

PATIENT INFORMATION FOR ENDOSCOPIC ASSISTED BROW LIFT

Brow lift surgery can help rejuvenate the face by lifting the forehead skin and brow to a more youthful position. Brow lift surgery corrects sagging tissue of the brow and upper eyelids. Often women and men in their mid-forties to late sixties opt for a refreshed and vibrant appearance, so that they look more like they feel, rather than their actual age. This surgery is performed on people as early as the late thirties and as late as the mid-seventies.

PREPARING FOR SURGERY

Dr. Rotter will evaluate and assess the sagging skin of your face in conjunction with the laxity and position of the tissue. He may recommend mid-face lift, eyelid surgery, chin or cheek implants, and /or laser resurfacing in combination with the brow lift to achieve the desired results. It is important that you have a thorough understanding of the procedure, complications, pre- and postoperative instructions and recovery.

THE PROCEDURE

Brow lift incisions are usually hidden in the scalp. They usually begin at the hairline and extend back into the scalp one to two inches.

The forehead skin is separated from the underlying tissues. The endoscope assists Dr. Rotter to avoid nerves and blood vessels during the separation process. The forehead is pulled taut then held in that position with special glue. The incisions are closed with sutures or staples. A foam pad is positioned over the forehead and bandages are placed on the incision sites. In addition, a self adhesive elastic bandage is placed over the foam pad and wrapped around the top of the head for compression.

Brow lift surgery is done in the office and may take two to three hours. Generally, there is minimal to moderate discomfort during the postoperative period. Dr. Rotter recommends extra strength Tylenol.

ANESTHESIA

A brow lift is performed under local anesthesia along with oral sedatives. The type of anesthesia used is tumescent solution. The solution is injected under the skin, which causes bloating, and draining of the fluid out of the incision sites.

BEFORE SURGERY

- **Discontinue smoking**, use of alcohol, and **STOP TAKING VITAMIN E AND ANY MEDICATIONS CONTAINING ASPIRIN OR IBUPROFEN TWO WEEKS BEFORE AND AFTER YOUR SURGERY**. Some herbs may need to be stopped as well.
- Supplies needed to dress the incisions: bacitracin or polysporin, hydrogen peroxide, pads to collect draining around the incisions, ice packs or bags of frozen peas.
- **Prescriptions** should be filled prior to surgery, bring them with you the day of surgery.
- **Eat a normal meal** before surgery unless you are having anesthesia (IV sedation) then you would follow those guidelines.
- You may color your hair up to 1 day prior to surgery. It will be about three weeks until you can color or have a permanent again. You might want to leave your hair long to cover the incisions until they heal.
- Shower the night before or the morning of surgery using antibacterial soap.
- No sunbathing or tanning beds. After surgery, if you must be in the sun, protect your face with sunblock and a hat.
- Bring a scarf with you to cover the bandages when you leave. Wear an old button down shirt.
- Most people will want to take a week off of work. **You will need someone to drive you home!**

WHAT TO EXPECT

BANDAGES: We will put a foam pad on your forehead: it will stay on for 3 days. It cannot get wet!!

BLEEDING: You may experience a little bleeding from the incisions in the first 2 or 3 days, usually no more than a few drops. Use moderate pressure to stop the bleeding. If there is a problem, contact Dr. Rotter.

PAIN: You should have minimal discomfort. The treated areas may “burn” or “sting” for the first 2 or 3 days. Tylenol® or other acetaminophen pain reliever should be all that you need. If stronger medicine is needed, please call Dr. Rotter. **NEVER TAKE ASPIRIN, MOTRIN®, ADVIL® OR SIMILAR PAIN RELIEVERS unless directed by Dr. Rotter!**

INCISIONS: Incisions should be cleaned and dressed. **Keep a thin film of antibiotic ointment (3-4 days) and then petroleum jelly vaseline over the incisions and sutures for the first week.**

SUTURES: Sutures will be usually dissolve on their own in 7-14 days. You can apply makeup after 4-5 days.

SWELLING: Swelling will occur over the face and mostly around the eyes. The swelling will be most pronounced upon awakening. It will lessen daily. The swelling can last, on average, anywhere from 5 days to several weeks but usually most swelling diminishes within the first week. It is helpful to sleep propped up on pillows- try not to lay flat for the first few days. Keep your head elevated above the level of your heart at all times. Bruising can last, 7 to 10 days but can last several weeks. Bruising and swelling may drop as low as the neck area.

COLD COMPRESSES: Ice packs or bags of frozen peas can be used for 20 minutes every hour for a minimum of two days. There should be a barrier between the ice and your skin (wrap the frozen peas in a towel).

NUMBNESS: Generally, numbness will occur in the areas treated for eight to twelve weeks. Be careful when using a hair dryer or curling iron, because you may not feel the heat.

◆ **AVOID** excessive talking, laughing, and heavy chewing (stay on a soft diet). ◆

GENERAL CARE

1. WOUND DRESSING:

OINTMENT- apply ointment after cleaning the incisions with hydrogen peroxide. Apply a thin film on all incisions. Apply non-stick gauze on top of the ointment; just tuck them under the bandage.

FOAM PAD - Remove foam pad from forehead 3 days after surgery.

2. MEDICATIONS: Antibiotics will be taken for 5 days. (If any side effects occur stop taking) Ativan/ Valium will aid with sleeping.
Tylenol Extra Strength take 2 tablets every 4 hours for discomfort.
3. BATHING: You may bath or shower starting 3 days after surgery. Do not let the shower hit directly on your incisions.
4. EXERCISE: NO EXERCISE FOR 7 DAYS! NO BENDING OVER OR LIFTING!
5. COSMETICS USE: You may use cosmetics on your face after 5 days.
No aloe or Vitamin E containing products for 2 weeks.

WHAT TO WATCH FOR:

1. INFECTION: Infections are uncommon, but can occur. Let us know if you develop a high fever or a marked change in the swelling of your face.
2. HEMATOMA: These will look like bruises but will be very hard and have some discomfort. This area may require aspiration or drainage.
3. WOUND SEPARATION: Occasionally, the incisions will separate before they are completely healed (usually because you unconsciously rub your scalp or ears while sleeping). Most often the separation is too small to treat and will close itself, just keep covered with ointment.

Your first post-operative visit will usually be within 3 days following your surgery.

KEYS POINTS:

- ◆ KEEP HEAD ELEVATED
- ◆ NO BENDING OR LIFTING OR STRAINING
- ◆ NO EXERCISE
- ◆ WATCH FOR EXCESSIVE BLEEDING OR PAIN
- ◆ TAKE ONLY TYLENOL OR PRESCRIBED PAIN RELIEVERS
- ◆ WEAR FACIAL GARMENT 24 HOURS THE FIRST WEEK
- ◆ USE YOUR ANITBIOTIC OINTMENT AS DIRECTED
- ◆ KEEP YOUR BLOOD PRESSURE LOW

IF YOU ARE HAVING A PROBLEM OR QUESTIONS, YOU CONTACT DR. ROTTER AT
301- TTERATAC