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Numerous fixation methods are available for endoscopic browlifts. I have used the Bionix screws, Lactosorb screws, and Medtronic bone bridge system to suture through the bone and currently the Endotine (Coapt Systems, Inc.) fixation system. Of these, I find the Endotine system to be the best, with minimal postoperative slippage of the tissues and minimal stress on the incision, allowing for a minimal scar once the healing is complete.

The Endotine fixation system uses molded absorbable suture material in a triangular shape. It has up to five prongs pointing upward to grasp the tissues and a tab that anchors into the bone. If the patient wears bangs or has thick tissues, the implant can be placed anterior to the hairline to better hold. The implant is tender to touch for 1–2 months postoperatively and is palpable for 6–9 months. At 1 year's time, the implant is no longer palpable.

A remaining frustration with browlifts, particularly endoscopic lifts, is residual laxity of the

tissues over the temporal brow. This needs to be addressed with the patient preoperatively to set appropriate expectations. Despite suture anchoring the temporal incisions to the deep temporalis fascia, this “glide” of the tissues allows for a relaxation of the lateral brow. Sometimes this can be addressed with botulinum toxin in the sub-brow area postoperatively.

Occasionally, the browlift needs to be revised. Rarely, the implant loses its hold, in which case prompt revision is best. More typically, initially happy patient over time desires more lift. Revising an endoscopic browlift is easier than redoing a coronal-style lift. Patients should be made aware prior to surgery of the increased risk of paralysis and numbness after surgery. When dissecting, care must be taken over the temporalis muscle to avoid paralysis of the muscle. Preoperative botulinum toxin is essential. A fresh location to anchor the Endotine is needed and places the Endotine implants anteriorly.

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