

## **Kaiser Permanente Cosmetic Services**

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### **Patient Instructions: Eyebrow/Forehead Lift**

A forehead or “brow lift” is a procedure to correct drooping eyebrows. By lifting the eyebrows, the space in the upper eyelid area is “opened” because the eyebrows are no longer pushing down on the upper eyelid skin. An upper eyelid blepharoplasty (“skin tuck”) may or may not be combined with the brow lift. In fact, some patients who believe they need upper eyelid surgery find that a forehead lift better meets their functional goals.

Another benefit of the procedure is that it helps restore a more youthful and rested appearance to the area above the eyes by smoothing the horizontal lines and furrows that can make you appear angry, sad, or tired.

To get an idea of what a forehead lift can achieve for you, look in a mirror and manually elevate your eyebrows. This is what you can expect after your brow lift. If the brows cannot be manually elevated, a brow lift is unlikely to help.

In performing a forehead lift, the muscles and tissues that cause the drooping or frowning are removed or altered to smooth the forehead, raise the eyebrows, and minimize frown lines. The two basic ways of lifting your forehead are the ***conventional or coronal forehead lift***, in which the incision is hidden just at or behind the hairline, or the ***endoscopic forehead lift*** performed with the use of an endoscope, a viewing instrument that allows the procedure to be performed with small incisions. Both techniques yield similar results and your surgeon will help you decide which surgical approach will best achieve your functional and cosmetic goals.

Forehead lifts can be done under local or general anesthesia. Local anesthesia (an injection to the incision areas) is combined with a sedative to make you drowsy. You will be awake but relaxed; although you may feel some tugging and mild discomfort, your forehead will not be sensitive to pain. With general anesthesia, you will sleep through the entire operation.

#### **The Coronal Forehead Lift**

Before the operation begins, your hair will be tied with rubber bands on either side of the incision line. Your hair will not be shaved, but hair that is growing directly in front of the incision line may need to be trimmed.

For most patients, an incision within the hairline will be used. It follows a headphone-like pattern, starting at about ear level and running across the top of the forehead and down the other side of the head. The incision is usually made well behind the hairline so that the scar will not be visible. *This type of incision does result in some elevation of the hairline.*

If your hairline is high or receding, the incision may be placed just at the hairline to bring your hairline down and avoid making your forehead appear longer. By altering your

## **Patient Instructions: Eyebrow/Forehead Lift (Cont)**

hairstyle or wearing your bangs down on your forehead, most such scars become relatively inconspicuous.

Working through the incision, the skin of the forehead is carefully lifted so that the underlying tissue can be removed and the muscles of the forehead can be altered or released. The scalp is then elevated to lift the brows, the excess skin at the incision is trimmed, and the incision closed with stitches and/or clips.

Your face and hair will be washed. The wound may be left without a dressing or gauze padding and elastic bandage wrap may be placed around the head.

## **The Endoscopic Forehead Lift**

Typically, an endoscopic forehead lift requires the same preparation steps as the traditional procedure: the hair is tied back where the incisions will be made.

However, rather than making one long coronal incision, the surgery is done through five short scalp incisions, each about an inch in length, behind your hairline. One incision is usually in line with the center of the forehead. An incision is also placed about 4-5cm on each side of the central incision. The last two incisions are placed in the temple regions. An endoscope, which is a pencil-like camera device connected to a television monitor, is inserted through one of the incisions allowing the surgeon to have a clear view of the muscles and tissues beneath the skin. Using another instrument inserted through a different incision, the forehead skin is lifted and the muscles and underlying tissues are removed or altered to produce a smoother appearance. The eyebrows are lifted and secured into their higher position by sutures and temporary fixation screws beneath the skin surface (“protein” screws that your body will absorb within six months).

When the lift is complete, the scalp incisions will be closed with stitches or clips and the area will be washed. Gauze and an elastic bandage may also be used.

## **Surgical Risks, Consequences, and Potential Complications**

- Loss of sensation along and/or behind the incision line is common, especially with the classic forehead lift procedure. It is usually temporary (6-12 months), but may be permanent in some patients.
- In rare cases, the nerves that control eyebrow movement may be injured on one or both sides, resulting in a loss of ability to raise the eyebrows or wrinkle the forehead.
- Formation of a broad scar is a rare complication. This may be treated surgically by removing the wide scar tissue so a new, thinner scar may result.
- Eyebrow asymmetry may result causing one brow to appear higher than the other.
- Difficulty closing the eyelids may result, especially if an upper eyelid blepharoplasty is done at the same time or has been done in the past.

## **Patient Instructions: Eyebrow/Forehead Lift (Cont)**

- In some patients, hair loss may occur along the scar edges.
  - If a complication should occur during an endoscopic forehead lift, the endoscopic approach may need to be abandoned and switched to the conventional, open procedure. This may result in a more extensive scar and a longer recovery period.
  - Necrosis of the flap (loss of forehead and/or scalp skin) is possible, especially in smokers
- After Surgery**

You will be asked to keep your head elevated for two to three days following surgery to keep the swelling down. Swelling and bruising may also affect the cheeks and eyes. The swelling should begin to disappear in a week or so.

You may experience some numbness and temporary discomfort around the incision. As the nerves heal, numbness on the top of your scalp may be replaced by itching. These sensations may take as long as six months to fully disappear. Endoscopic forehead lift patients usually experience less of this numbness and itching.

If bandages were used, they can be removed a day or two after surgery.

Most stitches or clips will be removed within one to two weeks, sometimes in two stages with the coronal forehead lift.

Some of your hair around the incision may fall out and may temporarily be a bit thinner. Normal growth will usually resume within a few weeks or months. Permanent hair loss is rare.

Although you should be up and about in a day or two, plan on taking it easy for at least the first week after surgery. You should be able to shower and shampoo your hair within two days, or as soon as the bandage is removed.

Most patients are back to work in a week to 10 days. Endoscopic patients may feel ready to return even sooner.

Vigorous physical activity should be limited for several weeks, including jogging, bending, heavy housework, or any activity that increases your blood pressure. Prolonged exposure to heat or sun should be limited for several months.

Most of the visible signs of surgery should fade completely within about three weeks. Minor swelling and bruising can be concealed with special camouflage makeup. You may feel a bit tired and let down at first, but your energy level will increase as you begin to look and feel better.