PROCEDURE

Forehead lift

A forehead lift is surgery that raises the eyebrows and smooths sagging forehead tissue.

PURPOSE
Raise drooping brows and smooth forehead tissue

PROCEDURE TYPE
Therapeutic surgery, using endoscopic or open incisions

WHERE IT IS DONE
Operating theatre or outpatient surgical centre

ANAESTHESIA
General, or local anaesthesia with sedation

HOW LONG IT TAKES
About one to two hours

PREPARATION
Fasting, medication review, smoking cessation, and transport home

RECOVERY
Usually same day; no driving while impaired or taking opioids

MAIN RISKS
Bleeding, nerve injury, asymmetry, scarring, and hair loss

RESULTS
Visible early; final shape develops over several months

Overview

A forehead lift raises the eyebrows and repositions loose tissue on the forehead. It is often called a brow lift. It may reduce a heavy or tired appearance around the upper eyes and soften deep forehead creases.

The operation can be performed through several small scalp incisions using a thin camera called an endoscope. It can also be done through longer incisions within or near the hairline. The best approach is influenced by your hairline, degree of brow drooping, previous surgery, and the result you want.

A forehead lift does not stop ageing. It also does not directly remove loose upper-eyelid skin, although raising a low brow may reduce some skin crowding around the eyes. Some people have an eyelid lift at the same time.

Why the procedure is performed

You may consider a forehead lift if low or uneven eyebrows make your upper eyelids feel heavy or give your face a tired, worried, or stern appearance. The procedure may also soften horizontal forehead lines and creases between the eyebrows.

The aim is improvement rather than perfect symmetry. Everyone has some natural difference between the two sides of the face, and surgery may not remove every line.

Before recommending surgery, your surgeon should assess whether the concern comes mainly from the brow, the eyelid, or both. This matters because an upper-eyelid lift alone does not correct a low brow, while a forehead lift does not remove all excess eyelid skin.

Who should and should not have it

A forehead lift may be suitable if you have drooping or uneven eyebrows, are generally well enough for surgery, and understand the likely benefits and limitations. Your surgeon will also consider your hairline, skin quality, facial movement, scarring history, and previous facial procedures.

The operation may be avoided or delayed if you have:

Smoking and other nicotine products reduce blood flow to healing tissue. This can increase wound and scarring problems. Your surgeon may require you to stop before and after surgery.

Blood-thinning medicine does not always rule out an operation. However, it requires an individual plan involving the clinician who prescribed it. Do not stop it on your own.

- An active infection or irritated skin near the planned incisions
- A medical condition that makes anaesthesia or elective surgery unsafe
- Uncontrolled bleeding problems or medicines that cannot safely be adjusted
- Poor wound healing, including risks related to nicotine use
- Expectations that surgery is unlikely to meet
- Pregnancy, because this is normally elective surgery

How to prepare

Your treating facility's own instructions take priority because anaesthesia and surgical plans differ.

Tell the surgical team about all prescription medicines, over-the-counter products, vitamins, herbal products, allergies, previous operations, and reactions to anaesthesia. Ask which medicines should be taken or paused. Some medicines and supplements can increase bleeding, but you should only stop them when instructed.

You may need to stop eating and drinking for a set time before anaesthesia. Follow the stated cut-off exactly, including instructions about water, chewing gum, and morning medicines.

Arrange for an adult to take you home. If you will have general anaesthesia or sedation, you may also need someone to stay with you during the first night.

Wash your hair as directed and avoid applying makeup, moisturiser, hairspray, or other products on the day of surgery. Wear clothing that opens at the front so you do not have to pull it over your head afterward.

What happens during the procedure

The anaesthesia team gives general anaesthesia, which makes you unconscious, or local anaesthesia with sedation, which numbs the area and makes you relaxed and sleepy. The choice is discussed before surgery.

The surgical method may include:

The surgeon releases selected tissues, raises the brows, and secures them in a new position. Excess skin may be removed with some open techniques. The incisions are closed with stitches, clips, or both. A light dressing may be applied.

The procedure usually takes about one to two hours. It may take longer when combined with eyelid surgery or another facial operation.

- Endoscopic lift: Several short scalp incisions allow the surgeon to insert a camera and instruments
- Hairline lift: An incision near the front hairline allows tissue to be raised without increasing forehead height
- Coronal lift: A longer incision across the scalp provides broad access but may shift the hairline
- Temporal lift: Shorter side incisions mainly raise the outer eyebrows

Recovery and what to expect afterward

Pain is usually mild to moderate. Tightness, tenderness, itching, forehead numbness, swelling,

and bruising are common early on. Swelling can extend around the eyelids. Use prescribed or approved pain relief, and keep your head raised as instructed.

You can usually eat and drink after you are awake, starting with light foods if anaesthesia makes you nauseated.

Gentle walking is encouraged, but avoid strenuous exercise, heavy lifting, bending, and activities that raise pressure in the face until your surgeon says they are safe. Follow instructions for washing your hair and caring for incisions. Stitches or clips are commonly removed at a follow-up visit.

Do not drive home. Resume driving only when you are no longer affected by anaesthesia or sedating pain medicine, can see clearly, and can turn and react safely.

Many people return to desk-based work in about one to two weeks. Visible bruising or swelling may last longer. Physical work may require more time away.

Risks and possible complications

Every operation has risks. Those specific to a forehead lift include:

Anaesthesia can also cause complications, including breathing, heart, or medication-related problems. Your personal risk is influenced by your health, nicotine use, medicines, and the surgical technique.

- Bleeding or a collection of blood under the skin
- Infection or delayed wound healing
- Noticeable, widened, or raised scars
- Temporary or lasting numbness, itching, or scalp discomfort
- Weakness from injury to nerves that move the forehead or eyebrow
- Uneven eyebrow height or an overcorrected appearance
- Hair thinning or hair loss around an incision
- A changed hairline
- Fluid collection beneath the skin
- Persistent pain or dissatisfaction with appearance
- A need for revision surgery

Results and follow up

The brow position changes immediately, but swelling can initially make it look unusually high or uneven. The tissues settle gradually over the following weeks and months. Numbness and incision firmness may also improve slowly.

Results can last for years, but the forehead and eyebrows continue to age. Sun exposure, skin quality, facial movement, and natural tissue changes affect how the result lasts.

Routine follow-up allows your surgeon to check healing, remove stitches or clips, and compare the result with the surgical plan. Keep these appointments even if recovery seems straightforward.

Alternatives

Doing nothing is a reasonable option because a forehead lift is usually elective. The brow and forehead may continue to change with age, but treatment is not medically required for most people.

Botulinum toxin injections can relax muscles that create forehead and frown lines. They may produce a small, temporary brow lift in selected people. They do not remove loose skin, and the effect wears off.

An upper-eyelid lift removes excess eyelid skin and sometimes fat. It may improve eyelid heaviness but does not raise a low brow. Some people need one procedure rather than both.

Laser resurfacing, chemical peels, and similar skin treatments can improve fine lines, sun damage, or texture. They do not reposition significantly drooping brows.

A direct brow lift places an incision just above the eyebrow. It can provide strong, targeted lifting, but the scar is more visible than scalp-based approaches. It is mainly considered when that trade-off is acceptable.

When to call your healthcare team

Contact your surgical team promptly for increasing pain, worsening redness, drainage, fever, a wound that opens, new facial weakness, or swelling that is not improving as expected. These concerns need timely assessment but are not always emergencies.

Seek urgent or emergency care for:

For routine questions about bruising, numbness, scar care, washing your hair, exercise, or returning to work, contact the surgical team during normal hours.

- Sudden, rapidly increasing swelling, especially on one side
- Heavy bleeding that does not stop with instructed pressure
- New loss of vision, severe eye pain, or major visual change
- Trouble breathing, chest pain, fainting, or confusion
- Signs of a severe allergic reaction, such as facial swelling with breathing difficulty

Common questions

Will I be asleep?

Many forehead lifts use general anaesthesia, so you are unconscious. Some are performed with local anaesthesia and sedation. Your surgeon and anaesthesia professional will explain the plan.

Can I drive myself home?

No. Sedation, general anaesthesia, swelling, and pain medicine can impair driving. Arrange for an adult to take you home.

How painful is a forehead lift?

Most people describe tightness, tenderness, or a headache-like feeling rather than severe pain. Pain should gradually improve. Increasing or poorly controlled pain should be reported.

When will I know the final result?

You will see a change early, but swelling and tissue settling affect the initial appearance. The final position usually becomes clearer over several months.

Will the scars show?

Incisions are usually placed within the scalp or along the hairline. Scars often become less noticeable with time, but they do not disappear completely. Hair loss or a widened scar can make an incision more visible.

Will I still be able to move my forehead?

The operation repositions tissue rather than intentionally paralysing the forehead. Temporary weakness can occur because of swelling or nerve irritation. Lasting weakness is a recognised complication.

Sources



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