

Direct brow lift surgical technique and new eyebrow aesthetic optimization model

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Background and Significance

The fascination with beauty attracts optimizations of surgical techniques. The eyelid-eyebrow region forms the emotional and expressive center of the human face.

Aging causes a decrease in skin elasticity, allowing soft tissues to sag with gravity [1,2].

In this sense, surgical eyebrow lifts to improve aesthetics of the upper third of the aging face have been performed for several years. Current brow lift methods include direct brow lift, mid-forehead lift, coronal brow lift, and endoscopic brow lift [3-5].

Therefore, this technical article presents an optimization of the treatment of eyebrow tail ptosis using the modified direct brow lift technique by direct eyebrow elevation.

- Hemostasis review;
- Subcutaneous suture passing anteriorly through the orbital orbicularis and posteriorly through the frontal muscle with polydioxanone (PDO) 4.0 thread to promote a more accentuated arching;
- Intradermal suture with PDO 4.0 thread to reduce tension and leave the PDO stimulating collagen;
- Continuous suture with transparent nylon 6.0 to bring the edges closer together;
- One of the differences of this technique is the fact that the intradermal suture is performed with polydioxanone thread, and it is maintained, promoting neocollagenesis during healing.

Figure 1. Representation of Minilifting.

Presentation of technique and surgical procedure

Technique of direct brow lift modified

Marking

Half-Moon Base

- Draw the line very close to the eyebrow (do not leave space between the line and the eyebrow) up to the highest point of the eyebrow, which will be between the temporal limbus and the pupil;
- Manually arch the eyebrow in the desired position, leave the pen still at the bottom line, and release the eyebrow, this will be the point to close the half moon.
- Close the half-moon with a convex line (**Figure 1**).

Surgical technique

- Incision (at 90 degrees) with a 15 blade close to the eyebrow hairs (leaving no space between the incision and the eyebrow) and in the upper region of the marking (**Figure 1**);
- Excision of skin and subcutaneous tissue with E130 electrode;



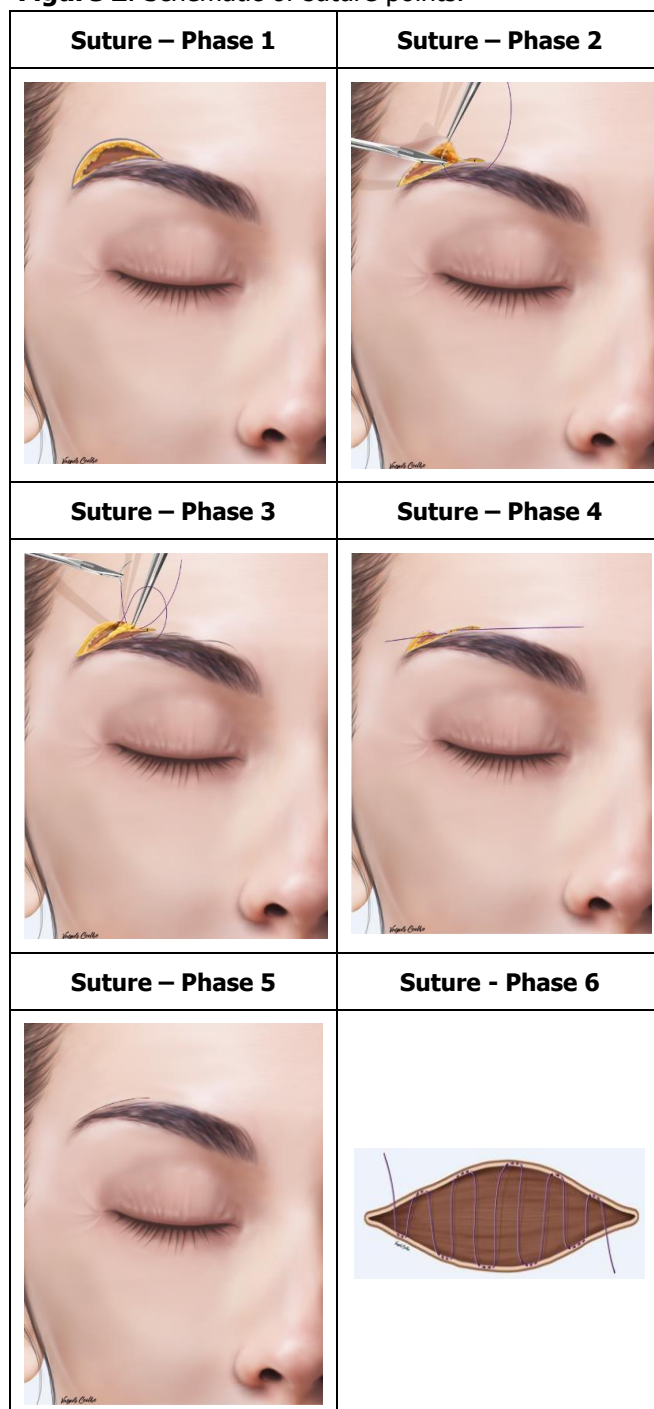
Source: Own authorship.

Important technique points

The 3 sutures (figure 2)

- The first subcutaneous tissue to arch (orbicularis orbitalis) and the PDO thread will be stimulating and forming a supporting "fibrosis";
- The second intradermal to reduce tension and maintain the PDO will promote neocollagenesis with a more inapparent scar;
- The third is to bring the edges closer together and promote better healing - I use transparent nylon 6.0 for aesthetic reasons after surgery, just to make it more inconspicuous (Figure 2).

Figure 2. Schematic of suture points.



Source: Own authorship.

Discussion and Final considerations

The surgical indication for this technique depends more on individual characteristics than on the patient's chronological age. This approach is used to correct the lateral end of the eyebrow (tail) [6,7].

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Ethical Approval

Not applicable.

Informed consent

Not applicable.

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Conflict of interest

The author declare no conflict of interest.

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