

# Facial Reanimation Surgery- Facial Suspension Procedures

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## What are facial suspension procedures?

**Facial suspension procedures** describe various procedures that are used in people with facial paralysis. **Facial paralysis** is partial or total weakness on one side of the face due to a variety of causes. Facial suspension procedures are done to improve symmetry of the face, meaning to make the two sides of the face look as similar as possible. There are two major facial suspension procedures that are performed: Static Sling and Temporalis Tendon Transfer.

### Static sling

This is a procedure in which soft tissue from the leg (fascia lata) is used to hold up the corner of the mouth. **Fascia lata** is strong, thin connective tissue in the thigh that wraps around muscles.

1. A piece of fascia lata is removed through an incision in the thigh
2. A facelift-style incision (that hides in the hair line and wraps around the ear) is then made
3. The tissue from the thigh is attached to muscles at the corner of the mouth to lift and improve facial symmetry
4. Sometimes, an additional piece of fascia, placed through the same facelift incision, is used to pull open the nostril to improve nasal breathing.

### Temporalis tendon transfer

The **temporalis muscle** is located on the side of the upper head and helps to close the jaw when chewing. The tendon (a connection between the muscle and the jaw bone) can be used to improve symmetry in people with facial paralysis. In this procedure, an incision is made in the naturally occurring smile line (crease between the lip and cheek). The temporalis tendon is then identified and attached to the muscles at the corner of the mouth. This results in the

corner of the mouth being pulled upward to better match the other, non-paralyzed side of the face. There is mild to moderate jaw discomfort following the procedure that improves over time.

### **Additional procedures**

#### **Facelift**

Some people with facial weakness may benefit from a facelift (rhytidectomy), either on just the paralyzed side of the face or on both sides of the face. The goal of a facelift is to elevate, or pull back, excess tissue near the jaw and neck. In patients with facial weakness, this procedure can improve facial symmetry, or similarity between the two sides. The incision for this procedure hides in the hairline and runs behind the ear.

### **What do I need to buy before the procedure?**

- Vaseline®
- Q-tips® (cotton swabs)
- 1 bottle of Hydrogen Peroxide 3%

### **What are my instructions before surgery?**

- Stop smoking e-cigarettes/cigarettes/recreational marijuana at least 6 months before surgery, or as soon as possible.
- Stop chewing tobacco 4 weeks before surgery. Ideally you should quit all forms of tobacco permanently after surgery. We are happy to provide resources to help you quit smoking.
- Do not drink alcohol 24 hours before surgery.
- Be as active as possible, ideally with a regular walking routine. Your goal is a minimum of three 10-minute walks per day. This will help with your postoperative recovery.

## What can I expect after the surgery?

You will be admitted for 1-3 days in the hospital. The exact length of your stay will be determined by a number of factors that vary between patients such as:

- Need for postoperative monitoring
- Level of walking strength and safety
- Comfort with home care instructions
- Pain control and drain output

You will likely have 1-2 drains in your face on the surgical side. These will be cared for by your nurse while you are in the hospital. Please see page 5 below for more information on drains.

## What food/fluid restrictions do I have after the surgeries?

Ideally you will be walking/eating soft foods/drinking with in the first 24 hours after surgery. Please see more information on diet below.

- Eat softer foods, it should be easy to chew and move the face as it heals. For example, avoid gum chewing, heavy salads, or foods that require lots of chewing like meat or bread rolls. Your surgeon will give you guidelines on when it is okay to reintroduce these foods.
- It is helpful to eat smaller meals 4-6 times day.
- Eat more fiber to avoid constipation.
- Hydration is important. Your goal should be 64 ounces of non-alcoholic beverages per day (preferably water) **unless** you have pre-existing medical issues that make this dangerous (such as heart failure or kidney problems). If you do have such a pre-existing condition, please follow your specialty doctor's directives on fluid limitations.
- You will need extra protein to help heal and the body needs extra calories during recovery. Visit the following link for information on increasing protein: <http://www.med.umich.edu/1libr/Nutrition/IncreasingProtein.pdf>

### **What kind of activity can I do after the surgeries?**

- Keep your head elevated as much as possible for the first 3 days after surgery. When you sleep, you should do so either with your head propped on 2-3 pillows or, if more comfortable, in a reclining chair.
- Do not perform any strenuous aerobic activity (such as running or biking) until cleared by your surgeon, typically 2 weeks after surgery.
- Expect swelling in the face on the side of surgery. Swelling is typically the worst 3 days after surgery and then will gradually start to improve over the next 2 weeks, at which point most swelling will be gone. You will likely have a special wrap around your face after surgery to help minimize swelling. Your surgeon will let you know how long this should be worn.
- Facial Movement: You will not see immediate movement of the paralyzed side of your face. The nerve needs to regrow, and nerve regrowth is slow (1 millimeter a day) and therefore takes some time. You likely will start to see improvement in **6 months- 1 year**, though everyone is different and this timeframe will vary.

### **How will I take care of the surgery sites?**

- Wash your hands before any post-op care.
- Keep the surgical area clean and uncovered (open to air) as much as possible.
- Clean the incisions twice per day with half-strength peroxide and water.
  - Mix these in a 1:1 ratio: start with ¼ cup of each.
  - After each cleansing, blot dry and then place a thin coat of Vaseline over the incision.
- You can shower 24 hours after drains are removed and run soap and water over the surgery sites.
  - Do not let the shower spray hit them directly.
  - **No** baths, hot tubs, or swimming until your surgeon approves.

- Drains are typically placed on the side of your face that was operated on and are often removed during the hospital stay. If your surgeon determines you need to go home with a drain, you will receive instructions while in the hospital on how to care for the drain
- Sutures (stiches) may be absorbable (will dissolve on their own) or not. If you have non-absorbable sutures, these will be removed at your first postoperative appointment, usually 5-7 days after surgery. This appointment will be arranged before you leave the hospital.
- In addition to sutures, you may have staples behind your hair line. If present, these will also be removed at your first postoperative appointment.

### **How do I manage my pain at home?**

#### **Medications**

- You will receive information about your prescribed medication including instructions, dosage, and side effects from a nurse at the time of discharge.
- Limit your use of narcotics (opioids). These drugs can have serious side effects. You will be required by Michigan law to sign a consent form before going home with a narcotic prescription.
- We encourage you to use Tylenol (maximum of 3000 mg/day) unless you have a liver condition, in which case you should first speak with your doctor. Ask your doctor before using an NSAID (such as Motrin/ibuprofen /Aleve) or aspirin as these can increase bleeding risk.
- **Do not** drink alcoholic beverages, operate machinery, or drive a car while taking narcotic pain medications.
- If you are taking a narcotic pain medication do the following to minimize constipation:
  - Take a gentle stool softener such as Colace 100mg twice a day, which is available over the counter (without a prescription).
  - Try to increase fiber choices in your diet.

- Drink plenty of water. If you have no medical restrictions, please make your goal at least 64 ounces per day.

## **Ice**

Use ice to manage your pain using the instructions below. Be sure to wrap the ice in a cloth to avoid possibly injuring the skin.

- Ice your face for 20 to 30 minutes every 3-4 hours while awake. Do this for the first 2-3 days after surgery to help minimize pain and swelling.
- Do not place ice directly on the surgical site. You can place it 2 inches away from any incision.
- You can continue to ice after 3 days if you find this comforting.

## **When can I return to work?**

- This will be determined by the surgeons and will vary with the type of work you perform. Please discuss this with your doctor before going home from the hospital.
- Please fax papers to: (734) 998-2938 and be sure to include your full legal name and date of birth. Disability papers will be processed as received and can take up to 7 business days.

## **When should I call the doctor?**

**Call your doctor if you notice any of the following symptoms:**

- New or increasing redness
- New or increasing swelling
- New or increasing separation of your incision(s)
- Increasing or foul-smelling drainage or streaking from your incisions
- Pain not controlled by pain medication when used as directed.
- Significant pain with movement, especially the surgical limb.
- Any oral temperature over 101 degrees Fahrenheit.

- Redness or swelling in either lower leg. This can be the sign of a rare, but serious, side effect of surgery called a deep venous thrombosis (DVT) or blood clot in the leg. Notify your doctor immediately if this develops so that they can further direct you.
- New or worsening shortness of breath
- New or worsening chest pain

### **What is the contact information?**

- Monday-Friday from 8am-5pm:
  - Call Otolaryngology nursing (Team 4) (734) 615-8838
- After hours, on weekends, or on holidays:
  - Call hospital paging at (734) 936-6267 and ask for the Otolaryngology (ENT) resident on-call

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