



Call us to book a confidential consultation from our nurse specialist.

Brow Lift

Procedure Aim and Information

Browlift, also known as a forehead lift, is a surgical procedure that aims to restore a refreshed, youthful look to the eyes and brow.

Facial aging can result in a heavy brow and hooded eyes giving a tired look. As facial aging occurs, lines and wrinkles begin to develop around the eyes and forehead. Although it may appear that the upper eyelids are responsible for a tired look, it is often the brow that has dropped causing the eyebrows and upper eyelids to become heavy. In this instance lifting the brow (or a browlift) is the operation of choice to relieve upper eyelid heaviness.

A browlift will also soften the appearance of crow's feet by reducing the heaviness of the outer upper eyelid region.

Apart from improving upper eyelid hooding, a browlift will correct a number of upper facial conditions such as "heavy eyebrows", or asymmetry of the eyebrows. It can smooth the horizontal creases of the brow, and vertical furrows (frown lines) particularly between the eyebrows.

A browlift can be performed as a separate procedure or it can be performed in conjunction with other facial procedures such as blepharoplasty or facelift.

The texture of the skin (fine lines, sunspots and acne scars) cannot be changed with a browlift. Skin rejuvenation treatments such as laser resurfacing, chemical peels, microdermabrasion and Botox® can compliment a browlift to achieve a smoother more refined skin texture.

Botox® is a natural protein that relaxes the muscles of the forehead and around the eyes when injected. Botox® softens these dynamic (caused by movement) wrinkles of the forehead, the lines of the outer eyelids (crows feet), and the lines between the eyebrows (frown lines).

To have a better understanding of how a browlift can enhance your appearance, look into a mirror and place the finger tips of your hands above your eyebrows at the outer edge of the eyes. Gently raise the skin of the eyebrows and forehead to visualise what could be achieved with a browlift.

Various surgical options are available for browlift surgery:

A. Conventional or open browlift

The conventional or "open" method, involves an incision one centimetre behind the hairline. The incision extends from one ear to the opposite ear. If you have a high forehead, receding hairline or thinning hair, the incision may be placed at the hairline instead to avoid adding more height to the forehead. The incision placement is important in men whose hairstyles may not sufficiently camouflage the resulting scar. It is important to discuss the incisions and scarring with your surgeon.

During the procedure the skin and underlying muscle of the brow is lifted and fixed in the new position. The muscles that cause the horizontal and vertical lines of the brow may be weakened to decrease frowning. The excess skin is trimmed away and the incision is closed with either sutures or staples.

The hair is not usually shaved. A bandage is worn for at least 24 hours after surgery. Some surgeons may insert drain tubes that are usually removed after 24 hours.

B. Endoscopic browlift

An endoscopic browlift involves making numerous small incisions within the hairline. An endoscope is a tubular instrument that is attached to a tiny camera connected to a television monitor. It is inserted through the scalp incisions and is used as a visual aid to instruments that are passed under the skin and muscle of the brow. The brow is lifted and fixed into a new higher position. Small screws may be used and aid in the suspension of the brow to keep it in an elevated position. The screws may be present internally or externally. Screws placed internally are dissolvable. External screws are relatively inconspicuous and are usually removed two weeks after the procedure. The excess skin is bunched up but it tends to flatten out with time.

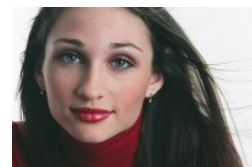
The hair is not usually shaved. The incisions in the scalp are usually closed with sutures or staples. A bandage is worn for at least 24 hours after surgery. Some surgeons may insert drain tubes that are usually removed after 24 hours.

Alternative treatments

A browlift is elective surgery and alternative forms of treatment consist of not treating the laxity of the forehead and eyebrow with a browlift.

Improvement of skin wrinkles of the brow may be accomplished by other treatments such as Botox®, Collagen® and synthetic substitutes, or treatments such as skin resurfacing with chemical peels or laser.

Risks and potential complications are associated with alternative forms of treatment.



RISKS OF SURGERY

All surgery is associated with some risk

It is important that you understand that there are risks involved with any surgery. Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery. With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.

Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role in the outcome of your surgery. Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk. Smoking greatly increases all risks and complications of surgery.

What else?

Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.

Risks Specific to Browlift Surgery

Hardware and deeper sutures

A browlift involves use of small screws or permanent deep sutures to help suspend the brow in its elevated position. Occasionally a suture granuloma (tender bump or sore) will appear in the scalp hair due to a partly exposed suture. It may be necessary to remove the offending suture by using local anaesthetic at a later time.

In very unusual circumstances, a non absorbable screw can break off in the skull. This is usually of no consequence unless it gets infected. Penetration of a screw through the skull is unlikely as the screws that are used are too short.

Hair loss

Hair loss may occur along any of the surgical incisions used in a browlift. The occurrence of this is not predictable. Hair loss is often temporary and will grow back. Occasionally a wide scar within the hair may cause a visible deficit of hair. In this case scar revision surgery would be required. Hair loss may be permanent and further surgery to excise hairless areas may be necessary.

Overcorrection

If a droopy brow is overcorrected, the brow will sit too high and this will impart a look of surprise. The appearance of a high forehead or overcorrected browlift may be the result of a high hairline pre-operatively. In this case, modification to the browlift technique may be necessary and the incisions may need to be made at the junction of forehead skin and hair-bearing scalp.

Change in surgical approach to browlift

In some situations, depending on factors discovered only at the time of surgery, your surgeon may have to make changes in surgical technique and approach to the browlift procedure. This may require changing from an endoscopic (closed) procedure to a standard (open) browlift.

Scars

Abnormal scars can occur despite careful surgical techniques. Specifically scars in the hair may be sensitive to touch. Scars may be visible if they are widened or if there is overlying hair loss. Scars may be of a different colour to the surrounding skin and may be more visible if they are at the hairline in people with a ruddy or dark complexion. Thick or raised scars are uncommon following a browlift. Additional treatments including surgery may be necessary to treat abnormal scarring.

Seroma

A fluid collection may form under the skin of the brow. Additional treatment to drain the fluid may be required.

Delayed healing

Wound disruption may result after suture removal and result in delayed wound healing. Delayed healing may result in unsatisfactory scarring and further surgery may be required to correct scars if they are wide or if they have caused hair loss.



Changes in skin sensation

Diminished (or loss) of skin sensation in the scalp between the incision of an open brow lift and the top (crown) of the head may occur after surgery. Changes to skin sensation may not totally resolve after browlift surgery. Endoscopic browlift surgery produces a lesser area of diminished skin sensation in the scalp compared to open browlift surgery. Long-term (chronic) itching sensations can occur within the scalp and brow following a browlift.

Skin contour irregularities

Contour irregularities, visible depressions, abnormal forehead skin wrinkling and skin adhesions may occur after a browlift if the surgery involves muscle resection designed to add more rejuvenation to the brow.

Nerve injury

There is the potential for injury to both motor and sensory nerves during brow lift surgery.

Injury to motor nerves may result in weakness or loss in movements of the forehead or eyebrow after surgery. Permanent weakness is rare and most individuals will notice a return of muscle function. Injury to the sensory nerves of the forehead, scalp, and temple regions may result in reduced sensation may in the scalp region after brow lift surgery. Permanent numbness or painful nerve scarring (chronic pain) is rare.

Asymmetry

The human face is normally asymmetrical and everyone has a shorter and a longer side to their face. The shorter side of the face will tend to age faster than the longer side. This is often noticed before surgery when one upper eyelid is heavier than the other or one eyebrow sits lower than the other. This variation from one side to the other can be addressed during browlift surgery. Occasionally perfect symmetry is not attainable.

Damage to deeper structures

Deeper structures such as the eye, nerves, blood vessels, skull bone, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of browlift procedure performed.

Long term effects

Subsequent alterations in the forehead, eyebrow and upper eyelid appearance may occur as the result of aging, weight loss or gain, illness, sun exposure, or other circumstances not related to browlift surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the forehead. Additional surgery or other treatments may be necessary to maintain the results of a browlift procedure.

Eye irritation

Irritation or dryness in the eyes may occur after a browlift or when eyelid surgery is performed at the same time. The dryness relates to the eye being more open and the associated faster tear evaporation. Artificial tears and ointments may be required in the short term.

Eyelid disorders

Disorders that involve abnormal drooping of the upper eyelids (eyelid ptosis), loose eyelid skin, wrinkles around the eyelids or abnormal laxness of the lower eyelid (ectropion) can co-exist with a dropped brow and eyebrow structures. Brow lift surgery will not correct these disorders. Discussion about correction of other related conditions should be discussed with your surgeon.

Wrinkles

Horizontal lines on the forehead and root of the nose, frown lines between the brow, and crows feet around the eyes are due to the contraction of underlying facial muscles of expression. These wrinkles and lines will soften following a brow lift but will not totally disappear. Additional treatments like Botox®, Collagen® and its synthetic substitutes or chemical peels and laser resurfacing may be required to reduce the depth of these lines further.

Risks Common to All Operations

Discomfort and pain

The severity and duration of post-operative pain varies with each individual. Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication you may have a complication.

Nausea and vomiting

Nausea and vomiting normally relate to the anaesthetic and settle quickly. If it persists, it may be a reaction to pain relieving medication or other medications like antibiotics. Infection may also cause nausea and vomiting.

Swelling and bruising

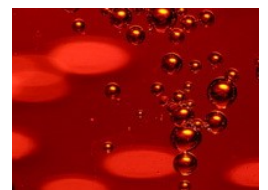
Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. Swelling and bruising may take 2 to 3 weeks to settle and can be helped by sleeping on several pillows and applying ice packs to the brow.

Bleeding and haematoma

Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze or a collection of blood under the skin. Small collections of blood under the skin usually absorb spontaneously. A large collection of blood (Haematoma) may produce pressure and complications to healing of the skin.

Most haematomas occur in the first 24 hours and may require aspiration or surgical drainage in an operating room and a general anaesthetic to drain the accumulated blood.

The presence of a haematoma, even if evacuated may predispose to infection and antibiotics would be recommended. Infrequently haemorrhage can happen up



Possible factors for late bleeding are extreme physical exertion, aspirin ingestion or an unrecognised bleeding disorder.

A bleeding disorder, aspirin, anti-inflammatory tablets and mega doses of certain vitamins (vitamin E) can influence blood clotting and cause excessive bleeding.

Do not take any aspirin, similar drugs like cartia, astrix or non-steroidal anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding, bruising, swelling and infection. A single tablet is enough to increase the risk of bleeding.

If you take an anticoagulant like heparin or warfarin you will need specific peri-operative management.

Hypertension (high blood pressure) that is not under good medical control may also cause bleeding during or after surgery.



Seroma

Yellow fluid (seroma) may accumulate around the implant following surgery, trauma or vigorous exercise, especially in the first month following surgery. The accumulated fluid will cause swelling and pain. While the body absorbs small haematomas larger ones need needle drainage or additional surgery to drain the fluid from beneath the surface of the brow. A seroma may contribute to infection and/or capsular contracture.

Inflammation and infection

Infection may occur after any surgery.

Most infections occur at 3 to 5 days after surgery and cause swelling, redness and tenderness in the skin around the suture lines. A surface infection may require only antibiotic ointment.

Occasionally an offensive discharge may occur from the suture line.

Should a deeper infection occur, treatment including antibiotics or additional surgery may be necessary.

Chronic (long term) infections may occur and may be difficult to diagnose.

Infection may cause wound breakdown or skin slough (or loss). Both wound breakdown and skin slough will result in delayed healing. Additional surgery deal with wound breakdown and skin slough will be required.

More scarring and further surgery can be expected in the long term. Some surgeons will prescribe prophylactic antibiotics to be used around the time of the surgery.



Necrosis is the formation of dead tissue around the suture line. This may prevent wound healing and require regular dressings or surgical correction.

Unsatisfactory scarring may occur following necrosis. Factors associated with increased necrosis include infection, smoking, tension from a collection of blood under the skin and excessive heat or cold therapy.

Wound separation and delayed healing

Any surgical wound, during the healing phase may separate or heal unusually slowly for a number of reasons or complications.

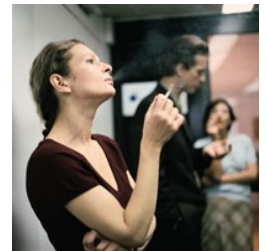
The reasons for poor or delayed healing include inflammation, infection, wound tension, excess external pressure, decreased circulation and smoking. Some people may experience slow healing due to unrelated medical problems.

Smokers have a greater risk of skin loss and wound healing complications

Wound separation may also occur after suture removal. Wound separation will require frequent wound dressings and healing will be delayed. If delayed healing occurs recovery time will be prolonged (weeks to months) and the final outcome of surgery may be affected and more scarring can be expected.

Further surgery may be required to remove any non-healed tissue and to obtain wound closure. Skin grafting may be required to achieve wound closure.

Poor scars will result following wound healing problems and additional surgery may be desired 6 to 12 months after the initial surgery to improve scarring.



Increased risk for smokers

Smokers have a greater chance of infection, skin loss (slough), underlying fat loss (necrosis) and poor wound healing because of decreased skin circulation.

Bleeding and haematoma formation are more common in smokers than non-smokers. Smoking also predisposes to life threatening complications like deep vein thrombosis, pulmonary embolism, pneumonia or massive infection.

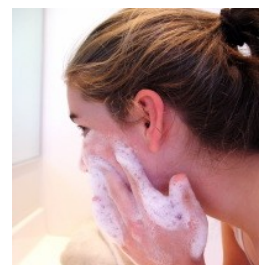
Smoking should cease 4 weeks prior to and 4 weeks after your surgery.

Injury to deeper structures

Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

Crusting along the incision lines

This should be prevented with frequent and regular washing of your suture lines with antibacterial soap and application of antibiotic ointment if required.



Sensitivity or allergies to tapes or dressings

Skin or localised allergies may occur to topical antiseptic solutions, suture materials, soaps, ointments, tapes or dressings used

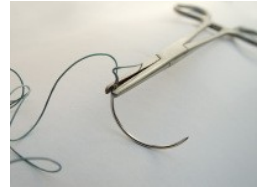
irritation, itch or redness that may develop beneath your tapes. Allergic reactions may require additional treatment.

Post-operative fatigue and depression

It is normal for people to occasionally experience feelings of depression for a few days after surgery, especially when the early postoperative suture line, swelling and bruising is seen. The post-operative emotional low improves with time. Physical recovery from an operation and anaesthetic is gradual.

Suture complications

Suture reaction or local infection may occur when subcutaneous sutures are used. Exposed sutures will require suture removal for local healing to progress. Skin sutures may become buried under the skin during healing and subcutaneous sutures may not dissolve (stitch granuloma). Additional surgery may be necessary to remove buried sutures or granulomas. Suture marks in the skin can occur if skin sutures or staples are used to close a surgical wound.



Numbness

Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns - usually within 3 months as the nerve endings heal spontaneously. Return of sensation may sometimes take up to 2 years.

Itching

Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturisers and massages are frequently helpful. These symptoms are common during the recovery period. For some surgery you will be advised with respect to the type of massage required.

Asymmetry

The human body is normally asymmetrical. Despite surgical allowance for correction the normal variation from one side of the body to the other will be reflected in the results obtained from your surgery and perfect symmetry may not be attainable.

Skin scarring

All surgical incisions produce scarring and although scars are inevitable, some are worse than others and the quality of the final scars is unpredictable and not entirely under the control of the surgeon.

Some areas on the body scar more than other areas, and some people scar more than others.

Scars may be worse if there is a tendency to keloid scarring, in the younger person or if there has been a delay in healing due to infection or wound breakdown.

Your own history of scarring should give you some indication of what you can expect.

Please ask your surgeon about scar management.



Redness and discolouration of scars

While the scar at the end of surgery is a fine line, its subsequent appearance alters during the various stages of wound healing. Some scars become more red and somewhat raised and excessive between six weeks and three months.

After six months most scars will start to fade and this process is usually complete between twelve to eighteen months after surgery. Occasionally scars may take up to 2 years to reach their final appearance.

A brown discolouration in a scar usually settles with time. White scars are permanent and there is no known satisfactory treatment.

Please ask your surgeon about scar management.

Abnormal scars

Abnormal scars may occur even though careful plastic surgery techniques are used and uncomplicated wound healing occurs after surgery.

Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched (wide), depressed, or of a different colour to the surrounding skin.

An abnormal scar may have visible suture marks from sutures. Abnormal scars may occur both within the skin and the deeper tissues.

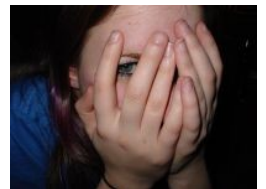
Abnormal scars occur more commonly in some skin types, in the younger patient or if there has been a delay in healing due to infection or wound breakdown.

Most scars improve with time but some may require additional treatment.

Thick scars may respond to taping, placement of silicone sheeting onto the scars, serial injection of steroid into the scars or surgical scar revision.

Wide scars may require scar revision surgery to improve their appearance. Surgical scar revision may be disappointing especially in the younger patient.

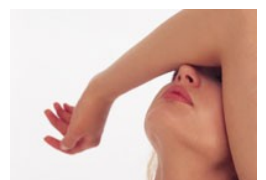
Please ask your surgeon about scar management.



The unfavourable result

The unfavourable result may relate to under correction, asymmetry, recurrence of the original problem or scar related problems.

Additional surgery may be desired to improve your results.



The undesirable result occurs because of limitations of the human tissues and skin. Your expectations may leave you dissatisfied with the results of surgery, despite having an adequate surgical result. Additional surgery may or may not improve the results of surgery.

Need for revisional surgery

Every surgery has associated risks and complications that you need to be aware of. Should a complication occur, additional surgery or other treatment may be necessary. Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

If revisional surgery is required, you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be YOUR responsibility, so careful financial planning is required before you embark on any form of surgery. Private Health Insurance is strongly advised for any surgery. Please speak to your surgeon regarding the costs of treating complications.

Chronic pain

Following surgery abnormal scarring in the skin and deeper tissues may trap nerves and produce pain.

Uncommonly persistent or chronic pain that is of an unknown or ambiguous cause may develop and may be difficult or impossible to correct.

Long term effects

There are many variable conditions that may influence the long-term result of your surgery.

Subsequent alterations to your body may occur as the result of aging, sun exposure, weight gain or weight loss, pregnancy, illness or other circumstances not related to your surgery.

Additional surgery or other treatments in some cases may be required to maintain or improve the results of your operation.

Deep Vein Thrombosis

A deep vein thrombosis is a blood clot occurring in the deep veins of the legs/calves. It causes pain and swelling in the affected leg and is potentially life threatening.

Treatment for deep vein thrombosis is essential and involves blood-thinning agents. Complications of a deep venous thrombosis are clots spreading from the legs to the lungs or heart and causing death.

If you are undergoing surgery the risk of deep vein thrombosis relates to the type of surgery and the duration of the procedure.

Some people are more prone to developing deep venous thrombosis than others. These people may be of advanced age or people who have had a deep vein thrombosis in the past.

Varicose veins are a risk factor as are certain medications like hormone replacement therapy and the oral contraceptive pill.

Smoking increases the risk of forming a deep vein thrombosis as well. Preventive treatment for deep vein thrombosis may be recommended and may consist of compression stockings, early ambulation or a blood thinning agents.

Anaesthetic related risks

Allergic reactions to drugs used in anaesthesia are rare (1 in 10,000).

Systemic reactions may also occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

A sore throat may be caused by the tube that is used to used to administer anaesthesia.

You may develop a painful or infected intravenous site. Other anaesthetic complications should be discussed with the anaesthetist.

Life threatening complications Life threatening (or fatal in some circumstances) complications like pulmonary embolism, cardiac arrhythmia, heart attack, stroke or massive infection are rare.

These complications will require additional treatment.

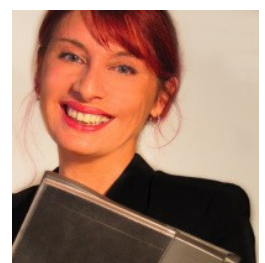
Pulmonary (lung) complications

Pulmonary complications may occur secondary to either a blood clot starting in the legs (pulmonary embolism), aspiration of stomach secretions or partial collapse of the lungs after general anaesthesia.

Before Your Operation

Organise yourself for after your surgery

- Organise how you will get to and from hospital.
- Arrange to have someone at home with you for at least 2 or 3 days after you leave hospital.
- Organise help with your shopping, laundry, housework, pets, lawns, etc.
- Get all your pre-operative tests.
- Arrange leave from work and any financial chores as required.



Surgery and anaesthesia impose stress on your body. The state of your health will be determined how well your body will cope with this stress. It is important that you maximise your general health by exercising, not smoking and having regular checks with your GP, so that conditions such as hypertension, diabetes etc can be controlled.

Smoking

Smoking increases the risk of post-operative complications after surgery. You should stop smoking for 4 weeks prior to your surgery and for 4 weeks after.

If you need help to give up smoking, speak to your G.P. who can prescribe medication to help you, speak your chemist who can advise you about nicotine replacement therapies. Or call the national QUIT LINE on 13 18 48.

Fasting, fluids, food

Fasting for surgery means that you cannot eat any food, or drink any fluid, after midnight the night before your surgery. A stomach full of fluid or food will mean that your anaesthetic may be dangerous and your procedure may be cancelled or delayed.

You should have nothing solid to eat, and drink no milk-containing fluids for 6 hours prior to an operation. You may have up to 1 glass of water per hour up to 3 hours prior to surgery.

If you are in hospital a sign over your bed will read fasting, nil by mouth or NBM.

If you take medications in the morning, these should be taken as normal on the morning of your operation with a sip of water at 6 am. NB. Diabetic tablets and insulin should be withheld while you are fasting. When you brush your teeth in the morning, spit out any water rather than swallowing it.

Medications

You will be required to list all your medications by writing down the name, the dose and the day each medication is taken. If this is too difficult for you, ask your regular doctor to make a list of your current medications for you. It is important that you also bring all your medications to hospital with you.

Continue to take all your routine medications up to the time of admission to hospital EXCEPT blood thinning tablets like warfarin/coumadin.

These medications must be stopped 5 days before surgery. You should discuss these medications with your surgeon.

Tablets like aspirin, astring and cardiprin, and tablets for arthritis, rheumatism and gout, like brufen, Clinoril, feldene, indocid, orudis and voltaren must be stopped 10 days before surgery.

Other medications

Antibiotics and small doses of blood thinning agents may be prescribed prior to your surgery.

Diabetes mellitus

If you have diabetes you must tell your surgeon prior to your admission date. You must also tell the staff at the time of your admission. Special arrangement will be made for you as necessary. Your blood sugar levels will be monitored from the time you start fasting until normal eating resumes. Do not take any diabetic tablets on the morning of your surgery.

Skin preparation

You may be required to shower at home with an anti-bacterial soap such as sapoderm or gamophen prior to your surgery. The same soap can be used after your surgery as well.

You may be required to have a shower with an antiseptic solution before your surgery. You may have to have hair on your body shaved for your procedure. Do not attempt to shave yourself before coming to hospital.

A responsible person

A responsible person may be required to accompany you home after surgery. A responsible person is an adult who understands the postoperative instructions given to them and is physically and mentally able to make decisions for your welfare when appropriate.

Travel

You will need to arrange for a responsible adult to drive you after your surgery. Transport in a suitable a car desirable. A taxi is only acceptable if someone OTHER than the taxi driver accompanies you. Public transport such as a bus is NOT acceptable.

General exercise

It is important that you maintain your fitness and you should continue your normal activities prior to your surgery. If time permits you may try to increase your fitness level gradually. Your fitness will be of benefit to your overall recovery after surgery. Walking is an excellent way of improving fitness and is recommended.

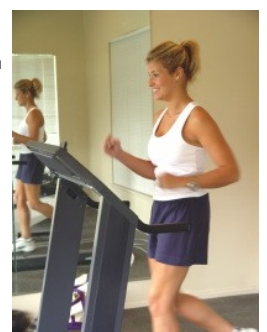
Bowels

If you normally take medication for bowel problems you will need to bring these medications to hospital with you. It is common to develop constipation after surgery that may require treatment.

Pain relief in hospital

It is expected that you will have pain and discomfort after your surgery. The amount and severity of pain will vary from person to person.

Narcotics (morphine, pethidine, fentanyl) are used to relieve pain. Narcotics are not addictive in the amounts required to relieve pain.



You may be given a PCA (Patient controlled analgesia). A PCA allows you to regulate the amount of medication that you need to control your discomfort. This is achieved by pushing a button to administer a pre-prescribed dose of narcotic through your intravenous drip.

It is important to limit the amount of discomfort that you have, so that you are able to do your breathing and general exercises as directed by your physiotherapist.

Any initial severe pain and discomfort will be managed with intravenous medication such as morphine, pethidine or fentanyl. Removal of tubes and drains usually results in a significant reduction of pain. The PCA machine is usually replaced with pain relieving tablets before discharge from hospital.

Pain relief at home

Pain, aches and discomfort may still be present when you leave hospital and may continue for several weeks. It is important when you are at home to maintain control over your pain, aches and discomforts.

Drugs for pain relief vary in strength and can "generally" be related to pain severity, BUT remember also that individuals have differing responses to pain and pain relieving medications. As a guide and for your knowledge, the range of medication by drug strength from weakest to strongest is as follows:

- Mild pain relief will be required for mild pain. Such pain relieving medication includes panadol, paracetamol, panamax and panadeine.
- Moderate pain relief may require medications such as digesic, panadeine forte, tramyl, endone or oxycodone. You need to be aware that some pain relieving medications may contribute to persisting nausea and vomiting and will contribute to constipation in the post-operative period.

Anti inflammatory drugs such as vioxx, celebrex, brufen, naprosyn and indocid will contribute to effective pain relief when taken with mild pain relieving tablets.

If you have persistent unrelieved pain you may need to be seen by a doctor to exclude another cause for the pain.

Constipation

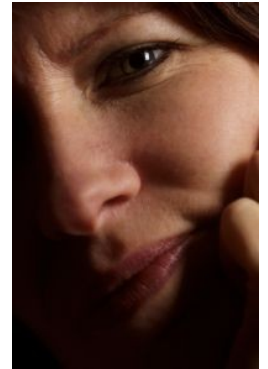
Prevention of constipation begins on the day of surgery and continues until the bowel returns to "normal" function, which is usually once the need for pain medication ceases.

Medications for constipation such as coloxyl and senna or lactulose can be purchased from the local chemist without a prescription.

Eat fresh fruit and vegetables, take extra fibre and increase your exercise. Drink plenty of water, providing you are not on restricted fluids for any reason.

Other

It is important that you try to retain your identity as a normal person whilst you are in hospital. Make sure that you ask plenty of questions about what is happening to you. Feel free to share your concerns with the nurses, doctors and other professionals that are involved in your care.



After Your Operation

On waking

You will wake up with bandages around the forehead. Your head may feel tight or you may have a headache. Occasionally, the eyes are swollen and may feel heavy or they may be half closed. To ease pain and swelling you will be propped up with pillows behind your head.

Discomfort

You can expect to have some pain when you wake up after browlift surgery. If pain increases you should notify your surgeon.

You will need to remember to move your legs to keep the circulation flowing and to take deep breaths to expand the lungs.



TED stockings

You may be fitted with TED stockings before your browlift surgery and if so, you will wake up with the stockings on. TED stockings help to prevent blood clots from forming in the legs and they should be worn whilst you are immobile and you may be required to wear the stockings for up to 2 weeks following surgery.

Pain relief

You will need to take painkillers as provided. It is recommended that you avoid aspirin or aspirin based products, as they will promote bruising and bleeding.

The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panamax, digesic, and endone. These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen.

Make sure that you have a postoperative pain regime at the time of discharge and that you understand the medications that you are taking and what they are designed to do for you.

Sleeping and sleeping tablets

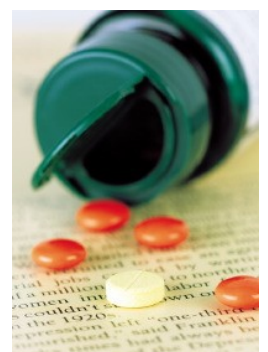
One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.

You may feel more comfortable sleeping with two pillows behind your head so you are slightly propped upright. This will also help reduce swelling.

Other medications

Your surgeon may prescribe a course of prophylactic (preventative) antibiotics.

Nausea and vomiting



prevent nausea and vomiting may be required. If prolonged, nausea and vomiting may be related to a complication like infection and may cause dehydration. You need to inform your surgeon of prolonged nausea and vomiting.

Bruising and swelling

Bruising and swelling around the brow and the eyes is usually maximal at 48 hours after your surgery. Most bruises will resolve by 2 weeks. Gentle massage with a facial moisturiser or arnica cream may help to dissipate bruising faster.

Swelling of the brow may occur for up to 4 weeks after surgery.

Bleeding or ooze

There may be ooze of blood from any of the suture lines. Any ooze should resolve within 24 to 48 hours. Persistent or offensive ooze should be reported to your surgeon.

Swelling

Swelling can occur for 4 to 6 weeks after surgery and sometimes, intermittent swelling may take up to 12 months to settle. Please ask your surgeon how long swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

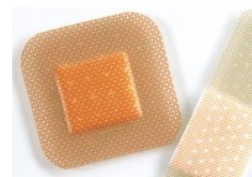
Ice packs

At home a mouldable cold pack or a small bag of frozen peas wrapped in a tea towel may help to reduce swelling, bruising and pain. Cold packs can be applied to the forehead (for 15 minutes every 1 to 2 hours) in the first 48 hours after your surgery. The cold packs should not hurt. If you find the cold packs uncomfortable, don't use them as often.

Dressings and drains

Dressings around the head may be removed as early as 24 to 48 hours after surgery. If there is a lot of drainage, then the drains will remain for longer. Please ask your surgeon how long the dressings need to stay on. Steri-strips or tapes may be present on the suture line and will need to be changed regularly.

Check with your surgeon if you are able to wash your hair after the dressings are removed.



Sutures

Sutures or staples will be present in the hair after browlift surgery. The sutures or staples will require removal at some stage after your surgery. The normal time frame is anywhere between 7 to 14 days. Suture removal is usually arranged with your surgeon. There are also sutures beneath the skin to provide support to the brow in the elevated position. Occasionally these sutures work their way towards the skin and form a sore or pimple (stitch granuloma). The stitch can be removed as soon as it breaks through the skin or it may need to be cut out with some local anaesthetic.

Some surgeons place Steri-strips over the suture line. Steri-strips are meant to stay intact and are usually removed one week after surgery. You may be able to shower.

Blistering from Steri-strips may occur. If this happens the Steri-strips will be removed and an alternative dressing will be applied.



Cleaning

Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings have been removed. An antibacterial soap (sapoderm, gamophen) may be recommended. You will need to pay attention to washing the suture line. Suture lines should be carefully dried with a clean towel. If your suture line has steri-strips or tape, wash over the tape and dry it.

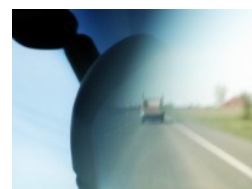
Occasionally the suture line may become red and ooze. If this occurs tapes are usually removed and antibiotic ointment or betadine may be required. Your surgeon may prescribe antibiotics as well.

Some surgeons will prefer you to keep your sutures dry. Please check with your surgeon and ensure you follow your surgeon's instructions about wound care.

Travel

Browlift surgery is commonly performed under a general anaesthetic and can be performed as day surgery. If you have the operation as a day surgery procedure you will need someone like a family member or a friend to drive you home and stay with you that night. You should not drive for 24 hours after an anaesthetic.

You may need a friend or a relative around the house for the first couple of days after your surgery to help you out. If you have any questions about these matters, please speak to your surgeon.



Anaesthetic effects

With some operations it is in your best interest to stay overnight, depending on your circumstances. You should discuss this with your surgeon or anaesthetist.

The effects of an anaesthetic may still be present 24 hours after your procedure, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged.

Likewise do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Take care with alcohol intake after surgery because medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The most common cause is persistent nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding, wound problems or infection.

You will have swelling and tightness around your head for several days following your browlift. Do not lift heavy objects or attempt vigorous activities for 2 to 4 weeks after surgery. No matter how good you feel you should avoid the temptation to do too much too soon.

Too much activity too soon will increase the risk of delays to your healing or of complications.

You may go to the bathroom, walk around the house sit and watch TV, etc., but no matter how good you feel do not clean the house, engage in heavy manual work, go to the gym etc. for 4 weeks following your surgery. This also applies to sexual activity.

Sport

Slow walking on the flat for exercise is often therapeutic in the early post-operative period. More strenuous exercise like fast walking, running or swimming may commence after 4 to 6 weeks. Too much activity too soon may cause complications and delay your recovery. Your body will dictate whether you are able to safely recommence your exercise program.

The same principle applies to return to sexual activities.

Please ask your surgeon when you can start exercising.

Sun exposure

If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen on sun-exposed scars can help to fade scars. Take extra care and precautions if you are planning to tan, as some areas of your body may be temporarily numb after surgery and you will not "feel" a sunburn developing.

Diet

You will be able to commence your normal diet as soon as any nausea or vomiting has settled.

If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. Small frequent meals will be more comfortable initially. If nausea persists you may need to contact your surgeon.

Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing.

Avoid mega dosing on vitamins prior to surgery.

Smoking

Smoking reduces capillary blood flow to the skin and may result in delays to wound healing. Smoking not only affects wound healing; it also increases the risk of bleeding, wound infections, post-operative chest infections. Smoking also increases the risk of developing a blood clot in the legs that can travel to the lungs. It is recommended that you cease smoking at least 4 weeks prior to your surgery and for 4 weeks after.

Alcohol

Medications and alcohol may interact with the residual anaesthetic and prescription pain medication.

Alcohol also dilates blood vessels and may increase the risk of postoperative bleeding. It is recommended that you avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month after surgery.

Driving

It is recommended that you do not drive for a certain period of time after your browlift surgery. To be able to drive safely you must have full use of your reflexes so any post-operative discomfort will inhibit your reflexes and your ability to drive safely.

In the interest of safety whilst driving, and legally, you must wear a seat belt across the chest.

You may resume driving when you feel you are able, but it is advisable to discuss this with your surgeon or check with the road traffic authority first.

Recovery time

You must allow yourself adequate recovery time. You will require 1 to 2 weeks to recovery from your browlift surgery. It would be wise to ensure you have adequate time off work.

Too much activity too soon, will increase the risk of complications and will delay your healing. Discuss the expected time for recovery with your surgeon prior to your surgery and allow plenty of time for adequate recovery.

Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post-operative recovery. Many people believe the surgeon "heals" the patient. No one can make another heal. Your cooperation and close attention to pre and post-operative instructions is extremely important and is in your best interest.

Following instructions

A major factor in the course of healing is whether you follow the instructions given by your surgeon and the nurses in the surgery. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere your recovery. It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.



Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst and you may feel teary.

It is not uncommon to experience a brief period of "let-down" or depression after any surgery. You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.

As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Support from family and friends

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you.

The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.

Complications

Complications are infrequent. When complications occur, it is seldom a consequence of poor surgery or poor postoperative care. Complications are more likely to be a result of the variable healing capacity or a failure to follow post-operative instructions. You will be assisted in every way possible if a complication occurs.

Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible. Your surgeon and the nursing staff will ensure that you have support and assistance during this difficult time.

Appointments

It is very important that you follow the schedule of appointments established for you after surgery. Appointments to see the nurse or the surgeon should be made before or immediately after discharge from hospital. The review appointment may be the next day or up to one week following surgery.

If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment. If you have any concerns don't feel that you are bothering the surgeon or the staff.

If need be, you can be seen prior to any arranged review appointment to sort out any concerns.

Revisional Surgery

Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation. If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available.

The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

The rate of revisional surgery, even in the most skilled surgical hands, can never be zero because patient and surgeon can control only some aspects of the outcome.

Minor adjustments or additional revisions following cosmetic surgery may be necessary in up to 5% of patients.

Revisional surgery is performed after the first postoperative year (12 months after surgery) because resolution of swelling and stabilisation of the final appearance takes at least that long.

During the first year after surgery irregularities, asymmetries or poor contours may sufficiently improve without surgery, so very small imperfections following surgery should not be revised.

Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

If revisional surgery is required you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility and you will need careful financial planning you before you embark on any form of cosmetic surgery.

Private Health Insurance is strongly advised for any cosmetic surgery.

