



## Blepharoplasty

Whether a face looks fresh or youthful is partly determined by the quality of the skin and tissue areas around the eyes. If they become saggy, wrinkled and puffy, the overall impression is that of a tired and aged person. Skin excess over the upper lids can also make eyes look smaller. Blepharoplasty is the name given to an operation that reshapes the areas around the eyes, by removing redundant skin, some wrinkles and puffiness caused by fat accumulation. It also returns to the upper eyelid its natural fold, which may have been obscured by redundant skin, and hence to allow the use of mascara without smudging!

### Upper Eyelid Reduction (upper blepharoplasty):

The ideal upper lid skin fold sits 7-8 mm above the eyelash margin. The contour is smooth with no wrinkles or bulges at rest. The aim of surgery is to reproduce this ideal by removing excess upper eyelid skin and/or fat to re-contour the aesthetic norm. In most cases the scar becomes inconspicuous. The surgery is undertaken under general or local anaesthesia as a daycase.

### Lower Eyelid Reduction (lower blepharoplasty):

In the ideal lower eyelid, the contour is smooth and blends into the cheek/midface without ridges or bulges. The skin is smooth and free from wrinkles. Bags and wrinkles result from a combination of skin and muscle laxity or excess, with excess fat or weakness in the soft tissues allowing fat to bulge outwards. The surgery aims to correct the skin excess and laxity, correct fat displacement by removal or re-positioning or a combination of both. The scar sits under the lash line and extends into a natural crease laterally by a few millimetres. The scars become barely noticeable when healed. The procedure is undertaken under a general anaesthetic daycase and can be combined with an upper blepharoplasty. *In some cases a lower blepharoplasty alone may not be sufficient to tighten the skin, and you will be advised as to whether a chemical peel would be a useful adjunctive procedure.*

### Other useful information:

Pre-operative advice: You should avoid Aspirin and related anti-inflammatory medication (ibuprofen, naproxen, diclofenac) for 4 weeks prior to surgery as they can promote excessive bleeding or bruising. Smokers also have a higher risk of complications, and this habit should be avoided for 2 weeks before and after surgery. If there is a history or suspicion of thyroid problems, this should be brought to our attention and a thyroid function blood test may also be required.

On admission: Patients are admitted on the day of surgery and checked by the nursing staff. The anaesthetist will see you if a general anaesthetic is required. Mr Adams will take photographs and consent will be obtained.

The operation:



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Upper eyelid surgery takes up to an hour, where excess skin and/or fat is removed. The wound is closed with small interrupted stitches and small tape is applied.

The lower lid procedure can take up to an hour and half. The lower skin is reflected from beneath the eyelash line to expose both the muscle and fat. Contouring and tightening of the soft tissues is achieved and the skin is re-draped before trimming and closure using a continuous stitch under the lash line.

What to expect following surgery: There will be swelling and bruising in the hours and days following surgery. Some patients may notice that the upper eyelids may not fully close but this will return to normal after the majority of the swelling settles. Occasionally, cold packs will be provided in recovery to reduce the swelling. You are also expected to have the head elevated for 48 hours to help reduce swelling. Bruising may last for up to 2 weeks. Some redness of the scars will persist but can be disguised with make-up at two weeks post surgery. Pain is not a usual feature of blepharoplasty operations. However, standard analgesia will be provided at discharge.

Follow-up: Patients return to the hospital at one week for stitch removal. Patients are seen by Mr Adams at 6 weeks and 6 months in clinic; appointments are sent by email.

Risks and complications: As with all surgery, complications can occur, including bleeding or infection. Fortunately, these are rare with upper blepharoplasties operations. The main problems relate to wound gaping within the first 24 hours secondary to swelling, but this resolves spontaneously as the swelling settles. Occasionally, some asymmetry may be observed in the scar, which might require surgical correction. This can be more likely if there is asymmetry noted pre-operatively, and this will be discussed with you before the surgery.

The main concern with the lower eyelid surgery relates to the small risk of lower lid distortion (ectropion) during which the eyelid does not sit cleanly against the globe of the eye. This can result from excessive swelling or undesirable scarring and can cause "scleral show". This complication usually settles spontaneously with resolution of swelling. A secondary procedure may be required if this complication persists.

Some symptoms may be experienced, such as dry eye, a gritty sensation or crusting of the eyes in the morning. This problem is usually temporary, but can be permanent. This is associated with swelling and/or reduced lubrication of the eyeball by tears. Treatment with artificial tears usually corrects the problem. Long-term contact lens users may be more prone to it.

Blindness is a frightful and extremely rare complication which has been reported in the literature, and which, therefore, must be mentioned. This is caused by bleeding behind the eyeball where it can compress the artery to the retina. Prompt and expert management of this complication should lead to complete recovery.

*Blepharoplasty cannot always remove fine lines, especially crow's feet, and patients often misunderstand this. This can lead to dissatisfaction in the presence of an otherwise good result. A chemical peel or laser can be useful to improve any persistent lines on the lower lid skin, and Botox can relieve crow's feet lines, which is outside the scope of conventional surgery.*

**What happens when I leave hospital?**



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Wound care and stitches: The eyelid wound is approximated with interrupted stitches and supported by tape on the skin. Cooling pads are applied to the eyes in recovery to reduce swelling. You are advised to use these for a further 48 hours at home. Do not touch the wound as this might increase the risk of infection. The stitches are removed at one week at the hospital. No further dressings are required at this point onwards. Bathing is possible at one week. Make up can be applied from 10-14 days.

Appearance: There will be bruising and swelling and the eyes will feel tight. The bruising and swelling settles quickly over 2-3 weeks, although the final results will not be noticed for up to 3 months, as the scars mature.

Other features: Occasionally, complete eyelid closure may not be fully possible. This can be associated with dryness of the eyes, manifested by grittiness, tearing and an uncomfortable sensation when exposed to cold air. These symptoms settle spontaneously over several weeks. Rarely, artificial tears may be required to alleviate the symptoms.

Pain relief: Eyelid surgery is not normally associated with significant pain, but analgesics will be given as required.

Glasses and contact lenses: Patients may wear glasses immediately, though they should avoid touching the scars. Contact lenses should not be worn for at least 2 weeks.

Activities: Avoid driving while the stitches are in place or if there is significant bruising. Gentle sports can be resumed at 3-4 weeks but avoid vigorous activities for 6-8 weeks.

Follow-up: Patients are given a one-week appointment for stitch removal. Further appointments with Mr Adams will be made at 6 weeks and 6 months by email.

Causes for concern: Eyelid surgery is fortunately associated with few complications. Bleeding can occasionally occur though the dressing and light pressure is all that is required with head elevation. Gaping wounds spontaneously resolve in most instances. Any untoward, worsening pain or eyesight disturbances within the first few hours should be mentioned and medical attention should be sought immediately.