

GLOBAL PERSPECTIVES: Browlifting and Forehead Rejuvenation

EUROPE: ITALY

Efficacy of combined open temporal brow lift procedure, upper and lower eyelid blepharoplasty



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In aesthetic surgery, the upper third of the face should be considered an extended aesthetic unit, and all patients who present for blepharoplasty should have their forehead, brow and eyelids evaluated. Eyebrow position is maintained by a delicate balance of muscles which elevate the brow, and those that depress the brow.

Eyebrow lifts can be achieved surgically with a variety of brow lifting procedures, or chemically (along with treatment of dynamic rhytids) with selective chemo-denervation. Assessment of upper lid position in the setting of brow ptosis should be performed. Frequently, brow ptosis may be present and independent of upper lid ptosis. We have tried to improve our results in patients with significant bilateral upper eyelids and brow ptosis with combined open brow lift procedures and upper eyelid blepharoplasty.

The goals of these treatments include restoring eyebrow position, symmetry, and stability. In general, most patients desire an upper lid appearance similar to that in their youth. Our technique includes lateral temporal brow lift through a limited extension of incision just posterior to the hairline, elevation in the subperiosteal plane and temporal and brow elevation with absorbable sutures. When an upper lid blepharoplasty is combined with a brow lift, the design of the upper lid skin excision is critical to avoid postoperative lagophthalmos. Sometimes in the lower lid, the presence of malar bags, fat herniation and tear troughs should be assessed. It may be necessary to reposition lower eyelid herniated orbital fat into the nasojugal fold with improvement in tear trough appearance, lower eyelid herniation.

To complete the treatment of the upper third of the face, chemo-denervation of the frontal, corrugator and procerus muscles with botulinum toxin injections provides temporary yet powerful treatment for dynamic rhytids.

A retrospective review of 50 patients in last year who underwent temporal brow lift in combination with upper and lower eyelid blepharoplasty was performed. Postoperative follow up was until two years after plastic surgery. A pre- and post-operative assessment of brow ptosis was made. In all patients, no evidence of asymmetry, lagophthalmos or lower eyelid malposition with ectropion was encountered. Improvement in brow ptosis, creation of well-defined upper lid crease tear trough appearance, and lower eyelid herniation was noted in all patients.

Temporal open brow lifting remains a safe and effective technique for rejuvenation of the forehead and brow. Upper and



Figure 1: Preoperative view

Figure 2: Post operative view

lower blepharoplasty, through a variety of various techniques, can produce effective results for rejuvenation of the periorbital region. In particular, regarding lower blepharoplasty it should be noted that frequently, when lower eyelid herniated fat is removed, this may cause a hollow lid appearance, especially in patients with a tear trough deformity (nasojugal groove). Lower eyelid fat repositioning, may prevent the surgical, hollow lower eyelid appearance.