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Purpose

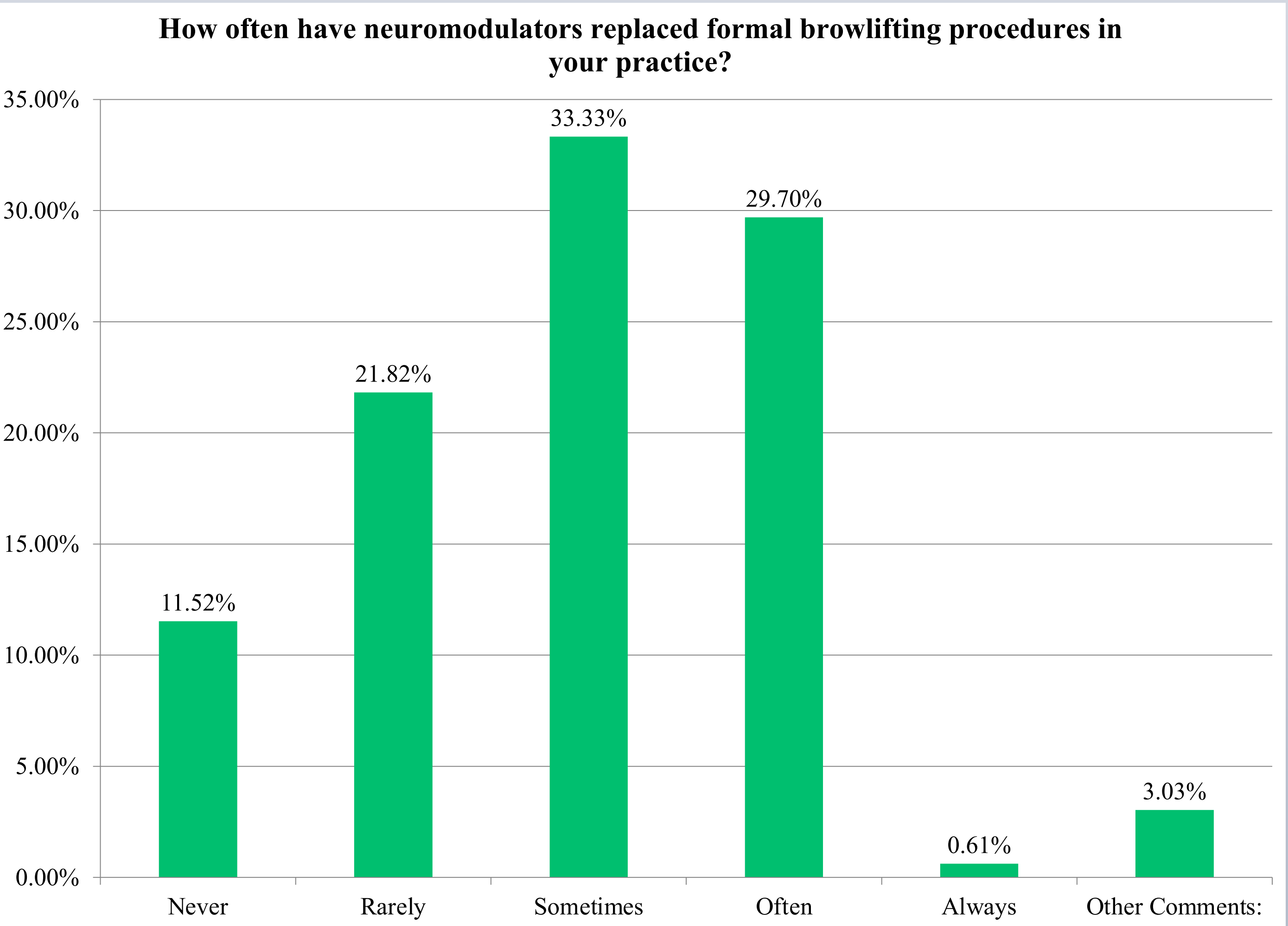
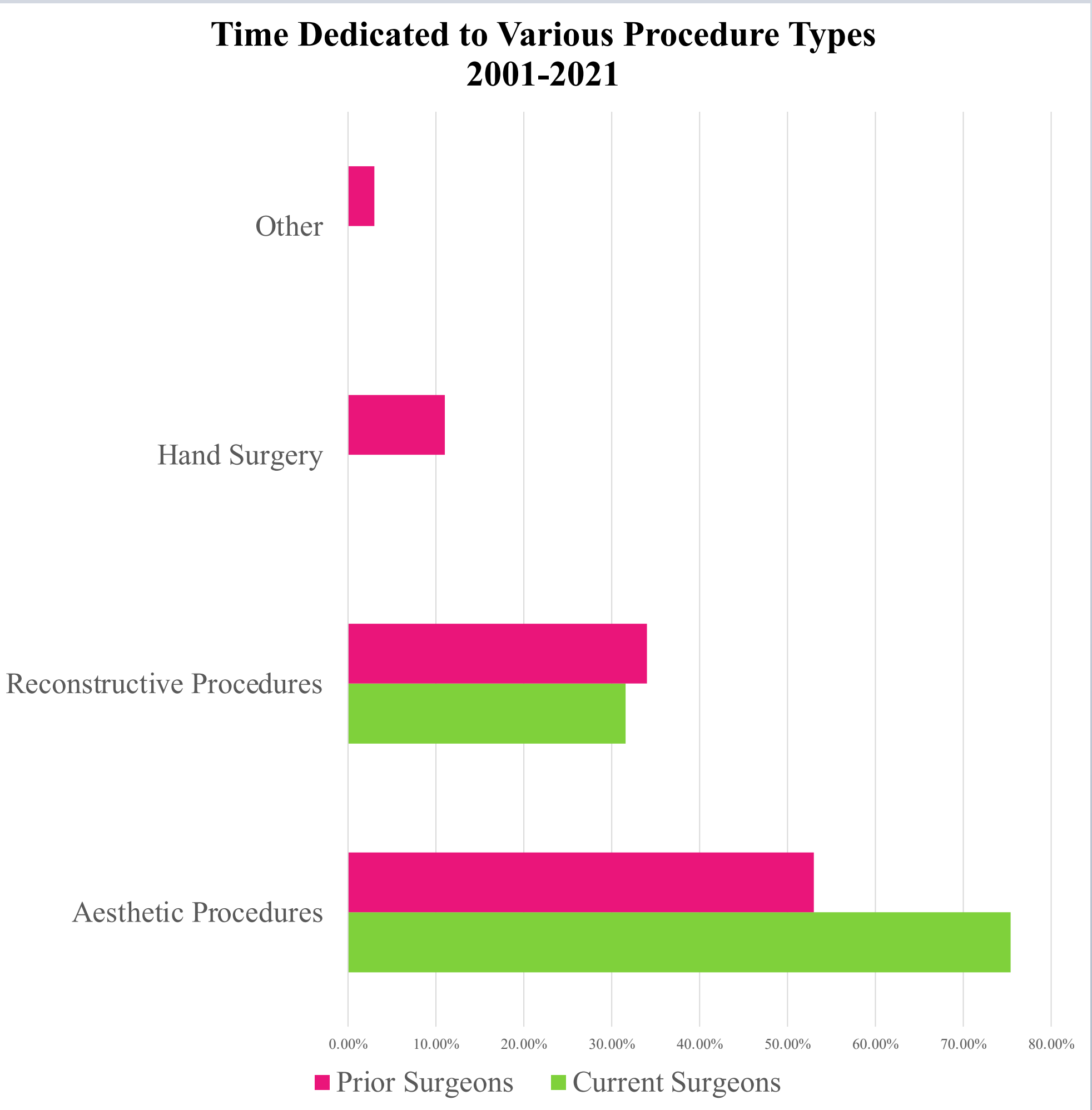
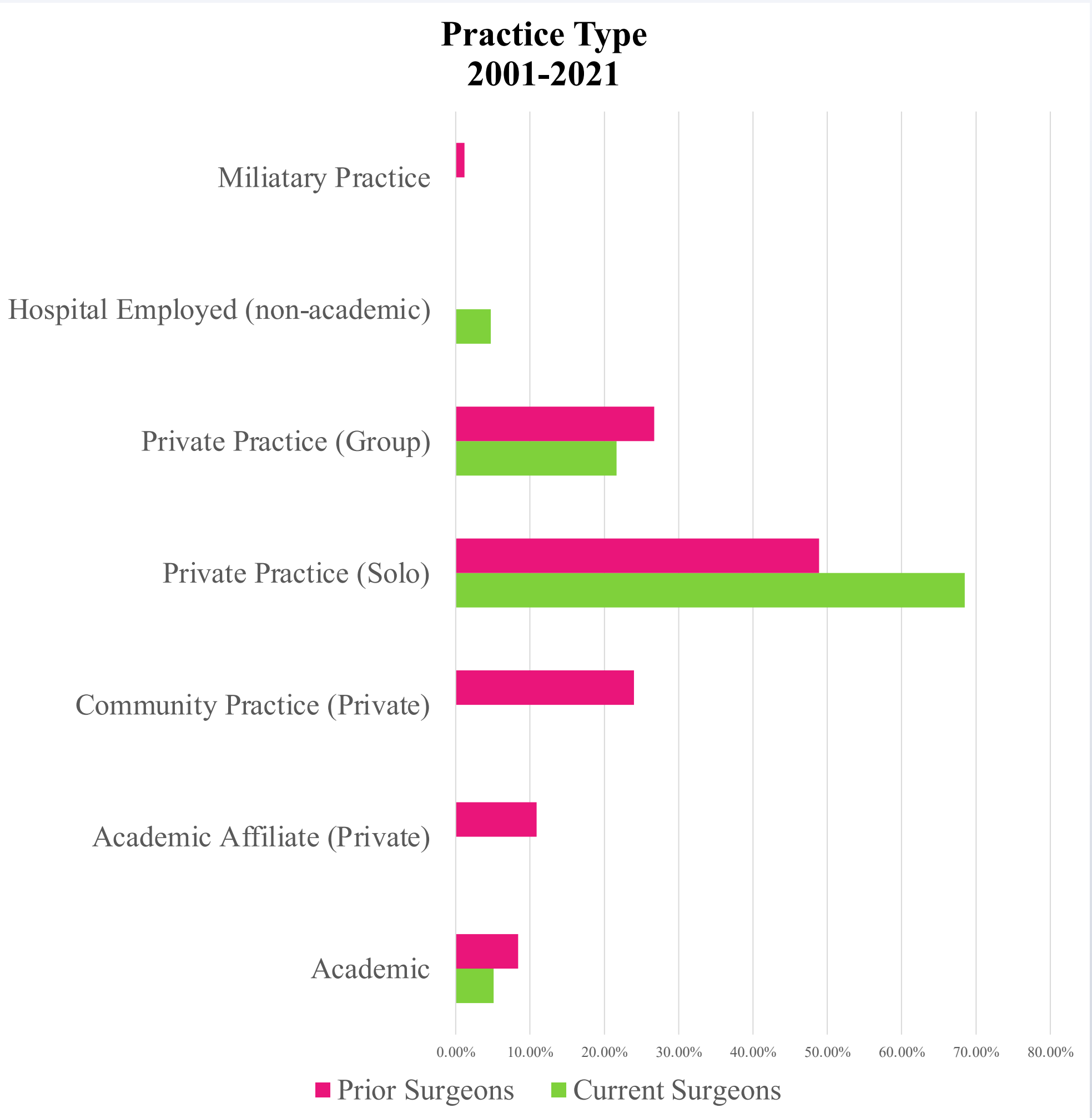
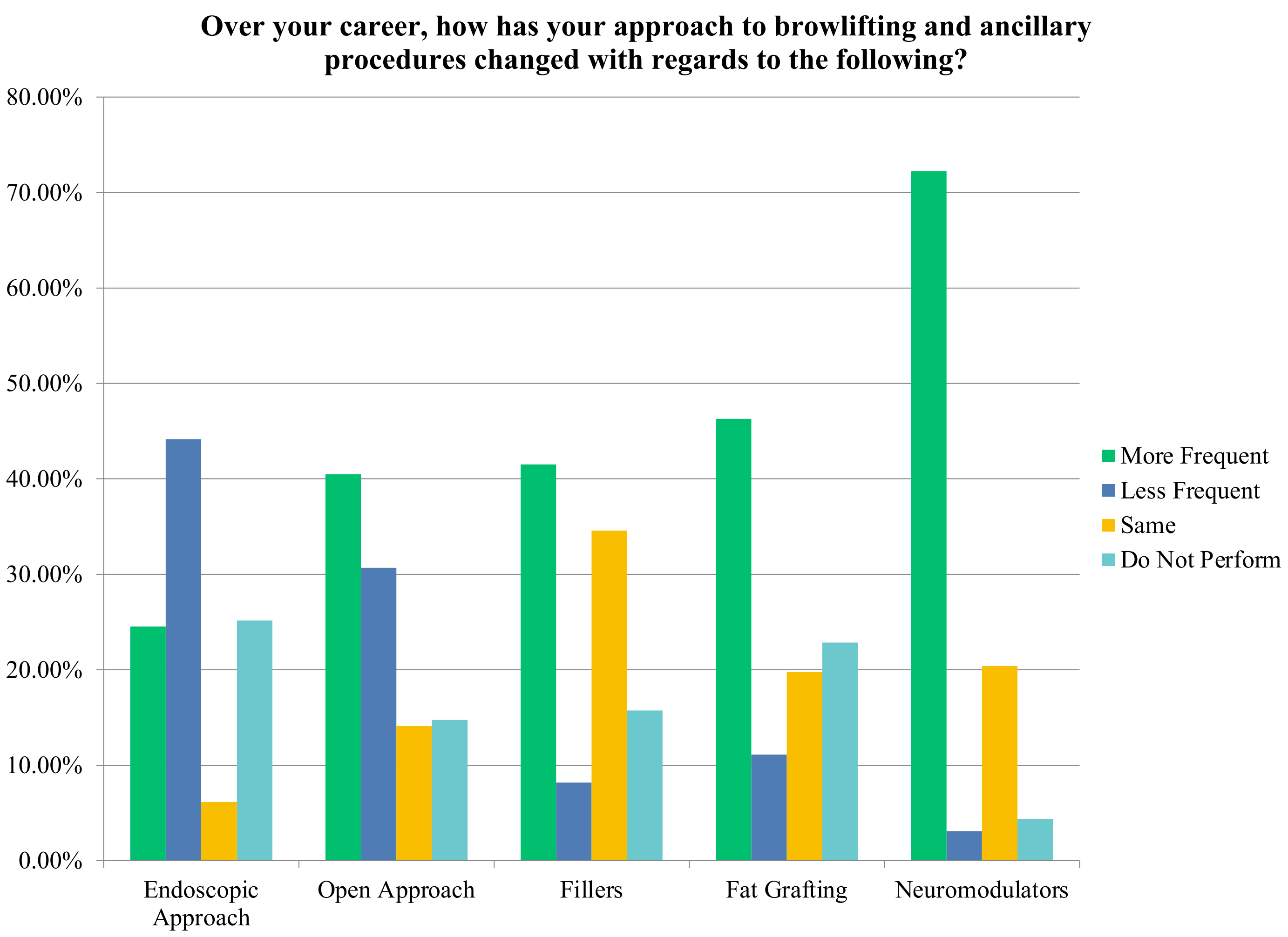
- In 2001, Elkwood and Matarasso conducted an American Society of Plastic Surgeons (ASPS) member survey detailing browlift practice patterns.
- Despite significant changes in approach over the past 20 years, no survey has been performed since.
- We therefore repeated the original browlift survey, adding additional pertinent questions and queried currently practicing ASPS member surgeons.

Methods

- A 34-question descriptive survey was electronically distributed to a random group of 2,360 ASPS members.
- Techniques for correction of brow ptosis, forehead and glabella/corrugator lines, and ancillary techniques used at the time of forehead rejuvenation were assessed.
- Additional queried topics included open approaches, nonsurgical approaches (e.g., fillers and neuromodulators), facial feminization surgery (FFS), concomitant procedures when performing browlift, and surgeons’ perceptions of change over time.
- Results were then compared to the 2001 survey.

Results

- A total of 257 responses were collected (11% response rate; ±6% margin of error at 95% CI).
- The majority of respondents in both surveys worked in solo private practice and dedicated most of their time to aesthetic surgery.
- The most frequent technique for the correction of brow ptosis in both surveys was the endoscopic approach.
- While coronal browlifting has decreased in frequency, hairline and isolated temporal lift have increased.
- The majority of surgeons do not perform FFS.



- The use of hardware fixation has increased in endoscopic browlifting while the use of cortical tunnels has decreased.
- Neuromodulators have replaced resurfacing techniques as the most common non-surgical adjunct.
- Frequent use of neuromodulators has risen from 11.2% to 88.5%.
- Nearly 30% of current surgeons feel that neuromodulators have replaced formal browlifting procedures to a significant degree.

Conclusions

- In comparing the 2001 and current ASPS member survey there has been a clear transition to less invasive procedures over time.
- Both the number of respondents working in solo private practice and the amount of time dedicated to aesthetic procedures has increased.
- While the endoscopic approach was the most popular means of forehead correction in both surveys, coronal brow lifting has decreased in frequency while the hairline and temporal approaches have increased.
- Neurotoxins have replaced laser resurfacing and chemical peeling methods as an adjunct, and in some cases replaced the invasive procedure entirely.
- Possible explanations for the above include the following:
 - Is plastic surgery the last bastion of solo private practice?
 - Willingness to trade paresthesia and alopecia for minor revisions
 - Less risk and technical ease of operating in the subcutaneous plane
 - Surgical brow rejuvenation has become less popular in general
 - Popularity of endoscopic browlift may be linked to durability with subperiosteal dissection/stable fixation
 - Shifting the focus from ‘brow elevation’ to ‘optimal brow shape’