To the Editor:

Dr. Vasconez and colleagues have contributed immensely to the development of endoscopic plastic surgery techniques and instrumentation. Their recommendations in the January/February issue of *Aesthetic Surgery Journal* (2002;22:69-71) for improvement in incision placement and fixation and avoidance of complications are welcome.

In 8 years of performing endoscopic brow lifts, I have found that incisions behind the hairline continue to provide less conspicuous scars than the prehairline placement recommended. Any trauma to the surrounding skin during endoscopic instrumentation is minimized by direct excision at the time of surgery. Alopecia has not been a problem since staples were discontinued in my practice. Like the authors, I found rigid fixation to be necessary in all cases. However, I alternate between permanent absorbable and percutaneous screws.

Fibrin glue (Haemacure Corp, Montreal, Quebec, Canada) has eliminated the use of drains by providing early adherence of the periosteum to the bone, as well as hemostasis. ■

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