



Endoscopic Foreheadplasty; Technique and Approach

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The term "brow lift" is commonly used to describe the procedure for treating the aged upper face, despite the fact that upper facial aging is a multipart process that may include the following changes:

- i. Vertical and oblique glabellar skin lines
- ii. Transverse dorsal nasal skin lines
- iii. Transverse forehead skin lines
- iv. Dermatochalasis
- v. Lateral eyebrow ptosis.

Brow lift surgery alone cannot correct all these age-related changes. For this reason, I prefer the term "Foreheadplasty" to reflect the broader spectrum of aging changes that can be corrected altogether in the same surgical procedure to obtain the optimal aesthetic result.

The commonly used foreheadplasty techniques include: Coronal, Endoscopic, and limited incision non-endoscopic techniques. Regardless of the specific technique used, the goals are the same:

1. Smoother glabellar skin lines
2. Smoother transverse nasal skin lines
3. Smoother transverse forehead skin lines
4. Resuspended ptotic eyebrows and upper eyelid skin.

In our practice, we prefer the endoscopic technique to achieve the optimal aesthetic results of foreheadplasty, utilizing the endoscope and a few special dissectors to release the zone of fixation (adhesion), orbital ligament, and the periosteum/galea plane attachments to the superior orbital rim. After the full release of these anatomical structures, the forehead can be easily elevated in such a position that the desired



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Figure 1. Four panels (A, B, C, D) demonstrating frontal and oblique views of the patient before and 6 months after the procedure.

eyebrow shape is achieved and fixed to the skull using self-tapping screws and PDS sutures.

This technique is considered a versatile and minimally invasive procedure to achieve long-term results, with, as compared to traditional techniques, fewer complications, less

downtime, and less scarring.

Figure 1 shows the results of endoscopic foreheadplasty after 6 months following the procedure. The figure contains four panels (A, B, C, D) demonstrating different views of the patient before and after the procedure.