**INTRODUCTION**

Flap necrosis in a facelift patient is a rare complication and results in increased recovery time and costs. Complications such as this can be devastating to the patient as it is an elective surgery and patients are expected to have a positive outcome. Therefore, information regarding an effective dressing for flap necrosis is important in the field of plastic surgery and facial rejuvenation.

**CLINICAL BACKGROUND**

A 61-year-old female status post face and eyelid lift on 10/11/2011. PMH included Hashimoto disease, hypercholesteremia, depression, and CAD. Patient called office on 10/20/2011 complaining of tightness, erythema, and swelling to bilateral pre-audicular areas. Patient was placed on Keflex and seen in office on 10/21/2011. Noted at that time was bilateral facial swelling and erythema with areas of eschar. Initiated Active Leptospermum Honey (ALH), and continued on Keflex.

**OBJECTIVES**

1. Identify an effective, low maintenance, low profile dressing that can be used on facelift patients with flap necrosis.
2. Evaluate the effectiveness of ALH in debriding and reepithelializing a wound after facial rejuvenation.

**METHODS**

Previous management techniques included; wet to dry dressings, silver sulfadiazine, enzymes and stent debridement. Dressing such as wet to dry, silver sulfadiazine, and enzymes created challenges because of tourniquet used during frequent dressing. ALH dressings were chosen for this patient to avoid stress and healing and provide a low maintenance, low profile topical therapy. ALH dressings were cut to fit the contours of the pre-auricular area and secured in place with a thin film. Dressing frequency was every two days and decreased to three days as drainage decreased. Photographs, measurements, and a brief case report supported the findings.

**RESULTS**

Dressing effectiveness reduced overall treatment. ALH hydrocolloid dressings improved patient outcomes by providing a method of autolytic debridement with a less visible dressing. Photographs and measurements were documented with each follow up visit. ALH efficacy was evidenced by decreased eschar, decreased erythema and increased healing. One and a half months since initiation of wound treatment, patient outcomes by providing a method of autolytic debridement with a less visible dressing. Time and money saved, along with less trauma, are benefits of fewer dressing changes.

**CONCLUSION**

ALH proved to be effective in debriding necrotic tissue and promoting healthy tissue. The product also helped high stress nurse and patient satisfaction. In regards to ease of use and effectiveness, ALH was far superior to the wound care regimen that was failure. ALH was able to provide the patient outcomes by providing a method of autolytic debridement with a less visible dressing.

Further research of this topical product in this patient population is recommended, especially in those patients presenting with larger areas of facial flap necrosis. Additionally, further research in a larger patient population who present without evidence of cellulitis would aid in eliminating the unidentified limitations.

**REFERENCES**