

Installation Protocol

-

The Eyebrow Lift

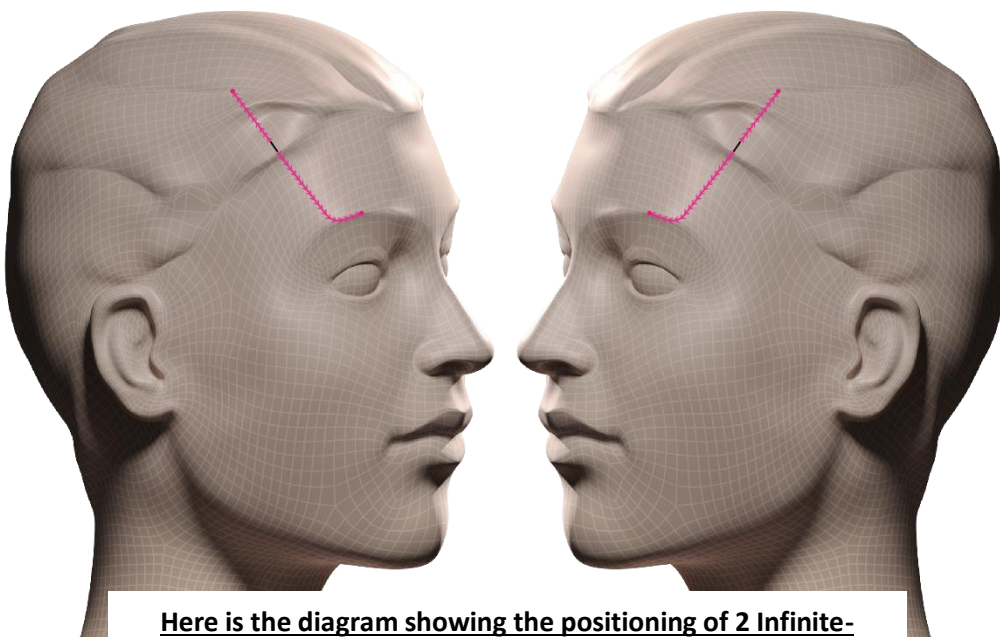
-

Area treated: Eyebrows

Thread & Lift offers you the most precise and detailed protocol possible. Its objective is to allow you to find the answer easily and quickly to any technical question. This way, if you have any doubts after our training, you can refer to this comprehensive protocol. This protocol details the Eyebrow Lift.

We advise you to refer to the video [Infinite-Thread® - J technique (duration: 13 min) / Area treated: Eyebrows] available here <https://www.threadandlift.com/infinite-en.mp4> to see / see again in detail the gestures described throughout this protocol.

Obviously, the Thread & Lift team is at your service if you prefer to communicate directly with us, via the telephone number +32 28 08 88 90 and our e-mail address contact@threadandlift.com . We will put you in touch with one of our expert trainers.



Here is the diagram showing the positioning of 2 Infinite-Thread® for the Eyebrow lift - 1 thread per eyebrow.

Thread & Lift

To practice the Eyebrow Lift, here is the list of equipment needed:

- ✓ **2 threads Infinite-Thread® - 30cm (1)**



- ✓ **1 micro-cannula Softfil® 22G 50mm (2)** (This cannula is packaged in a pouch that also contains a pre-hole needle. This needle is not useful for the procedure)



- ✓ **1 micro-cannula Softfil® 22G 90mm (3)** (This cannula is packaged in a pouch that also contains a pre-hole needle. This needle is not useful for the procedure)



- ✓ **1 needle Nokor® Admix BD - 16G 1" - 1.65x25mm (4)** (This needle can be replaced by our punch which minimizes the risk of vascular injury)



- ✓ **1 needle Microlance® 3 BD - 21G 1 ½" - 08x40mm (5)**



In the Infinite-Thread® Mini-Kit

- ✓ **4 curved needles with blunt tips – 19cm (6)**
- ✓ **1 Adson clamp without claws (7)**
- ✓ **1 Mayo-Hegar needle holder (8)**
- ✓ **1 pair of straight scissors (9)**

In the Instrument Kit

Thread & Lift



NOT PROVIDED:

- ✓ 1 syringe of 10cc (10) (3cc or 5cc are also suitable). It is also possible, depending on your preferences, to use two syringes instead of one: 1 syringe for the entry and exit points (concentrated solution) and 1 for the paths (diluted solution). A second set of syringes will be necessary if the anesthesia is not performed under sterile conditions: 1 for the anesthesia step and 1 for the implantation step.
- ✓ 1 needle 30 G 13mm (11) (2 needles are necessary if the anesthesia is not performed under sterile conditions: 1 for the anesthesia step and 1 for the implantation step)
- ✓ 1 bottle of 2% adrenalized xylocaine - 20 ml (12)
- ✓ 1 bottle of 14‰ isotonic sodium bicarbonate. - 125 or 250 ml (13)
- ✓ Sterile pads (14) / 3 surgical drapes (15) / Two surgical drape clamps (16) / 1 felt tip pen to draw the paths (17) / 70° Alcohol (18) / Hydrogen peroxide to clean the blood that could have stuck to the hair during or after the intervention (19)
- ✓ 1 flexible graduated metal ruler – 20cm (or 1 measuring tape) (20)
- ✓ 1 tail-comb (21)
- ✓ Elastic bands or small clips to keep the hair apart (22)

Thread & Lift

Here are the pictures of the installation of the equipment:

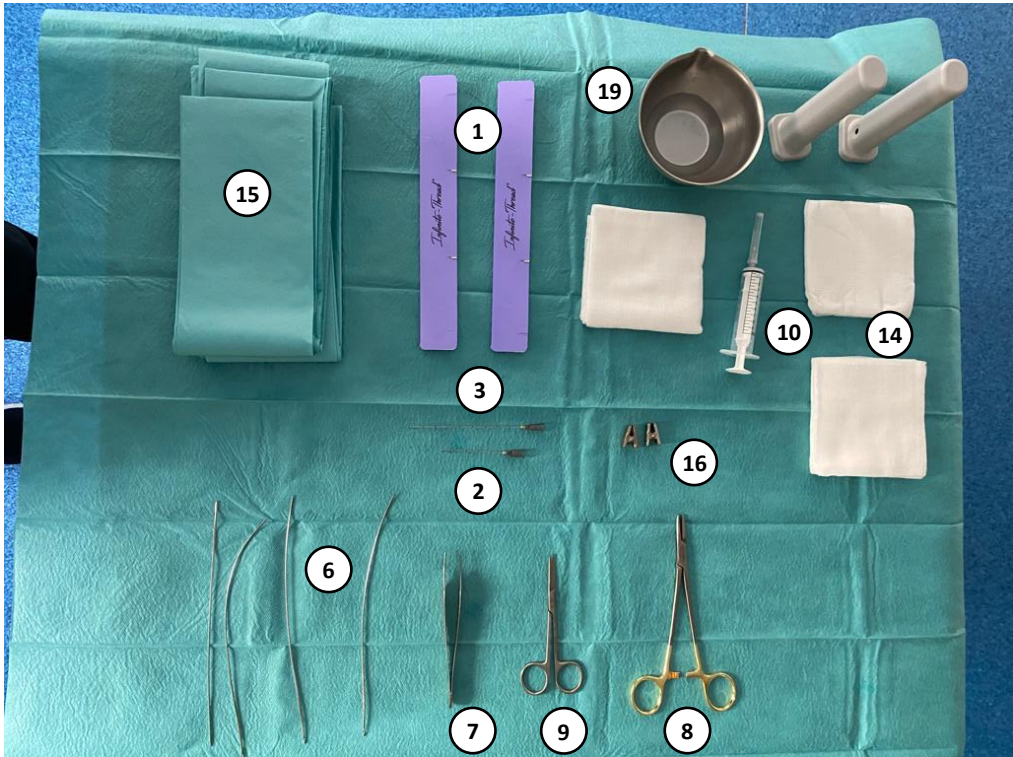


Photo 1: Intervention equipment

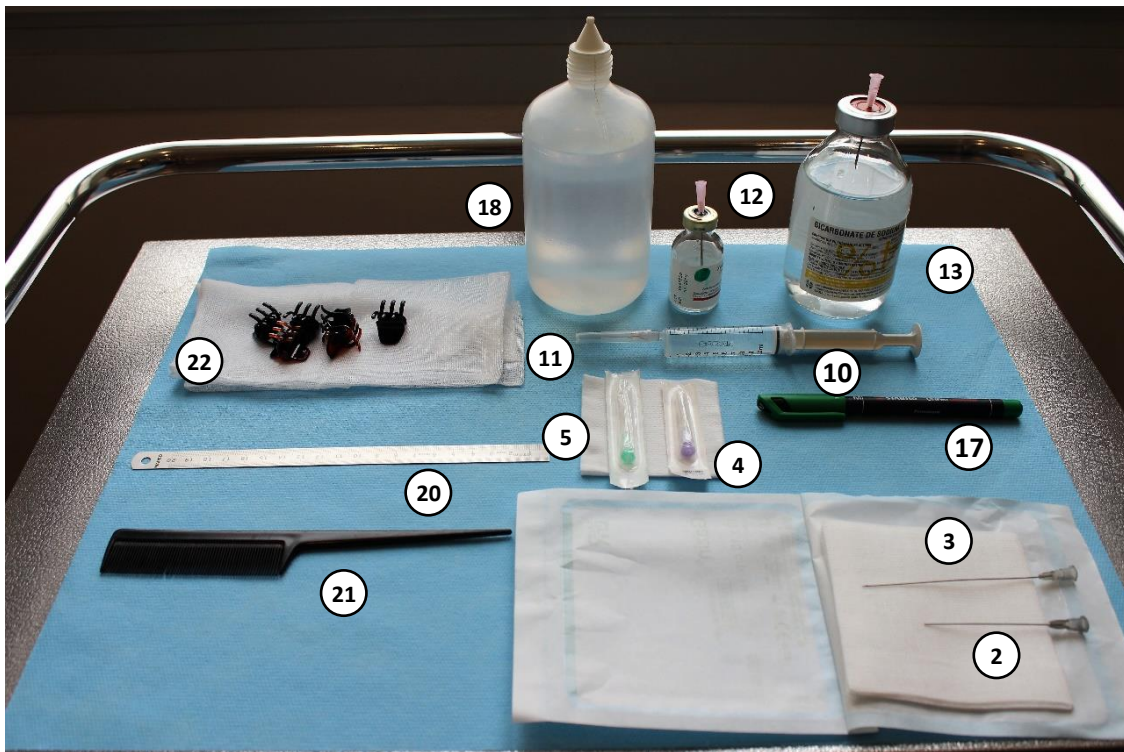


Photo 2: Local anesthesia equipment

Thread & Lift

The Eyebrow lift is performed in 5 phases:

Phase 1 : The preoperative phase	7
Phase 2 : The drawing	8
1) Drawing of the path of the 1 st eyebrow - forehead	8
2) Drawing of the path of the 1 st eyebrow - eyebrow	9
3) Drawing of the path of the 1 st eyebrow – scalp	9
4) Drawing of the path of the 2 nd eyebrow	10
Phase 3 : Anesthesia	11
1) Anesthesia of the entry and exit points	11
2) Anesthesia of the thread paths - eyebrows	11
3) Opening of the entry points	12
4) Anesthesia of the thread paths – forehead and scalp	13
Phase 4 : Thread implantation	14
1) Implantation of the thread of the 1 st eyebrow – forehead	15
2) Implantation of the thread of the 1 st eyebrow – eyebrow	17
3) Implantation of the thread of the 1 st eyebrow – scalp	19
4) Implantation of the thread of the 2 nd eyebrow	20
Phase 5 : Final adjustment of the tension and adjustment	20
1) Tensioning	20
2) Precise tension adjustment	20
3) Cutting of the lower end of the threads - eyebrows	21
4) Dimple release	22
5) Cutting of the upper end of the threads - scalp	22

Thread & Lift

IMPORTANT - An injection of botulinum toxin should be given 7 to 15 days before the intervention, at the 3 conventional points of the crow's feet, in order to put the orbicularis muscle to rest.

The eyebrow lift can be performed alone or in combination with a full-face intervention.

In the case of a combined procedure, here is the **CHRONOLOGICAL SUMMARY TO BE FOLLOWED:**

- | | |
|---|--|
| 1. Face analysis and drawings | 9. Efficiency and harmony check of the 1 st <u>eyebrow</u> |
| 2. <u>Eyebrow</u> analysis and drawings | 10. Implantation of the upper strand of the 1 st <u>eyebrow</u> |
| 3. Face anesthesia | 11. Implantation of the lower strand of the 2 nd <u>eyebrow</u> |
| 4. <u>Eyebrow</u> anesthesia | 12. Tension pre-setting of the 2 nd <u>eyebrow</u> |
| 5. Facial Implantation | 13. Efficiency and harmony check of the 2 nd <u>eyebrow</u> |
| 6. Face tension pre-set | 14. Implantation of the upper strand of the 2 nd <u>eyebrow</u> |
| 7. Implantation of the lower strand of the 1 st <u>eyebrow</u> | 15. Face final tension adjustment |
| 8. Tension pre-setting of the 1 st <u>eyebrow</u> | 16. <u>Eyebrow</u> final tension adjustment |

Refer to [Installation Protocol - The Deep J Technique (SMAS)] for details of the face intervention available in your private area on the website www.threadandlift.com in the "Documents & Pictures" section.

Phase 1 : The preoperative phase

Before starting the procedure, the patient must have complied with the instructions given to him / her by his / her doctor, an example of which can be found in the document provided by Thread & Lift [Information to patients before – Thread & Lift] available in your private area on the website www.threadandlift.com.

This preoperative phase is based on the recommendations of our expert trainers, according to their patient preparation protocol. An anesthesiologist was consulted to validate this prescription and its dosage. This information is provided as an indication. The choice of products to be given to the patient remains the sole responsibility of the practitioner, according to the mandatory preoperative consultations, the applicable contraindications and the current local legislation.

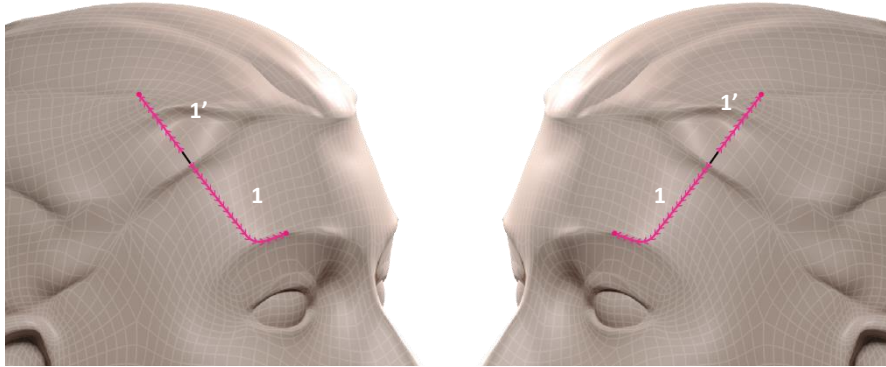
Right before starting the procedure, our expert trainers recommend:

- 1) 2 Pristinamycin 500 mg pills (e.g. PYOSTACINE) to be taken 30 minutes before the intervention, to prevent the risk of infection.
- 2) 1 pill of non-steroidal anti-inflammatory drug (NSAID) such as Ketoprofen 100 mg (Ex: BI-PROFENID).
- 3) Option 1:
 - + 1 tablet of TRAMADOL 50mg as an analgesic treatment.
 - + 1 tablet of Metoclopramide hydrochloride 10mg (e.g. PRIMPERAN).
 - + 1 tablet of Paracetamol 1000mg (e.g. DOLIPRANE) as a complementary analgesic treatment.

OR

- 3) Option 2:
 - + 1 tablet of IZALGI 500mg as an analgesic treatment.
 - + 1 tablet of Paracetamol 500mg (e.g. DOLIPRANE) as a complementary analgesic treatment.

Phase 2 : The drawing



The patient used to illustrate this protocol also underwent a full-face intervention involving 8 threads.

1) Drawing of the path of the 1st eyebrow - forehead

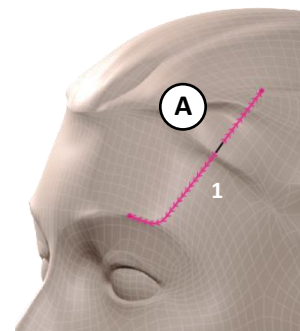
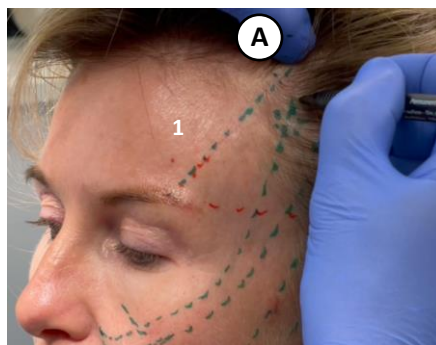
The drawing of the paths must be done on a patient sitting facing you.

POINT OF CAUTION - The preferable path is the one that follows the temporal ridge: the natural relief of the ridge blends in with a possible slight visibility of the thread.

If the patient is not happy with the effect of this path, the path should be moved, but always beyond the temporal ridge. Never insert a thread facing the frontal muscle, otherwise it would become permanently visible.



The thread path (**1**) is drawn upwards from the eyebrow and the thread entry point (**A**) is positioned 2 centimetres back from the hairline.



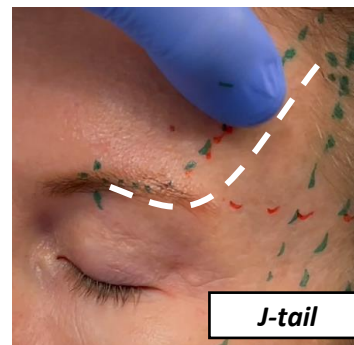
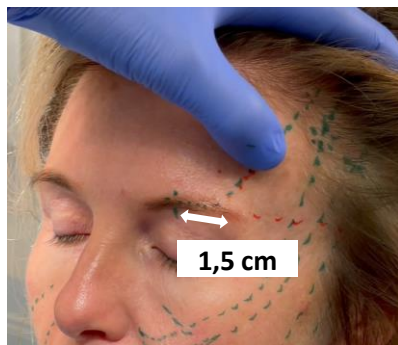
Thread & Lift

Note that in the case of a combined intervention with the face, the entry point of the thread (**A**) should be shifted slightly to avoid a crossing with the foremost thread of the face intervention.

2) Drawing of the path of the 1st eyebrow - eyebrow

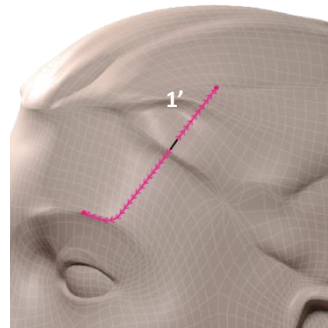
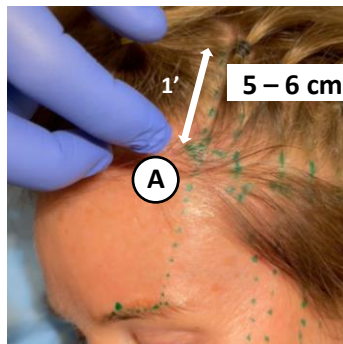
As with the nasolabial fold, we draw the part of the path in the eyebrow, more precisely at the level of Charpy fat pad, in the shape of a **[J-tail]** over a length of 1 to 1.5 centimetres.

This particular shape ensures that the tip of the thread is fixed, thus protecting the result against stresses from an orbicularis muscle that would not have been sufficiently put to rest by a prior injection of botulinum toxin (see REMINDER OF GOOD PRACTICE on page 23).



3) Drawing of the path of the 1st eyebrow – scalp

The extension of the thread (**1'**) is then drawn towards the apex of the skull over a distance of 5 to 6 centimetres starting from the entry point (**A**).



Note that in the case of a combined intervention with the face, care should be taken, if necessary, to slightly offset the extension of the path of the eyebrow (**1'**) to avoid a crossing with the foremost thread of the face intervention.

Thread & Lift

4) Drawing of the path of the 2nd eyebrow

The path of the 2nd eyebrow is drawn symmetrically.

The symmetry of the eyebrow is even more important than for the face since a difference of 2 or 3 millimetres at the arrival point of the thread in the eyebrow (C) can result in a slight asymmetry of the convexity of the eyebrow.



As long as the drawing is not completely satisfactory, you should not hesitate to redo it. It is easier to correct a drawing, even several times, than to have to rework a result that is unsatisfactory for both you and the patient.



It is essential to take a picture of the drawings!

These photos will be PARTICULARLY useful if you ever need to remove one or more of these threads.

They will allow you to find the path of the threads with greater ease in order to proceed with the tumescence necessary to unhook the cogs. Indeed, to avoid any risk of marks on the eyebrow(s), the removal must be done from the entry point, i.e. against the direction of the cogs. Without a precise tumescence following the entire path of the thread, the later would be difficult to remove. This is why it is MANDATORY to measure and mark in the operative report the location of the entry points.

You will find a detailed withdrawal protocol on your private area on the website www.threadandlift.com in the "Documents & Pictures" section.

These photos can also be particularly useful in the future if you were to operate the patient again.

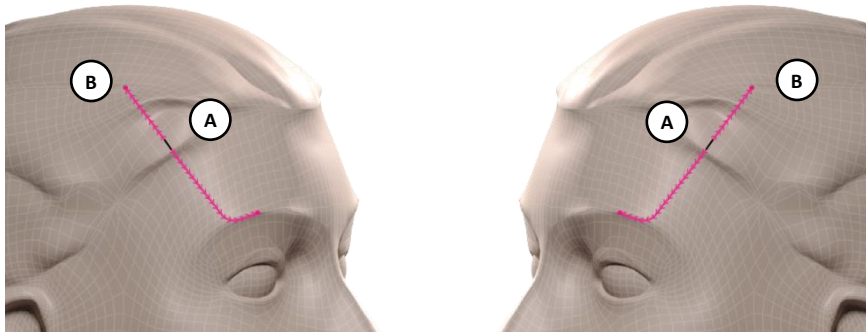
Phase 3 : Anesthesia

Note - For a complete Eyebrow + Face intervention, refer to the "Chronological summary to be followed" on Page 6 to perform the different steps.

1) Anesthesia of the entry and exit points

Required equipment:

- 1 needle 30 G 13 mm (not supplied)
- 1 syringe of 10cc (not supplied) (3cc or 5cc are also suitable)
- 20% sodium bicarbonate at 14% + 80% adrenalized xylocaine at 2% (not supplied)



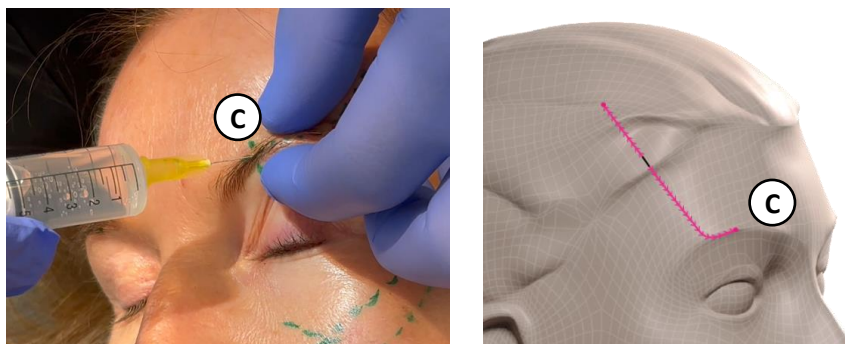
Begin by anaesthetising the entry (A) and exit points on the scalp (B) on one side before proceeding to the second side.

The anesthesia is administered in the form of a 0.2 cc papule.



2) Anesthesia of the thread paths - eyebrows

The Charpy fat pad is held between the index finger and the thumb, and 0.5 to 1 cc is injected in retrograde into the fat pad starting from the exit point (C).



Thread & Lift

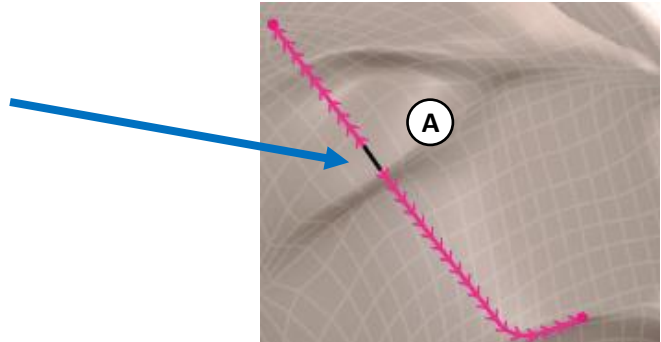
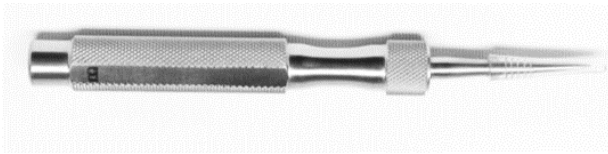
The same procedure is applied to the 2nd eyebrow.

3) Opening of the entry points

Required equipment:

- **1 punch** (available as a supplement) **or 1 needle Nokor** (provided in the Infinite-Thread® kit 4x2)

One circular opening is made using the punch at each of the two entry points **(A)**.



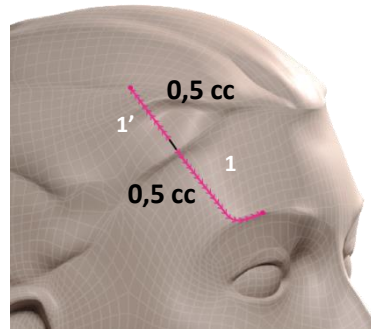
POINT OF CAUTION - If you prefer using a Nokor needle, take particular care not to penetrate too deeply into the subcutaneous tissue in order to avoid any risk of bleeding. This risk is greatly reduced by using our punch.

Thread & Lift

4) Anesthesia of the thread paths – forehead and scalp

Required equipment :

- 1 cannula 22 G 50mm (provided in the Infinite-Thread® kit 4x2)
 - 1 cannula 22 G 90mm (provided in the Infinite-Thread® kit 4x2)
 - 1 syringe of 10cc (not provided) (3cc or 5cc are also suitable)
- 80% sodium bicarbonate at 14‰ + 20% adrenalized xylocaine at 2%. (not provided) - The mixture is the reverse of that used to anesthetize the entry and exit points.**



For the part (1') of the path [**Scalp**], we inject between the galea and the scalp:

- 0.5cc per path, from the entry point up to the exit point using the 22 G 50mm cannula, in retrograde.

For the part (1) of the path [**Forehead**], we inject strictly subcutaneously:

- 0.5cc per path, from the entry point down to the eyebrow using the 22 G 90mm cannula, in retrograde. Then **POINT OF CAUTION**, immediate compression for 1 minute to minimise the appearance of oedema on the forehead (see REMINDER OF GOOD PRACTICE on page 23).

Of course, the same procedure is followed for the second side.

Phase 4 : Thread implantation

The implantation of the threads is done one whole thread after the other.

Note - For a complete Eyebrow + Face intervention, refer to the "Chronological summary to be followed" on Page 6 to perform the different steps.

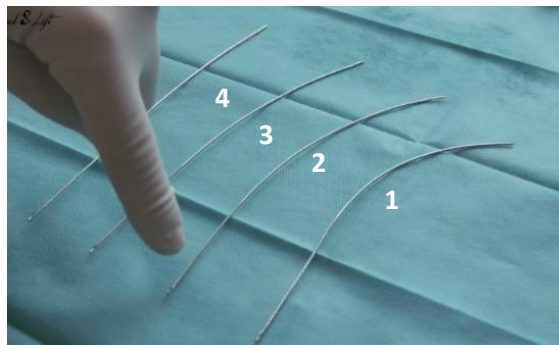
It is now imperative to work in sterile conditions if it was not yet the case.

While it was not mandatory during the previous Phase 3: Anesthesia, it is now imperative to work with sterile gloves, perform antiseptic skin cleansing and set-up 2 sterile fields:

- 1 under the patient's head; and
- 1 starting from the neck and covering the torso.

The practitioner connects the 2 fields according to his or her preference: using adhesive fields or small clamps (not provided).

There are 4 needles¹ **(1)**, **(2)**, **(3)** and **(4)**. They each have an eye at one end and a semi-blunt tip at the other to avoid injuring any vascular or nervous structure. These needles are 19cm long and 1.3mm in diameter and are curved to follow the anatomical areas you will be crossing.



The needles will be inserted using the **needle holder** (provided in the instrument kit). The latter must clamp the needles inside their curvatures, on their flat parts designed for this purpose. It is also possible to insert the needles using a **needle holder-handle** (not supplied in the instrument kit but available on request).

¹ Our reusable instrument kit contains a 5th needle. This needle is straight and is intended to be curved as you wish.

Thread & Lift

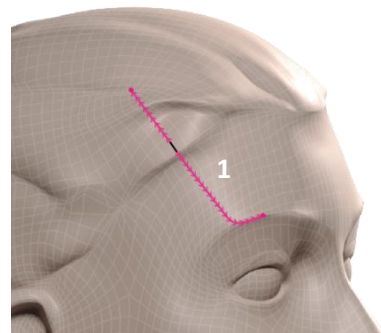


GOOD PRACTICE - If during the implantation of a thread you realize that the curvature of the needle you are using is not the right one, do not hesitate to step back, take it out and change it, to work with the correct curvature. Indeed, a needle that is too curved tends to descend too quickly in the deep planes and a needle that is not curved enough will not allow you to make the desired turns.

In the same way, do not hesitate to bend or unbend the needles slightly as you please, at each step, in order to adapt them to the path. Beyond the differences from one patient to another, it can happen that the curvature of the needle is altered during the insertion process.

1) Implantation of the thread of the 1st eyebrow – forehead

The needle **(3)** is used to insert the lower half of the thread **(1)**.



The needle is inserted vertically, never obliquely, so as not to create a dimple by passing the thread through the thickness of the dermis (the thread must be free under the skin). Once the beginning of the subcutaneous space is reached, **the needle is repositioned parallel to the skin**.

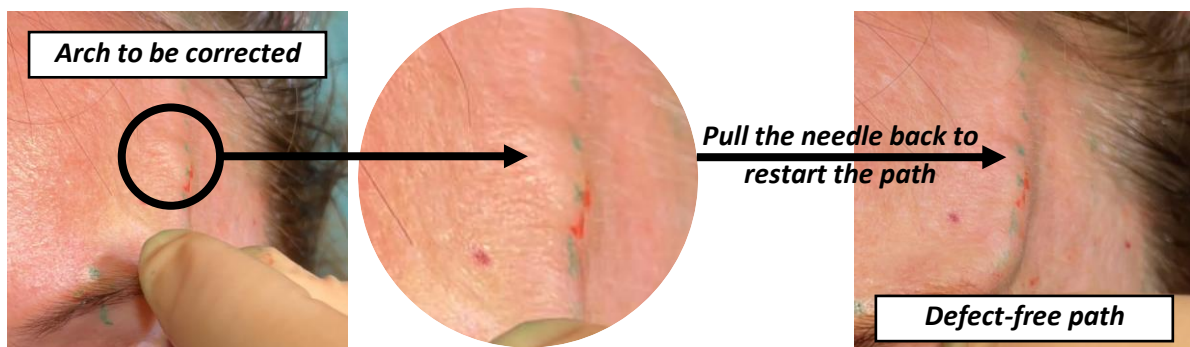


Thread & Lift

The needle must then progress strictly subcutaneously. The aim is to obtain tissue mobility without the needle being visible due to the hooking of the skin. This adhesion leads to gathers, a sign that the needle is implanted too superficially. In contrast, a needle implanted too deeply is characterised by the formation of bulges (tissue packed between the needle and the skin). This visibility is definitive once the thread has been implanted.

GOOD PRACTICE - During the progressive implantation of the needle, it is essential to regularly rotate the needle on itself from right to left and vice versa in order to ensure **that it does not create a depression**. If this were the case, it would mean that the needle is directly hooking the skin and that it is therefore positioned too superficially. This visibility would be definitive once the thread is implanted. **If in doubt, do not hesitate to move backwards to reposition the needle on a deeper path.**

Particular care should be taken in the last few millimetres before the eyebrow, where it is necessary to go slightly deeper than on the rest of the route.



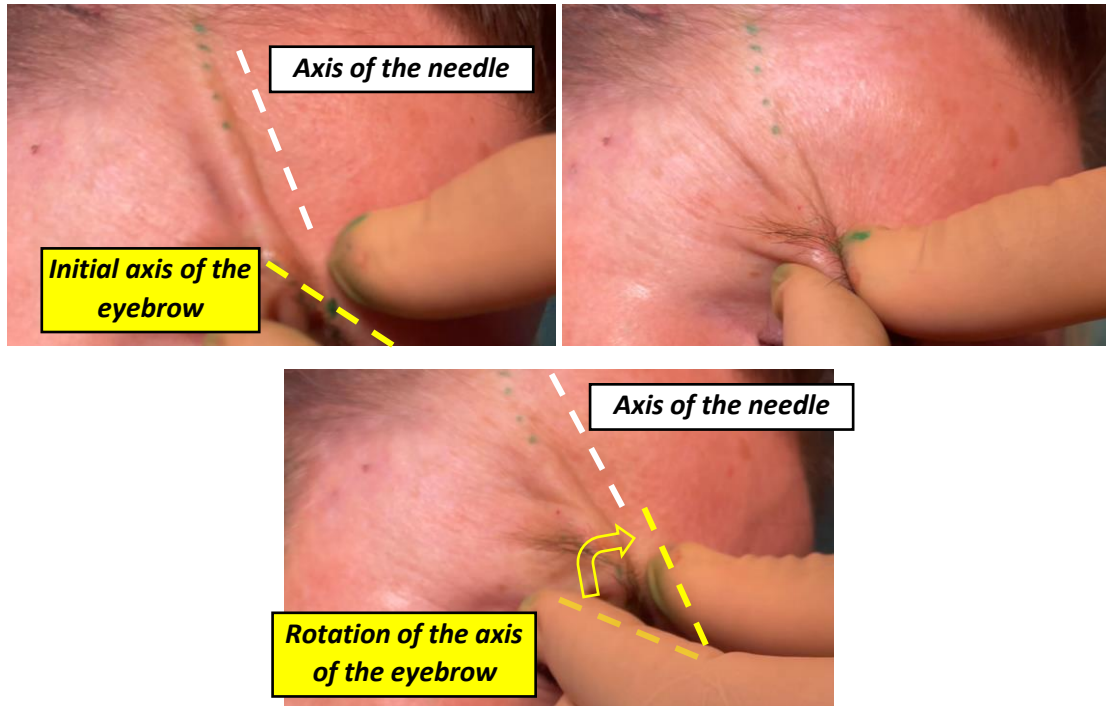
POINT OF VIGILANCE - Care must be taken to ensure that the anaesthetic is even and homogeneous, so as not to create « false positives » with excessive anaesthesia, which would make it seem as though the needle is pulling or compacting too much tissue.

Thread & Lift

2) Implantation of the thread of the 1st eyebrow – eyebrow

Hold the Charpy fat pad between your thumb and forefinger, or middle finger (whichever you prefer).

While maintaining the needle in depth, the Charpy fat pad is aligned with the axis of the needle.



POINT OF VIGILANCE - It is essential to make the turn in the middle of the thickness of the Charpy fat pad. If the path is too superficial, the result will be unsightly, with the appearance of a depression at the level of the turn. On the other hand, if the path is too deep, in the orbicularis, the result will be insufficient or non-existent: the thread being blocked in the muscle.

The Charpy fat pad is passed through over 1 to 1.5 centimetre before the needle is brought out. The tip of the needle is brought out exactly or as close as possible to the point of anaesthesia in order to benefit from the maximum vasoconstriction.



We advise you to refer to the video [Infinite-Thread® - J technique (duration: 13 min) / Area treated: Eyebrows] for greater clarity of the gesture. This video is available here: <https://www.threadandlift.com/infinite-fr.mp4>

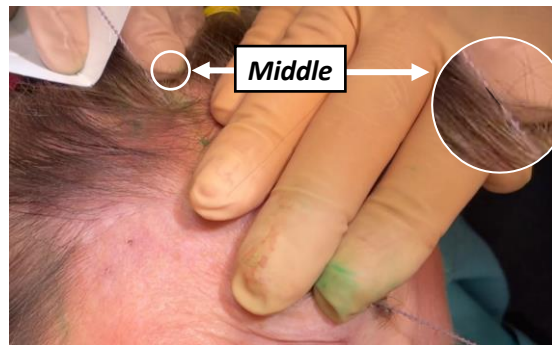
Thread & Lift

The smooth tip of the Infinite-Thread® is then passed through the eye of the needle. Care should be taken not to pass any cog of the thread through the eye of the needle to avoid it becoming blocked.

The thread is guided by the cardboard box in which it was packaged. This is very useful for keeping the hair pressed down and ensuring that it does not slip inside with the thread. However, if one or more hairs were to become embedded in with the thread, they would need to be gently removed with the Adson clamp (supplied in the instrument kit).



The thread is pulled in by the needle up to its central part identified by a black mark **[Middle]**.



POINT OF VIGILANCE - At this stage, even before the top half is inserted, it is essential to immediately check the effectiveness / quality of the result by pulling the thread. This test is critical in order to detect a lack of result. In the event of a lack of result due to the thread being implanted too deeply, the thread needs to be pulled out and re-implanted more superficially.

Once this check has been carried out, compress the thread again for 1 minute (see REMINDER OF GOOD PRACTICE on page 23).



As the traction of the needle on the eyebrow is significant and generally uncomfortable for the patient, care should be taken to quickly pass the thread through the eye of the needle and tow the thread.

Thread & Lift

3) Implantation of the thread of the 1st eyebrow – scalp

We use the same needle **(3)**.

The needle is inserted vertically until it reaches the correct plane, i.e. the beginning of the subcutaneous space, it is then repositioned parallel to the scalp.



The needle should travel between the scalp and the galea, following the marked path. The needle is gently guided until it reaches its exit point. Any resistance while the needle is passed would indicate that it is positioned too superficially.

The smooth tip of the Infinite-Thread® is then passed through the eye of the needle.



The needle is then progressively and completely withdrawn, towing the thread until it is completely implanted.



Thread & Lift

POINT OF VIGILANCE - The absence of buried hair must be checked with an extreme caution! It is the presence of hair half in - half out that is generally responsible for an infection.



4) Implantation of the thread of the 2nd eyebrow

The procedure to follow is the same as for the implantation of the thread of the 1st eyebrow, that is paths (1) and (1').

POINT OF VIGILANCE - The tip of the threads must not be cut at this stage! They will be used for the final tension adjustment.

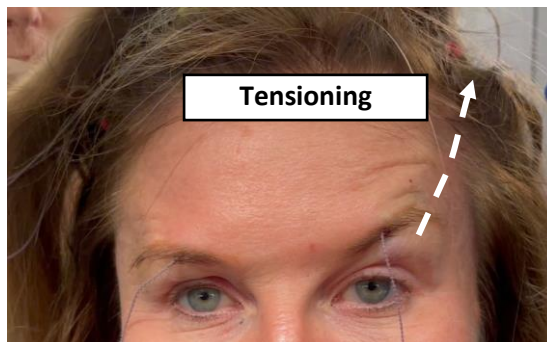
Phase 5 : Final adjustment of the tension and adjustment

Note - For a complete Eyebrow + Face intervention, refer to the "Chronological summary to be followed" on Page 6 to perform the different steps.

For the final adjustment of the two threads of the eyebrows, the patient must be in a seated position.

1) Tensioning

A moderate traction is applied to the upper strand of both threads (1'). This gesture will perfectly put the threads under tension.



2) Precise tension adjustment

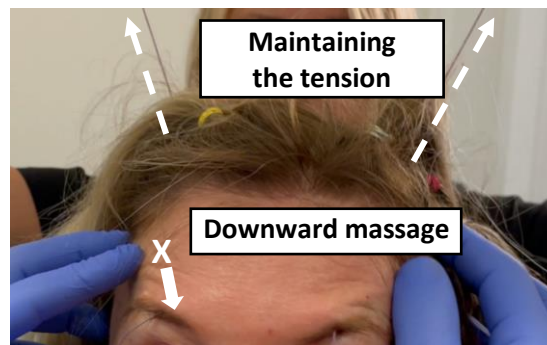
Since the aim is to lift the eyebrows according to the patient's desire, the tension applied to the thread must be adapted accordingly.

Infinite-Thread® is very powerful with highly effective cogs. Eyebrow lifts do not require 100% of its power.

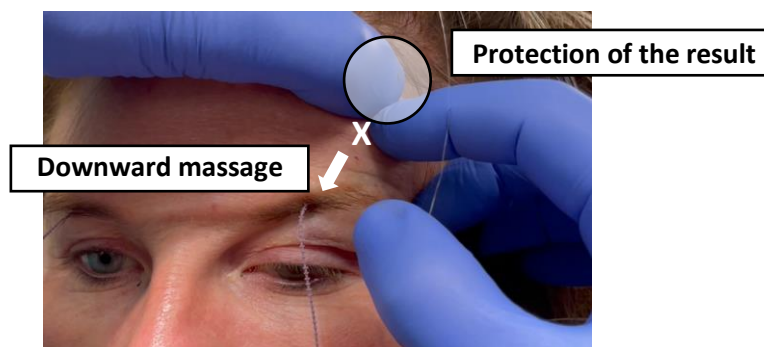
Thread & Lift

POINT OF VIGILANCE - Although it is necessary to leave a slight over-correction, it is often tempting to want to tract almost exaggeratedly, thinking that it will always be easier to relax during the follow-up visit, than to have to deal with an insufficient result. The main problem with this approach is that the patient will not give you that time. In fact, as soon as she (he) will get home, she (he) will massage herself (himself) without knowing how to block the thread, and this will cause the loss of the result. You must therefore take care not to pull on the eyebrows too hard to avoid this risk, which always results in a sudden and often asymmetrical release of tension of the threads, thus ruining your work.

Take care to relax any identified excess tension along the path. To do so, while keeping the upper strands under tension to hold the thread in place, massage the identified point(s) of excess tension (X) downwards with the thumb or forefinger.



This massage is performed with care so as not to release the tension of the entire thread. A hand higher up (above the area to be manipulated) must therefore be positioned on the path of the thread (X) - this hand will provide support to maintain and protect the effectiveness already achieved.



3) Cutting of the lower end of the threads - eyebrows

On both eyebrows, the lower ends of the threads are cut flush.

Thread & Lift

4) Dimple release

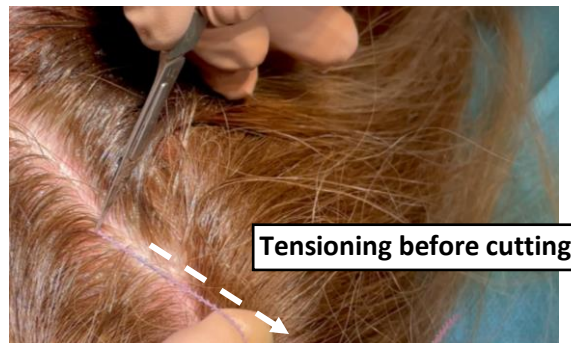
One by one, the end of each thread is released from its grip to the skin, to eliminate any risk of dimples appearing immediately or secondarily (once the edema has disappeared).

POINT OF VIGILANCE - Dimples at the exit points are due to the threads having created a depression on the skin at their exit point. They do **NOT** go away by themselves, contrary to popular belief. A dimple (just as a fold) is always the result of an error or shortcoming in the practitioner's gesture.

POINT OF VIGILANCE - A patient should never leave your practice / clinic with folds or dimples induced by the insertion of permanent suspension threads! Time does not work for you: due to the resorption of the edema, any defect will persist and become increasingly difficult to correct as the days go by.

5) Cutting of the upper end of the threads - scalp

Before cutting them flush, it is best to pull slightly on the top tip of the threads to bring out 2 or 3 rows of cogs, i.e. about 5 mm of thread. Once the tips are cut, the threads will retract by the same amount (about 5 mm). This step ensures that the tips of the threads are perfectly buried.



GOOD PRACTICE - To be safe, the scalp should then be pushed back over the exit points to ensure that each extremity that has just been cut flush is properly covered.

Again, check for the absolute absence of any partially buried hair.



POINT OF CAUTION - The upper end of the threads must always be cut at the very end, after the final adjustment!

Indeed, a **NON-CUT** upper extremity will allow a last traction of the thread if ever it had not been tightened enough or if unfortunately, it had been slightly relaxed during the release of a dimple.

Thread & Lift

In the post-operative phase, the patient must follow his or her doctor's prescriptions. You can find the prescriptions provided, as an indication, by our expert, Dr. Jean-Paul Fountèze, in the document [Medical prescription – Thread & Lift] available in your private area on the website www.threadandlift.com.

USEFUL INFORMATION

1. An injection of botulinum toxin should be given 7 to 15 days before the intervention, at the 3 conventional points of the crow's feet, in order to put the orbicularis muscle to rest.
2. To minimize oedema, the path of the forehead should be compressed for 1 minute:
 - a) After the anesthesia ;
 - b) After the thread implantation ;
 - c) After the tension adjustment.
2. Do not exaggerate the traction of the eyebrows to avoid the patient massaging them once back at home.
3. It is common for such a local anesthesia to induce a paresis or paralysis observed at the frontal level. This usually disappears within a few hours (exceptionally up to 12 hours in rare cases). No special treatment or action is necessary. However, for better acceptance, the patient should be warned of this eventuality.