

Forehead and Brow Lift

Information for
patients



Leeds Centre for
Ophthalmology

What is a brow lift for?

Aging can cause the brow and forehead area (above the upper eyelids) to descent (droop). This can cause a heavy feeling in the forehead as well as some difficulty keeping the eyes open. Surgery to lift the brow can help restore the position of the brow area resulting in an improvement, which helps to rejuvenate the upper face and relieve the heavy feeling. Lifting the brow will also help to reduce the amount of skin that 'hoods' over the upper eyelids by stretching it upwards; however, it does not get rid of this excess / loose skin.

There are 5 main techniques to lift the brow:

1. External or direct brow lift.
2. Transblepharoplasty brow lift.
3. Pre-trichial (hairline) brow lift.
4. Endoscopic brow lift.
5. Coronal or bicoronal brow lift.

These techniques have different risks and benefits - please discuss these with your surgeon if you have any questions. Your surgeon should discuss with you which technique(s) may be suitable for you to help you decide which you feel is the best approach.

If you are very worried about the possibility of visible scarring, surgery where the incisions are hidden may be better for you; **however, all these techniques will result in some form of scarring.**

If you know you form bad scars (keloids) or have problems with wound healing, please inform your surgeon straightaway.

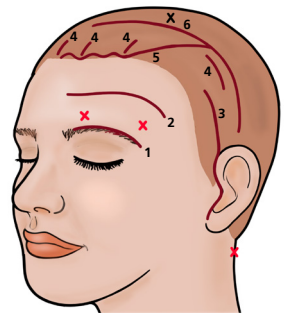
1. External / Direct Brow Lift

An external brow lift involves removing an area of forehead skin and muscle above the eyebrows to lift the brow. This is usually straightforward and will involve stitches (in layer) to close the skin area back together.

It gives a good and reliable lift but will leave a scar above the eyebrow hairs. This technique is suitable if you already have strong forehead lines as the scar, once healed, will blend in with these other aging lines on your forehead.

2. Transblepharoplasty Brow Lift

An incision is made in the upper lid skin crease and then the brow / forehead area is reached by tunnelling upwards from the eyelid. The forehead is then elevated and stabilised (fixed) with stitches or a special device. For placement of the device, a small burrhole may be made in the bone.



This technique may not give as much lift as the other three techniques but it is less invasive with quicker recovery time and is especially suitable if you are already planning to have any excess upper lid skin removed by a blepharoplasty. It may be necessary to inject botulinum toxin to the brows before AND after the surgery to stop the brow muscles from dislodging the stitches or the device. This may improve efficacy and longevity but adds extra cost.

No skin above the brow is removed so there can be more prominence in the forehead area after surgery.

3. Pre-trichial (hairline) Brow Lift

An incision (cut) is made just below your hairline and the scalp is freed down to your upper eyelid area. The excess brow skin below your hairline is then removed and stitched to lift the brow. This surgery will not create a higher hairline. The scar can also be hidden by growing a fringe.

4. Endoscopic Brow Lift

Endoscopic brow lifting is a technique for elevating the eyebrow and lower forehead using special instruments that are inserted through small incisions behind the hairline.

5. Coronal or Bicoronal Brow Lift

Like the endoscopic brow lift, the incision line (cut) is made behind the hairline to hide the scar. The lift is created by removing excess scalp skin (with hair) and stitching or stapling the wound edges back together. The risks are the same as for endoscopic brow lift BUT as this is not small incision surgery, recovery can take up to a month longer.

The last two approaches **are not done in our department** but if patients are interested, they can see a plastic surgeon privately.

In addition to the risks specific to the individual procedure, there are also general risks such as blood loss, infection, cardiac arrest, airway problems and blood clots, which are associated with any surgical procedure. Local anaesthesia may cause bruising or possible allergic responses. If your operation is to be carried out under general anaesthesia, the anaesthetist will discuss this with you.

Although we have discussed with you the purpose and likely outcome of the proposed procedure, **IT IS NOT POSSIBLE FOR US TO GUARANTEE A SUCCESSFUL OUTCOME IN EVERY CASE.** Those treating you will do their best to ensure success but unfortunately, complications can and do occur.

You should only agree to surgery if you fully understand the risks.

Risks of surgery include (but are not limited to:)

- scarring (occasionally, can be prominent);
- infection;
- temporary and occasionally, permanent numbness over the scar area;
- brow ache / headache;
- bruising / bleeding;
- infection;
- under or overcorrection,
- asymmetrical appearance;
- problems with the stitches e.g. loosening early;
- recurrence of the brow droop;
- feeling of the under skin sutures; and
- dry / watery eyes.

Are there any alternatives to surgery?

If you choose not to have this surgery, the position of the eyebrows and symptoms caused by this are unlikely to improve and may worsen with time. This will not have any permanent detrimental effect on your vision or general health.

Other techniques of brow lifting are available and have different risks and benefits - please discuss this with your surgeon if you have any questions.

If you have any specific concerns, you should discuss them with your surgeon before the operation.

What about neurotoxin injections?

Injections of neurotoxin can selectively paralyse or weaken the muscles that depress the brow (in the frown, forehead and outer upper eyelids). This can lift the brow area upwards but the affect is not permanent. Usually, it does not lift the brow and forehead as much as surgery.

Use of injections to weaken depressor muscles may also be used before brow surgery. This is to help reduce movement of the brow and forehead in the early stages after surgery to help stabilise (fix) the brow in a better position. Your surgeon will discuss this and the risk of the neurotoxin injections, if necessary.

Further resources

**Patient information leaflets section
on Trust website**

[https://www.leedsth.nhs.uk/
patients-visitors/
patient-and-visitor-information/
patient-information-leaflets/
eyes-ophthalmology](https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/patient-information-leaflets/eyes-ophthalmology)





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