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Patient information leaflet

Brow lift (Forehead lift)

Due to gravity and other factors, our brow position changes as we age. The eyebrows tend to drop (brow ptosis). This often results in forehead wrinkling as the forehead muscle is used to try to elevate the resting position of the brows. Some people suffer from brow ache or headaches from constantly trying to raise the brows. A lower brow position may also cause sagging or hooding of the upper lid skin, which may impede vision.

Eyebrows are an important element of facial expression. Low eyebrows may convey a sad, worried or angry expression. A brow lift restores eyebrow position to give a more youthful, calm and relaxed appearance. It has been shown to improve patients' quality of life.*

There are several types of surgical brow and forehead lift. The main types are:

- Endoscopic brow/forehead lift
This involves small incisions hidden in the hairline with no visible scar.
- Pretrichial brow/forehead lift
This involves removing a strip of skin and underlying tissue along the hairline.
- Direct brow lift
This involves removing a strip of skin and underlying tissue along the length of the eyebrows.
- Transblepharoplasty (internal) brow pexy (suture or endotine)
One or more sutures are placed in deep tissue (not seen) to support the brow. The periosteum and deeper tissue of the brow are accessed through an upper lid skin crease incision. An endotine implant is sometimes used as an alternative to sutures.

The type of eyebrow/forehead lift you choose will depend on your eyebrow position, hairline and facial structure.

Botulinum toxin injections act by inhibiting the muscles, which pull the eyebrows down. They may be used to aid the outcome of brow lifting surgery and they are typically given two weeks before surgery.

In some (usually younger) patients, the eyebrow position and shape may be improved with the use of botulinum toxin (Botox or Dysport) alone.

Botulinum toxin (Botox), skin tightening and dermal fillers may also be used either independently or in combination with surgery to give a more youthful brow position and shape. Dermal fillers may enhance the outcome of surgery by reducing hollowing of the temples and giving a 'fresh-faced' volume to the brow. They are typically given 4 weeks after surgery.

*Reference: F Mellington, R Khooshabeh. Brow ptosis: are we measuring the right thing? The impact of surgery and the correlation of objective and subjective measures with post-operative improvement in quality of life. *Eye*. 2012; 997-1003.