

FACIAL REJUVINATION SURGERY: BROW LIFT/BLEPHAROPLASTY

Thank you for choosing the Johns Hopkins Facial Plastic Surgery Center for your upcoming surgery. We want you to have the best and safest experience possible. If you have any questions or concerns, please do not hesitate to contact our office. We look forward to helping you achieve your goals!

Important Phone Numbers

- **Dr. Patrick Byrne:** (410) 955-4985
- **Dr. Kofi Boahene:** (410) 502-2145
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- **Dr. Shaun Desai:** (443) 997-6467
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- **Evenings/Weekends Emergency:** (410) 955-5000 – *please ask for the ENT resident on-call*

General Information

- **Facial aging** of the forehead and eyebrow region can result in drooping eyebrows, eyelid hooding, and forehead furrows. All of these changes can contribute to a tired appearance and in some cases, the heaviness of the eyebrows and upper eyelids can result in visual field obstruction.
- **Browlift** seeks to raise the eyebrows and smooth the forehead. A variety of incisions and techniques exist, chosen and tailored to meet your individualized needs. Most often, the goal is to lift the lateral brow higher than the medial brow, to avoid a surprised or unnatural look. A browlift may be performed alone or in conjunction with other procedures such as a facelift or eyelid surgery.
- **Blepharoplasty** is a surgical procedure to remove excess loose skin and muscle from the upper and/or lower eyelids. Underlying fatty pockets that create bulging and bagginess around the eyes can be selectively removed or repositioned. It can also be performed to add an upper eyelid crease to the Asian eyelid. A browlift may be recommended in conjunction with eyelid surgery to obtain the most optimal result.
- **Benefits:** The best candidates for browlift and blepharoplasty are individuals who are looking for improvement, not perfection. With realistic expectations, good health and mindset, the overwhelming majority of patients appreciate significant benefit in facial rejuvenation!

It is important to keep in mind that browlift and blepharoplasty procedures **cannot stop the process of aging**. It also cannot remove “crow’s feet” or wrinkles around the eye or completely eliminate dark circles under the eyes.

- **Risks of Browlift:** All surgeries involve a certain amount of risk and limitations. Although the risks of surgery are overall quite low, potential complications from surgery include and are not limited to:
 - **Hematoma**, or a blood collection underneath the skin, is uncommon but possible. It is most often managed with a minor procedure (drainage) in clinic.
 - **Diminished skin sensation** in the face and scalp is common but typically temporary; permanent numbness is rare.
 - **Facial nerve injury** resulting in weakness in brow elevation is uncommon and permanent loss is extremely rare.
 - **Delayed wound healing** is uncommon but the risk is increased in patients who are diabetic or are smokers. If areas of the skin do not heal well, frequent dressing changes or surgery may be required.
 - **Scars** for a browlift are typically concealed in the hairline or occasionally, in wrinkles in the forehead. All of these incisions tend to heal very well but there is a risk of suboptimal healing.
 - **Skin contour irregularities** typically improve with time and conservative treatment and rarely require corrective surgery. The human face is normally asymmetrical and there can also be variations from one side to the other in results obtained from a browlift. However, rarely does it require corrective surgery.
 - **Other uncommon risks** include infection, incisional hair loss, unfavorable hairline changes, and lagophthalmos (or inability to fully close the eye, is very rare).

- **Risks of Blepharoplasty:** All surgeries involve a certain amount of risk and limitations. Although the risks of surgery are overall quite low, potential complications from surgery include and are not limited to:
 - **Dry eye problems** can develop or be exacerbated by blepharoplasty; it is important to notify us if you have a history of dry eyes at baseline.
 - **Lower eyelid malposition such as ectropion**, or displacement of the lower eyelid away from the eyeball, is rare. If early signs of this are noted after surgery, we may instruct you on massage and blinking exercises. Corrective surgery is seldomly required.
 - **Lagophthalmos** or inability to close the eye completely, is typically not a longstanding problem but can result in dry eyes after surgery.
 - **Scars** for eyelid surgery are concealed in the crease of the upper eyelid or just below the lash line or underneath the skin of the lower eyelid. Although these scars tend to heal well, there is a risk of suboptimal healing.
 - **Bleeding** may occur internally around the eye; although a rare complication, it can require emergency treatment or surgery.
 - **Blindness** is extremely rare after blepharoplasty.
- **Alternatives:** The alternative for browlift or blepharoplasty is not to undergo surgery. Alternative facial rejuvenation treatments such as skin resurfacing may be attempted.

Surgery and General Postoperative Expectations:

- Surgery is generally performed at an ambulatory surgery center as an outpatient (go home the same day). In some patients, it can be performed in clinic under local anesthesia only.
- Bruising and swelling of the forehead and eyes is expected, and tends to improve over 1-2 weeks. Most patients return to full social and work activities within 2 weeks after surgery.
- If upper eyelid surgery is done, sutures are removed 1 week after surgery and makeup can be applied 2 weeks after surgery.
- If lower eyelid surgery is done with incisions concealed underneath the skin, makeup can be applied 1 week after surgery.
- During the first few months, patients often experience various surgical healing responses such as asymmetries, contour irregularities, “lumpiness,” sensation of tightness in the forehead, numbness in certain areas, palpable sutures, and the like, which typically resolve in a satisfactory manner. Healing continues to occur over one year.

What You Will Need:

- Prescriptions (given day of surgery)
- Ophthalmic ointment/drops (prescription) and Aquaphor
- Hydrogen peroxide
- Cotton-tipped applicators (Q-tips)
- Optional: Arnica and/or Bromelain (homeopathic medications that can help with bruising/swelling)

Before Surgery:

- **Preoperative Evaluation:** It is mandatory that you obtain a preoperative physical within 30 days of your surgery date. This may be arranged with your primary care physician or in the preoperative clinic at Johns Hopkins. Depending on your medical history, you may also need an Anesthesia evaluation prior to surgery.
- **Medications to Avoid:** Please avoid the following medications for a minimum of 2 weeks prior to surgery.
 - Aspirin or aspirin-containing products
 - Non-steroidal anti-inflammatory drugs (NSAIDs), i.e. Ibuprofen, Motrin, Advil, Alleve, Naproxen, etc.
 - Ginkgo biloba, ginseng, vitamin E supplements
- **Nothing to Eat/Drink After Midnight:**
 - You must not eat or drink anything after midnight on the night before your operation.
 - An exception can be made for some essential prescription medications; please consult with your primary care physician and Dr. Byrne.



- **Family/Friend Arrangements:**

- You must have a friend or family member drive you to the surgery center and drive you home afterwards. This is mandatory. You are not allowed to travel alone or in a cab after your operation.
- You must also make arrangements to have someone stay with you during the first 24 hours after the operation. After anesthesia, you will likely require assistance with simple activities and wound care. Furthermore, it is important to have someone available in the unlikely event that a complication develops.
- If necessary, we can help you obtain private nursing care. Please let us know if this will be helpful for you.

Day Of Surgery:

- **Attire:** Please wear loose and comfortable clothing that is easy to take off and put back on. A top with buttons or zipper is recommended. Please do not wear any makeup to surgery.
- **Team:** You will meet the anesthesiologist, nursing staff, as well as the surgeon and any of their additional team members (such as the fellow) on the day of your surgery. Please feel free to ask any remaining questions. Let your Anesthesia team know if you have a known history of nausea following surgery.

At Home After Surgery:

- **Dressing:** If you have a browlift, your forehead will be wrapped in a large composite dressing. This stays on overnight and you will need to cut it off/remove it the next day. We then recommend a headband style wrap to support your brow lift for one additional week.
- **Head Elevation:** Keep your head elevated (the height of 2 pillows is appropriate) for 1 week to help with swelling.
- **Ice:** Apply cold compresses to the forehead/eyes, up to 20 minutes of each hour while awake after surgery, for the first 48 hours. This will help reduce swelling and bruising.
- **Shower:** You may start showering 24 hours after surgery. Do not let the shower spray hit your incisions directly and do not soak your face in water. Allow soapy water to run all over the incisions. Towel blot your face and neck gently after your shower.
- **Incision Care:** Apply ophthalmic ointment or aquaphor four times a day. The incision will heal most optimally if it is kept moist and clean. You can use hydrogen peroxide on Q-tips to gently clean any crusts. Do not rub but gently dab the incision to clean. If you have eyelid surgery, special drops and ointments will be prescribed; please use as directed.
- **Medications:** Take the medications as prescribed. You can take Tylenol in addition to the narcotic pain medication prescribed. Resume all home medications the night of surgery unless otherwise directed. Avoid aspirin and NSAIDs for one week after surgery. If you choose to take Arnica and/or Bromelain, start it the night before surgery and take it for 1 week total.
- **Activity:** Resume normal activities of daily living, as you feel able. However, avoid strenuous activity and heavy lifting (more than 10 lbs) for 3 weeks after surgery. Light activity such as walking may be resumed after 1 week after surgery. Sport activities may be resumed 1 month after surgery.
- **Seek Medical Attention:** Call the office or seek medical attention if you develop fever greater than 101 degrees, a painful area of fullness and bruising, excessive pain that is not well-controlled, skin rash, visual disturbances, or other unusual symptoms.

Follow-Up Care:

- **First Appointment:** You will return one week after surgery for suture removal or wound care. This appointment may be with the nurse, fellow, or surgeons and will be scheduled prior to surgery.
- **Additional Appointments:** Ideally, our surgeons would like to see you about 4-6 weeks after surgery to examine the healing. After this, the follow-up is quite variable, and depends on how you are doing and feeling. Often, this means visits at about 3-6 months, 9-12 months and as needed after surgery to follow your healing process. Please call the office at any time if you have any questions or concerns and would like to be seen sooner than your next scheduled visit.