THE PINEWOODS CLINIC

PATIENT INFORMATION

Brow Lift

Surgical Techniques

Your guide to surgery & recovery

CONSULTANT-LED CARE · WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains the different brow lift techniques, what to expect in the days and weeks after your brow lift, 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

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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 brow lift surgery

As we age, the skin and soft tissues of the forehead lose elasticity and the brows gradually flatten and descend. This can make you look tired, cross or sad when you don't feel it, and can add to heaviness and hooding of the upper eyelids. A brow lift raises the soft tissue and skin of the forehead and brows to restore a more open, refreshed and natural appearance.

Although most people choose a brow lift for cosmetic reasons, it can also help when the brows have dropped because of illness or injury, such as facial nerve weakness. Significant brow descent can cause tension headaches, as the forehead muscles work constantly to hold the brows up, and in some people it can obstruct vision.

What a brow lift can help with

- A low, heavy or sagging brow, or drooping eyebrows
- Loose skin in the brow and forehead area
- Horizontal forehead lines and frown lines
- Asymmetry between the two brows
- Hooding of the outer upper eyelid and crow's feet caused by a descended outer brow

Combining with eyelid surgery

A brow lift is often combined with upper blepharoplasty. Lifting the brow and removing excess eyelid skin together gives a more balanced, natural rejuvenation of the upper face. Some patients also choose fat grafting to restore volume to the brow and temples.

Non-surgical options

Anti-wrinkle injections can give a subtle lift to the brows and soften lines for around 3 to 4 months, and dermal fillers can restore volume. These are quick treatments with no downtime, but the results are temporary. We offer both at The Pinewoods Clinic.

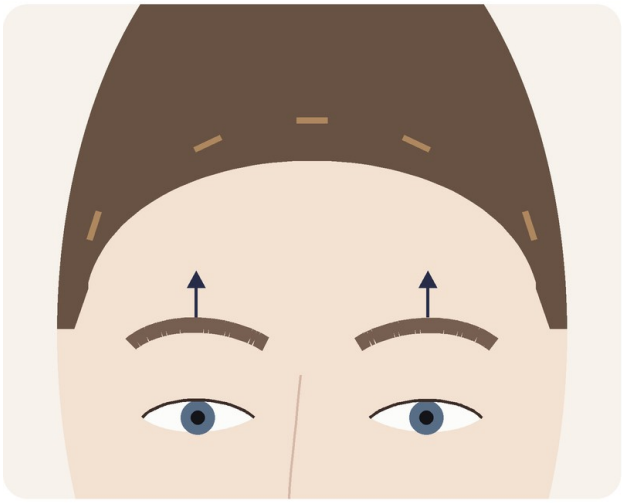
SECTION 02

Brow lift techniques

There are several ways to lift the brow. Your surgeon will recommend the technique that best suits your anatomy, your hairline and what you hope to achieve. Brow lift surgery is carried out under general anaesthetic as a day case, and usually takes 1 to 2 hours, or longer if combined with other procedures.

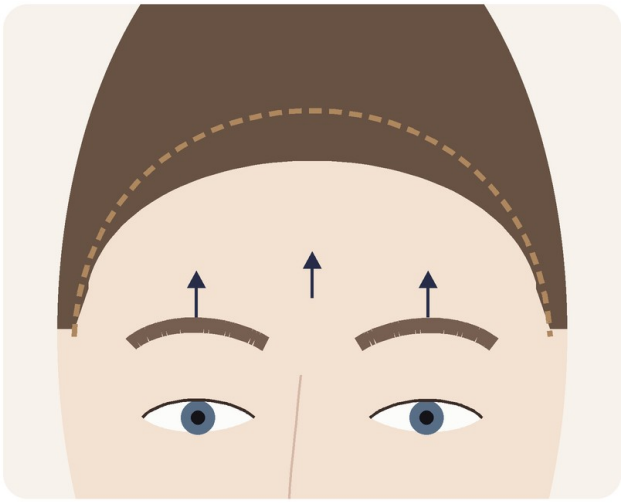
1 SMALL INCISIONS IN THE SCALP

Endoscopic brow lift



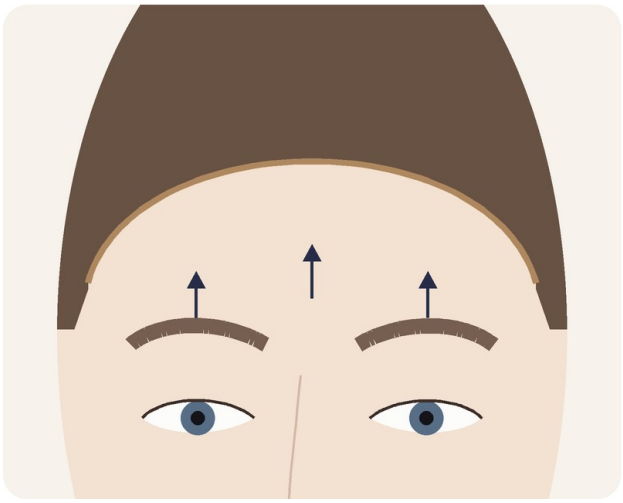
2 EAR-TO-EAR SCALP INCISION

Coronal brow lift



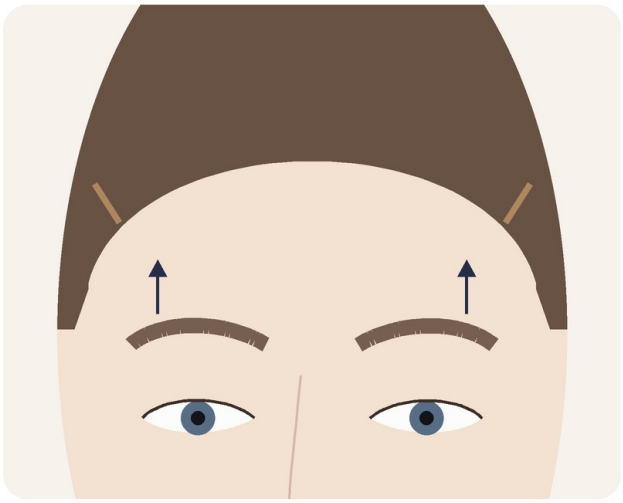
3 INCISION ALONG THE HAIRLINE

Hairline brow lift



4 INCISIONS IN THE TEMPLES

Temporal brow lift



Gold lines show where the incisions are placed. Arrows show the direction of lift. Illustration for guidance only.

Comparing the techniques

1 Endoscopic brow lift

Three to five short incisions are hidden behind the hairline. Using a thin camera (endoscope), the surgeon releases and lifts the forehead tissues and secures them with small fixation devices that dissolve over 3 to 6 months.

Best for: a moderate lift in people with a normal hairline. Minimally invasive, with small hidden scars.

2 Coronal brow lift

A single incision runs across the top of the scalp from ear to ear, well behind the hairline. The forehead is lifted and excess scalp is removed, giving a powerful lift to the whole upper face.

Best for: significant brow descent with a low or normal hairline. The scar is hidden in the hair but the hairline is moved back, so it is not usually suitable for a high or receding hairline.

3 Hairline brow lift

The incision is placed precisely along the front of the hairline, often in an irregular pattern so that hair can grow through the scar. Skin is removed from the top of the forehead rather than the scalp, so the hairline is not pulled back.

Best for: people with a high or receding hairline, or deep forehead lines, who need a lift without raising the hairline.

4 Temporal (lateral) brow lift

Two small incisions are made in the temple hairline on each side and a strip of skin is removed to lift the outer part of the brow — usually the first part to descend with age.

Best for: a moderate lift of the outer brow and crow's feet. Often combined with blepharoplasty.

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 03

Risks and possible complications

Complications after brow lift surgery are uncommon, but as with any operation there are risks. Your surgeon will go through the risks that apply to you and your chosen technique 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 forehead or scalp** — usually recovers over weeks to months.
- **Itching, tightness and headaches** — common as the tissues and nerves recover.

LESS COMMON

Can occur and may need further treatment

- **Visible scarring** — particularly with a hairline or temporal incision; usually improves with time and scar care.
- **Brow asymmetry** — one brow may sit higher than the other; this can be corrected with further surgery.
- **Hair loss around the incisions** — often temporary, but occasionally permanent.
- **A raised hairline** — mainly after coronal or endoscopic techniques.
- **Dry eyes or difficulty fully closing the eyes** — more likely when combined with eyelid surgery; usually temporary.
- **Over- or under-correction** — the brows may look too high at first, or settle lower than hoped 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

- **Weakness of the forehead muscles** — from injury to the nerve that raises the brow; usually temporary, very rarely permanent.
- **Permanent numbness** — of the forehead or scalp from sensory 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 fine-tune their result — for example to improve brow symmetry, adjust the height of the brows or revise a scar. Because swelling and scar maturation take several months, any revision is usually considered only after 3 to 6 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 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.
3 – 6 months	Residual swelling settles and sensation returns. Endoscopic 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 forehead may feel tight and the brows may look slightly high or surprised at first. Mild headaches are common in the first few days.

Hair around the incisions

Some temporary thinning of hair near the scars is common. It usually regrows within 3 to 6 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 brows are usually lifted slightly more than the final intended position, because they settle a little as swelling resolves and the tissues relax. Most people see their result take shape by 3 months, with scars continuing to mature for up to a year.

SECTION 06

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 any incisions at the hairline or temples **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
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 scars

Brow lift incisions are placed within or along the hairline so that they are as discreet as possible. Scars within the hair are usually well hidden; scars at the hairline or temples benefit most from careful scar care.

Sun protection

Once your wounds have healed, protect any visible scar with SPF 30 or above for at least 3 months. A numb scalp can also burn easily — wear a hat in strong sun.

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.
- For scars outside the hair, use a silicone scar gel, for example **Kelo-Cote**, to help improve the appearance.

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 a brow lift 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
- Any sudden change in vision, or severe pain in or around the eye

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
- Difficulty closing your eyes, or eyes that are very dry or painful
- 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.

Technique (endoscopic / coronal / hairline / temporal)

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-BROW · Version 2.0 · Issued September 2026 · Review due September 2028.



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