

Brow lift

When the eyebrow position becomes lowered a heavy tired look ensues. This process is often accompanied with increased frown lines across the forehead and between the eyebrows. The brow lift procedure aims to correct these changes by elevating the eyebrows and partly resecting some of the muscles responsible for the frown lines. Three techniques are commonly used, either endoscopic, bicoronal brow lifts or direct incision of skin above the eyebrow. In direct incision the scar lies just above the lateral eyebrow. In endoscopic brow lift procedures (endobrow) the procedure is undertaken via five incisions behind the hairline. In bicoronal brow lifts a single incision is employed running behind the hairline, across the whole of the scalp. In these techniques the scars are concealed in the hair bearing scalp. The brow lift procedure is frequently performed at the same time as other facial rejuvenation operations such as facelift and eyelid correction

Preoperative advice

The aims and expectations of surgery should have been discussed at the initial consultation. Smokers have a higher risk of developing complications, in particular wound related problems, and it is therefore advised that they should refrain from smoking for at least 6 weeks prior and for two weeks following surgery. Aspirin and related anti-inflammatories should be avoided for at least a week before surgery and several days following surgery as they make provoke bleeding.

What happens before the operation: You will have been seen by Mr. Whitworth in the Outpatients where the details regarding the surgery should have been fully discussed. On the day of surgery you are admitted and seen by Mr. Whitworth. A consent form will be signed and clinical photographs taken.

Operative procedure: The incisions are made behind the hairline, and the forehead is elevated off the bony skeleton down to the brow region. Muscles responsible for frowning may be partially resected to decrease wrinkles and frowns whilst maintaining normal eyebrow movements. The brows are elevated by lifting a deep layer using sutures. The wounds are closed using sutures and drains may be inserted. No hair is removed during the operation and the wound is fully hidden in the hairline (unless a pre-hairline approach is being employed or there is a male pattern of recession). The operation takes between one and one a half hours to perform and is normally carried out under general anaesthesia with a one night stay in hospital being required following surgery. If upper eyelid skin excess is present a small skin excision may be undertaken or if more marked changes are present in the upper eyelid, a formal upper eyelid correction may be required.

What to expect following surgery

The forehead will feel tight and patients may experience a headache for several days. Drains and dressings are usually removed the following morning and the hair is washed. A degree of swelling in the forehead and around the eyes is inevitable. Patients are advised to sleep with an extra one or two pillows. The swelling will usually resolve within a few days.

Restrictions: Patients are advised not to drive for at least one week following surgery and the time off work is usually between one and two weeks. It should be noted that if other procedures are being undertaken at the same time, these restrictions may be prolonged. A sick certificate can be provided if required.

Follow up: Patients are usually reviewed by the nursing staff for wound check and removal of any sutures at 7 days. Mr. Whitworth will review patients at 1 and 4 months post-operatively. Appointment for suture removal is usually made prior to discharge and the appointments to see Mr. Whitworth will be sent in the post.

Risks and complications

As with all surgery complications can occur. Initially the main problems are bleeding resulting in blood accumulating under the forehead skin. A return to the operating theatre on the night of surgery may be required. Wound infections are uncommon. Some alteration in sensation in the forehead and scalp is inevitable but will usually normalize over several weeks or months. The most serious complication following brow lift procedures is injury to the branch of the facial nerve responsible for elevating the eyebrows. If this occurs eyebrow movement usually on one side alone may be restricted. Fortunately in the vast majority of cases this rare complication resolves after several weeks.

On occasions a satisfactory elevation is not achieved or the eyebrow position may drop down again. In these cases a revisional procedure may be required. Because of swelling and scarring under the skin the final result of brow lift surgery cannot be assessed for between three and six months and any revisions have therefore to be deferred for at least this time period.

As with all cosmetic surgery procedures undertaken by Mr. Whitworth there is a fixed fee policy which means that no further charges are incurred should patients develop a complication and there are no further charges for one revisional procedure. This fixed fee policy expires after one year.

Brow lift – Discharge Advice

Dressings and sutures: On most occasions no dressings are required and the patient's hair will be washed prior to discharge. Sutures are employed in the hair bearing scalp and these are usually removed between ten and fourteen days postoperatively.

Wound care: Hair washing with simple shampoos can be undertaken from discharge. Perming and colouring of hair should be avoided for at least six weeks following surgery.

Sleep advice: Immediately following surgery there will inevitably be some swelling. This can be reduced by being propped using either pillows or raising the head end of the bed. This may be beneficial for several days following surgery.

Pain relief: The amount of pain patients experience following brow lift procedures is very variable. A headache is normally present for several days and will normally respond to simple analgesics. Appropriate pain relief should be prescribed on discharge.

Bruising: Some patients experience bruising following surgery around the eye region though in most cases this is not marked.

What to expect following surgery: A degree of tightness in the forehead is inevitable as well as some alteration in sensation of both the forehead and in the scalp region. The tightness will usually resolve after several days though the sensory changes may take several months to return to normal.

Restrictions/activities: Patients are discouraged from driving for one week following surgery and will probably need to refrain from work for between one and two weeks. Exercising should be limited for between three and four weeks following surgery with gradual increase in activities returning to normal within eight weeks postoperatively.

Follow up: Patients will be reviewed for removal of sutures and for wound checks by the nursing staff in the outpatients department at 7 days postoperatively. Mr. Whitworth will review patients at one and four months postoperatively. Appointments for the wound checks and the suture removal should be made prior to discharge and appointments to be reviewed by Mr. Whitworth in the outpatients will be sent via the post.

Causes for concern: Most of the problems with brow lifting will be apparent prior to discharge. However should there be any causes for concern then patients should contact either the hospital from which they received the treatment or Mr. Whitworth's secretary.