

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

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Brow Lift

Age and gravity may have a combined effect that causes relaxation and drooping of the forehead and eyebrows. This may result in an appearance of excessive or baggy skin of the upper eyelids. Some patients feel that this results in a tired or grouchy appearance. Impairment of peripheral (side) vision may occur and surgery may even be covered by insurance on this basis for functional reasons.

Goals of brow lift

- Elevation of drooping forehead and eyebrow areas.
- Improvement of baggy or excess upper eyelid skin caused by droopy forehead [many patients also require a *blepharoplasty* to address puffiness and excess eyelid skin.
- Improvement of horizontal forehead wrinkles caused by using muscles in this area to raise the forehead and eyebrows.
- Refreshed appearance of forehead and upper facial area.
- Sometimes covered by insurance to improve peripheral vision.

Types of Brow Lift There are several types of brow lifts with different types of incisions. Each has its benefits and disadvantages; the *endoscopic* brow lift is the type performed most frequently

- **Endoscopic brow lift** - This more recently developed type of brow lift involves 5 small incisions in the scalp located about 1-1/2 to 2-1/2 inches behind the hairline. Small, lighted scopes and other instruments are used to free up the scalp and forehead from the underlying structures and to lift the forehead. The scalp is held in place by suturing it to underlying bone and tissue (small micro screws are often used to anchor the suture). Excess skin readjusts itself to the new position
- **Direct brow lift** - The incision is placed directly above the eyebrows and excess skin is removed from this area. This allows a fairly minor procedure with the most accuracy in positioning the eyebrow, but can leave an undesirable, visible scar above the eyebrow.
- **Mid – forehead brow lift** – A natural, horizontal skin crease in the forehead is used as the site of the incisions and to help hide the scar. Often, creases of different heights above the eyebrows are selected to make the scar less noticeable. This also offers a fairly minor procedure with good eyebrow elevation, but often results in a visible incision. It is usually used in men, as they tend to have more prominent forehead creases.
- **Pre – tricheal brow lift** - This incision is placed at the hairline at the top of the forehead and takes advantage of the hair to help camouflage the incision. It is used primarily in women because of the risk of receding hairlines in men with subsequent exposure of the incision. The incision is made through sensory nerves in the skin and causes scalp numbness behind this. It is used instead of an endoscopic lift to avoid elevating a hairline that is already high.
- **Coronal brow lift** - This incision is located 1-1/2 to 2-1/2 inches behind the forehead. It has been replaced by the endoscopic lift.

Typical sequence of events

- Surgery will most likely have been discussed during a cosmetic consultation.
- Surgery dates can be offered at that time or later as is preferred.
- **Preoperative office visit** - you will have a physical examination, the surgery plans will be discussed, and you will receive paperwork to process at the hospital or surgery center.
- **Preoperative hospital / surgery center visit**
 - Process paperwork, have any lab tests, X-Rays, etc., done prior to surgery date.
 - Typically requires several hours.
 - The anesthesiologist shall discuss anesthesia plans with you
- **Day of surgery**
 - Surgery normally lasts about 1 ½ hours - longer if other procedures are performed.
 - Can be done with either general anesthesia or sedation.
 - Have surgery performed; go home 1-2 hours afterward.

- You will need someone to drive you home and stay with you after surgery.
- **Follow-up appointments**
 - The first appointment is usually 1 day after surgery with a second 6 – 9 days later.
 - One, six, and twelve months after surgery.
- **Photographs** - Taken before surgery and then at various times afterward.

Risks and complications

Brow lift is very safe surgery. However, all operative procedures involve a certain amount of risk such as infection, bleeding, anesthesia reactions, or even death. Complications are unusual but a partial list is described below to help you be better aware of possible risks and make an informed choice about treatment.

- **Anesthesia** - Adverse reaction to anesthetic agents and other medications
- **Bleeding** - A small amount is normal after surgery and drain tubes may be placed under the skin at the time of surgery (usually removed the next day) to collect excess fluid or of blood. Subsequent drainage of fluid might be necessary in our office or in the operating room.
- **Infection** - suggested by fever, redness, increasing pain, or pus-like discharge.
- **Asymmetry** - Some asymmetry from the left to right sides of the face exists in almost everyone before and after surgery. The eyebrows and other areas usually will heal at slightly different heights.
- **Scarring** - Unfavorable healing of incisions may occur.
- **Numbness** - Typical in the coronal, pre-tricheal, and possibly the mid-forehead lifts. It is located behind / above the incision and will probably be permanent; some sensation may return.
- **Hair loss** - some hair follicles near incision lines may be temporarily or permanently lost.

What to expect after surgery

- **Pain** - Generally well controlled with pain medication
- **Swelling** - Occurs very commonly. Patients are often given a steroid pill such as prednisone for several days, which reduces this. Keeping the head elevated and sleeping at night in a recliner (i.e. La-Z-Boy®) chair for 3 nights is *very helpful*.
- **Bruising** - Occurs very commonly in the forehead and upper 1/2 of face. Head elevation significantly helps with this just as with swelling.
- **Numbness** - As mentioned above and is mostly associated with pretricheal and coronal lifts but can occur with other techniques. Generally temporary.

Postoperative precautions and instructions

- **Elevation** - As discussed above.
- **Activity** - Avoid strenuous activity and bending over for about 3 weeks after surgery.
- **Sunscreen** - (SPF 30 or higher) on face and forehead plus avoiding sun exposure for 6 months. Darkening of the skin may result from sun exposure after surgery.
- **Time off work** - about 7 days, with no heavy lifting for 2 or 3 weeks.
- **Incisions** - Apply antibiotic ointment as directed to external skin incisions 3 times daily for 10 days after surgery.
- **Showering** - Usually OK 24 hours after surgery.

ONE SHOULD AVOID NON-TYLENOL PAIN MEDICATION SUCH AS IBUPROFEN, MOTRIN, ALEVE, ASPIRIN, AND ADVIL FOR 2 WEEKS PRIOR TO SURGERY AS THIS INCREASES YOUR RISK OF BLEEDING AND BRUISING. VITAMIN E AND GARLIC ALSO INCREASE THIS RISK. PLEASE CONTACT OUR OFFICE IF YOU HAVE QUESTIONS ABOUT ANY MEDICINE.

Thank you again for the opportunity to participate in your health care. Please let us know how we may make your surgical experience more pleasant.