



BLEPHAROPLASTY – cosmetic eyelid surgery

What is a blepharoplasty?

A blepharoplasty is an operation that removes excess loose folds of skin from the upper eyelids and 'bags' from the lower eyelids.

What are the reasons for having a blepharoplasty?

An upper eyelid blepharoplasty is performed for people who have droopy, overhanging eyelids that impair vision, cause frequent blinking and eye fatigue or look unsightly.

It can be combined with ptosis surgery if there is an associated droop of the upper eyelid. Often an eyebrow ptosis (drooping of the eyebrows) contributes to the problem and may need to be addressed at the same time.

A lower eyelid blepharoplasty is also performed on people who have "puffy" lower eyelids that may look unsightly. An ophthalmic consultation can provide a comprehensive assessment of your eyelid problem, and a discussion of the available treatment options.

What happens at surgery?

Blepharoplasty surgery can be performed under local anaesthesia, local anaesthesia with sedation by an anaesthetist, or under general anaesthesia,

Upper lid blepharoplasty

When upper eyelid surgery is undertaken, a curved incision is made through the upper eyelid crease above the eyelashes and a crescent-shaped piece of skin is removed. If necessary some underlying fatty tissue is also removed. Tiny dissolvable sutures are inserted to close the wound. An eyebrow lifting or stabilizing procedure is commonly performed at the same time to achieve the desired result and to prevent the brow from descending further following the removal of upper eyelid skin.

Lower lid blepharoplasty

An emerging concept in cosmetic surgery is that the face develops the characteristics of aging not only because of sagging but also because of soft tissue atrophy.

The evolution of this concept is well illustrated in the field of lower lid blepharoplasty in which the traditional approach to the surgical improvement of lower eyelid 'bags' is to resect the herniating orbital fat. While this method can indeed remove 'bags', in many patients it may also eliminate the soft tissue that conceals the infraorbital rims, creating a hollowed, skeletonized appearance. This is in contrast to the appearance of the youthful face, in which the soft tissue fullness creates a smooth transition from the cheek to the lower lid. The inferior bony orbital margin is concealed. The traditional approach of resecting orbital fat is therefore unlikely to produce a full, youthful lower lid contour and conflicts with the aforementioned concept that facial aging is partly a consequence of soft tissue atrophy. A number of surgical approaches have been devised to address this problem. One such technique that has gained prominence is the arcus marginalis release, in which orbital fat is advanced rather than resected to reconstruct the soft tissue of the lower lids.



This technique is designed to conceal the underlying bony lower structure of the inferior orbit in an attempt to impart a more youthful contour to the periorbital area.

An incision is made about 1-2 millimeters below the lower eyelashes if excess skin is to be removed or if the orbicularis muscle is to be resuspended. It is more common for the surgeon to perform the procedure from inside the eyelid, which causes less swelling and no scar on the outside (a transconjunctival blepharoplasty). The skin laxity or wrinkling can be addressed by other methods at the same time or later e.g. by laser resurfacing using Fractional laser resurfacing or a mild chemical peel using TCA (trichloroacetic acid). It is preferable not to remove lower eyelid skin if possible as this risks eyelid retraction and predisposes to watering eyes at an older age. The surgery is performed using a 'Colorado needle' which greatly reduces bleeding.

The procedure may be carried out as a day case at the clinic or at a local private hospital with an overnight stay in hospital depending on the patient's individual requirements, after surgery. After surgery, the eyes are initially covered with pressure dressings to reduce postoperative swelling and treated with antibiotic ointment. These are then removed and replaced with ice packs and the eyes watched closely for any excessive bruising.

What happens before eyelid surgery?

You will visit the clinic a few days or weeks before the date of their surgery, to have a preoperative consultation with your surgeon. They will ask you questions about your current and past health, and will need to know about any allergies or medications being taking (including over the counter products e.g. aspirin, indomethacin or vitamin supplements), previous surgery, the previous use of fillers or anti-wrinkle injections and whether you smokes. You may also be required to have a physical examination of your heart and lungs by the anesthetist to make sure it is safe to have an anesthetic. You may need to have some routine laboratory tests, such as urinalysis, chest x-rays, or complete blood cell counts. These should reveal potential problems that might complicate the surgery if not detected and treated early. We may not need to carry out any tests if the patient is in good health and younger than 55.

Please answer all questions completely and honestly as they are asked only for your own wellbeing, so that surgery can be planned as carefully as possible. If you are unsure of the names of any medications, bring them along. You will be told whether it will be necessary to stop any medications at this preoperative clinic visit. For example, if aspirin-containing medicines or anticoagulants are being taken, they may need to be temporarily withdrawn or reduced in dose for two weeks before the procedure. If you can, try to stop smoking at least six to eight weeks prior to surgery.

In some patients the appearance of "hooded" upper eyelids with overhanging skin is caused by a droop of the eyebrows rather than by excess upper eyelid skin. A blepharoplasty may then be inappropriate and may worsen the appearance. An operation to lift the eyebrows may be required instead or in addition. If appropriate in your own individual case this will be discussed with you. There are a number of different procedures which can be undertaken to raise eyebrows. The one most suited to the individual needs of the patient is selected.

What should I expect at the hospital?

The procedure will be explained to you and you will then be asked to sign a consent form saying that you understand the procedure and that you have been told about any possible complications. Very rare complications will be described, as well as any more common ones, so try to keep things in perspective. If you have any questions or worries, make sure they are answered, before you sign the consent form.



You are quite free to go away and consider the options before committing yourself to any surgery. You can then write to us or email us requesting further information if required.

What are the possible common complications of cosmetic eyelid surgery?

Complications in the hands of a trained and experienced oculoplastic surgeon are very rare and all precautions are taken to minimise any risks.

Complications after eyelid surgery include:

- Blurred or double vision, mainly for a few hours, up to a day or two after surgery. This may occur for several reasons - ointment put in the eye immediately after the operation, local anaesthetic used in the operation, weakening of the muscles that control eye movement or swelling of the normally clear covering around the eye (the conjunctiva). Swelling of the conjunctiva is referred to as "chemosis" and in some patients can take a few weeks to resolve. If blurring persists for longer than 48 hours, it is important to inform the surgeon.
- Watery eyes - this is common for the first few days after the operation due to irritation of the eye.
- Dry eyes may persist for two to three weeks. You will need to lubricate your eyes every 1-2 hours using artificial tears during the day (Viscotears) and an ointment at night (Lacrilube). These will be prescribed for you. You will gradually reduce the frequency until you can dispense with them altogether. It is very rare for patients to have to continue with them long-term but this is possible. This is why it is important to exclude a dry eye problem before proceeding with this type of surgery.
- Injury to the surface of the eyeball (a corneal abrasion) that causes persistent pain. If the pain lasts longer than a few hours after the operation, the surgeon must be informed. Such a problem is extremely rare in the hands of an oculoplastic surgeon.
- Collection of blood around the eyelids or behind the eyeball, called a haematoma. A sudden haematoma behind the eyeball can cause loss of eyesight if not managed appropriately. **An oculoplastic surgeon is trained to prevent and to manage such a problem.**
- Damage to the muscles that move the eyeball causing double vision is a very rare problem and usually this resolves by itself with time.
- A ptosis (the upper eyelid does not open because of stretching of the muscle or tendon that controls it) - another operation may be necessary to repair this. An oculoplastic surgeon undertakes ptosis surgery routinely.
- When blinking the eyelids do not cover the eyeball completely. This often occurs for a short time after the operation and is treated routinely with artificial tear drops.
- A sunken-looking eye can occur if too much fatty tissue is removed. Modern approaches to a lower eyelid blepharoplasty aim to preserve and reposition fat in the lower eyelids over the lower eyelid rims to avoid this problem.
- Acute glaucoma - this is raised pressure within the eye, which results in pain in the eye, haloes around lights or severe blurring of vision, a headache above the eye, and vomiting. A patient at risk of such a postoperative problem would be identified by an oculoplastic surgeon. An oculoplastic surgeon is trained to diagnose and treat such a problem.
- Infection. An infection following this surgery is rare but it is important to follow postoperative wound care instructions to help to prevent such a problem. These are given in writing to take home following surgery.



How long will I stay in hospital?

Most cosmetic eyelid surgery procedures are performed as day cases where you arrive at the hospital in the morning and leave the same evening after the operation. Someone must be available to take you home and stay with you for up to 24 hours after the operation. Alternatively an overnight stay may be required if you live some distance from the hospital.

What happens after a blepharoplasty?

Someone must be available to take you home and stay with you overnight after the operation. You must not drive or operate machinery for 24 hours following discharge from the clinic.

You will need to have clean cool packs at home ready to apply to the eyelids. You will be asked to clean the eyelids and repeat the application of antibiotic ointment to the wounds 3 times a day for 2 weeks. The sutures (stitches) used are usually dissolvable but can be removed after 2 weeks. The skin around the eyes should be protected from direct sunlight, by avoidance if possible or by using sunglasses. Wearing make-up should be avoided for at least 2 weeks. Postoperative bruising and swelling usually takes at least 2-3 weeks to subside. This should be taken into consideration when scheduling the operation. The scars gradually fade to fine marks within a few months. Those in the upper eyelid are hidden within the skin crease. You will need to use frequent artificial tears for the first 2-3 weeks following surgery. These will be prescribed for you e.g. Systane preservative free, Viscotears preservative free, Liquifilm tears preservative free, or Cellusvisc, and also Lacrilube ointment at bedtime. These medications can also be purchased across the counter at most pharmacies.