



Brow Lift

Brow lift surgery is surgery to reposition the eyebrow to a more youthful position relative to the eye. It counteracts the effect of gravity on the ageing eyebrow position. Brow lifts can also be used to correct asymmetrical brow positions or to help treat a drooping brow due to a nerve weakness. Repositioning the brow has an anti-ageing effect on the eye area giving a fresher, more rejuvenated appearance to the face. It counteracts the tired or heavy look around the eye area very effectively.

Indications for brow lift surgery

- Low lying eyebrow position or brow ptosis causing hooding of skin over the upper eyelid
- Compensated eyebrow ptosis where the eyebrow initially appears to be in a good position but is being held there by the forehead muscles over-contracting to hold the eyebrow up. If not realized and corrected, this can affect the results of an upper blepharoplasty (eyelid lift) or of botulinum toxin treatments in the forehead. When the forehead muscle relaxes either due to less skin weight on the upper eyelid after a blepharoplasty or botulinum toxin treatments of the muscle, the eyebrow will drop downwards.
- Asymmetrical eyebrow positions with one eyebrow lying lower than the other
- Weakness of the nerve to the eyebrow muscles resulting in drooping of the eyebrow over time

Limitations of brow lift surgery

- If there is extra skin on the upper eyelid as well as a low eyebrow position, then this will not be treated by a brow lift alone. An upper blepharoplasty or eyelid lift is needed as well in this situation to treat the excess tissue. The two procedures can be and are often combined together very successfully.
- Some types of brow lift will not affect the “frown lines” that form between the eyebrows. However, these can be effectively treated with other treatments.

Types of brow lifts

There are several types of brow lifts available. Ms Nugent will recommend the most suitable procedure for you after her clinical assessment. Each can be carried out on its own or in combination with other procedures such as upper blepharoplasty, lower blepharoplasty and facelift surgery. Some are feasible to be carried out under local anaesthetic (while you are awake), while others are usually done under general anaesthetic (while you are asleep). Pre and post surgery clinical photographs of your face will be taken.

Brow hitch

A brow hitch provides a subtle lift to the outer eyebrow. A small incision is discretely placed at the tail of the eyebrow or via an upper blepharoplasty (eyelid lift) incision and internal sutures are placed to lift or “hitch” the outer eyebrow up to a better position. This can be done under local anaesthetic as a day case or outpatient procedure and takes 30 to 40 minutes.

Lateral temporal brow lift

A lateral temporal brow lift lifts and stabilises the outer two thirds of the eyebrow. It is done via incisions placed hidden in the hairline, in the scalp just above each temple. A tunnel is made down to the eyebrow and sutures are used to lift and secure the eyebrow into its new position. It may be performed under local or general anaesthetic as a day case procedure and takes about 60 minutes.

Gliding brow lift

A gliding brow lift involves a smaller incision in the temple hairline, relatively wide skin undermining and release of your eyebrow. Your eyebrow is then lifted to the desired position and held in place by two key sutures which are removed at one week and an external suture net that is removed two to three days later. It can lift the whole eyebrow or only the outer two-thirds. It may be performed under local or general anaesthetic as a day case procedure and takes about 60 minutes.

Endoscopic brow lift

An endoscopic brow lift elevates the eyebrow via 4 to 5 small incisions placed hidden in the hairline. The endoscope (keyhole instrument used to perform the surgery) is used to help form a tunnel down to your eyebrow and see from underneath the eyebrow attachments. They are released and repositioned from the inside. The eyebrow is usually stabilised in its new position by an internal device (endotine) or sutures or a temporary screw which is removed after about 10 days. The "frown" muscles can also be weakened by this technique. Endoscopic brow lifts are done under general anaesthesia as day case procedures and take 60 to 90 minutes.

Direct brow lift

A direct brow lift lifts the eyebrow by directly removing a carefully marked piece of skin above the eyebrow and securing the eyebrow to a higher position before suturing the skin closed again. The scar runs along the top of the eyebrow and usually heals very well. It is performed under local anaesthetic as an outpatient or day case procedure and takes 30 to 40 minutes.

Transcoronal brow lift

A transcoronal brow lift is the most extensive type of brow lift surgery. It is done via an incision placed in the hairline that runs almost from ear to ear over the top of the scalp. It is not commonly performed nowadays but occasionally is indicated for in particular situations.

Combination surgery

Brow lifts are often combined with other facial rejuvenation procedures such as blepharoplasty or facelift surgery.

Post-operative course

It is usual to have some swelling and bruising in the eyebrow and forehead area, which will settle over the 1 to 2 weeks following surgery. Particularly after an endoscopic brow lift, you may have a headache for 48 to 72 hours post-surgery. This normally resolves without requiring more than standard painkillers. Sometimes you will have numbness in the forehead or scalp area temporarily.

Sutures around the eyebrow will be removed at 1 week following surgery and those in the hairline will either be absorbable or be removed at 10 to 14 days post surgery.

Recovery

Cool packs can be placed over the eye and forehead area for comfort and to help reduce swelling and bruising. It is best to avoid bending, stooping and any heavy or strenuous activity during the healing process. Sleep on 2 to 3 pillows at night to help reduce swelling. You can wash your hair from 48 hours post-surgery. Avoid wearing contact lenses for 2 weeks. Most people can return to work after 1 to 2 weeks and get back to normal activities after 4 weeks. The scars usually heal very quickly and gradually fade to very well hidden fine lines.

Other points about brow lift surgery

Ageing

You will continue to age at the same rate and in the same way that you always would have. However after brow lift surgery, the earlier effects of ageing are removed and your start point for future ageing is from a more youthful position. As the years go by, you may gradually develop further lowering of the eyebrows but this will be to a lesser extent than if you did not undergo brow lift surgery.

Excess upper eyelid skin

If you have excess skin on the upper eyelid itself that is not due to a low eyebrow position, this may need to be addressed separately with an upper blepharoplasty or upper eyelid lift procedure to obtain the optimal result for you.

Change in eyebrow shape

Sometimes after brow lift surgery, you will have changes in the shape of your eyebrows due to the technique used to lift them. This may be subtle or only apparent in the early stages of recovery but can stay as a long-lasting effect of the brow lift surgery. The shape is still usually a natural appearing shape but may be different to that which you had before the surgery.

Complications

While most brow lifts go very smoothly, as with any procedure there are some risks associated with brow lift surgery.

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is common to have some mild oozing from the surgical incisions for a few days following a brow lift. If there is any suggestion that excessive bleeding after brow lift surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

Infection

Rates of severe infection in brow lift surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required.

Headache

It is not unusual to have a headache for 48 to 72 hours following brow lift surgery, particularly endoscopic or transcoronal brow lift surgery. This normally resolves without requiring more than standard painkillers.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after brow lift surgery. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Frontal branch of facial nerve injury

Some eyebrow lift techniques involve dissection very close to the branch of the facial nerve that runs to the eyebrow and controls lifting the eyebrow. This may cause facial distortion - weakness of the eyebrow movement. This is rare, usually transient and returns to normal over 6 weeks to 6 months. Occasionally it can persist as a permanent complication and require further treatment (including surgery).

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from "overdoing it" straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or a revision procedure needed at a later date.

Persistent swelling

Some swelling to the upper face/brow area is normal after a brow lift operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases, it can be more severe and persist longer than usual.

Asymmetries and irregularities

While no-one is perfectly symmetrical, and no two sides of a face are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

Numbness or hypersensitivity

The skin of your forehead or scalp may be numb or over sensitive in the aftermath of surgery. The feeling will normalise eventually, but can take several weeks or even months in some cases. Very rarely a permanent small area of numbness occurs.

Sensitive or palpable endotines

If undergoing an endoscopic brow lift, you will often feel the endotine device(s) (securing anchor) or have sensitivity around the site of the endotine(s) in your scalp. This usually resolves over the early months after surgery.

Extrusion of endotine

Occasionally one of the endotine devices used can thin the overlying skin or poke through it after an endoscopic brow lift. This usually resolves with time but on occasion, the endotine may need to be removed.

Weakness of forehead movement

Weakness of the frontalis (forehead) muscle can occur after an endoscopic brow lift. This usually resolves after 2 to 4 weeks but rarely may be more prolonged.

Hair loss around incisions

Occasionally there is a small area of hair loss around the incisions in the hairline. This is normally temporary and usually resolves over time.

Weakness of eyebrow movement

Rarely there is weakness of movement of the eyebrow due to damage to the nerve controlling muscles in the area. This is usually temporary and resolves over time but occasionally persists longer than expected.

Swelling/lymphatic obstruction following previous dermal filler treatments

While unusual to occur, sometimes unexpected amounts of prolonged swelling can occur in the surrounding tissues after surgery when dermal fillers have been placed in the surgical area or nearby in the past. It may be worse in warm weather. Over time and repeated dermal filler treatments, there is the possibility that the dermal filler may obstruct or hinder the normal lymphatic fluid drainage of the facial tissues.

Late complications (more than 6 weeks from surgery)

Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 6 to 12 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from brow lift surgery heal well and are barely perceptible but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, minor surgical scar revision surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent.

Recurrence of low brow position

Despite achieving a good brow position with surgery, a small proportion of eyebrows will not maintain the effect and will gradually return to their pre-surgery position. With an endoscopic brow lift, occasionally the lifted tissue can come free from the endotine device before it is securely healed. If this happens, a further procedure would be needed to revert to the more elevated brow position.

Skin irregularities or marks

While usually not the case, skin irregularities, marks or imperfections can occur with brow lifts that tunnel underneath the skin. This is a particular concern for the gliding brow lift and/or those with higher risk skin types or scar tendencies.

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scarring or less than expected effect. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

Longevity of procedure

Brow lift surgery has a good success rate and is a good procedure for rejuvenating the eyebrow and eye area. You will continue to age at the same rate and in the same way that you always would have. However after brow lift surgery, the earlier effects of ageing are removed and your start point for future ageing is from a more youthful position. As the years go by, you may gradually develop further lowering of the eyebrows but this will be to a lesser extent than if you did not undergo brow lift surgery.

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