ENDOSCOPIC BROW-LIFT
(forehead lift)

Ian Grant DM FRCS (Plast)
Consultant Plastic Surgeon

ENDOSCOPIC BROW-LIFT is suitable for patients who have developed droop (ptosis) of the brow, and can also contribute to the correction of deep transverse forehead wrinkles. The procedure is effective for treatment of the forehead deformity associated with unilateral facial palsy. Surgery aims to lift the forehead and eradicate any downward pull on the brow. Most patients are 40 or above. The desired amount of lift, the direction of pull, and the predicted change in eyebrow shape and position is critical. Careful planning is needed before surgery can be considered in order to avoid any disruption of the normal harmony or balance of the facial features.

For a significant number of patients isolated forehead wrinkles can be treated using Botox™ injections rather than surgery.

Surgery is under general anaesthetic. Five incisions are made 1.5 cm behind the hairline. One is in the midline, two incisions are 5cm lateral to the midline, and a further two incision are placed in the hair bearing scalp each side of the head, on a axis from the nasal sulcus (the lateral border of the nostril) to the lateral canthus (most lateral point of the eye)..

A 70 degree angled, 4 mm diameter, endoscope (surgical telescope) is used to allow dissection under the forehead muscle as far as the orbital rim and also to allow dissection from the lateral temple to the middle of the forehead (through the “zone of adherence” in the lateral forehead).

The surgery lasts 1-2 hours. The wounds are closed with a combination of staples and sutures. Patients should expect bruising and swelling around the eye in the first few days after surgery. The lifted brow is held in position using either screws (Leibinger ™1.5 x 11mm), or the recently developed Endotine forehead™ device (bio-absorbable brow fixation device).

If screws are used: patients should expect them to be palpable after surgery. Hair can be washed from the second day, avoiding prolonged immersion and using a small amount of gentle shampoo or conditioner. A very soft-hair brush can be used carefully. Any blood around the incisions should not be picked away.

Clips and screws are removed from the hair-bearing scalp at approximately 12 days. This is not normally a particularly traumatic experience, and is done in out patients, by one of the operating surgeons.

RISKS are associated with all surgery including infection, bleeding and prolonged swelling. Risks particular to this operation include over and under correction of the eyebrow position, impaired function in the sensory nerves of the forehead, and the motor nerve to the forehead muscles, disruption or movement of the anchoring screws, prolonged headaches, and early recurrence of the problem. Hair loss around the surgical scars has been reported.

The effect of surgery is to some extent variable. This technique has been used since the mid-nineties. The consensus opinion among surgeons performing the operation is that for most patients the effect lasts between 5 and 10 years.

Created on 01.12.2006