

Facelift & neck lift.

What changes. What surgery can change. And what deserves a closer look.

An illustrated guide by Melanie Petro, MD



Patient education • Edition 2026-09-28

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Inside the guide

A clear path through the conversation.

Will I look like I had something done?	3
A map. Not a diagnosis.	3
What a lift can. And what it cannot.	5
The name is not the plan.	6
Louise’s Lift.	7
A process. Not a promised date.	7
More than a photograph.	8
Start with what you see.	9
Keep reading	10
Keep reading. Or press play.	11
Source & safety notes	11

Use the document outline or the page list above to move between chapters.

01 The fear, first

Will I look like I had something done?

That question belongs at the beginning.

An overly tight or poorly balanced result can be conspicuous. Planning should consider the hairline, ears, facial movement, volume and the balance between the face and neck - not simply how much skin can be tightened.

Bring the concern to the consultation. Ask what can realistically improve, what will remain, and where the scars will sit. No technique can promise an invisible operation or a particular result.

“My responsibility is not to sell a procedure. It is to explain what each option can accomplish, what it cannot accomplish, and what trade-offs come with it.”

Melanie Petro, MD · From the written Facelift & Neck Lift Master Guide

02 First, name the change

A map. Not a diagnosis.

Loose skin, hollowing and sun damage are different concerns. They may coexist; they do not call for the same tool.



Conceptual regions only. No surgical planes or treatment directions are shown.

Choose a category to explore

When tissue has *shifted*.

Jowls, a softer jawline and loose neck skin may reflect tissue descent. A lifting discussion asks which structures need support and whether the neck needs separate attention.

[More on jowls >](#)

When fullness has *changed*.

Hollowing is not the same as loose skin. Filler or fat may address selected volume loss; they cannot remove excess skin. Neck fullness is not always a fat problem.

[More on volume loss >](#)

When it is about *skin*.

Texture, pigment and fine lines may call for skin-directed care. Lifting deeper tissue does not erase sun damage, and resurfacing does not replace a lift when descent is substantial.

[Explore the treatment library >](#)

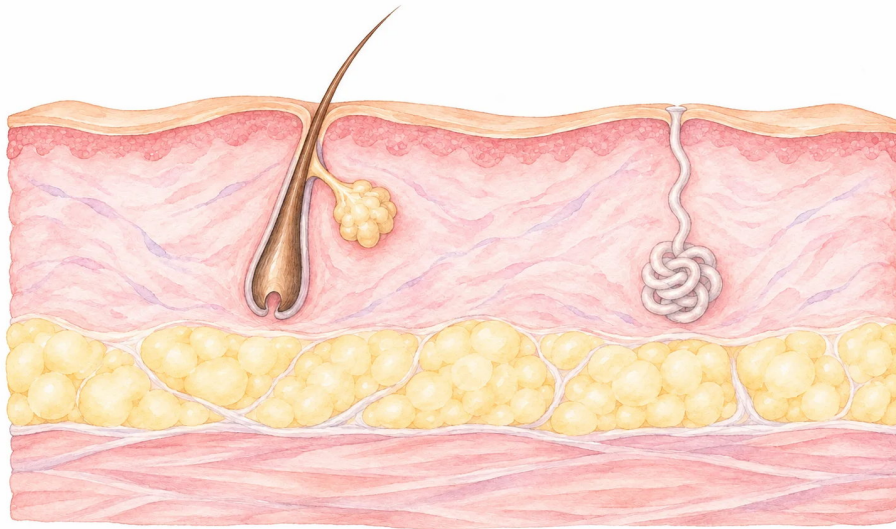
These selectors explain categories. They do not assess your face or recommend treatment.

03 Set the boundaries

What a lift can. And what it cannot.

Reposition. Redrape.

A facelift may improve descended lower-face tissues, jowls and jawline definition. Selected approaches also address cheek descent.



A simplified skin study - not a diagram of the SMAS or a deep-plane operation.

A neck lift may address loose skin, fullness and muscle bands, depending on anatomy. The two are often planned together.

Not everything. Not forever.

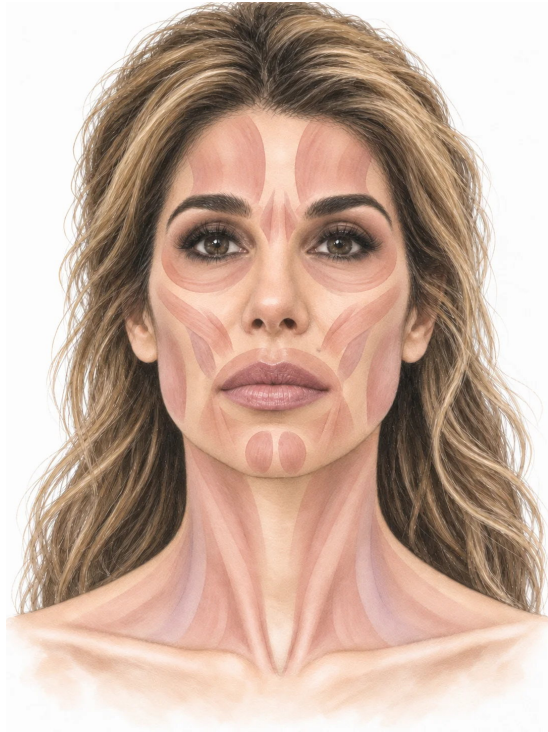
Surgery does not stop aging, guarantee symmetry or restore all lost volume. It does not automatically include eyelid surgery, brow lifting or resurfacing.

Liposuction reduces fat; it does not reliably correct significant loose skin. The examination separates these concerns.

04 Translate the terminology

The name is not the plan.

Some labels describe anatomy; others describe extent. Ask what the surgeon will actually do - and why.



General anatomy study. Not an operative map.

Support

SMAS-based facelift

The superficial musculoaponeurotic system is a supportive fibromuscular layer beneath facial fat. SMAS-based techniques address that support in different ways; the details matter more than the label.

Anatomical plane

Deep-plane facelift

This approach mobilizes tissue in a deeper anatomical plane and releases selected attachments for repositioning. It is not a guarantee of a natural result or automatically the best choice for every face.

Extent

Limited or “mini” lift

A less extensive approach may suit selected, localized changes. Wanting a shorter recovery does not make a limited operation the right one. “Full facelift” also has no single universal definition.

Previous surgery

Revision facelift

Prior surgery changes the planning conversation. Bring the history of earlier operations and treatments; the assessment and trade-offs must be individualized.

*Ask about the **Petro Petite Lift** at your [consultation](#).*

05 The story behind the conversation

Louise’s Lift.

The neck changes
how you look.

Sometimes it’s the part that makes you feel the oldest.

My grandmother was my lighthouse. I could tell her the same stories, the same feelings, over and over, and she would ask me to tell her more. The lessons she taught me still guide me.

Read Louise’s Lift >

06 Make room for recovery

A process. Not a promised date.

Healing depends on the operation, your health and your own response. A calendar is a planning aid - not a guarantee.

1

The early days

Arrange help, rest and follow-up. Swelling, bruising and tightness can be noticeable. Follow your surgical team’s instructions.

2

The following weeks

Return to routines gradually, with clearance. Feeling ready for a meeting is different from being ready for exercise.

3

The settling months

Swelling continues to change and scars mature. Keep follow-up appointments and ask about anything unexpected.

The important part

Surgery has *real risks.*

Risks include bleeding or hematoma, infection, anesthesia complications, poor healing or skin loss, unfavorable scars or hair loss, numbness, nerve injury or facial weakness, prolonged swelling or pain, asymmetry, unsatisfactory results and possible revision. Blood clots and heart or lung complications can occur.

Some problems need urgent care. Get written warning signs and an after-hours contact plan. Discuss nicotine, medications and health conditions; do not change medication without your treating clinician.

07 Patients & photographs

More than a photograph.

Photographs can start a conversation; they cannot explain an entire treatment plan. Discuss goals, anatomy, recovery and trade-offs in person.



Patient portrait



In conversation



Portraits, shown as supplied



Patient photographs

Photographs are shown as supplied. Lighting, expression and framing differ. These are not a standardized surgical before-and-after comparison and do not establish a treatment timeline. Individual experiences and results vary.

08 Bring your questions

Start with what you see.

Bring your priorities, prior treatment history, medications and questions. Choosing to wait - or not to treat - is also an option.

Will I look pulled?

Discuss how the plan balances support, skin tension, volume and scars. Ask to see relevant results; no individual outcome can be guaranteed.

Mini, deep plane or something else?

Ask which tissues and areas need attention, what each option leaves untreated and why a particular approach fits your anatomy.

How much time should I set aside?

Ask for individualized ranges for work, driving, exercise and events, with extra room for slower healing. The date matters less than safe recovery.

Should I do filler or Sculptra first?

Identify the concern before choosing the sequence. Volume treatment and lifting serve different purposes. Share all prior injectables with the surgeon.

What does the total cost include?

Request an individualized written estimate covering surgery, anesthesia, facility, follow-up and any possible additional costs.

When you are ready

One conversation. A clearer understanding of the choices.

Request a consultation >

What to expect at the consultation >

Keep reading

Keep reading

Jowls >

The neck >

Volume >

The filler guide >

Sculptra >

The double chin >

Keep reading. Or press play.

Louise's Lift - my grandmother's story In my own words >

She told me she just knew. She felt seen. Safe. Sure. Instagram · reel >

It can be the tiniest thing that drives you nuts Instagram · reel >

The right people always figure out how to understand you Instagram · reel >

The Hammer and the Nail Insist on the Fairytale · a chapter of the book >

Source & safety notes

Source & safety notes

Adapted from *The Facelift & Neck Lift Master Guide* by Melanie Petro, MD. Educational context: [ASPS: safety](#) , [ASPS: recovery](#) , and [AAFPRS: facelift](#) . This guide is not a substitute for an examination or personalized medical advice.

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Continue the conversation.

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