Commentary on: Browpexy Through the Upper Lid (BUL): A New Technique of Lifting the Brow With a Standard Blepharoplasty Incision

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The need for upper lid blepharoplasty, combined in certain cases with a lax, unstable, or ptotic eyebrow, has produced a search for a brow-stabilizing procedure that can be performed through the upper blepharoplasty incision. This quest is a valuable one, since many patients are not candidates for traditional browlifting procedures that may require incisions in a more visible position or more extensive procedures in the scalp and forehead area. In this article, Dr. Cohen and his coauthors have described a technique for eyebrow fixation through a transblepharoplasty approach with the Endotine fixation device (Coapt Systems, Inc., Palo Alto, California), which has been on the market for several years.

I have not had experience with the device personally, but have discussed its efficacy with colleagues who have utilized it in their own practices. These colleagues have indicated that in a significant number of cases, patients have complained postoperatively about having the device in their forehead area, either regarding mechanical discomfort or visibility. Another concern of these surgeons was the difficulty of retracting the brow and upper lid skin far enough upward to produce an easy angle for drilling the bony osteotomy required for fixation of the device, although this difficulty may vary from patient to patient.

The authors and I agree that the aging process produces an increased sagging in the lateral part of the brow. It was interesting to note that their placement of the Endotine fixation was much more in line with the central vector. This was primarily designed to stabilize or elevate the tail of the brow in an upward lateral vector. I agree with the authors that periosteal fixation with sutures can be unstable, and several years after the original publication, I changed the method of fixation by suturing to the deep temporal fascia laterally, which produced a much more effective and permanent lateral brow fixation (and, in some cases, lift). Although the Endotine fixation device certainly offers a viable option for brow fixation, I think that the ease of implementation for the average surgeon and the ability to create more vectors of brow lift might be better served by other techniques.

Disclosures

The author declared no potential conflicts of interest with respect to the authorship and publication of this article.

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