

Extended Abstract

Scarless brow reduction surgery

Dominik L Feinendegen

Swiss Society for Aesthetic Surgery, Switzerland

Email: dr.feinendegen@feinendegen.ch

Abstract

So far, there are no reports in the realm of medical literature which particularly describe from a surgical point of view any brow reduction technique. As up to this day, brow reduction has only be analysed and investigated from a non-surgical point of view. The following paper aims to fill into this lack of research and will introduce a new surgical brow reduction technique with less scar formation. By doing this, the paper questions the present treatment of brow forming and contributes to new insights in surgical procedures and contributes to present academic literature. The reluctance to form the brow surgically might be the prevailing medical opinion and experience of noticeable scar formation following reduction of brow fullness and brow symmetrisation or direct brow lift procedures. The use of the 'flat incision technique' proposed in this article can alleviate these visible sequelae following incisions in the brow area. With this technique the brow can be directly reduced in size and/or simultaneously elevated, especially to feminize or harmonize the brow form. The brow rows are deliberately reduced which leads to nearly invisible scar formation. Compared to the vertical skin incision the herein described flat incision technique increases the dermal wound layers more than a double. By maximization of these dermal layers the scar quality is remarkably improved. Hair growth can be maintained through the incision line by sparing the hair follicles. This technique was prospectively evaluated in a series of 18 patients with surgery performed by one surgeon in one centre. All patients showed good to excellent scar formation with exception of 2 heavy smokers. The subjective rating of the results was very good in fourteen patients, good in two patients and poor in two patients.

Dominik L Feinendegen has taken plastic surgical training at the University Hospital Berne. In 1997, he worked as the Registrar at the Mount Vernon Hospital

in London. In 1998, as the Assistant Medical Director at the Bellevue Clinique in Zurich and from 1999 until 2001, he was the Head of the Department at the University Hospital of Erlangen-Nurnberg. Since 2001, he was the Founder and Director of the Institute of Plastic, Reconstructive and Aesthetic Surgery in Zurich. He was the Lecturer and Instructor for international training courses and seminars and new plastic surgical techniques, published within peer-reviewed international journals. He received awards for the development of the "subcostal artery perforator flap": 2005 from EURAPS, 2010 from the Swiss Society for Plastic, Reconstructive and Aesthetic Surgery. In 2012, he was the founding member of the Swiss Society for Aesthetic Surgery.

Gender affirmation surgeries in male-to-female patient transitioning include breast augmentation, genital construction, and facial feminization surgery (FFS). FFS improves mental health and quality of life in transgender patients. The nose and forehead are critical in facial attractiveness and gender identity; thus, frontal brow reduction and rhinoplasty is a mainstay of FFS. The open approach to reduction of the frontal brow is very successful in the feminization of the face; however, risks include alopecia and scarring. Endoscopic brow reduction, in properly selected patients, is minimally invasive with excellent outcomes avoiding these risks. Since both reduction rhinoplasty and frontal brow reduction are routinely performed in FFS, a combined approach provides superior control over the nasal radix and profile when performing surgery on the frontal bone region first followed by nose reduction. We present a case series of four transwomen undergoing frontal bone reduction in combination with a reduction rhinoplasty. All had excellent results with one DVT that resolved with treatment. Transgender patients frequently require multiple operations during their transition increasing their hospital stay and costs. This combined approach offers superior control over the nasofrontal angle and is

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not only safe but reduces hospitalizations and costs and
is a novel indication to reduce gender dysphoria.