Figure 1. A, 4 7 4

Figure 2. A,

Figure 3. A,

Figure 4. A, C,

Palpability, this has not been a problem related to its patient complaints. Endotine. Early results have been good in a series of 18 patients. Although the cortical screw is being observed that enhanced elevation and fixation could have used the double fixation endobrow technique in my practice. It is well known that suture approximation of the tissues and the spreading or widening of scars. A technique of double fixation (ie, tension-free fixation) avoids the second suture allowing the second suture cutting through the tissues. When the cortical screw is removed (after about 10 days), sufficient time to place the external screw was minimal, which time secure fixation to the Endotine to take place. I use the standard technique of Endotine placement with external screw support. When the cortical screw is placed into hair-bearing scalp, alopecia at the site has not been a problem. One patient required further elevation of the brow. No case of infection or adverse effect as a result of the external screw had been reported.


The double fixation endobrow technique places the flap to the brow. No case of infection or adverse effect as a result of the external screw had been reported. One patient required further elevation of the brow. No case of infection or adverse effect as a result of the external screw had been reported.