jawline blurred by skin laxity

People bothered by excess fat under the chin

People in good general health with realistic expectations

Non-smokers, or those willing to stop before surgery — smoking significantly raises the risk of skin necrosis in neck and face surgery

Most people cannot tell which procedure suits them, and that is expected. It is a surgical judgement made at consultation after examination.

It tends not to suit anyone whose weight is still changing significantly; anyone who smokes and will not stop; anyone with poorly controlled high blood pressure, until it is managed; anyone on blood thinners that cannot safely be managed around surgery; anyone with a bleeding or clotting disorder; anyone with a history of keloid scarring, without a careful discussion; and anyone who cannot take several weeks of visible recovery.

Surgical techniques

Traditional neck lift — incisions behind the ears and under the chin, removing excess skin and tightening the platysma.

Neck liposuction — removes fat under the chin and along the jawline. Suited to younger patients with good skin elasticity who do not need muscle tightening. On its own it does nothing for loose skin or bands.

Platysmaplasty — tightening the platysma muscle to correct vertical bands.

Deep plane facelift — repositions skin and underlying muscle with less tension and allows recontouring of the neck as well as the face, where both are being addressed.

A combination is often used. Which combination depends on whether your concern is skin, fat, muscle, or all three.

The procedure step by step

Anaesthesia — general anaesthesia, or local anaesthesia with sedation.

Incisions — behind the ears and, where needed, under the chin, following natural creases.

Fat removal and muscle tightening — excess fat removed by liposuction if required, and the platysma tightened.

Skin removal — the skin is redraped and excess trimmed.

Closure — with sutures.

Surgery typically takes two to three hours . Most patients go home the same day with post-operative instructions.

The first 24 hours, and the one complication to understand

A haematoma — a collection of blood under the skin — is the most common serious complication of neck and face surgery, and the neck is where it matters most. It usually occurs within the first 12 to 24 hours, and it is one of the few situations after this operation that needs immediate attention rather than a phone call in the morning.

What to notice

Swelling increasing rapidly, usually on one side , over minutes to an hour — rather than the steady, even swelling of normal recovery

A tight, full or pressing feeling in the neck

Pain that is increasing and one-sided , particularly if it is not controlled by the pain relief you were given

Difficulty swallowing, a change in your voice, or any difficulty breathing

Firm, tense skin over the swollen area

What to do

Ring the after-hours number immediately, at any hour. If you cannot reach anyone, or if there is any difficulty breathing or swallowing, call 000 or go straight to an emergency department — a large neck haematoma can compress the airway, which is why this is the one to know about. Do not drive yourself. A haematoma is usually managed by returning to theatre to release it, and the outcome is good when it is dealt with promptly.

What raises the risk, and what you can influence

Blood pressure. Poorly controlled or spiking blood pressure is the single largest contributor. If you have high blood pressure, have it well managed before surgery, and take your medication exactly as directed around the procedure.

Straining. Heavy lifting, bending with your head below your heart, straining on the toilet, and forceful coughing or vomiting all spike pressure in the neck. Ask for something to prevent constipation before you need it, and for anti-nausea medication if you are prone to it.

Blood thinners, aspirin, anti-inflammatories and supplements — fish oil, garlic, ginkgo, vitamin E and others. Disclose everything, and never stop a prescribed blood thinner on your own ; that decision belongs to the prescribing doctor working with your surgeon.

Alcohol around the procedure.

Smoking , which raises several risks at once.

Keeping calm and still on the first evening. It sounds trivial; it is the period that matters most.

Recovery

Week 1 — swelling and bruising peak. Discomfort is managed with prescribed pain relief. A compression garment is worn to reduce swelling.

Weeks 2 to 3 — swelling subsides. Most patients return to light activities, including desk work and social outings.

Weeks 4 to 6 — swelling continues to improve and the neck contour becomes clearer.

3 to 6 months — the result settles and scars fade.

Numbness of the neck and around the ears is common early on and can take months to resolve; occasionally it is permanent. Recovery is longer where a neck lift is combined with a facelift.

The garment, honestly

The compression garment does real work — it limits swelling, supports the tissue while it re-adheres, and helps the contour settle where it was put. It is also the part of recovery people most underestimate.

Wear it for the hours your surgeon specifies , which early on usually means almost all of them.

It should be firm, not painful. Numbness in the ears, throbbing, or skin that stays marked after removal means it is too tight — ring and ask rather than adjusting on your own.

Buy or ask for a second one so there is a clean one while the other is washed.

Plan for how it looks. It is visible, and most people do not want to be seen in it. That is part of the two to three weeks off, not an afterthought.

Check the skin under it daily , particularly behind the ears, for rubbing or pressure marks.

Numbness, and the safety point nobody mentions

Numbness of the neck and the lower part of the ear is expected after this operation, because the nerve supplying sensation there runs through the area being operated on. It usually improves over months and is occasionally permanent.

The practical consequence is worth spelling out: numb skin cannot warn you that something is too hot. Until sensation returns:

Be careful with hairdryers, straighteners and curling irons near the ears and neck. This is the most common way people burn numb skin, and they do not feel it happen.

Test water temperature with your hand , not your neck, in the shower.

Be careful with heat packs , and with sitting close to a heater.

Use sunscreen and cover the area , since you will not feel it burning.

Take care shaving , if that applies — you will not feel a nick.

Results and how long they last

Noticeable improvement is usually visible within four to six weeks, with the final result apparent at three to six months as swelling resolves and tissues settle.

Results commonly last around 10 to 15 years, though this varies with genetics, skin quality, weight fluctuation and lifestyle. Ageing continues from the new starting point. Maintaining a stable weight and using sun protection preserve the result more than anything else.

On the sun point specifically: the neck is the area people most reliably forget. Sunscreen applied to the face and stopped at the jawline is the reason so many necks look a decade older than the face above them — and after surgery it is the single cheapest thing that protects what you paid for.

Scarring

A neck lift involves incisions and therefore permanent scars. They are placed behind the ears and in the natural crease under the chin, where they are generally well concealed, and they fade over months

— but they do not disappear. Scars in the neck can sometimes thicken or widen, and some people are prone to keloid scarring.

Looking after them

Tell your surgeon beforehand about any history of keloid or thickened scarring, or poor healing anywhere on your body. It changes the planning and occasionally the recommendation.

Start scar care only when your surgeon says — usually once the wound is fully closed. Silicone gel or tape is the best-supported option; start it then and use it consistently for months rather than sporadically for weeks.

Keep scars out of the sun for at least the first year. A new scar pigments readily, and that pigment can be permanent — a collar, a scarf or sunscreen, every day.

Do not stretch the area during early healing. Tension is what widens a scar.

Raise anything raised, red or itchy at three months rather than waiting. Thickening scars respond far better to early treatment than to late.

Risks and complications

A neck lift is major surgery. Risks and potential complications include:

Haematoma — a collection of blood under the skin, which may require a return to theatre

Nerve injury — injury to the marginal mandibular nerve can cause an uneven smile or lower lip weakness; injury to the great auricular nerve can cause permanent numbness of part of the ear

Numbness or altered sensation of the neck and ears, which may be permanent

Skin necrosis — death of skin at the edges of the flap, substantially more likely in smokers

Infection

Permanent scarring, including thickened or keloid scars

Contour irregularity, visible ridging, or a residual or recurrent band

Asymmetry

Delayed wound healing and wound separation

Salivary gland injury or a visible submandibular gland

Anaesthesia complications

Deep vein thrombosis and pulmonary embolism

An unsatisfactory result and the possible need for revision surgery

Seek urgent attention for rapidly increasing swelling on one side of the neck, severe pain, or difficulty breathing after surgery.

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

Expected, versus call us, versus emergency

Expected: swelling and bruising peaking in the first week; numbness of the neck and ears; tightness; a compression garment; bruising tracking down onto the chest; the contour looking unclear for weeks.

Call us: swelling increasing after the first few days; spreading redness, heat or pus; fever; a wound edge separating; a dark or dusky area of skin; an uneven smile or lower lip weakness; a band that is still visible once swelling has settled; a raised, red or itchy scar at three months.

Emergency — call 000 or go to an emergency department: rapidly increasing swelling on one side of the neck, severe one-sided pain, a tight or pressing feeling with difficulty swallowing or a voice change, any difficulty breathing, chest pain or breathlessness, or a painful swollen calf.

Non-surgical alternatives

Non-surgical options — including fat-dissolving injections for submental fat, neck thread lifts , and skin resurfacing or chemical peels for texture — produce temporary and generally modest changes. They do not remove excess skin and do not tighten the platysma.

For younger patients with mild changes and good skin elasticity, they are a reasonable option. Where there is significant loose skin or established banding, they will not achieve what surgery achieves, and it is better to know that before starting a course of maintenance treatments.

The arithmetic is worth doing once: a thread lift every 18 to 24 months across a decade is about five procedures, on top of whatever else is being maintained. Against a single operation lasting 10 to 15 years, that comparison sometimes changes the decision — and sometimes confirms it. Either way, make it deliberately rather than by drifting from one maintenance appointment to the next.

What you should leave the consultation with

Whether your problem is skin, fat, muscle, or a combination — stated plainly

What your own anatomy allows, including any limit set by chin position or hyoid height

Which technique is proposed, and where the incisions and scars will sit

Whether it should be combined with a facelift, and why

An itemised quote naming every party who will bill you, plus revision and cancellation terms

Written risk information with time to read it, not a form to sign on the day

Clear instructions on medications, supplements and blood pressure around surgery

A realistic recovery plan including the garment, and time off work

The emergency signs in writing, and an after-hours number that reaches a person

Cost and booking

Neck lift cost depends on the technique, complexity, whether it is combined with a facelift or other procedures, the anaesthetic and the facility. A personalised quote is provided at consultation, and includes fees for the surgeon, assistant if required, hospital, anaesthesia, recovery care and follow-up.

A neck lift performed for cosmetic reasons is not covered by Medicare, and we are not a no-gap provider. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350.

Since 1 July 2023, a GP referral is required before seeing a plastic surgeon about cosmetic surgery, and a cooling-off period applies after your second consultation before surgery can be booked or a deposit paid. Screening for body dysmorphic disorder forms part of assessment, and under-18s have a three-month cooling-off period and mandatory psychological assessment. Payment for major surgery is due four weeks before the procedure.

“Specialist Plastic Surgeon” is a protected title held by Fellows of the Royal Australasian College of Surgeons, and any practitioner’s registration can be checked free on the AHPRA public register.

Phone Me Clinic on 1300 852 050 or use the contact form . We are at 4 Burke Road, Malvern East VIC 3145, five minutes’ walk from Caulfield station.

Related: facelift , facial surgery before and after , double chin reduction , double chin — the five causes .

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.

Common questions about neck lift surgery

What is a neck lift?

Surgery that removes excess skin from the neck, tightens the underlying platysma muscle, and reduces fat under the chin and along the jawline. Incisions sit behind the ears and under the chin.

What is the platysma?

A thin sheet-like muscle running from the collarbones to the lower face. As it weakens and separates in the midline it produces the vertical bands down the front of the neck.

Why does tightening skin not fix bands?

Because the bands are muscle. Tightening skin over them does not remove them — the muscle has to be addressed, which is what platysmaplasty means.

Why does the neck age before the face?

Thinner skin more prone to laxity, platysma weakening, fat accumulating under the chin, declining collagen and elastin, and cumulative sun damage in an area regularly missed by sunscreen.

What does a neck lift not do?

It does not change skin texture, fine wrinkling or pigmentation — those need resurfacing or skin treatments.

Is there a limit set by my anatomy?

Yes. How far forward your chin sits and how high your hyoid bone sits both affect how sharp the angle under the chin can ever be. Ask what the best angle your anatomy allows is.

Why is it often combined with a facelift?

Because addressing the neck while leaving an ageing mid-face untreated can look unbalanced.

Is liposuction alone enough?

Only for younger patients with good skin elasticity and no need for muscle tightening. On its own it does nothing for loose skin or bands.

How long does surgery take?

Two to three hours, under general anaesthesia or local with sedation. Most patients go home the same day.

What is the most important complication to know about?

A haematoma — a collection of blood under the skin — usually in the first 12 to 24 hours. In the neck it can compress the airway, which is why it needs immediate attention.

How would I recognise one?

Swelling increasing rapidly on one side over minutes to an hour; a tight, full or pressing feeling; increasing one-sided pain not controlled by your pain relief; difficulty swallowing, a voice change or any difficulty breathing; firm tense skin.

What should I do?

Ring the after-hours number immediately at any hour. For any difficulty breathing or swallowing, call 000 or go straight to an emergency department. Do not drive yourself.

What raises the risk?

Poorly controlled blood pressure above all; straining, heavy lifting, bending down, forceful coughing or vomiting; blood thinners, aspirin, anti-inflammatories and supplements such as fish oil, garlic, ginkgo and vitamin E; alcohol; and smoking.

Should I stop my blood thinners?

Never on your own. That decision belongs to the prescribing doctor working with your surgeon.

How long do I wear the compression garment?

For the hours your surgeon specifies, which early on usually means almost all of them. It should be firm but not painful — ring if it causes throbbing or numbness rather than adjusting it yourself.

Is numbness normal?

Yes, of the neck and lower ear, because the nerve supplying sensation there runs through the operated area. It usually improves over months and is occasionally permanent.

Does numbness matter beyond how it feels?

Yes — numb skin cannot warn you that something is too hot. Take particular care with hairdryers, straighteners and curling irons near the ears, with heat packs, hot water and the sun, and when shaving.

When will I see the result?

Noticeable improvement at four to six weeks, with the final result at three to six months as swelling resolves and tissues settle.

How long does it last?

Commonly 10 to 15 years, varying with genetics, skin quality, weight fluctuation and lifestyle. Ageing continues from the new starting point.

What preserves the result?

A stable weight and sun protection, more than anything else — and the neck is the area people most reliably forget to protect.

Where are the scars?

Behind the ears and in the natural crease under the chin, generally well concealed. They fade over months but are permanent, and can occasionally thicken or widen.

How should I look after the scars?

Start scar care when your surgeon says, usually once the wound is closed — silicone gel or tape, used consistently for months. Keep scars out of the sun for at least a year, avoid stretching the area early, and raise anything raised, red or itchy at three months rather than waiting.

What are the other risks?

Nerve injury causing an uneven smile or permanent ear numbness; skin necrosis, much more likely in smokers; infection; permanent or thickened scarring; contour irregularity or a residual band; asymmetry; delayed healing; salivary gland injury; anaesthesia complications; deep vein thrombosis and pulmonary embolism; and possible revision surgery.

Are non-surgical options an alternative?

For younger patients with mild changes and good elasticity, reasonably. Where there is significant loose skin or established banding, they do not remove skin or tighten the platysma and will not achieve what surgery achieves.

How should I compare the cost?

Over a decade. A thread lift every 18 to 24 months is about five procedures in ten years, against a single operation lasting 10 to 15. Make the comparison deliberately rather than drifting between maintenance appointments.

Does Medicare cover it?

Not when performed for cosmetic reasons, and we are not a no-gap provider.

Do I need a GP referral?

Yes — since 1 July 2023, with a cooling-off period after your second consultation before surgery can be booked or a deposit paid. Payment for major surgery is due four weeks before the procedure.