INFORMATION SHEET REGARDING

THE STITCH LIFT (AND OTHER METHODS) FOR EYEBROWS

INTRODUCTION

Eyebrows can be lifted in several different ways, each with their own advantages and disadvantages. The crudest method is to remove a crescent of skin immediately above the eyebrow and to close the gap with stitches. It is a quick and efficient technique and can be fairly minimal or radical, depending upon the circumstances. It can be done under local anaesthetic and is often suitable for the comfort of elderly people who have had a stroke and who have lost all movement on the side of the paralysis of the face. It is capable of lifting the eyebrow so that the eyelid is no longer closing and it can restore better symmetry to the face in combination with other procedures on the paralysed side. However, it will leave a very noticeable scar which can take one to two years to fade. In summary it is a non-cosmetic but effective eyebrow lift.

ENDOTINE METHOD

The endotine method uses a dissolvable plastic plate which is attached to the frontal bone and has special little hooks on it which are designed to lift the eyebrow from its underside. The eyebrow is effectively draped like a coat on coat hooks at a position higher than is normal. The operation is performed through a cut in the upper eyelid at the natural crease line and so leaves a scar in this natural fold of the upper lid which is usually inconspicuous. The technique can lift the eyebrow by 1 cm to 1½ cm. However, it is relatively expensive and is best done under general anaesthetic because one has to make one or two holes in the frontal bone which can be quite disturbing if done under local anaesthetic. The technique maintains the natural dynamic movement of the forehead due to the frontalis muscle but it stops the eyebrow from descending downwards.

ENDOSCOPIC BROW LIFT

The endoscopic brow lift shifts the whole forehead upwards and requires the scalp to shift upwards and backwards also. It is a bigger operation than the endotine method and it involves dividing the attachments of the eyebrow to the underlying bone. It is usually very effective but is also very expensive because of the time it takes to do and the extensive dissection, but it maintains the natural dynamic movement of the forehead and scalp.

THE OPEN BROW LIFT

In the open brow lift one makes a cut across the upper forehead along the hairline and one removes a strip of the forehead skin or the hair bearing scalp or both. This avoids having to undermine the whole of the scalp (as would occur in the endoscopic lift) and it works extremely well and is very flexible as an approach but its main disadvantage is that it divides nerves to the frontal scalp so that the front part of the scalp is made relatively numb and this can lead to terrible itching in a very small minority of patients for a few months, but it does maintain the natural movement of the forehead.

THE STITCH LIFT

The stitch lift is relatively simple in principle. The stitch is made out of polypropylene (strong with slight elasticity) and pulls the eyebrow upwards from points underneath the skin of the temple. One usually needs two, three or four pulling points and one aims to lift the outer half of the eyebrow because it is a mistake to lift the inner eyebrow for fear of giving the person a very strange surprised appearance. The stitches are fixed to the very strong deep fascia covering the temporalis muscle up in the temple area.

In the operation one makes a series of two or three little cuts in the scalp, preferably in the hair bearing area where these cuts won't be seen, and one makes some tiny cuts on the underside of the eyebrows to allow one to pass the stitch from the temple underneath the eyebrow and then catch the underside of the eyebrow and back to the temple again. One can pass this stitch on a straight needle from the temple to the underside of the eyebrow relatively easily. One does this in a crisscross pattern to get a smooth and uniform upward pull. Its great advantage is its simplicity and it is relatively adjustable and it is reversible and one can loosen or cut the stitches if necessary. It seldom causes damage to any other important structures but of course in theory one can suffer from bleeding, infection and bruising and these could last up to a fortnight. In theory one might be able to damage a nerve serving the frontal muscle, but I have never seen this injury occur and think it is very unlikely.

It will leave the person with very small scars, but these usually fade rapidly. It may cause some tenderness, discomfort and pain but again these are usually short-lived. The stitch can break if there is a blow to the temple or the stitch can loosen and need retightening.

I have carried out about 25 of these operations with good or very good results and only one disappointing result. I have had patients complain of a lot of pain in the immediate aftermath of the operation but in no case has the pain persisted. I have known one patient who suffered an infection and one patient in whom the stitch broke after 5 years and had to be replaced. Otherwise patients have been very happy with the outcome.

From this description, one might think that it is a very easy operation but in fact, despite its simplicity, it is not quite as simple as one would like because it is fiddly to get just the right amount of tension and lift without distortion. Thus, the operation can take an hour to an hour and a half because of the need to adjust the tension in the stitches.

Fortunately, I have not had experience of any "disasters."

Mr H P Henderson
Consultant Plastic Surgeon

Secretary: Tel: 0116 265 3043 / E-mail: michele.gangar@spirehealthcare.com
Office Address: Spire Leicester Hospital, Gartree Road, Oadby, Leicester, LE2 2FF
Mobile: 0797 164 3177 (emergencies only)