

Brow Lift Information Sheet

This information sheet is a general guide for patients considering brow lift surgery under the care of Mr Paul Harris. It should help answer some of the questions you have.

There are many factors that can affect your individual operation, your recovery and the long-term result. These include your overall health, your skin type, previous eye and facial surgery, any bleeding tendencies that you have and your healing capabilities. Some of these will be affected by smoking, alcohol and medications. Issues specific to you need to be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

What is a brow lift?

The eyes and brows are particularly important in establishing a first impression when meeting other people. The descent of the outer part of the brow is one of the first signs of ageing in the face. In the past, surgeons elevated the brows high up on the forehead using an incision across the top of the scalp. This often produced an over-operated or surprised 'American look'. We now understand the ideal aesthetics of the brow much more and appreciate the important factors that improve the appearance of the brow-eyelid complex. These are different for men and women and not only include the position of the brow relative to the eyelid but also the shape of the brow.

With the introduction of endoscopic (keyhole) surgery we can change the appearance of the brow through a series of very small incisions in the hair-bearing area of the scalp. We do not need to shave the hair at all and the incisions are well concealed. The endoscopic camera allows the safe dissection of the forehead skin, which is elevated off the underlying bone and the eyebrows are then precisely repositioned and reshaped. The muscles at the root of the nose can also be purposely weakened using this technique to reduce the severe look that one gets with frowning. The new position of the forehead skin and brow needs to be held in place until the wounds heal. This can be achieved using a small screw, two tiny drill holes or a dissolvable device called an Endotine®. The operation can be combined with eyelid surgery for an overall total effect on the upper third of the face. It can also be combined with a routine facelift procedure.

What is involved in the operation?

The operation is usually performed as a day case procedure under general anaesthesia, although it can sometimes be done under local anaesthetic with sedation. No aspirin or medicines containing aspirin should be taken for two weeks before surgery since this interferes with normal blood clotting. Smokers should cut down as much as possible for at least three days before surgery to reduce postoperative complications and bleeding.

It is important that if you have had any problem with your eyes in the past, particularly dry eyes with recurrent soreness or infection or excessively watery eyes, that you inform Mr Harris so that he can get an assessment of your tear film. Brow and eyelid surgery can interfere with the tear film in the short term although eye drops will normally help with this problem.

If you are having a general anaesthetic or sedation, you must have nothing to eat for 6 hours before surgery, although you can drink small amounts of water only up until 2 hours before surgery. In practical terms, if your operation is in the morning this means nothing to eat from midnight the night before the day of the operation, and you should aim to arrive at the hospital at 7.00 am. One of Mr Harris' secretarial team should contact you a week before the surgery date with the exact details of admission. You should not wear make-up or cream on your face. Do not take any medications without first checking with Mr Harris that they will not interfere with the operation. It is a good idea to bring some small headphones and an Ipod (or Smartphone equivalent) with you because you will not feel like reading after the operation. Please also bring some sunglasses to wear for your departure and you should have someone to drive you to and from the hospital and to spend the first night at home with you.

How will I feel after the operation?

After your operation, you will feel bruised and uncomfortable. You will be nursed sitting up to reduce the swelling to the facial skin. The wounds are usually closed with skin staples and these do not require dressings. Mr Harris will review you prior to discharge.

At home, rest and sleep propped up on at least four pillows. You should avoid smoking for 48 hours after your operation and take no alcohol for five days. You can expect moderate discomfort with moderate swelling, black and blue discolouration of the forehead, eyelids and occasionally blood shot eyes. You will feel tightness and numbness, particularly in the upper eyelids, for a couple of weeks after the surgery. If your eyes feel gritty and watery try covering them at night.

You may be prescribed some mild painkiller tablets (paracetamol) but any significant pain must be reported to the nurses or Mr Harris. You may wash your hair on the second day after surgery, by suspending your head backwards over the sink, and afterwards drying with a cool dryer.

You will usually be seen after 7 to 10 days for removal of the skin staples from the scalp. Exercise should be avoided for two weeks after surgery to minimise any post-operative swelling. Avoidance of excessive sun exposure is important for three to six months as this can affect the pigmentation of the forehead.

Are there any complications?

In the early phase after the operation, the forehead and eyelids often swell. This is normal and takes between 7 to 10 days to resolve. The bruising may take a little longer to disappear, particularly just below the eyelids.

Blood can collect under the forehead skin leading to a tight boggy swelling that is often painful (haematoma). Very rarely this does not dissipate and needs to be washed out in the operating theatre. Infection can occur but Mr Harris will normally prescribe antibiotics for the first week to avoid this.

A temporary numbness in the forehead and scalp is common and should recover within days but occasionally the nerves to the forehead muscles are damaged leading to weakness and possible asymmetry (differences between the sides). This takes longer to recover (usually 3 or 4 weeks). There may also be some associated irritation or itchiness to the scalp, both of which can be permanent in extremely rare situations.

Long-term, you may feel that the brow has been slightly over or under raised. It is usual to position the brow slightly higher than the planned height to allow for the inevitable minor descent as the tissues settle back to normal. If after 3 to 6 months, the position is not correct then an adjustment can be made.

Lastly, the hair surrounding the small scars can be affected and not grow. This can take up to 18 months to fully recover although again it can be permanent in extremely rare cases.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL
Fax: 020 7927 6519

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:

nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878