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Forehead lift

A forehead lift is a surgical procedure to correct sagging of the forehead skin, eyebrows, and upper eyelids. It may also improve the look of wrinkles in the forehead and between the eyes.

Description

A forehead lift removes or changes the muscles and skin that cause signs of aging as drooping eyebrows, "hooding" eyelids, forehead furrows, and frown lines.

The surgery may be done alone or with other procedures such as a facelift, eyelid surgery, or nose reshaping. The surgery can be done in a surgeon's office, an outpatient surgery center, or a hospital. It is usually done on an outpatient basis, without an overnight stay.

You will be given local anesthesia so that you will not feel pain. You might also get medicine to relax you. In some cases, general anesthesia will be used. During the procedure, you will feel some stretching of the forehead skin and possibly some discomfort. During the surgery:

- Sections of hair will be held away from the surgery area. Hair right in front of the cut line may need to be trimmed, but large areas of hair will not be shaved.
- The surgeon will make a surgical cut (incision) at ear level. That cut will continue across the top of the forehead at the hairline so that the forehead does not look too high.
- If you are bald or balding, the surgeon may use a cut in the middle of the scalp to avoid a visible scar.
- Some surgeons will use several small cuts and perform the surgery using an endoscope (a long thin instrument that has a small camera on the end). Dissolvable implants may be used to hold the lifted skin in place.
- After removing excess tissue, skin, and muscle, the surgeon will close the cut with stitches or staples. Before dressings are applied, your hair and face will be washed so the scalp skin does not get irritated.

Why the Procedure is Performed

This procedure is most often done on people in their 40s to 60s to slow the effects of aging. It can also help people with inherited conditions, such as furrowed lines above the nose or a droopy eyebrow.

In younger people, a forehead lift can raise low eyebrows that give the face a sad look. The procedure can also be done in people whose brows are so low that they block the upper part of their field of vision.

A good candidate for a forehead lift has one or more of the following:

- Deep furrows between the eyes
- Horizontal wrinkles on the forehead
- Sagging brows
- Tissue that hangs down at the outer part of the eyelids
- Problem seeing because of the hanging tissue

Risks

Risks of anesthesia and surgery in general are:

- Reaction to medicines
- Breathing problems
- Bleeding, blood clots, infection

Risks of forehead lift surgery include:

- A pocket of blood under the skin (hematoma) that may need to be drained surgically
- Damage to the nerves that control muscles of the face (this is usually temporary, but may be permanent)
- Wounds that do not heal well
- Pain that does not go away
- Asymmetry of the eyebrow
- Numbness or other changes in skin sensation

Occasionally, forehead lifts will make it hard to raise the eyebrows or wrinkle the forehead on one or both sides. If this happens, you might need more surgery to make both sides even. If you have already had plastic surgery to lift your upper eyelids, a forehead lift may not be recommended because it could affect your ability to close your eyelids.

In most people, the cut for the forehead lift is under the hairline. If you have a high or receding hairline, you may be able to see a thin scar after surgery. You will need to style your hair so that it partly covers your forehead.

If the forehead skin is pulled too tightly or there is a lot of swelling, a wide scar may form. In some cases, hair loss may occur along the scar edges. This can be treated by surgically removing the scar tissue or areas of hair loss so a new scar can form. Permanent hair loss after a forehead lift is rare.

Before the Procedure

Before your surgery, you will have a consultation. This will include a history, physical exam, and a psychological evaluation. You may want to bring someone (such as your spouse) with you during the visit.

Feel free to ask questions. Be sure you understand the answers to your questions. You must understand fully the preoperative preparations, the procedure itself, and the care after surgery.

Tell your surgeon or nurse if:

- You are or could be pregnant

- You are taking any medicines, including medicines, supplements, or herbs you bought without a prescription

During the week before your surgery:

- You may be asked to temporarily stop taking medicines that reduce the ability of your blood to clot. These medicines are called blood thinners. This includes over-the-counter medicines and supplements such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), and vitamin E. Many prescription medicines are also blood thinners.
- Ask your surgeon which medicines you should still take on the day of surgery.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water.
- Arrive at the hospital on time.

Be sure to follow any other specific instructions from your surgeon.

After the Procedure

The area is wrapped with a sterile padding and an elastic bandage to prevent bleeding and swelling (edema). You will feel numbness and temporary discomfort in the surgical site, which you can control with medicine.

You'll need to keep your head raised for 2 to 3 days after surgery to prevent swelling. Bruising and swelling will occur around the eyes and cheeks, but should begin to disappear in a few days or a week.

As nerves regrow, numbness of the forehead and scalp will be replaced with itching or tingling. It may take up to 6 months for these sensations to fully disappear. The bandages will be removed a day or two after surgery. Within 10 to 14 days, the stitches or clips will be removed in two stages.

Outlook (Prognosis)

You will be able to walk around in 1 to 2 days, but you will not be able to work for at least 7 days after surgery. You can shampoo and shower 2 days after surgery, or as soon as the bandages are removed.

Within 10 days, you should be able to go back to work or school. You should limit vigorous physical activity (jogging, bending, heavy housework, sex, or any activity that increases your blood pressure) for several weeks. Avoid contact sports for 6 to 8 weeks. Limit exposure to heat or sun for several months.

Hair shafts will be a bit thinner around the cut for a few weeks or months, but the hair should start to grow normally again. Hair will not grow in the line of the actual scar. Wearing your hair down on your forehead will hide most scars.

Most signs of the surgery should fade completely within 2 to 3 months. Makeup can cover minor swelling and bruising. At first, you'll probably feel tired and let down, but that will pass as you begin to look and feel better.

Most people are pleased with the results of a forehead lift. They appear much younger and more rested than they did before. The procedure reduces the look of aging for years. Even if you do not have the surgery repeated in later years, you will probably look better than if you had never had a forehead lift.

Alternative Names

Endobrow lift; Open browlift; Temporal lift

References

Niamtu J, Cuzalina A. Brow and forehead lift: form, function, and evaluation. In: Niamtu J, ed. *Cosmetic Facial Surgery*. 3rd ed. Philadelphia, PA: Elsevier; 2023:chap 4.

Saltz R, Anderson EW. Endoscopic brow lift. In: Rubin JP, Matarasso A, eds. *Plastic Surgery: Volume 2: Aesthetic Surgery*. 5th ed. Philadelphia, PA: Elsevier; 2024:chap 12.

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