

BROWLIFT **(coronal or hairline incision, endoscopic)**

A browlift lifts the brows to a higher position on the forehead. The coronal incision is in the hair and is used for patients with a low hairline. It is used less often because of the long incision required. The hairline incision is used for patients with a very high forehead as it can shorten its length as well as lift the brows. The endoscopic technique uses very short incisions spaced several inches apart behind the hairline. Dr. Pautler uses the endoscopic approach most frequently. With all incision types, the muscles that cause frowning, that allow a stern menacing appearance, can be partially removed to minimize this expression. Possible complications of a browlift are outline below.

1. ***Numbness:*** The upper forehead and the scalp behind the incision can have temporary loss of sensation. This can potentially last a year or longer, and as the nerves grow back there can be feelings of itchiness, tightness, or “pins and needles”. These are normal signs of recovery.
2. ***Alopecia:*** This word refers to hair loss, and it usually occurs at the scar line of the Coronal approach. With the stress of surgery, the hair follicle can remain in the resting phase for longer than usual. Although rare, it tends to occur more frequently in fine haired blond individuals, those who smoke, and those who undergo perms or color treatments soon after healing. For most who experience alopecia, the growth phase of the hair follicle eventually kicks in. If the hair does not return after 6-9 months, the areas affected can be removed in a secondary surgery. Another option is a hair graft. With the hairline approach, the scar is at the hair/forehead junction, so hair loss is almost unheard of. With the endoscopic approach, hair loss is also very unlikely.
3. ***Nerve injury:*** The nerve that powers lifting the eyebrows can be injured, resulting in some asymmetry with animation. Permanent injury is extremely rare. Improvement occurs with healing and time, but up to a year may be required.
4. ***Depression in contour:*** When frown muscles are removed, small depressions in the overlying skin can occur. Rarely is it noticeable, and if so usually improves with time.
5. ***Return of frown muscle:*** Dr. Pautler will remove as much of the frown muscle that can safely be accomplished through the browlift exposure. Some muscle fibers may remain, and if so will be much weaker than before.

Initials _____

6. **Scar:** In the coronal approach, the scar is hidden in the hair. In the hairline approach, the scar is at the top of the forehead and can be visible if bangs are not worn. The scar will be pink for several months, however it should eventually fade and hair follicles will grow into it. There are some individuals in whom the scar may remain pink for longer and choice of hairstyles may be restricted.

Initials _____