

Preliminary Results of Double Fixation in Endoscopic Forehead Lift

The author describes how he augments Endotine Forehead device fixation with a temporary external cortical screw. This prevents the elevated and advanced skin flap from becoming detached from the Endotine, causing a relapse of brow ptosis. This double fixation endobrow technique places initial tension on the cortical screw, allowing tension-free fixation to the Endotine. Early results have been good in a series of 18 patients. (*Aesthetic Surg J* 2006;26:472-475.)

Endoscopic brow lifts are now performed with increasing frequency. Many techniques for scalp fixation have been advocated without any achieving universal acceptance. Techniques range from external taping and bolsters, fibrin glue, and cortical tunnels to temporary or permanent screw fixation. The Endotine Forehead device (Coapt Systems Inc., Palo Alto, CA) is a biodegradable internal fixation device that received marketing approval by the U.S. Food and Drug Administration in March 2003. This device offers a rapid and effective means of fixation.¹⁻³ Although there have been reported patient complaints relating to its palpability, this has not been a problem in my practice.

Early in my experience using the Endotine Forehead device, I noted that in several patients, the elevated and advanced skin flap became detached after a few days, which resulted in the relapse of brow ptosis. To solve this problem, I decided to augment the Endotine fixation with a temporary external cortical screw placed in the same incision. I soon observed that enhanced elevation and fixation could be achieved by using this technique. The additional time it took to place the external screw was minimal, and no increased complications have been seen in a series of 18 patients.

Technique

I use the standard technique of Endotine placement as advocated by Stevens et al.⁴ Prior to Endotine fixation, I drill a hole into the posterior cortex 4 to 5 mm lateral to the Endotine, and then place traction on the



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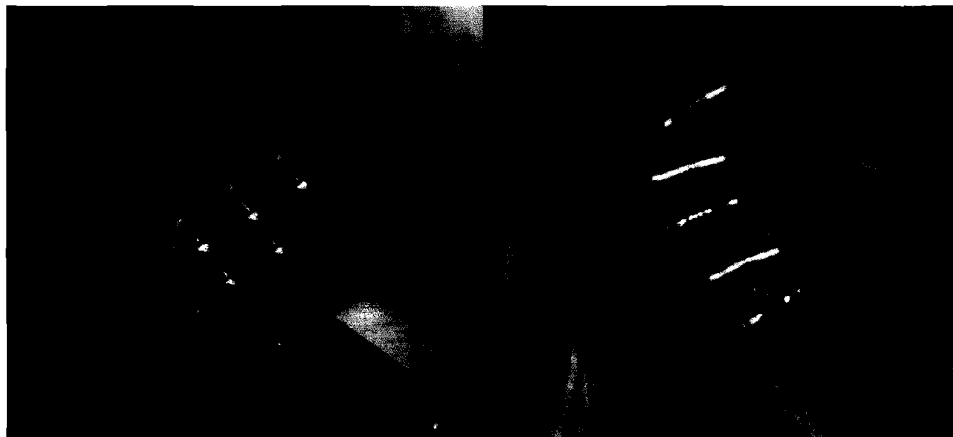


Figure 1. **A**, Endotine placement. **B**, The skin flap is placed under tension and supported by the external screw. The incision is closed with skin staples.