

Opinion on Changing the Techniques for Eyebrow Surgery

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Introduction

Hair transplants (plugs) are transferred to the brow area during an eyebrow transplant as a cosmetic procedure. The goal of these transplants is for new hairs to grow out of them, giving the impression of more fullness. The procedure itself mimics a typical hair transplant. For eyebrow hair implants, hair from above your ears is used. In addition to transplanting individual hairs, a physician also places hair follicles. This guarantees that new hairs may develop in your brows after the initial transplanted hairs fall out. After giving you general anesthesia, a physician will make minute incisions in your brows at the follicle donor regions and the transplanting sites. The procedure requires two to three hours to complete [1].

Description

Enhancing the appearance of the brows or reconstructing them after trauma or burn damage is uncommon in the field of hair transplantation. For these transplants, the typical source of hair donors is the scalp-occipital region. However, because the hair grows too long and is too coarse for the intended recipient location, the brow, this method is not always effective. The use of leg hair as a donor source to improve male hairlines has been successful. Leg hair has a number of advantages over regular head hair, such as being significantly finer and naturally shorter as a result of a quick anagen phase (growth phase). Eyebrow transplantation can also be done with leg hair [2]. Transplanted leg to eyebrow hair may also require fewer cuts than scalp hair because the latter results in leg hair being approximately the same length as eyebrow hair.

Usually, the patient is asked to copy the eyebrow they want first. The patient is then encouraged to choose between the desired brow, the ideal brow, and the individualized brow to actively participate in the procedure. It bridges the gap between expectation and outcome, making patients happier in the long run. Pre-cut eyebrow templates are also available, but they are usually not recommended because they make the eyebrows look less good [3].

Eyebrow flap repair was used to treat 21 Chinese patients with brow abnormalities from January 2009 to December 2015. There were 12 male and 9 female patients. The ages of the participants ranged from 12 to 51. The patients included 13 cases on the left and 8 cases on the right eyebrows. These abnormalities were caused by trauma in 5 cases and the removal of a tumor in 16 patients. The V-Y advancement pedicle flap based on the orbicularis oculi muscle was used to treat 15 of them, and a superficial temporal artery island flap was used to treat 6 of them. The smallest and largest areas of the defect were 2.3 4.3 cm and 0.8 1.0 cm, respectively [4]. Every patient was followed up for anywhere from six months to five years after surgery. The clinical outcomes of eyebrow reconstruction were evaluated using a system of grades that had already been established.

The brows are an important and prominent facial feature. As knowledge has grown, brow transplantation has become increasingly popular. Even though it's a small area, the extraction and implantation process requires a lot of precision and

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anatomy knowledge. The follicular unit extraction technique, which has grown to be the most common one, is the focus of this page's comprehensive overview of eyebrow transplantation.

In the past, a hair-bearing superficial temporal artery island flap and full strip grafting, both of which result in poor development and brush-like eyebrows, were utilized. Neither the necessary development nor the desired direction were achieved using any of these archaic approaches. For a very long time, single hair grafting has been used for brow follicular unit transplantation (FUT). However, brow transplants can now be carried out quickly, painlessly, and with little to no recovery time thanks to the growing popularity of Follicular Unit Extraction (FUE). For the purpose of rebuilding the brow, artificial hair implantation has been used, particularly in cases of universal alopecia where a donor region is unavailable. The author has decided not to use them because of the potential for a foreign body response, which has a greater psychological impact than having no eyebrows or sparse eyebrows and leaves a permanent scar in the area. It is recommended to use only concealment strategies when there are few donor areas [5].

Conclusion

Based on our experience treating 21 patients who underwent eyebrow reconstruction for a range of eyebrow deformities, we believe that our simplified surgical algorithm may serve as a model for the treatment of patients with eyebrow issues.

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