

Facelifts Are Kind of Great Now

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It started with a text in my group chat (doesn't it always?). "Wow, [acquaintance name redacted] looks pretty great nowadays. What do you think she got done?" someone wrote. A flurry of enthusiastic emojis came in reply, because speculating about beauty procedures in private is thrilling. This acquaintance looked lifted, but not stretched. Her cheeks looked bouncy, but not hard. Her eyes looked refreshed, without looking like she had a perma-wince. She looked better, not just different. We all threw out our best guess. Morpheus8. New European fillers. Prophilos. She visited South Korea recently, I suggested. As she's the kind of person who would be flattered if I asked, I did. "Facelift, girl!" she texted me.

If you had to describe some of the facelifts done in the '80s and '90s, "pulled," "stretched-out," or "catlike" might come to mind. Today, it's more likely to be "pretty," "more natural-looking," and, in many cases, "virtually undetectable." Shani Darden, a facialist in Los Angeles, can find a tiny blackhead on a celebrity's skin, but even she tells me that the signs of a facelift are no longer telltale. "It's almost hard to find a person's scar, which I think is pretty amazing," she says.

We are in the age of “filler fatigue,” according to doctors: the turning point when the overuse of filler has at the least become noticeable and, at worst, started making faces look strange: craggy cheekbones, puffy cheeks, and stretched-out skin. It’s hard to tell what came first, the filler burnout or the rise in facelifts, but experts believe that the trends are interconnected. Vanessa Lee, founder of Southern California medspa The Things We Do, explains, “Twenty percent of my day is telling patients, ‘No, this is not [going to work] for you. You should probably look into surgery,’ ” she says. In recent years, doctors have noticed the average age of a facelift patient has shifted from the fifties to nearly a decade younger.

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The proliferation of Ozempic too, exacerbates filler fatigue and its effects. Naveen Cavale, MD, based in the UK explains that it hits the Ozempic-ed particularly hard. “People who shouldn’t be taking Ozempic are taking [it] to lose weight, so they end up emptying out their face. They might compensate for it by having a bit of filler, all of this empty hanging space gets filled up, and then drops down.” It turns out, to paraphrase Catherine Deneuve, that even with Ozempic, you can’t lean too hard into one – choosing between your face or your ass remains a constant battle.

Back in the 1980s, facelifts were done by cutting skin at a superficial layer. Then came the superficial musculoaponeurotic system (SMAS) technique: facelifts that went deeper, into soft tissue and fat. After that, more doctors became adept at doing the deep plane facelift, which has produced some of the most natural results of all. This technique goes below the major muscles, fat pads of the face, fibrous tissue layer, and fascia, even releasing some ligaments. It repositions the fat pad that starts to drop down like a pendulum as we become older, bringing it back toward the apple of the cheek, and can help with sculpting a jawline. The facelifts of yore tended to pull more horizontally, so that faces often looked stretched out, rather than lifted. “Nowadays, you’re pulling in a natural vector and you’re lifting more,” says Sam Rizk, MD, a New York City plastic surgeon.

“What makes old surgery look weird is that it’s incongruent. Different layers aren’t treated in continuity with each other,” says Mike Nayak, MD, a facial plastic surgeon in St. Louis (whispered to me as “the facelift guy”). He says to think of the face as like a bed: “The face is built in layers, with the facial skeleton serving as the box spring and layered soft tissues of the face analogous to the mattress and mattress pad. The skin is the outermost, thin sheet.” In the old days, facelifts would pull on the thin sheet only. The mattress and mattress pad would loosen over time, affecting the thin sheet, and ultimately the bed’s appearance. A deep plane facelift is similar to making a bed because it works on the mattress and mattress pad, in conjunction with the thin sheet, so that “they can be moved together, passively and effortlessly, back to their original positions without looking strained.”

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Another technique growing in use: endoscopic facelifts, which use smaller hairline incisions to lift the cheeks and the middle of the face. “There aren’t a lot of doctors who do [them], but the ones who do are doing them well,” says Melinda Farina, founder of the plastic surgery consultancy Beauty Brokers, Inc. Plastic surgeons are coming up with new suture techniques to get smaller hairline scars “that look almost like a tiny scratch,” Lee says. “It’s getting really sophisticated.” Rizk helped popularize a technique using telescopes, which make the incisions even smaller.

It may be surprising (or mildly sobering) to hear that quadragenarians are the starting demographic for facelifts today; the age of the acquaintance in my text was 43. Much like preventive Botox, the idea of a preventive facelift seems like an oxymoron. But experts generally agree that doing a facelift in your forties versus sixties will usually come with an easier recovery, and thus a better result. Younger patients heal faster, and facelifts last on average 10 to 15 years.

Let us all pause a moment to remember that a facelift is major surgery. The process can be cumbersome, requiring intense research and sometimes a lengthy recovery: Caveen generally recommends blocking off at least three to six months, checking certifications, and interviewing your doctor multiple times. Facelifts, especially deep plane ones, are quite complicated procedures, so you want a doctor who doesn’t burn out from them (Nayak does one surgery a day; Farina recommends not more than two). Cavale, Rizk, and Nayak say recovery times can range from two weeks to several months, depending on the facelift performed and the age of the patient.

Then there is the non-trivial question of how you want to look. Farina classifies facelift surgeons in two ways: refreshers or changers. “I really try to find the doctors who just want to refresh faces and turn back the clock,” she says. If, in addition to lifting, you want a cheek or chin implant, or to change your eyes to make them more upturned, you’ll need a changer. (Nayak considers himself both a changer and a refresher.)

Facelifts may not be for everyone, and fillers will never go away completely. Fillers are fast fashion; facelifts are designer. Fillers are a quick fix and less expensive, with shorter-term results. Facelifts are longer-lasting and expensive (Nayak’s pricing for a lower facelift and neck lift starts at \$95,000). Dermatologist Paul Jarrod Frank, MD, describes the relationship between a dermatologist and a plastic surgeon as similar to that of a colorist and hairstylist. Depending on what you consider to be amazing hair, you may need to see both. Getting a facelift is also the ultimate high-maintenance to low-maintenance move. “I had a neck lift when I was 34,” Lee says. “I’m the first girl to be like, ‘Listen, how motivated are you to get this result? And if you want something closer to 70 to 90 percent of an improvement, then here are my referrals for these types of surgeries. And if you want to just dip your toes in the pool, then we can do these less-invasive procedures.’” The paradoxical truth about the new facelifts is that they look near-invisible precisely because they are so extensive. It takes a lot of work to not show yours.

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