BLEPHAROPLASTY



Blepharoplasty, or 'eyelid lift' surgery, is a technique for restoring the youthful appearance to the eyelids, or in severe cases to improve a constricted visual field. It can be performed on the upper eyelids (upper lid blepharoplasty) or lower eyelids (lower lid blepharoplasty).

With ageing (or sometimes as a result of medical conditions such as thyroid eye disease), the skin around the eyelids can lose its elasticity and form folds or 'hooding' in the upper lids. In addition, weakening of tissues within the upper or lower lids can cause bulging of fat, giving the appearance of 'eye bags', (particularly in the lower lids). The appearance of either lower lid bags or upper lid hooding may be typical in your family.

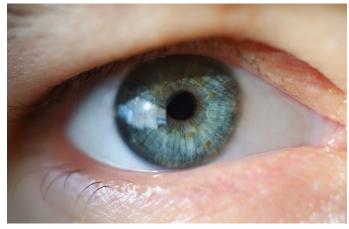
Blepharoplasty surgery may involve a combination of skin excision, muscle excision, fat excision and, in some cases, fat repositioning. The combination of procedures depends on factors, including age and the shape of the eyelids and face.

Incisions are usually well hidden, being placed in the natural eyelid skin creases. Blepharoplasty surgery is usually performed as a day case, so a hospital stay is not normally needed. It is commonly performed under local anesthetic (with or without sedation) but may be performed under general anesthetic in selected cases.

Upper lid blepharoplasty

Patients seeking upper lid blepharoplasty surgery normally complain of a hooded appearance to their eyes, a 'heaviness' to their eyelids, and in severe cases, obstruction of the upper part of their vision by their eyelids or lashes. Patients may also complain of loss of the part of the upper eyelid to which eye-shadow is normally applied.

It is important to assess the underlying cause of patients' 'eyelid heaviness', as a low eyebrow position (brow ptosis) or drooping of the actual eyelids (ptosis) may be contributory.



(Image source: iStock)

In some cases, a different operation (such as ptosis repair or brow lift), may be required instead or in addition to blepharoplasty.

Upper lid blepharoplasty surgery is usually successful, and patients are generally satisfied with the outcome.

Lower lid blepharoplasty

The youthful eyelid has a smooth surface contour below the lid margin. In older people, there is often a sagging of the lower eyelid caused by bulging fat beneath the skin.

Lower lid blepharoplasty surgery often involves removal of the excess bulging within the lower eyelid. In some patients 'fat repositioning' (rather than removal), is required to eliminate a 'double bulge'. Results of fat repositioning can be slightly less predictable with potential uneven areas or lumpiness.

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What to expect before blepharoplasty surgery

You will meet your surgeon and discuss what you are hoping to achieve from surgery. You will have a full consultation including past medical history, and details of all your medications, particularly blood thinners. In selected cases, blood thinners may be stopped before surgery. Your surgeon will examine your eyes and face and take photographs for your medical records. Your surgeon will confirm whether blepharoplasty surgery is the most appropriate operation to achieve your desired outcome and give you a realistic expectation about the likely results.

What to expect after blepharoplasty surgery

Immediately after the surgery, your eyes are usually padded to minimise bruising and swelling. You should not drive home after the operation. It is common to experience bruising and swelling of the eyelids for a couple of weeks. Stitches may be either absorbable (dissolvable) or non-absorbable, and in either case they are usually removed once the wounds have healed (5–14 days). Antibiotic cream is often prescribed to apply to the wounds to prevent infection. It is fairly common for the eyes to feel a bit dry and gritty after the surgery, and lubricants (artificial tears) are often used for the first month after surgery. Mild blurring of vision for a few days is also common as a result of using ointment or surface dryness of the eyes. There may be redness around the incision sites, but this fades over several months.

Care after eyelid surgery

The incision sites may feel tight and mildly sore, but discomfort is usually manageable with simple analgesics such as paracetamol. Antibiotic ointments are usually applied to the wounds several times a day and lubricant

drops or ointments may be used in the eyes. Cold compresses may be applied to the closed eyelids for up to 10 minutes every hour to reduce swelling over the first few days. Keeping the head elevated, such as by using an extra pillow to sleep, may help minimise the swelling. Activities which increase blood flow to the eyes, such as bending, sporting activities and heavy lifting, should be avoided in the first few weeks after surgery. Sunglasses may be useful in the first few weeks following surgery to reduce irritation to the eyes by sun and wind. The surgical wounds should be kept as dry as possible until the sutures have been removed and the wounds are fully healed (anything from 5 to 14 days).

Limitations of surgery

Blepharoplasty surgery can only reduce the fullness of the eyelids due to tissue excess or bulging, such as skin excess or fat prolapse. True swelling of the eyelids, for example due to allergy, or inflammation within the eyelids, will not be improved by surgery. Surgery will also not eliminate all the wrinkles around the eyelids. This may require supplemental treatments such as botulinum toxin (Botox) injections. It is important to have a discussion with your surgeon preoperatively, to obtain a realistic expectation of the results attainable, which will always be individualised to your situation. For example, your surgeon may be able to reduce hooding, but not completely eliminate it.

Risks of surgery

As with any surgery, there are potential risks. Common risks include bleeding, bruising, infection and scarring. Other relatively common risks include dry eye, minor asymmetry between the two eyes, altered eyelid contour and mild residual hooding. Rarely, incomplete eyelid closure may occur. In addition, over many years, the skin and tissue around the eyes is likely to change and further surgery may therefore be required in the future.

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