

BLEPHAROPLASTY/EYELID SURGERY: Patient Information

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Introduction:

Blepharoplasty aims to improve the appearance of the eyelids by removing excessive skin folds and removing or redistributing fat pockets which cause fullness or bulging. These are often changes encountered with ageing. Removal of redundant upper eyelid skin and loose or fatty bulges of the lower lid gives a more youthful, less tired look to the eyelids.

Sometimes significant excess upper eyelid skin folds can become heavy feeling and even start to "hood" over the lid margin causing an impact on visual fields when looking upwards. This is relieved by blepharoplasty.

The Operation:

Upper Eyelid:- This surgery removes a strip of excess skin fold from the upper eyelid, often with a thin layer of the underlying muscle. If the fat pads behind this are bulging forwards they can be trimmed.

The resulting scar lies in the natural skin crease of the upper eyelid fold.

Occasionally if there is significant redundant skin the scar needs to be extended outwards to the "crowsfeet" area where it can be more obvious.

Lower Eyelid:- The lower eyelid is more challenging, with the interplay of bulges, contour and shadows as well as sometimes true excess tissue or skin. "Bags" which form are actually fat pads which protrude from the eyesocket. The thin layer holding this fat back, the orbital septum, can weaken with age allowing the fat to bulge.

The incision is usually placed just below the eyelashes to access the fat bulges and trim them or repair the septum if necessary. Occasionally an improvement in the contour can be achieved with redistribution of the fat to fill out a deep groove.

An internal hitch stitch is usually placed to support the lower eyelid whilst healing and try to prevent it pulling down. Finally any excess skin can be carefully trimmed to reduce wrinkling.

The lower eyelid fat pads can also be accessed through the inner surface of the lower eyelid so preventing an external scar. This can be done if there is no need to trim skin excess.

Brow Lift:- Aging and the effect of gravity cause a normal descent of the eyebrows and this can contribute to the excessive skin folds in the upper eyelid. If this is the case a browlift should be considered instead of, or in addition to a blepharoplasty. If too much skin is removed from the upper lid and a later browlift corrects this, the eyelid will not close properly.

Surgery and Anaesthesia:

Upper Lid surgery alone may be performed under local anaesthetic as a rooms procedure. It can however be performed under general anaesthesia in theatre depending on patient preference.

Lower Lid surgery is less comfortable and general anaesthesia is usually used. It is usually combined with Upper Lid surgery. If both eyelids are addressed a general anaesthetic is required and this will mean admission to hospital, usually as a day case.

After the Procedure:

Immediately following surgery in the recovery room, ice cold wet packs are used for comfort and to minimize swelling. Vision checks will usually be performed by the recovery nurse.

Cold compresses are then used for the first 12 to 24hours.

When resting or sleeping the head should be elevated on a number of pillows to reduce swelling and this should continue at least for the first week.

There may be tape or steristrips holding sutures or wounds in place.

Eye ointment may be applied post operatively in the recovery room and then after discharge.

Arrangements will be made for a first follow up check with your surgeon between 5 and 7 days post surgery.