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Title: Temporal browlift combined with upper lid blepharoplasty and Botox as a viable option for upper facial rejuvenation.

Purpose: Rejuvenation of the upper third of the face has evolved significantly with the advent of various open and endoscopic browlifting techniques, upper lid blepharoplasty approaches and non-surgical alternatives including injectable fillers and botulinum toxin. Although some techniques afford dramatic movements of soft tissue through extensive dissection, often a more subtle, yet multi-targeted approach can achieve optimal patient and physician satisfaction, while minimizing complications.

Methods: A retrospective review was performed of 96 patients seen in a cosmetic surgery practice requesting upper facial rejuvenation. All patients underwent a lateral temporal browlift in conjunction with upper lid blepharoplasty followed by Botox injection within a two week post-operative period. We review specific pre-operative patient complaints that were determinants of a tired, aged self-image. The surgical approach is outlined and results are analyzed by independent physician evaluation of standardized pre- and post-operative photographs and patient satisfaction questionnaire. Major and minor complications are also reviewed.

Results: The average patient age was 42 and the female to male ratio was greater than 9:1. Preoperatively, patients in this series uniformly had a combination of upper eyelid skin redundancy in association with variable degrees of lateral brow ptosis as well as glabellar and forehead rhytids. Notably, the majority of patients were not concerned about medial brow ptosis and accordingly were not seeking medial brow elevation, as could be accomplished by several open and endoscopic browlifting techniques. Follow-up period ranged from 6 months to 2 years. Based on independent physician evaluation, patients had very good to excellent improvement in brow ptosis, eyelid redundancy, and upper facial rhytids. Based on patient questionnaires, overall satisfaction averaged 4.7 on a scale of 5. Overall complication rates were low, with no incidence of hematomas or permanent nerve injury. One patient experienced temporary paresis involving the temporal branch of the facial nerve. Unlike other browlifting approaches that include medial dissection, here there is no risk of injury to the supratrochlear and supraorbital neurovascular bundles. Also, it avoids the additional cost, time, and equipment associated with endoscopic approaches.

Conclusion: This combination procedure for upper third facial rejuvenation is viable and practical alternative for many young, healthy patients that effectively addresses their specific complaints, while minimizing conspicuous scarring and the morbidity associated with more extensive medial dissection, whether endoscopic or open.