

# Brow lift

Patient information leaflet

Plastic Surgery

Miss Noemi Kelemen MD, MSc, FRCS (Plast)

Consultant Plastic and Reconstructive Surgeon

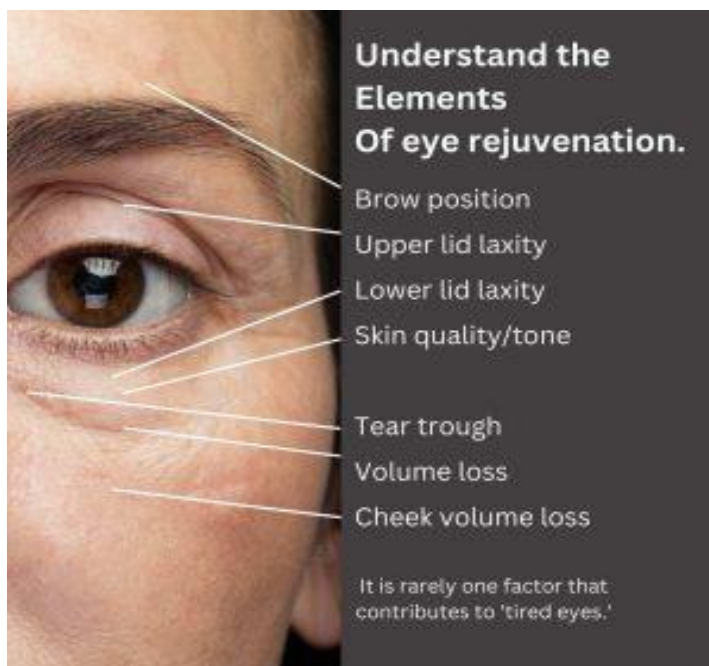


## What is the goal of brow lift surgery?

As we age, our skin begins to lose elasticity and starts to sag. The first area of our face to show the signs of ageing is often the forehead and brow area, leading to heavy, low brows. You might choose to have a brow lift if you have a low, sagging brow or brow asymmetry. A brow lift is a procedure to lift your brow into a higher position which helps rejuvenate and open the eye area. Brow-lift surgery, or a forehead lift, is a surgical procedure designed to smooth the area from the eyebrows to the hairline. By repositioning soft tissue and skin of the brow and forehead, a brow lift rejuvenates the forehead, brow, and eye area. A brow lift can be performed as a standalone procedure or in combination with other facial procedures, such as eyelid surgery (blepharoplasty) or a face lift.

## Periorbital ageing

We can all tell the difference between a youthful and an older eye, and it is important to understand these differences when analysing how to rejuvenate the area around the eye. The earliest signs actually appear at the outside of the eyebrow, when this slowly descends. This in turn leads to an excess of skin appearing on the upper lid, and even hooding of the upper lids. Fat bulges may start to be seen at the inner corner of the



eyelid. Meanwhile, on the lower lid, the single most important feature is the descent of the mid-face (the triangle between lower eyelid, side of nose and an imaginary line extending from the corner of the mouth to the outer corner of the eye). As the middle part of the face (cheek) is affected by gravity, it descends, which, in turn lengthens the distance from the eyelid to the lid-cheek junction. This can result in the revealing of bulging fat pockets (bags) and give a crêpe

appearance of the skin in this area. Finally, the tone (support) of the lower eyelid loosens with age, leading to sagging of the lower eyelid and more of the white of the eye showing (scleral show). When considering the above, the importance of a careful clinical examination and analysis of your brow and eyes can be appreciated, as everyone is affected by the above changes to different degrees. In order to restore youth to an

eyebrow and eyelid, each one of the above points must be considered in turn and the appropriate method of brow lift surgery chosen for you as an individual.

## What should I think about prior to my consultation?

If you are concerned by low-lying eyebrows and in some situations where you are planning an upper blepharoplasty which will affect your eyebrow position, you may be suitable for a brow lift. Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from a lower blepharoplasty. Points to consider can include:

- Why do I want a brow lift? Are there any particular features of my eyebrows that I am unhappy with? If so, it is important to discuss these, as there may be alternative procedures (or a combination of procedures) that will offer you a better result.
- Why am I thinking of having a brow lift at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances).
- What are the limitations of the brow lift procedure? The outcome of your operation will be partly determined by the shape and size of your brow and the position of your brows before surgery, as well as a variety of aspects of your facial bone structure and soft tissues: If you have deep set or sunken eyes, brow lift may not be the right procedure.
- Adjunctive procedures may be necessary to achieve the best result. This might include upper or lower eyelid surgery. By definition, the operation is confined to the brow position alone, therefore if there are other areas around the eyelids or face that bother you, these will need to be addressed with separate surgical procedures.
- You may also have excess skin on your upper eyelids. Rejuvenating your eyebrows without rejuvenating the eyelids, may result in the excess skin on your upper eyelids becoming more obvious as the balance between the upper eyelid and brow appearances will have changed.
- We all have a degree of facial asymmetry between the two halves of our faces. It is important to understand that degrees of asymmetry may still be present following surgery. Your facial anatomy and bone structure may limit the results that are achievable with brow lift.

## What types of brow lifts are there?

Should brow lift surgery be the suitable course of treatment, the procedure will be carried out in the hospital. Brow lift techniques vary depending on your individual concerns and desired results. The specific technique Miss Kelemen chooses will determine the location of the incisions and the resulting scars. The techniques utilised by Miss Kelemen are direct brow lift and temporal brow lift.

### Direct brow lift

A direct brow lift is performed via removing an elliptical shaped skin excess above your eyebrow. This will result in a scar above your eyebrow. The scar is well hidden in a forehead line (or a wrinkle), and it usually heals very well and is hardly visible. It carries a low risk to the injury of the nerve, which lifts your eyebrow. If you are concerned about a visible scar above your eyebrow, then the temporal brow lift is a better procedure for you.

### Temporal (hairline) brow lift

This is performed with an incision between the top of your forehead and the beginning of your hairline. A small amount of skin and tissue will be removed from the top of your forehead, rather than your scalp to ensure the hairline will not be pulled back. The skin is lifted, and the underlying frontalis and orbicularis oculi muscles are stitched together to lift the outer third of the eyebrow. The advantage of this procedure is that the scar is hidden in the hairline. The disadvantage of the procedure is that the nerve lifting the brow (frontal branch of the facial nerve) is encountered and it is at risk of injury.

### Endoscopic brow lift

This is done via an endoscope inserted from within your hairline where a tunnel is made underneath your skin to your eyebrow to release and lift it. The new position of your eyebrow is secured with deep internal sutures or slow-absorbing devices called Endotines® or anchors to the underlying bone. Miss Kelemen does not offer this procedure, but she is happy to refer you to a surgeon who does.

Brow lifts can be done on their own or in combination with other procedures. Common combinations include upper blepharoplasty (eyelid lift), lower blepharoplasty, facelifts and other facial rejuvenation procedures.

## Are there any reasons I should not have a brow lift?

Although there are few absolute contra-indications to undergoing a brow lift, if you suffer from any of the following, you may be at a higher risk of post-operative complications:

- Thyroid eye disease
- Diabetic eye disease
- Syndromes that cause dry eyes (e.g. Sjögren's syndrome)
- People with downward slanting eyes (higher medially and lower laterally)
- If you have any of the medical conditions listed above, it is imperative that you disclose these to Miss Kelemen.
- If you has Botullinum toxin injections to your forehead area, you need to wait at least 3 months before clinical assessment and any surgical intervention to your eyebrows or upper eyelid as the Botullinum toxin can alter the position of your eyebrow and the amount of skin excess on your upper eyelid.

## What does Miss Kelemen examine for during the consultation?

During your examination, Miss Kelemen will initially assess your brows, eyes in the context of your whole face. She will then pay special attention to your upper face, which includes your forehead, eyebrows and eyelids. She will specifically assess the following:

- The position of your hairline
- The quality of your hair
- The shape of your forehead
- The position of your brow – both with your eyes open and eyes closed
- The amount of excess skin on your eyelids Bell's phenomenon (a protective reflex of the eyes)
- The fat pads around the eyes
- Specific measurements to assess the position of your eyebrows and eyelids
- The quality of your lower eyelids (position and laxity)
- Your eye movements and visual acuity - Optician report of the latest eye health check will be required before the surgery
- The position of your eyes and cheekbones on your side profile

## Photography

Miss Kelemen will always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your periorbital area, as well as forming an essential part of your medical records. Miss Kelemen will obtain your consent for the photographs.

## What happens when I arrive for the surgery?

When you arrive at the hospital the plan for the operation will be reviewed by Miss Kelemen and a nurse will ask some routine pre-operative questions. You may be asked to change into a gown in preparation for surgery. This operation is often done under a general anaesthetic (particularly when combined with other procedures). If the plan is for a general anaesthetic, your anaesthetist will visit you to assess you prior to the planned surgery.

## Do I see Miss Kelemen before my operation?

You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form if you have not done so already. She will then carefully draw important markings on your eyebrows in planning for your surgery. She may also take further clinical photographs of your markings for your medical records.

## What does a brow lift involve?

Once you are carefully positioned on the operating table, Miss Kelemen will inject local anaesthetic to the incision line. Once this is done, your face will be cleansed and sterile drapes placed around your face and over your body. Depending on the technique used, the skin and the underlying muscles will be addressed to lift the eyebrows. As a result of the muscle sutures, some people may have a temporary effect of their eyebrows being slightly overcorrected at the sides, but this settles down shortly after surgery. Following the excess skin is removed and the wounds are carefully sutured with fine stitches and surgical tapes may be applied. Once you have fully woken up and are comfortable the medical and nursing staff will assess whether you are ready to go home. You will need to have a relative or friend accompany you on discharge from hospital.

## How long does the surgery take?

Depending on the type of brow lift, operations range from 1 to 3 hours. However, you will often be in the operating room for longer than this, as it takes additional time for the administration of the anaesthetic and the preparation in theatres.

## Will it be painful?

Most patients describe a feeling of being achy in the initial post-operative period rather than pain, but this rapidly improves. Some patients experience headache, but this settles with painkillers. Some people find the canthopexy stitch (in case when lower

blepharoplasty is performed the same time) at the outside corner of the eye uncomfortable, but this is only temporary and the pain can be controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital. If temple lift is performed with lower blepharoplasty, it is common to have a feeling of dry and itchy eyes following surgery. Therefore, it is crucial that you apply the lubricating drops or ointment that will be given to you when you leave hospital. This is the most important part of your recovery, as it serves to protect the eyes themselves. In some people, the itchiness of the eyes can continue for several weeks, in which case the lubricating eye drops will need to be continued for that time.

## Pre-operative preparations and postoperative care

<b>6 weeks before surgery</b>	Patients requiring general anaesthesia should not travel long haul for the 6-week period before and 6-week period after surgery. Refrain from using any nicotine products including cigarettes, nicotine vapes and chewing gum. On average 1 to 2 weeks off work are needed.
<b>4 weeks before surgery</b>	Stop taking the contraceptive pill and HRT 4 weeks before surgery if this has been advised by Miss Kelemen or anaesthetist.
<b>2 weeks before surgery</b>	We would recommend that you start taking Arnica anti-bruising tablets, three times a day, two weeks prior to and two weeks after surgery. These are available from several health and wellbeing stores, including Holland & Barratt.
<b>1 week before surgery</b>	Avoid Aspirin, Ibuprofen, Nurofen and other similar painkillers one week before and two weeks after surgery. Paracetamol is the safest painkiller to take, if necessary. Stop taking Vitamin E and its compounds (such as evening primrose oil, fish oils, garlic and garlic capsules)
<b>1 week before surgery and 2 weeks after surgery</b>	Taking Vitamin E in any form can cause bleeding and post-operative complications.
<b>1 day before and on the day of surgery</b>	Shower all over (including your hair and face) with you usual products the day before and morning of your surgery before coming into the clinic. Do not apply moisturiser after showering.



<b>Day of surgery</b>	You must avoid eating solid food and milky drinks for 6 hours prior to your appointment for sedation. Water, clear drinks, black tea and black coffee can be consumed for up to 2 hours before your sedation/general anaesthetic. You must take your routine medicines at the usual time, unless advised otherwise and bring them with you (including inhalers). At least one nail must be free from acrylic or nail polish as a monitor will be placed on a finger. The surgery will be performed as a day case under a general anaesthetic.
<b>Discharge</b>	You will have tapes on the incisions near your eyebrows and a sealant spray on incisions within or near your hairline. Brow lift is an outpatient or day case procedure. You can shower with care after 48 hours. You might be discharged from the hospital wearing a compression garment around your face. If you think that you may feel self-conscious about this, we recommend that you bring a hat or scarf to wear, along with sunglasses.
<b>6 weeks postoperative</b>	Following general anaesthesia should not travel long haul for the 6-week period before and 6-week period after surgery
<b>0-2 weeks after surgery</b>	It is essential to ensure activity is kept to a minimum and to rest as much as possible - Wear the provided compression garment day and night, except for when showering. Wear the provided TED stockings day and night until you are up and about as normal. Shower if you wish and feel free to wash your hair, dressings should be gently patted dry before the compression garment is put back on.
<b>One week postoperative</b>	At your follow up appointment, your surgeon will guide you on when showers and baths may resume. Keep your head up and reduce bending and stooping as much as possible and sleep on extra pillows at night to help reduce swelling.  Wound check with the nurses in the hospital.
<b>2 weeks after surgery</b>	Gentle activity may resume (for example driving), follow up appointment with Miss Kelemen
<b>4 weeks after surgery</b>	Some forms of exercise can be restarted



**6-12 weeks after surgery**

Swimming and more strenuous exercise may resume, scar and surrounding skin can be moisturised daily, follow up appointment with Miss Kelemen. Driving is not allowed until you are safe to perform an emergency stop. No heavy lifting or strenuous activity is allowed for 6 weeks.

## Recommendations around the time of surgery

### Clothing to wear

We recommend you wear a button or zip top for ease and comfort (such as a tracksuit top). This will mean you do not have to worry about pulling clothes over your head

### Hair colouring

Have your hair coloured the week prior to surgery, as you will not be able to colour your hair again for 6-weeks after surgery

### Keeping your hair clean

Use tea tree shampoo for daily gentle hair washing and dry your hair with a hair dryer on a cool setting

### Sleeping

We suggest sleeping with extra pillows (or alternatively a wedge triangular pillow). This will help reduce the post-operative swelling. Do not bend forwards for the first couple of weeks to minimise problems with swelling – if you need to pick something up from the floor, please keep your head elevated and squat down. Similarly, when putting on shoes, please sit down and bring your feet up, rather than bending down

### Follow up and postoperative activities

You will have a check-up with the nurse one week after surgery; however, the clips or stitches in the hairline are not removed until two weeks after surgery. Take things easy & slowly after surgery. Gentle pottering about, no heavy lifting or jumping up and down for first 2-3 weeks After 6 weeks you can get back to normal exercise

### Driving

You should be able to drive 1-week after surgery

Arnica: Some people find using arnica cream or tablets very helpful for their bruising and swelling – if used, tablets are normally started 8 days prior to surgery.

Any form of surgery carries a degree of risk. An individual's choice to undergo a surgical procedure is based on the perception and balance of risk and benefit. Although many patients do not experience complications, it is important to consider them carefully in relation to how they might affect you if you were in the position to experience one (or more). If you have any questions or doubts you must discuss these with your plastic surgeon and postpone surgery until you are happy.

## Complications and risks of brow lift surgery

Unfortunately, complications can occur after all surgery, and you need to be aware of this. Miss Kelemen will do her utmost to reduce your risk as much as she can. This includes the health and procedure advice she gives you before surgery, the care and precautions she takes during surgery and the advice she gives you after surgery. Some of the complications that can happen include:

- slow healing
- infection
- bleeding
- poor scarring
- asymmetry
- pain
- numbness or sensitivity in the skin
- headache
- extrusion of sutures
- seroma (fluid build-up)
- clots in the legs and lungs
- loss of hair near the incisions
- recurrence of low brow position

### *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.

### *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.

### *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.

### *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).

### *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

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lasting problems. Rarely, the wound may need to be re-sutured, or a revision procedure needed later.

### *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.

### *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.

### *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.

### *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.

#### *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

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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.

### *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.

## **Conclusions**

Most patients who undergo brow lift surgery are very pleased with their results and find that it rejuvenates their eye area well. Success depends on being prepared for your surgery, choosing the right procedure, the surgery itself and recovering well. All steps in the journey are crucial!

Further information : [www.noemikelemen.com](http://www.noemikelemen.com)

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Thank you for taking the time to read this information leaflet.

- I acknowledge that I have read and understood the nature of a brow lift operation.
- I have read the information leaflet provided to me and I understand the potential risks and complications associated with this procedure.
- I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.
- I agree to communicate any concerns I may have in a timely manner and to inform Miss Kelemen of any changes in my health or circumstances that may affect my suitability for, or recovery from brow lift surgery.
- Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Miss Kelemen and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.
- I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my preexisting health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.
- I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand. I understand that I have the option of not undertaking any surgery at all.
- I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances
- I understand that I will be required to sign additional consent forms during my treatment course
- I consent and wish to proceed with the brow lift surgery provided by Miss Kelemen.

**Name:** .....

**Signature:**.....

**Date:** .....