Female hairline lowering in two hours

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The female hairline varies in so many ways that makes it attractive and distinctive: a widow’s peak, a cowlick, growth at different angles, varying amounts of temporal peaks, and varying height above the glabella. These features were described in detail by Dr. Bernard Nusbaum in a recent Forum article. However, some ladies are born with a hairline that is higher than they like for aesthetic purposes and management. More than about 6.5cm above the glabella gives the impression of a receding hairline and makes them look older than their years and more masculine. It gives them a large forehead and compels them to grooming forward to hide it. However, the hair behind this high hairline grows out at a more vertical angle and makes forward grooming difficult. It is not surprising, therefore, that some ladies look for ways to lower the hairline to a more average position.

Traditionally, this has been handled by placing hair transplants in front of the high hairline. The results have improved as follicular unit transplants have enabled a more natural appearance. However, there are always concerns about adequate growth, natural alignment, and density. Often, it will take a number of sittings to produce an acceptable outcome.

The alternative to transplants is to lower the existing hairline en masse by the hairline lowering procedure described here. It was first popularized by Dr. Sheldon Kabaker, but a decreasing number of hair surgeons are familiar with it possibly due to the success of follicular unit transplants and the move to minimal surgery. This procedure takes advantage of the natural hair distribution and density behind the hairline and the scalp’s mobility to simply move it forward. In 2 hours, the hair-bearing scalp is placed, on average, 2cm lower than it was before. While at first glance it can appear to be beyond what an average hair transplant surgeon can manage, our many years of experience in moving scalp around during the scalp reduction and flap eras tell us that it can be done safely and successfully with some preparation.

Following is a general description that serves as an introduction to the procedure. A complete set of pictures with descriptions and a video explaining all aspects from start to finish are available at www.ndsphotosandvideos.com.

With this procedure, usually one advancement procedure is enough. If needed, a second advancement can be done a few months later when the scalp is loose again, or a small sitting of follicular unit transplants can be used to round out the hairline in the temples. Either way, it is completed more quickly than with transplants alone. In addition, the hair behind the lowered hairline is original in growth and density. Massaging the scalp in a backward-forward movement for a month before the surgery can improve transecting follicles.

The next step needs to proceed more slowly as the local anaesthetic is more painful if injected quickly. A ring block of local anaesthetic with epinephrine is administered just above the eyebrows, around the sides just above the ears and around to the back (Figure 1). The link above will give details of technique and the strength and volume to use. However, you can expect that all of the scalp above the ring block will be numb and vasoconstricted.

A trichophytic incision (Figures 2 and 3) is made at the hairline (see video), transecting follicles.