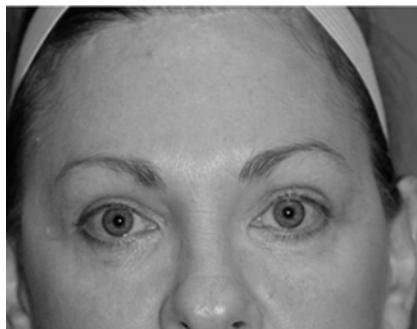
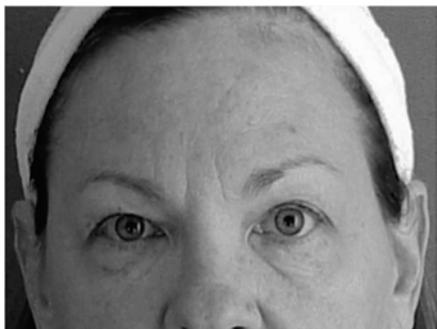


The Eyebrow Lift



Heavy or low set brows can give one a “tired” or “stern” look but a brow lift can replace them to their proper position resulting in a more alert and youthful appearance. The incisions in this direct brow lift are immediately above the brow hairs but are easily camouflaged.

Drooping of the eyebrows is frequently one of the first signs of aging. This condition is often overlooked because most people are unaware of the problem and the degree of improvement its correction can provide.

A heavy eyebrow causes the upper lids to drop or descend until in the advanced stages, eyelid skin can touch or overlap the eyelashes. (See photographs page 137.) Patients often complain that their eyes appear to be getting smaller or deeper-set and that eye make-up usually ends up high on the upper part of the lids within a short while after it has been applied. Drooping eyebrows definitely contribute to the “tired look.”

This condition may be improved by the forehead lift operation or by the excision of skin above the drooping section of the brow. Both procedures “lift” the brow, upper lid, and surrounding tissues which usually results in eyes that appear larger, more rested and more youthful.

Following eyebrow surgery, there is often lessening of the deeper “crow’s feet” found next to the outer corners of the eye. However, for the best result, “crow’s feet” may require a skin resurfacing procedure at a later date.

The eyebrow lift will not correct either excess skin or pouching caused by fat herniation at the inner corners of the

upper lids, and it will not have any effect on lower lid conditions. On the other hand it can be, and often is, effectively combined with surgery designed to improve problems in those areas. (See Surgery for Saggy-Baggy Eyelids, page 133.)

We ordinarily prefer to accomplish the eyebrow lift in conjunction with the temporal or forehead portion of the face lift, but in some cases, it may be performed as an independent procedure. (See section on “The Face lift Operation,” page 144.)

In some cases smaller incisions with (and without) the use of an endoscope—and coupled with interruption of some of the muscles which create deep creases and wrinkles can be used.

Direct Brow Lift

Postoperative Instructions

Patients who have had direct brow lifts with incisions and sutures on the forehead or above the brows, should follow the postoperative eyelid surgery instructions (page 138).

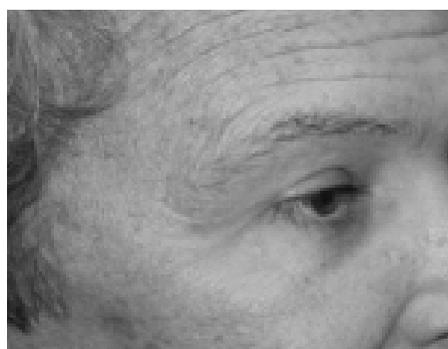
Forehead or Temporal Brow Lift

Postoperative Instructions

If your incisions were placed at or behind the hairline of the scalp, you should follow the postoperative instructions for face lift (page 153).



This patient requested a Blepharoplasty (eyelid surgery) for correction of her aging eyelid tissues. A lower lid Blepharoplasty was performed to remove the excessive skin and fat in the lower lid region, but the drooping brow was the problem in the upper lid region, therefore a direct brow lift, not an upper lid Blepharoplasty was indicated. Note the white line just above the brow. The scar can be easily camouflaged with makeup.



When there is a marked asymmetry of the brows, a direct brow lift can elevate the drooping brow for better symmetry. The incision is placed just above the brow hairs, excessive skin is removed and the muscles are supported with permanent sutures. The scar lines are usually well-camouflaged in men by the brow hairs. When they mature, they usually resemble a forehead wrinkle.



This patient required a mid forehead lift to support the heavy tissues around his brows and lids. An upper lid Blepharoplasty was performed at the same time.

Make sure you have read Parts I and II of this book