

Brow Lift FAQ

Frequently Asked Questions - Brow Lift

Introduction

While facelifts have been popular for decades, brow lifts, which have been available for many years, have only recently become common. As the name implies, the procedure involved lifting the brows up. As men and women age, the brow, like other parts of the body, descends. Women frequently try to mask this descent by plucking their brows and marking them higher with a makeup pen. Men have no such option. The lowering of the brow with age has a tremendous effect on the "total" look of the person. Depending on whether the descent is more toward the middle or more toward the outside, the person may look angry, bored, or tired when they are not. Raising the brow "opens" the entire eye up. As a result the person looks more refreshed, awake, and happy. In addition to elevating the brow, while doing a brow lift, the plastic surgeon may address the other primary sign of aging on the forehead, namely, wrinkles. We all develop transverse wrinkle lines in the forehead as well as vertical lines or furrows between the eyebrows, just above the nose. Often times these can be very prominent and unattractive. These wrinkles are caused by different muscles just beneath the skin which pull the skin up or to the side. You will notice that when you raise your brows when trying to look up or when you are surprised, the transverse wrinkles in your forehead become deeper. You have activated a muscle called the frontalis muscle. When you are angry and squint your eyes or if you try to bring your eyebrows closer together, the vertical lines between your brows become deeper. You are activating a muscle called the corrugator muscle. By cutting a portion of these muscles while doing a brow lift, these wrinkles will become less prominent and you will have a more youthful appearance. As with most other cosmetic procedures, there are various techniques used for brow lifts.

Who is a candidate for a browlift?

Both women and men are candidates. Most commonly, the procedure is performed on those over the age of 40. Very frequently, a patient presents for a facelift or a blepharoplasty (eyelid surgery) with the complaint of looking tired, sad, or angry when they are not. Coworkers may make comments to them regarding how tired they look. Friends may think they are angry at them when they are not. Without realizing it, the cause of this tired or angry appearance is not the eyelids or the face, but the brow. If the brow is low toward the middle of the forehead, it gives an angry appearance. If it is low toward the outside, it gives a tired look. This can be dramatically improved by simply lifting the brow. The second group of patients are those who do not particularly look angry or tired but are simply aging and appear older than they would like. They often present to the surgeon for a facelift or eyelid surgery. Because brow lifts are only recently becoming popular, they have not thought about a brow lift or possibly even heard of it. Most patients who are candidates for a facelift and/or eyelid surgery will benefit

from a brow lift. In fact, if a patient has a facelift and blepharoplasty but not a brow lift, their face may appear somewhat out of harmony with a youthful lower face and an aged forehead. Finally, the third group of patients who would benefit from a brow lift are those who have very prominent wrinkles in the forehead. These may be either the transverse or the vertical wrinkles. These can be significantly reduced by cutting the muscles which cause them.

Who should not have a brow lift?

There are not many contraindications to a brow lift. Some patients may be better candidates for one type over the other, ie, open versus endoscopic. Patients with significant health problems or those who are smokers and are unwilling to quit should not have this procedure.

What are the potential risks with this type of surgery?

The primary risks associated with this procedure are numbness of the forehead skin and scalp, loss of hair near the incisions, descent of the brow to its original position, asymmetry of the eyebrows, asymmetry of the wrinkle lines, lateral displacement of the eyebrows, an elevated and unnatural appearing hairline (with open technique), and inability to raise the brow or wrinkle the forehead. Many of these complications are temporary or can be corrected with additional surgery. The overall risk of developing a significant complication is small.

What do I need to do before the surgery?

You will consult with Dr Wigoda and discuss exactly bothers you about your brow. Even if it is a minor problem, mention it beforehand. Dr Wigoda will explain the options, discuss exactly what he plans on doing and what you should expect after surgery. Dr Wigoda will take photographs of your face and may review your photographs with you to make sure you are both in agreement with the goals of the surgery. You may consider letting your hair grow long to help hide the scars while you heal.

What do I need to avoid before surgery?

You will need to avoid aspirin and aspirin containing products for 2 weeks before surgery. Also, completely quit smoking at least two weeks before surgery. You should avoid getting a suntan as well. If you use skin rejuvenation creams like Retin-A or Renova, stop using these 1-2 weeks before surgery.

What type of anesthesia is used?

Dr Wigoda uses general anesthesia for this procedure. You will be completely asleep and not feel anything.

What are the different techniques used? Where is the incision made ?

Although many techniques have been used in the past, there are basically two techniques which I feel are safe and work well. These are the open "classic" technique and the endoscopic technique. With the open technique, an incision is made across the top of the head, from the top of one ear to the other. The scalp and forehead skin are then lifted and pulled back. The excess skin is then removed and the incision closed. This procedure can raise your hairline between 1 and 2 centimeters. If your hairline is high already, there are alternative incisions ("hairline incision") which can be used. Using the endoscope, three to five small incisions are made just behind the hairline. The endoscope is simply a tube with a camera attached to it that allows the surgeon to see inside the body without making a large incision. With the endoscope in one incision and an instrument in another incision, the scalp and forehead skin are lifted off of the bone. Sutures are then placed from the undersurface of the skin down to the bone to raise and hold the brow. The small incisions are closed. No extra skin is removed. With either technique, the muscles which cause the wrinkles in the forehead can be totally or partially cut to minimize the wrinkles. Other techniques involved making incisions in the forehead skin just above the brow and cutting this skin out to pull the brow up. In general, these leave unattractive and visible scars and should be avoided.

How long is the incision? Will it be noticeable?

In the open approach, the incision is rather long, extending from one ear the other, going over the top of the head. With the endoscopic technique, the incisions are generally about 1.5 to 3 centimeters in length. Because all of the incisions are hidden by the hair, they are usually not noticeable at all. Men who are bald or balding can still have this procedure done with the endoscope as the small incisions can be hidden relatively well, even if there is no hair to hide them.

Are drains placed?

It is not uncommon to place a drain in the forehead during the surgery. This is often removed after one day.

How long does the surgery take?

The brow lift will take one to two hours. Often it is done in conjunction with other procedures like a blepharoplasty or facelift.

When will I see the final results?

There will be some swelling in the forehead and scalp region. This will resolve in a few weeks. After one month you should be able to see the final results.

What happens after surgery?

You will go to the recovery room for 1 to 2 hours. Your vital signs will be monitored. Once you are stable you will be taken home (or to a hotel) by your friend or family member. You will want to stay relaxed and primarily in bed for the first few days. You will need to keep your head elevated and relatively still. You should, however, begin to start walking, eating, and using the restroom the day after surgery. Your dressing and drains will be removed after 1 or 2 days. Your activity can slowly increase each day but it will take up to 2 weeks before you start to feel like your old self again. You should avoid any strenuous activity for 4 weeks.

How much bruising, swelling, and pain is there?

There will be a small amount of bruising in the forehead region and possible even around the eyes and in the cheeks. The bruising will usually last 2 weeks but becomes less noticeable each day after surgery. There will be some pain after surgery, but this is usually controlled with pain pills. By the third day, you may not need anything stronger than tylenol. Lastly, you may experience some itching around your incision sites. This is not unusual and can be treated with medication. This too will go away after a short time period.

How long should the results last?

The brow should remain elevated and the wrinkles in the forehead should appear less prominent for many years. The aging process obviously does not stop but the overall improvement in appearance may last a lifetime.

When can I get back to work?

You should plan on being off work for at least 2 weeks. If your work is strenuous, you will need more time off. After 2 weeks, it may still be obvious that you had surgery (depending on what was done). If you don't want anyone to know you had surgery, or you at least want all the bruising and swelling gone before going back to work, ask Dr. Wigoda what the average time for this to occur is in his patients.

Will I have to change any bandages?

Dr Wigoda will change your dressings during the first week after surgery. In the second week, most patients no longer require dressings.

What happens before I have the surgery?

You will first have a consultation with Dr. Wigoda to discuss your particular case. Once you have decided to proceed with the surgery and have scheduled a date, you will return for a second visit at which time Dr. Wigoda will review the surgery with you, photos will be taken, consent forms will be signed, and further instructions and prescriptions will be provided. Full payment is made prior to surgery (or financing is arranged). You will have lab tests drawn and an electrocardiogram done by your primary care physician (or we will recommend where to do this) one to two weeks prior to the surgery. A medical clearance may be needed.

What happens on the day of surgery?

You will arrive at the office surgery center. You will not have eaten or drank anything since midnight the night before. You will be checked in and your vital signs will be taken. You will put on a gown. An intravenous line will be started. Dr Wigoda will mark your face and scalp with a marker. You may be given a sedative in your I.V. to help you relax before you are taken back to the operating room.

Will there be stitches that have to come out?

Dr Wigoda will remove the sutures and or staples after approximately 7 to 10 days.

When can I resume sexual relations?

You may want to wait at least two weeks until your incisions are well on their way toward healing. Early sexual activity may prolong your soreness and discomfort.

When will I see the final results?

It will take 3 to 4 weeks for most of the swelling to resolve and probably 3 to 6 months for all if it to resolve. After this you should have a reasonably good idea of what the final look will be.

What is different about the way Dr. Wigoda does the surgery?

Dr. Wigoda was fortunate to train with many pioneers of facelift procedures in Dallas. He has combined the best aspects of each technique to create his own browlift procedure. The technique he uses causes minimal pain, has natural results, and is long lasting. The vast majority of patients are quite surprised afterward at how little discomfort they have and how quickly they return to normal activity. Most patients have minimal bruising.

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