

Re-positioning of the brow can be done in several ways. It may be done to a certain degree by non-surgical means such as botulinum toxin injections. These have variable effects in different brow types, brow heaviness variabilities as well as influences such as your age. Surgical approaches to browlifts can either be direct or indirect.

Direct brow lifts involve a scar that is positioned in the upper border of the hairs of the eyebrow which is created after a crescent shape of skin is removed in order to lift the brow up. It has the advantages of allowing the surgeon more control of brow positioning and brow shape although the potential disadvantage of a more visible scar. Normally the scars settle down very well but scarring is variable between different people and there is a risk that the scar is more obvious on some people.

An indirect or endoscopic brow lift is performed under a general anaesthetic with you asleep. It involves four or five incisions being made within the hairline in order that, with the aid of a camera (endoscope) the tissues connecting the forehead and eyebrows to the bone are released. Once the tissues are satisfactorily released the brow can be lifted and normally fixed to small temporary implants called Endotines. The advantage with an endoscopic browlift is the concealed scars within the hairline although in some people this can give rise to a risk of alopecia around the incision sites. The other challenges with an endoscopic browlift can be the variability and unpredictability regarding the degree of lift. The endoscopic browlift exerts a lift up in the margins of the hairline whilst it's target (the brow itself) is some distance away. Therefore in some people, particularly those with loose or very corrugated brows, whilst the pull can be significant up at the hairline it might not translate to a satisfactory pull down at the level of the brow.

With either surgical approach there can be risks of infection and bleeding as with any operation. There is also the potential risk for altered sensation over the forehead which is usually temporary if it occurs. With the endoscopic browlift there is a potential risk of injury to the frontal branch of the facial nerve which is the nerve branch that allows us to elevate our brows and forehead. Should this happen it is usually a bruise to the nerve that will resume functioning again in a few months but permanent nerve damage has been described.

Either browlifts therefore have pros and cons and both can be very successful. The longevity of any lifting procedure including a browlift is very much dependant on a number of factors including underlying genetics, quality of skin, elasticity of skin, age of patient, degree of initial lift and maintenance of results with botulinum toxin (continued use of botulinum toxin might help maintain a browlift's results for longer). It is important that you consider the pros and cons of either technique before deciding on which might suit you best. Further discussions can be undertaken and questions answered at your next consultation.

For further information, I would very much like you to read and watch the following prior to our next consultation:

Please watch all of the videos at the bottom of the page: <https://www.marcpacifico.co.uk/treatments/face/endoscopic-brow-lift/>

Please read: <http://faceplasticsurgeon.co.uk/eyes-and-brow/>

Please also visit my Instagram page: @marcpacifico for further information