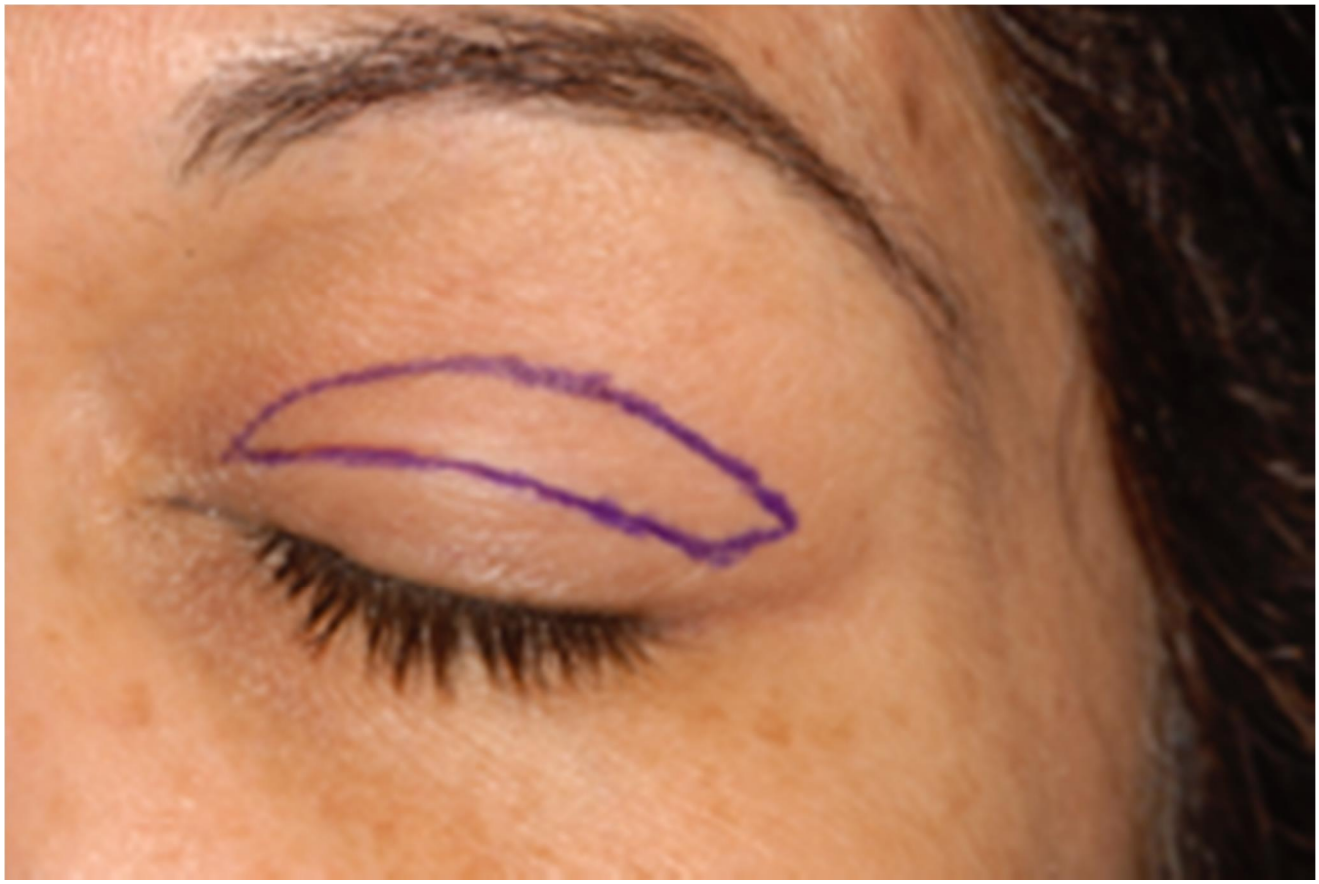
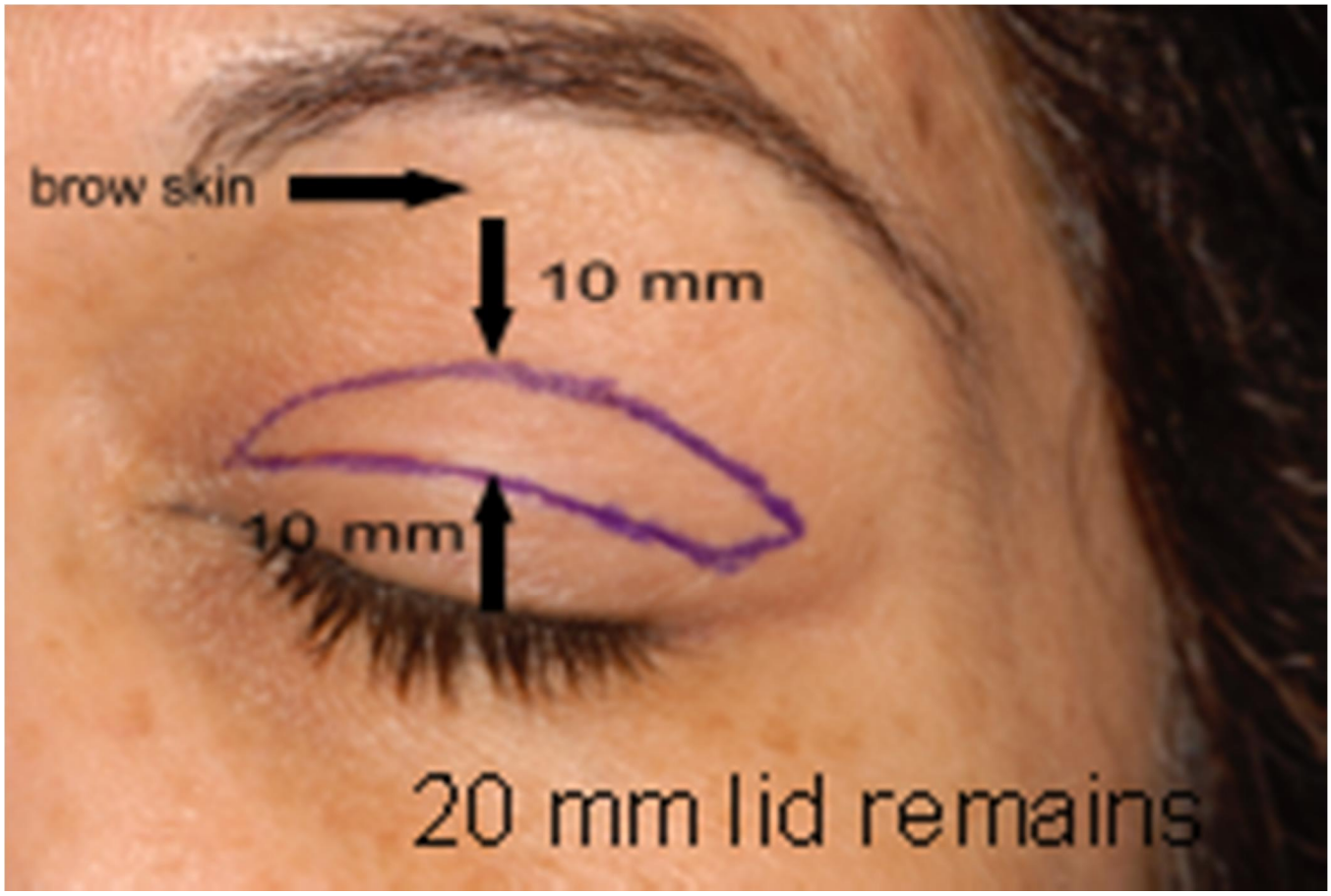
Upper lid blepharoplasty





Remove nasal fat only if removal needed

When upper eyelid cosmetic 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. The area of skin to be removed is first marked out (as shown in the photograph below), ensuring that the patient can easily close the eye when the skin is gently pinched with forceps.

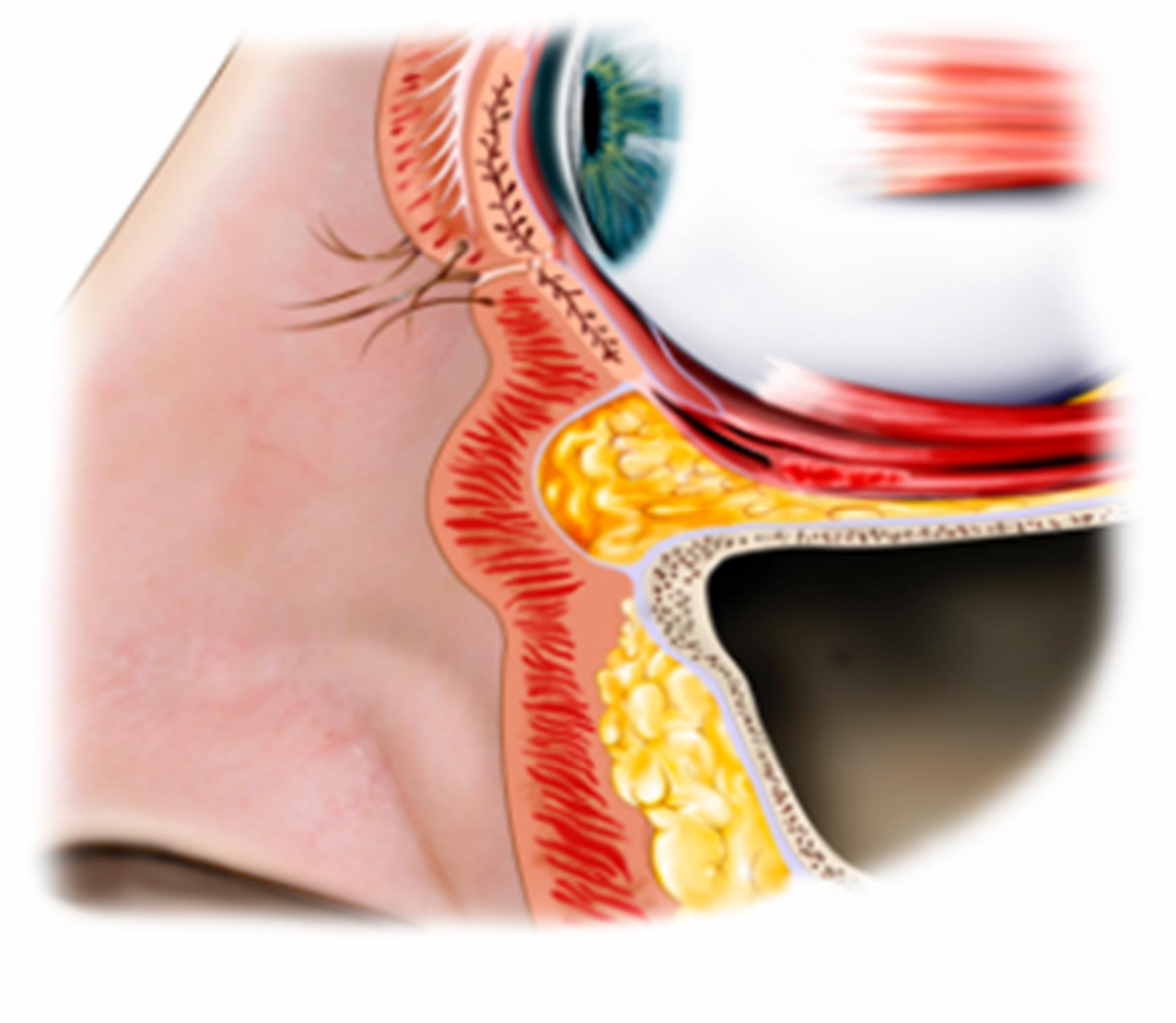
The redundant upper lid skin to be removed has been marked out with gentian violet leaving at least 10-12 mm of skin between the eyebrow and the upper skin marking to ensure that the surgery does not compromise blinking and protection of the eye.

In patients with bulges of fat, particularly in the inner corner of the upper eyelid, some of the fat is also carefully debulked or repositioned. Tiny blue dissolvable sutures (stitches) are inserted to close the skin wound. These are removed in clinic after approximately 10-14 days.

An eyebrow lifting or stabilizing procedure may need to be performed at the same time to achieve the desired result and to prevent the brow from dropping down further following the removal of upper eyelid skin. In some patients the appearance of ñhoodedò upper eyelids with overhanging skin is caused by a droop of the eyebrows rather than just by an excess of upper eyelid skin. A blepharoplasty alone may then be inappropriate and may in fact 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 that can be undertaken to raise eyebrows. The one most suited to the individual needs of the patient is selected.

Alternatively, for some patients, botulinum toxin injections can be used to achieve a ñchemical brow liftò 2-3 weeks before the upper lid blepharoplasty. These injections are then repeated at 3-4 monthly intervals.

Lower Lid Blepharoplasty



A drawing showing bulging of fat through a weakened orbital septum (arrow)

Lower lid ñbagsò are usually caused by bulging eyelid fat (see the diagram below). The traditional approach to the cosmetic surgical improvement of lower eyelid ñbagsò or ñeye bagsò has been to remove the bulging eyelid fat. While this method can indeed remove eye bags, particularly when these are severe, in many patients it can result in a hollowed appearance. This is in contrast to the appearance of the youthful face, in which soft tissue fullness creates a smooth transition from the lower eyelid to the cheek. The bony orbital margin is concealed. One such technique that has gained prominence to improve the appearance of the lower eyelid is fat repositioning, in which eyelid fat is advanced over the inferior orbital margin (the cheek bone at the junction of the eyelid and cheek) rather than removed. This technique is designed to conceal the underlying bony structure of the lower orbital margin (bony socket) in an attempt to impart a more pleasing contour to the eyelid area, improving a tired look.

Transconjunctival lower lid blepharoplasty with fat repositioning (‘scarless’ surgery)

For many patients, particularly those under the age of 55 who donôt have loose skin in the lower eyelids, a lower lid blepharoplasty is often performed via the inside of the eyelid (a transconjunctival blepharoplasty) which leaves no visible external skin scar (see illustrations below). This is usually performed on patients approximately 30-55 years of age who do not need any skin to be removed (or who can be managed with a very small ñskin pinchò excision at the same time or later, when all the postoperative swelling has settled). Any skin laxity or wrinkling after surgery can be addressed by other methods at a later stage e.g. with a mild chemical peel or by means of laser resurfacing.

PASE course notes :

Corneal shield ï Plastic , Not metal with bovie

Medial fat pad - inferior oblique muscle - central fat pad - fibrous band - lateral fat pad

Push globe and make small incisions to see fat

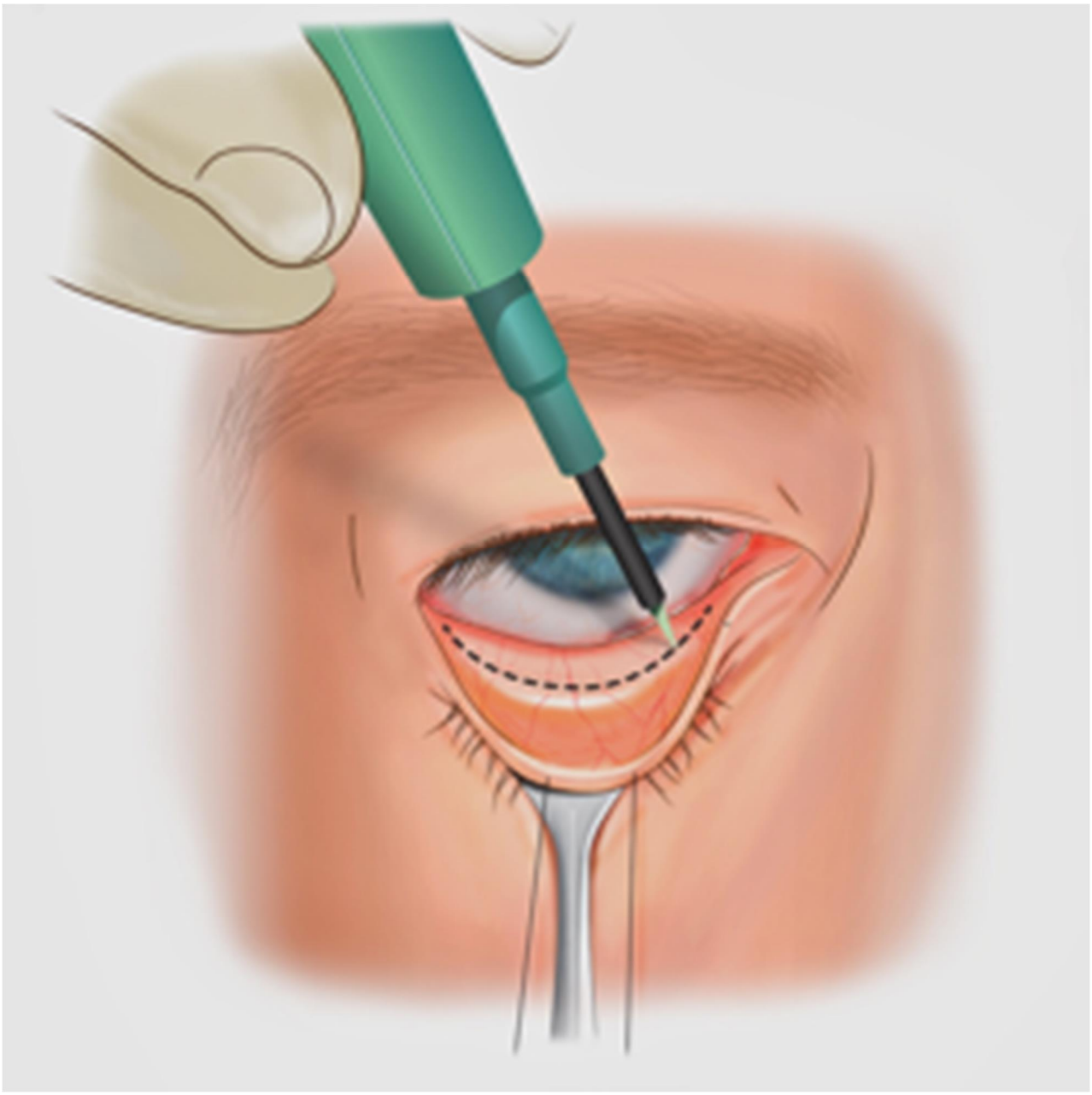
Lateral pad most likely missed

Only the Medial and Central pads are transposed. The lateral pad just excised (sculpted)

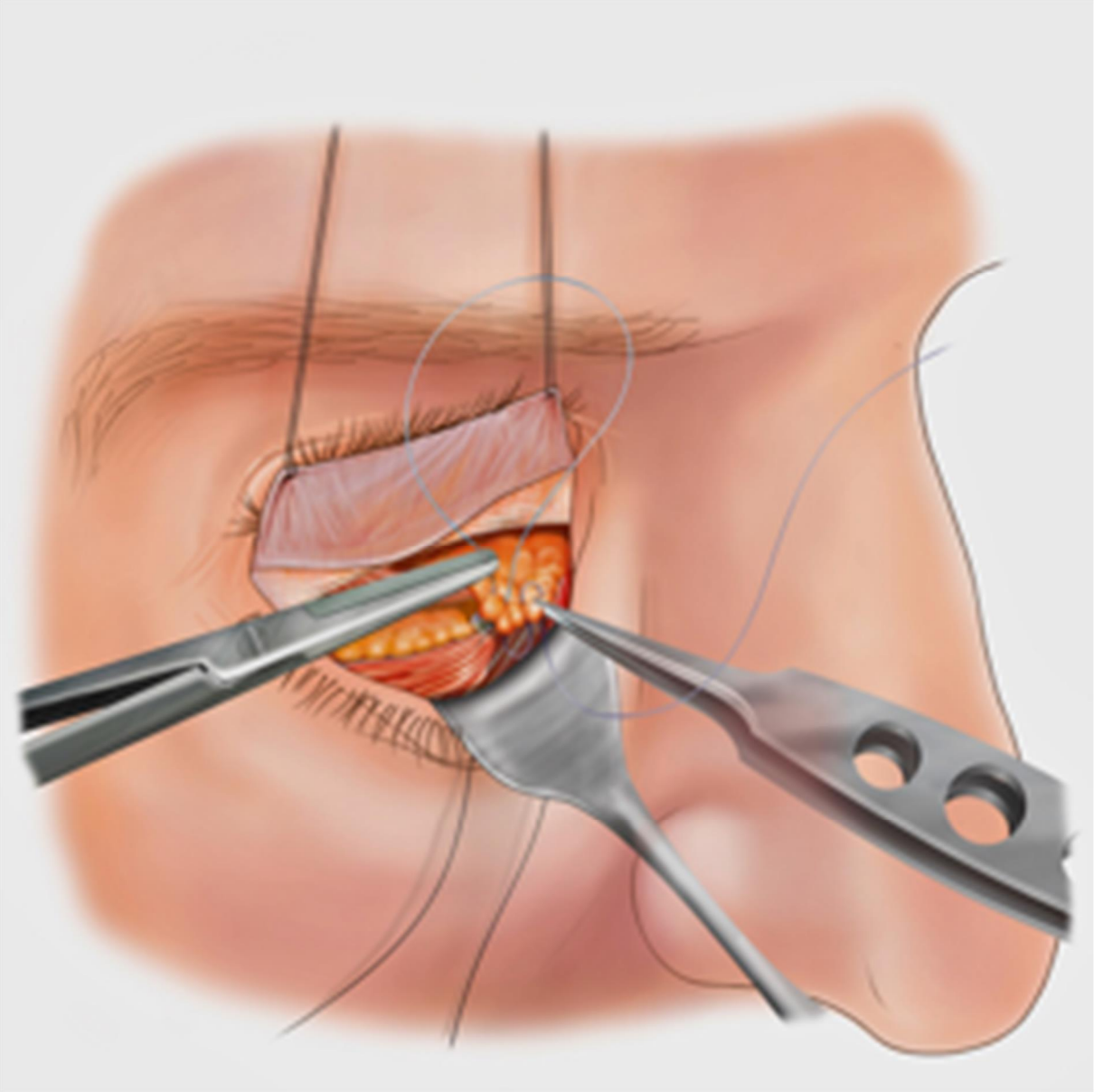
Never remove entire fat just excess(sculpted)

Close conjunctiva with two 6 ï 0 vicryl sutures

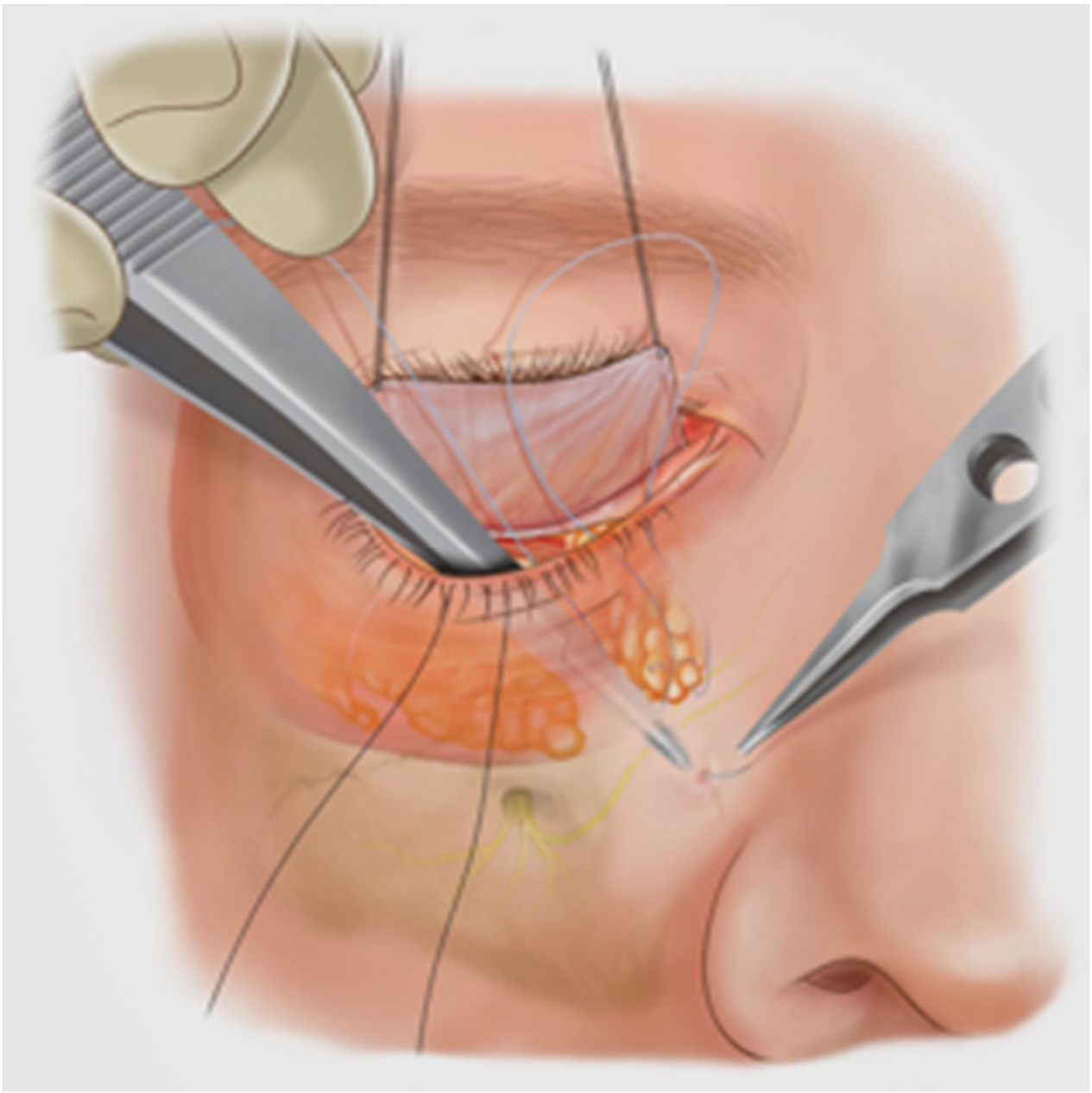
Blosters for transposition use 6-0 prolene.



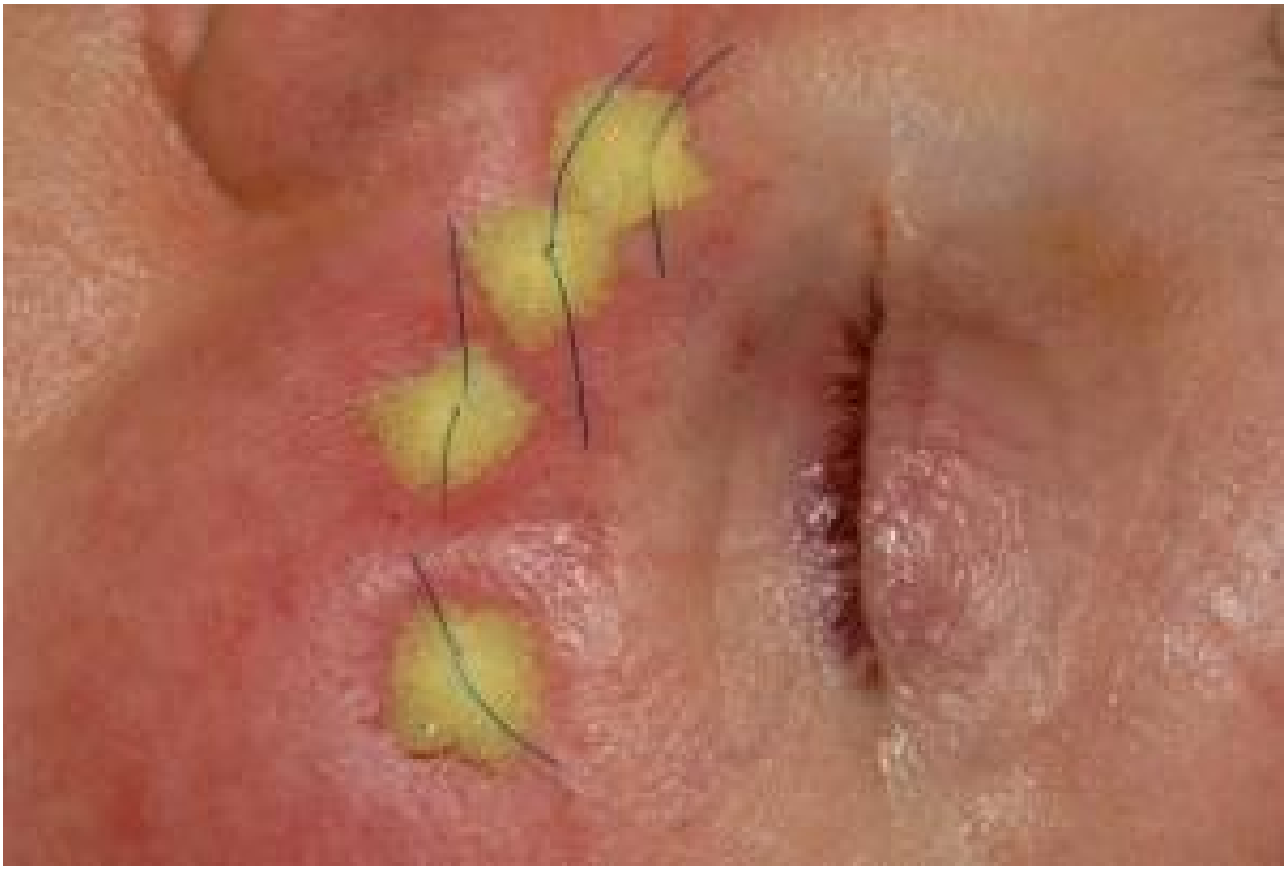
An incision is made on the inside of the lower eyelid using a Colorado needle. This minimises bleeding.



A flap of conjunctiva is pulled up over the eye to protect it and stitches are passed through the fat.



The fat is then pulled into a space created over the bone of the eye socket with Prolene sutures. These are passed through the skin of the cheek.



The appearance of the Prolene stitches and sponge bolsters at the completion of surgery

The needles are passed away from the eye and are brought out through the skin below the eyelids and tied over small sterile yellow sponge bolsters to protect the skin when the Prolene stitches are tied (see the photograph below). The needles are left in place for 2 days and are then removed in clinic. The conjunctival wound on the inside of the lower eyelid is closed with Tisseel, a fibrin sealant, which also helps to minimize the risk of postoperative bleeding. The bolsters will leave small indentations in the skin temporarily. These will respond to massage postoperatively using an antibiotic ointment and typically disappear after a few days. The transposed fat becomes lumpy after approximately 2 weeks and is then massaged after applying Auriderm cream to the skin. The fat then gradually softens.

This surgical approach is associated with a much lower risk of postoperative lower eyelid retraction, particularly in patients with prominent eyes (often referred to as óa negative vectorô patient) and avoids the risk of rounding of the outer aspect of the eyelids. The recovery period is also much shorter than a skin incision approach. Once a full recovery has been made, this approach usually leaves no visible signs of the surgery.