



PATIENT INFORMATION

Forehead Reduction

Hairline Lowering Surgery

Your guide to surgery & recovery

CONSULTANT-LED CARE · WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains how forehead reduction surgery works, what to expect in the days and weeks after your operation, how to look after your wounds and hair at home, and when to contact us. Please read it before your operation and keep it somewhere handy during your recovery. Most people recover smoothly, and following this advice gives you the best chance of a comfortable recovery and a neat, well-healed scar.

Your care is consultant-led from your first consultation to your final review. If anything in this guide differs from the instructions your surgeon has given you personally, **follow your surgeon's advice.**

Your surgical team

Mr Rob Laycock

CONSULTANT MAXILLOFACIAL & FACIAL PLASTIC SURGEON • MEDICAL DIRECTOR

MBChB, BDS, PG Cert Ed, FHEA, MFDS, MRCS, FRCSEd • GMC 6145445 • GDC 76318

Mr Laycock has over 20 years' surgical experience and leads The Pinewoods Clinic. A University of Manchester graduate, he completed specialist training in cosmetic and reconstructive facial surgery in the UK and abroad, with fellowship expertise in facial rejuvenation, eyelid surgery and skin cancer reconstruction, and further training in rhinoplasty and orthognathic surgery in the USA and the Netherlands.

He holds NHS consultant posts at Aintree University Hospital and the Countess of Chester Hospital, is an examiner for the Royal College of Surgeons of Edinburgh and is Training Programme Director for the North West.

Mr David Houghton

CONSULTANT ORAL & MAXILLOFACIAL SURGEON

MBBS, BChD, MFDS RCSEd, MRCSEd, FRCSEd (OMFS), PGCert (Ed), PGDip (Surg Sci), PGDip (OMFS) • GMC 7456960

Mr Houghton is dual qualified in dentistry (Leeds) and medicine (York). He ranked first in the UK national recruitment for Oral and Maxillofacial Surgery and trained at the Liverpool Head and Neck Centre (Aintree University Hospital) and Alder Hey Children's Hospital, developing interests in skin cancer, post-traumatic facial deformity and facial plastic surgery.

He has completed further training in rhinoplasty, orthognathic and facial plastic surgery in the UK and Europe, and was awarded his Fellowship of the Royal College of Surgeons (OMFS) in 2021.

How to reach us

Telephone **0151 380 0055** • Email treatment@pinewoodsclinic.com

All voicemails and website contact forms are monitored. See Section 09 for urgent warning signs.

SECTION 01

About forehead reduction

Forehead reduction, also called hairline lowering or hairline advancement surgery, shortens a tall forehead by lowering the hairline. A strip of forehead skin is removed along the front of the hairline and the hair-bearing scalp is moved forward, bringing the hairline down and giving better balance to the proportions of the face.

The procedure suits people who have a naturally high hairline or a long forehead, often present since adolescence. Unlike a hair transplant, it gives an immediate result in a single operation, using your own existing hair.

You may be suitable if you have

- ◆ A naturally high hairline or a tall forehead that you feel is out of proportion
- ◆ Good hair density along the front of the hairline
- ◆ A stable hairline, with no ongoing or family pattern of hair loss
- ◆ A reasonably flexible scalp — your surgeon will assess how far it can be moved

When it may not be suitable

If your hairline is receding or you have a strong family history of hair loss, the hairline may continue to recede and expose the scar. A hair transplant may be a better option, and your surgeon will discuss this with you.

Combining procedures

Hairline lowering can be combined with a brow lift if the brows are also low. For a very high hairline, the result can be refined later with a hair transplant to soften or fill the temples.

Preparing for your operation

- ◆ Follow the fasting instructions you are given for your general anaesthetic.
- ◆ Arrange for a responsible adult to take you home and stay with you for the first night.
- ◆ Wear a loose, button-up or zip-up top that does not need to go over your head.
- ◆ Wash your hair the night before, and don't use hair products, make-up or jewellery on the day.
- ◆ Stop smoking and vaping, and tell us about all medicines and supplements you take, especially blood thinners.

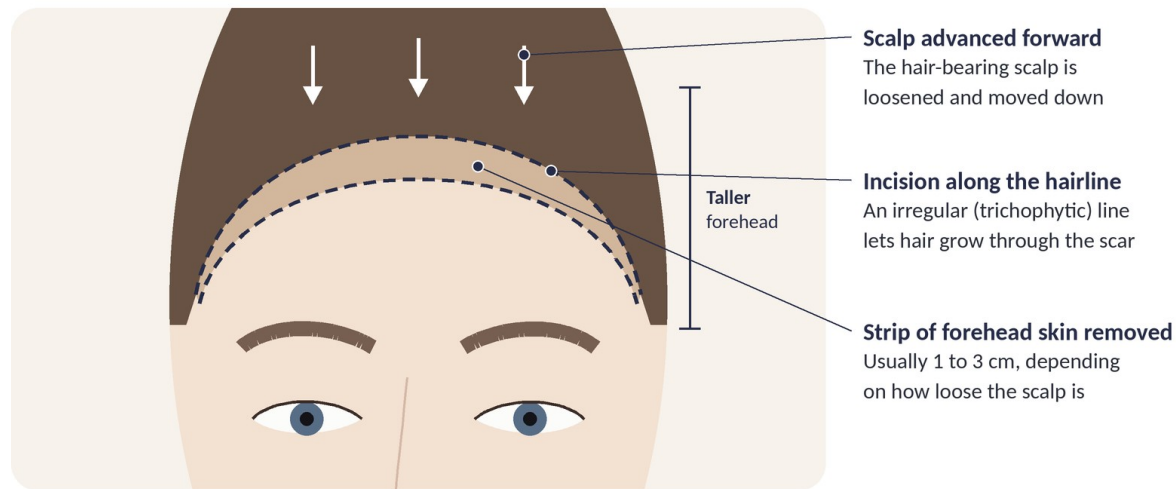
SECTION 02

About your operation

The operation is carried out as a day case, usually under general anaesthetic, and takes around 2 hours. An irregular (trichophytic) incision is made just inside the front of the hairline, and a measured strip of forehead skin is removed. The scalp is then carefully loosened, advanced forward and secured in its new position before the wound is closed in layers. Most patients can have their hairline lowered by 1 to 3 cm, depending on how flexible the scalp is.

1 THE INCISION

Before surgery: what is marked and removed



2 YOUR SCAR

After healing: where the scar sits

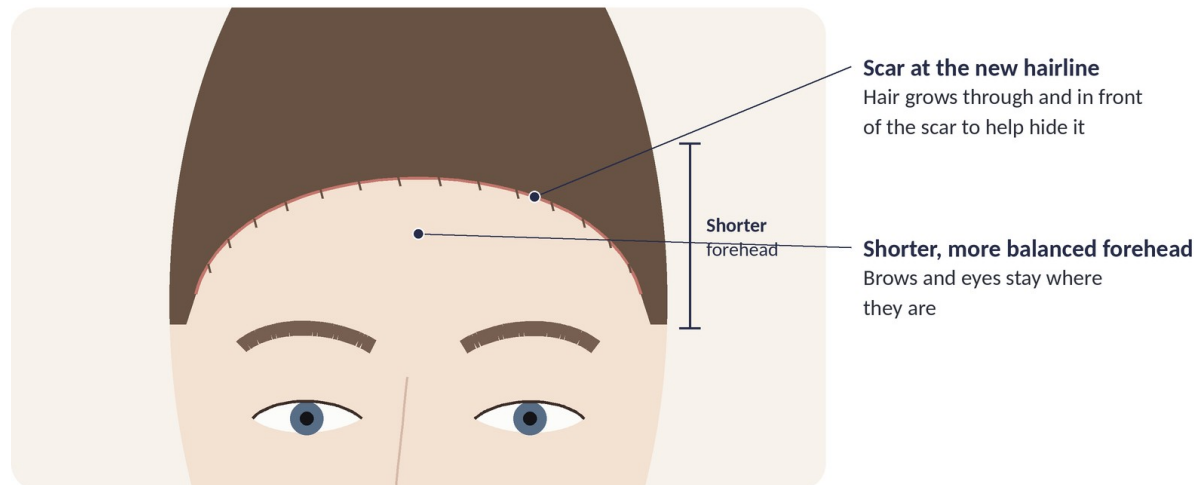


Illustration for guidance only. The shape and amount of advancement is tailored to each patient.

SECTION 03

Risks and possible complications

Complications after forehead reduction are uncommon, but as with any operation there are risks. Your surgeon will go through the risks that apply to you before you decide to go ahead.

COMMON

Expected in many patients and usually temporary

- ◆ **Bruising and swelling** — of the forehead and eyelids, sometimes tracking down to the cheeks.
- ◆ **Numbness of the scalp behind the incision** — usually recovers gradually over 6 to 12 months.
- ◆ **Temporary hair shedding (shock loss)** — behind the scar, regrowing over 3 to 4 months.
- ◆ **Itching, tightness and headaches** — common as the tissues and nerves recover.

LESS COMMON

Can occur and may need further treatment

- ◆ **A visible or widened scar** — usually well hidden as hair grows through it, but occasionally more noticeable.
- ◆ **Permanent hair loss along the scar** — can be treated with a hair transplant.
- ◆ **An uneven or unnatural-looking hairline** — may be refined later.
- ◆ **Less lowering than hoped** — or some relaxation of the scalp over time.
- ◆ **Infection, bleeding or a collection of blood (haematoma)** — may need antibiotics or drainage.

RARE

Uncommon but serious — see Section 09 for warning signs

- ◆ **Poor healing of the scalp edge** — from reduced blood supply; more likely in smokers.
- ◆ **Weakness of the forehead muscles or permanent numbness** — from nerve injury.
- ◆ **A blood clot in the leg (DVT) or lung** — a small risk with any operation under general anaesthetic.
- ◆ **Reactions to anaesthetic, medicines or dressings** — including allergy.

REVISION SURGERY

A small number of patients need a further procedure to refine their result — for example to revise the scar, lower the hairline further if the scalp has relaxed, or soften the hairline with a hair transplant. Because swelling and scar maturation take several months, any revision is usually considered only after 6 to 12 months.

Revision surgery may involve additional costs, such as theatre, anaesthetic and surgical fees. Your surgeon will explain this at your consultation and the details are set out in your treatment terms. Please ask if anything is unclear before your operation.

SECTION 04

Your recovery at a glance

You will go home on the day of surgery. Everyone heals at a slightly different pace, but most people follow a pattern like this.

WHEN	WHAT TO EXPECT	WHAT TO DO
Day of surgery	You may have a head dressing or bandage. The forehead feels tight and numb, and a mild headache is common.	Arrange for an adult to take you home and stay with you overnight. Rest with your head raised. Take regular pain relief.
Days 1 – 3	Swelling and bruising peak and may spread down to the forehead, eyelids and cheeks.	Keep the dressing dry. Use cool compresses (see Section 06). Dressings are removed within 3 days.
Days 3 – 7	Swelling begins to settle. The scalp may feel numb and itchy.	Start gentle hair washing and wound care once the dressing is off. Wear a compression garment if one was provided.
Days 7 – 10	Bruising fades.	Non-dissolvable stitches or clips are usually removed at this stage.
Week 2	Most people feel ready to be seen in public.	Return to work after 2 weeks. Gentle exercise such as walking.
Weeks 2 – 6	Numbness and itching continue to improve. Scars are pink.	Start scar massage 2 weeks after stitches are removed. Protect scars with SPF 30+. No strenuous exercise or heavy lifting until 6 weeks.
Weeks 2 – 12	Some temporary hair shedding behind the scar is common. It grows back over 3 to 4 months.	Be patient — this is expected and is not permanent hair loss.
3 – 6 months	Residual swelling settles and sensation gradually returns. Any fixation devices dissolve.	Continue scar care and sun protection.
6 – 12 months	Scars mature and fade. Final result.	Enjoy your result — we are always happy to see you for a review.

SECTION 05

What is normal after surgery

These effects are an expected part of healing. They can look dramatic in the first few days, but they settle with time.

Bruising

Bruising often moves downwards with gravity, so it may appear around the eyes and cheeks a few days after surgery. It fades over 10 to 14 days.

Swelling

Swelling of the forehead and eyelids is usually worse in the mornings and can last several weeks. Sleeping propped up and cool compresses help.

Numbness & itching

The forehead and scalp are often numb, especially behind the incisions. Itching is a sign that the nerves are recovering. Sensation returns gradually over months.

Tightness & headache

The scalp and forehead often feel tight, particularly when you raise your eyebrows. Mild headaches are common in the first few days.

Hair shedding

Some hair just behind the scar may shed 2 to 8 weeks after surgery ("shock loss"). This is temporary and usually regrows within 3 to 4 months.

Discomfort

Mild to moderate discomfort is expected. Paracetamol or ibuprofen can help. Avoid painkillers containing aspirin, which can increase bleeding.

Setting realistic expectations

Your new hairline is visible straight away, but the scalp may relax slightly as it heals, and hair shed from behind the scar takes 3 to 4 months to regrow. The scar is usually well hidden once hair grows through it, which can take 6 to 12 months. If you would like a softer or denser hairline later, a small hair transplant can refine it.

Caring for your wounds and hair

Dressings and cool compresses

Keep any head dressing or bandage clean and dry until it is removed, usually within 3 days. For the first 48 hours, apply a cool compress to the forehead and around the eyes for 10 to 15 minutes at a time, several times a day. Never put ice directly on the skin, and avoid pressing on the incisions.

Daily wound care

Once the dressing is off, care for the hairline incision **twice a day for 10 days.**

- 1 Wash your hands thoroughly.
- 2 Gently clean along each wound using **lukewarm cooled boiled water** and a fresh cotton pad, removing any crusts without scrubbing.
- 3 Pat dry with a clean pad. **Never rub the wound.**
- 4 Apply a thin layer of **Vaseline Pure Petroleum Jelly** along the wound.
- 5 Always clean the area before each new application of Vaseline.

Washing your hair

Once the dressing has been removed, wash your hair gently with a mild shampoo and lukewarm water. Let the water run over the incisions rather than scrubbing, then pat dry.

Styling your hair

Brush gently around the incisions. Use a hairdryer on a cool setting only — a numb scalp can burn without you noticing. Avoid straighteners and tight hairbands for 2 weeks.

Sleeping

Sleep on your back with your head raised on two or three pillows for the first 1 to 2 weeks to help swelling settle.

Compression

If you have been given a compression garment or headband, wear it as instructed — it helps reduce swelling.

SECTION 07

Getting back to normal

Raising your blood pressure or knocking your head in the first weeks can cause bleeding and more swelling. Use this guide to pace your return to everyday activities.

ACTIVITY	WHEN YOU CAN RESTART
Showering	Keep the dressing dry until it is removed; then shower as normal
Walking & light activity	Straight away — gentle walks help circulation and reduce the risk of clots
Alcohol	Avoid for at least 48 hours, and while taking strong painkillers
Driving	Not for at least 48 hours after a general anaesthetic. Only when you are comfortable, not taking sedating painkillers, and can react quickly in an emergency.
Returning to work	After 2 weeks
Bending & straining	Avoid for 2 weeks
Strenuous exercise & heavy lifting	Avoid for 6 weeks
Hair colouring, bleaching, perms	Wait 6 weeks, until the incisions have fully healed
Hairdryers & straighteners	Cool setting only for 2 weeks; take care while the scalp is numb
Hair extensions, tight ponytails, braids	Avoid for 6 weeks — they pull on the healing scar
Hats, headbands, glasses	Glasses are fine. Avoid anything that presses on the incisions for 2 weeks
Make-up on the forehead	Once the wounds have fully healed — use new products
Anti-wrinkle injections	Discuss with your surgeon; usually not before 3 months
Swimming, hot tubs, saunas, steam rooms	Once stitches or clips are removed and wounds have healed
Contact sports	After 6 weeks
Smoking & vaping	Avoid throughout your recovery — nicotine slows healing and increases the risk of complications, scarring and hair loss

SECTION 08

Looking after your scar

Your scar runs along the new hairline. Because the incision is made in an irregular pattern, hair gradually grows through and in front of it, which helps it blend in. Careful scar care in the first few months makes a real difference to the final result.

Sun protection

Once your wound has healed, protect the scar with SPF 30 or above for at least 3 months, and wear a hat in strong sun — a numb scalp can burn easily. Styling your hair forward can also help protect and disguise the scar while it matures.

Scar massage

Start **2 weeks after all stitches or clips have been removed.**

- ◆ Massage along the scar firmly **twice a day for 5 minutes** each time, using small circular movements.
- ◆ Continue for at least 3 months. This helps soften and flatten the scar and eases tightness and itching.
- ◆ Use a silicone scar gel, for example **Kelo-Cote**, along the scar to help improve its appearance.
- ◆ If the scar is still visible once fully mature, it can be improved with a small hair transplant into the scar.

The more you massage, the better the result.

LITTLE AND OFTEN, EVERY DAY, FOR AT LEAST 3 MONTHS

SECTION 09

When to get help

Serious problems after forehead reduction are uncommon, but it is important to recognise them early.

URGENT — CALL 999 OR GO TO A&E NOW

Then let us know. These may be a medical emergency.

- ◆ Chest pain, shortness of breath or an irregular heartbeat
- ◆ A painful, swollen, red or warm calf
- ◆ Heavy bleeding that does not stop despite 30 minutes of firm pressure
- ◆ Rapid, tense or one-sided swelling of the forehead, scalp or eyelids

CONTACT THE CLINIC PROMPTLY IF YOU NOTICE

- ◆ Redness, heat or swelling that is spreading or getting worse after day 3
- ◆ Yellow or green discharge, or an unpleasant smell from a wound
- ◆ A temperature of 38°C or above, or feeling generally unwell
- ◆ A wound that opens up
- ◆ Increasing tightness or pain along the wound, or the wound edges looking pale or dark
- ◆ Pain that is not controlled by paracetamol or ibuprofen

If a wound bleeds

Apply firm, steady pressure over the wound with a clean gauze swab or pad for at least 30 minutes, or until the bleeding stops. Sit upright and stay calm. If bleeding continues despite this, contact us, or go to A&E if we cannot be reached.

Questions or concerns

Call the clinic on **0151 380 0055**. If the line is busy, please leave a message — all voicemails and website contact forms are monitored and the team will call you back. You can also email **treatment@pinewoodsclinic.com** or use the Emergency Contact page at pinewoodsclinic.com. Outside clinic hours, call NHS 111 for urgent advice.

SECTION 10

My recovery notes

Your nurse or surgeon will complete these details with you.

Procedure (and amount of advancement)

Date of surgery

Surgeon

Dressing removal date

Stitches or clips (removal date)

Review appointment

Medication to take home

Questions for my review

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This leaflet provides general information and does not replace the individual advice of your surgeon. Document: PIL-FHR • Version 1.0 • Issued September 2026 • Review due September 2028.



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