

AESTHETICA



Reveal your inner beauty

**Laser Surgery Center
Cosmetic and Plastic Surgery
Cosmetics and Skin Care**

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About your surgery

Coronal Lift

Coronal lifts or brow lifts are usually the first consideration in the rejuvenation of the area around the eyes. Very often, the laxity in the skin of the forehead causes a descent of the brow with subsequent apparent excess of the skin of the upper eyelid. Too often, it is this skin which is resected by performing an upper lid *blepharoplasty* or "eye job." Although there may very well be excess upper lid skin as well, the tragedy of doing the incorrectly conceived operation on the upper eyelid is that often, this causes the eyebrows to descend even further and the need still exists to keep the eyebrows out of the field of vision. The *frontalis muscle*, which is a large muscle which stretches across the forehead and lifts the eyebrows then chronically contracts which can lead not only to chronic headache and fatigue but also to transverse forehead wrinkles. It is useless to correct these wrinkles without correcting the underlying cause of them, mainly the need of the individual to clear their field of view of excessive skin or the eyebrows. The complicating factor in patients who have had an inappropriate blepharoplasty is that, very often, there is insufficient, precious upper eyelid skin remaining to allow

proper positioning of the brow for an aesthetic brow line. In other words, if the brow is placed in its proper position, the eye is then unable to be closed. This has been one of the tragedies of modern cosmetic and plastic surgery because many surgeons who do not conceive properly of operations in this area end up leaving patients with very little hope of having the correct procedure done at a later time. Dr. Caputy has been the author of many papers on this subject and has delivered many talks at national and international meetings to other plastic surgeons in order to aid them in conceiving the correct operations in the area. He worked with Dr. Robert Flowers for over one year to better define the operations which need to be done to rejuvenate this area of the face and together, they have championed a better understanding of indications and operative procedures for this area of the face.

The surgery to lift the eyebrows is performed through a rather large incision placed either totally or largely within the hair (depending upon the patient's hairline). The scalp is shaved a small amount prior to the procedure but this shaved area is removed during the operation so that hair-bearing skin is joined to hair-bearing skin. The incision is also placed so that any spread in the scar will be hidden from view by the coverage with hair. An adjunctive but often integral part of this operation is the removal of the *corrugator supercilii muscle*. This is the small muscle between the eyebrows which brings them down and together and leads to the deep frown lines between the eyes. It is often desirable to have a very clear, wrinkle-free area between the eyes to give a more youthful and less angry appearance. The transverse wrinkle at the root of the nose is caused by repeated contraction of the *procerus*

muscle throughout one's life. Usually, if the brow lift is properly performed, there is very little need to operate directly upon this muscle. If it is very active, it can, likewise be removed subtotally to reduce future wrinkling in this area. The risks of operating in this area are manifold and is the reason that only a properly trained and qualified plastic surgeon and one who specializes in cosmetic/aesthetic surgery should operate in this region. There are very small risks of infection and bleeding common to most surgical procedures. You will be given preoperative instructions which outline ways of minimizing these risks. Risks specific to the brow lift procedure are a risk to injury of the branch of the facial nerve which allows you to raise your eyebrows. Unlike frowning or wrinkling the root of the nose, this is not a dispensable function and a great deal of interpersonal communication and visual cues are based upon function of the frontalis muscle supplied by these nerves. Injury to them should not occur and has never occurred in Dr. Caputy's practice to date. There is a minute risk of blindness, more so with blepharoplasty than with brow lift but less than .01% in even that instance. This complication has not occurred in Dr. Caputy's practice. There is a small risk of damage to the eye and a tiny corneal abrasion can occur occasionally. This is treated conservatively and goes on to heal well in almost all cases. On occasion, an ophthalmologist will be consulted to help in the treatment of this complication. Bruising may occur around the eyes although it is usually only a slight discoloration lasting for 7 to 10 days. Some transient hair loss along the incision and adjacent to it is common and is due simply to more rapid turnover of hair follicles in their normal life cycle. Although more hairs seem to be falling out after surgery,

more are also growing in and the transient effect of more blood flow to the area following surgery passes in a few months. There is often some itching and transient burning or irritation of the forehead following the surgery which is due to the necessary cutting of sensory nerves to the skin during the procedure. These re-grow rather quickly and all sensation is normally restored by a few months following the surgery. Other risks mainly involve the risk of anesthetic agents which make the procedure comfortable for you. These agents are delivered only by anesthesia professionals. Also, by having Dr. Caputy perform your procedure, you will have one of the world's most experienced and well trained surgeons conceiving and performing the procedures thereby reducing the risks greatly.

A note must be added regarding many of the so-called new or advanced operations for this area of the face. The use of the *endoscope* (like a rigid telescope through which the surgeon can see and manipulate tissue) allows the use of three small incisions to gain access to and remove the corrugator muscle marginally well. Should the brow need elevation, which is usually the case, the lateral incisions need to be extended to at least 5 or 6 inches in length, thus, I think, defeating the main advantage of the operation. Dr. Caputy has a great deal of experience in the use of endoscopes and endoscopic equipment, partially through his training at the Mayo Clinic and partially through fellowship training in fetal surgery where endoscopic techniques were often used. He believes that many newly trained plastic surgeons have similar expertise through their general surgery

training and, after or during their plastic surgery training, search for an indication to use an endoscope. Unlike general surgery there is less need for this expertise in plastic surgery and, often its use or professed advantages are merely marketing tools for attracting patients who desire the most technologically advanced or complex treatments available. Advanced, complex treatments may not be the best method to achieve the desired results. Dr. Caputy has studied the most advanced treatments all over the world for three years of additional training *after* completion of plastic surgery training, yet, in his opinion, these methods do not work as well as more proven methods of performing these procedures. Fixation of the brows involves a rather complex method of suture placement with screw fixation by this method. Dr. Caputy believes that brow elevation in this manner will prove transient and even the initial results are proving disappointing, even in the most experienced of hands. Dr. Caputy has trained in this procedure but does not feel that the reduced risks thought to be associated with the procedure outweigh the marginal results achieved by it. The procedure does have the advantage of fewer nerves being severed to the skin but, again, not if brow elevation needs to be achieved.

S*ub-periosteal lifts* (where the lift is performed below the covering of the bone of the skull) has the advantage of marginal elevation of the lateral (outside) portion of the eye. This, in Dr. Caputy's opinion is better addressed by the procedure of *canthopexy* which allows the lateral corner of the eye to be raised to give the eye opening a

more alluring and less droopy or tired-looking posture. Canthopexy can readily be performed through the coronal incision at the time of the brow lift procedure. It can also be performed through the incision used in the upper eyelid blepharoplasty procedure and is one of the procedures which has advanced eye aesthetics more than many others in the last decade. The procedure consists of taking the structures which support the lateral portion of the eye and moving them to a new location in a more upward direction. One of the additional benefits of the procedure is that it allows for better closing of the eye and can often alleviate some of the symptoms of dry eye, irritated eye or incompletely closing eye when a lower lid blepharoplasty has removed too much lower lid skin and the eye is unable to close. Again, this is often the result of an ill-conceived operation which is done too radically, often by poorly trained individuals or individuals who do not specialize in aesthetic surgery. It can also happen with age and is termed *ectropion*. It is a condition which Dr. Caputy has also specialized in the treatment of and which he has published papers about in the most reputable journals of the field of plastic surgery.

I hope that this short informational brochure answers some of the questions which you have about surgery around the eyes. Please ask either the staff of **AESTHETICA** or Dr. Caputy should you have any other questions about coronal lifts, blepharoplasties, canthopexies or frown line correction.

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