

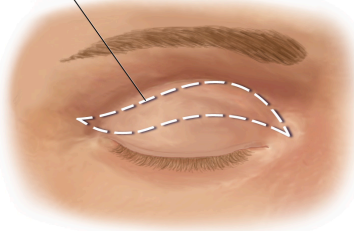
Blepharoplasty (eyelid surgery)

Blepharoplasty is a surgical procedure designed to address excess skin, fat and / or lax muscle from the upper or lower eyelids. It can improve drooping upper lids and puffy eye-bags in the lower eyelids. In turn, this can change your appearance from one that seems tired looking, to a more youthful and fresher look. Blepharoplasty can be performed alone, or as a combined procedure such as a facelift or brow lift.

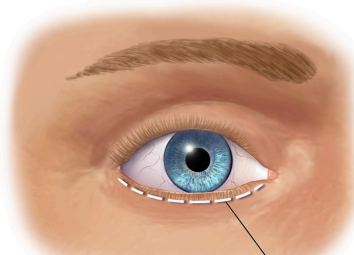
The surgical procedure

Upper lid surgery is usually performed under local anaesthetic, as a day case procedure. Lower lid surgery, depending on what is needed, may have to be performed under general anaesthetic, with an overnight stay, in hospital.

Upper eyelid incision line



With upper lid blepharoplasty, the skin is infiltrated with local anaesthetic so that the tissues become numb. An incision is made (see diagram), which follows the natural lines of the eyelid skin, extending into the crow's feet or laughter lines, at the outer corner of the eyes.



Lower eyelid incision line

Lower lid surgery, may need to be performed under general anaesthetic (you are asleep). The skin is incised as shown in the diagram and separated from the underlying muscle and fatty tissue. Extra fat, creating the lower eyelids to bulge, can thereby be removed and, if necessary, the muscle tightened. The skin is then re-positioned over the lid and any extra skin removed, prior to stitching.

Some patients have very little lower lid skin excess and the main issue is an excess of fat. In these cases a transconjunctival blepharoplasty may be considered, where the incision is made on the inside of the eyelid, leaving no visible scar. Mr Misra will explain if this applies to you at your consultation.

What to expect

After surgery an ointment or sticky-tape is usually applied in the eye and to the stitch line, on each side. A cold pack is placed over each eye to help with immediate post-operative swelling. To further reduce swelling and bruising, you will be advised to

sleep upright and to avoid stooping and straining, when possible. Planning to take things slowly for the first week is also advisable. Excessive tearing, sensitivity to light and changes to your eyesight can be temporary symptoms that you may encounter during the early recovery period, but most of this improves as the swelling subsides.

Aftercare

You may feel ready to return to work after a week. Mr Misra will normally see you at this time, to re-assess your recovery and remove the stitches, if ready. He will then advise about returning to normal activities. Most women tend to wear make-up to conceal the bruising that remains. Protective sunglasses, when outdoors, may help with excess tearing and eye sensitivity, but this usually improves in a matter of weeks. The final result is apparent by 6-8 weeks, in most instances.

Risks and complications

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, there is no surgery that is completely risk-free. Some of the general risks such as DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection although uncommon may occur with general anesthetic and a long operation (>1.5hours) and your risk for will be discussed at consultation. However, temporary and unpredictable complications such as a first time allergy to surgical products (eg. stitches, dressings, implants (if used)) and local anaesthetic are uncommon, but if discovered and experienced post-op, may affect your recovery and final outcome. Similarly dissolving skin stitches 'spitting-out' is not uncommon when used in thinner skin areas and if troublesome, may have to be removed by a minor procedure under local anaesthetic on seldom occasions. Specific risks to eyelid surgery are listed below, although not exhaustive:

Bleeding

Bleeding is usually minimal with the use of electro-cautery during surgery. However, a little oozing of blood is commonplace after a blepharoplasty, which can in turn add to tissue bruising. With continued bleeding under the skin, a haematoma can result, which may require drainage in the operating theatre. Despite this, the recovery and final result is relatively unaffected. Another possibility of bleeding is in the white part of the eye (sub-conjunctival bleed) and creates redness in the eye. It usually clears up within a few weeks.

Blindness (rare)

A congealed bleed behind the eye itself, (retro-bulbar hematoma) is a rare but a significant complication of blepharoplasty. Increasing pain behind the eye, bulging of the eyeball (proptosis) and deteriorating vision, can indicate its presence. When not urgently managed, this can lead to blindness (0.04% risk). Fat reduction surgery, in particular, often associated with lower lid surgery, can predispose to this sort of bleed. Mr Misra will explain if your eyelid surgery carries this risk at your consultation and, if so, will ask you to stay in hospital overnight, for overnight monitoring, after which the risk is negligible.

Infection

Although not common, if there is persistent redness, swelling, and pain 8 - 10 days post operative, then an infection might be present. Antibiotic treatment usually settles this down.

Dry Eyes

Following surgery, keeping the eyes well lubricated, can help with this. As well as making the eyes function better, the Systane Ultra or similar eye-drops applied to each eye three times a day usually helps protect the eye as the dryness subsides.

Epiphora (watering of the eyes)

This is common after this surgery and is caused by a temporary block of one of the drainage tear ducts (naso-lacrimal duct) from swelling. If this condition does not resolve spontaneously antibiotic and/or steroid drops may be needed.

Chemosis (swelling on the eye surface)

Altered surface lymphatics in the eye is unpredictable, following eyelid surgery and creates surface swelling to the eye in one part, which on occasion becomes jelly-like in consistency. Simple eye care with eye drops (see dry eyes) and steroid eye drops (1% prednisolone acetate suspension – applied once a day for 1 week), can help treat chemosis. Although unpredictable in development it can persist for upto 4-6 weeks and may need revision surgery, if it does not clear up.

Asymmetry

Faces are normally not symmetrical or balanced, if measured. Minor existing asymmetries are not corrected after blepharoplasty and will still be present, if looked for.

Scar

Normally blepharoplasty will leave a pencil-thin scar, which is barely noticeable. With trans-conjunctival surgery, no scar will be visible, as it will be concealed on the inner aspect of the lower eyelid. Bad scarring is relatively uncommon, but if it does develop it can cause minor eyelid imbalances, which have to be observed for about 6 months – 1 year, to often self-correct. Revision surgery may be needed if scarring is particularly noticeable or if it affects the position of the eyelid on the eye.

Ectropion (with lower eyelid surgery)

A pulled lower lid in a downward direction, detaching it from the globe (eyeball) can lead to this complication. This can be also associated with epiphora (see above). Ectropion can be as a result of pre-operative laxity in the lower eyelid. When temporary it tends to improve once the swelling subsides otherwise revision surgery becomes necessary.

Lagophthalmos (with upper eyelid surgery)

The upper eyelid may not be able to close properly after surgery. Massage of the scar can help when mild, or occasionally revision surgery.

Eyelid & Brow ptosis (with upper eyelid surgery)

Ptosis (drooping of the upper eyelid) may be caused by injury to an elevating muscle. If mild, mostly this will resolve however, revision surgery may be necessary, in circumstances when it persists. Post-op brow ptosis (if you have compensated brow elevation) can occur after upper eyelid surgery alone. If you have a compensated brow elevation, where reflex forehead muscle contractions, over-compensate, in an attempt to lift any extra skin in your upper eyelids, it may be that your eyelid surgery has to be combined with brow surgery (brow-pecty or lateral brow-lift). Mr Misra will explain what the best approach to your eyelid surgery is when he examines you in your consultation.

Revision surgery

Eyelid surgery is very successful in most patients, who have it but with further ageing it may become necessary, in time, to think about revision surgery as skin and deeper tissue droop and sag, again. Other less common but earlier considered causes for revision surgery, include a result that is unsatisfactory. More often than not, it is caused from the unpredictability of wound healing with associated bad scarring (lid retraction, ectropion, scleral show) and skin surface irregularities. Other causes, although not exhaustive, are listed above. If you would like to know more about revision surgery, please ask Mr Misra at your consultation.

Further information

If you are interested to know more about blepharoplasty, please call: 01753 674106 / email: office@alokmisra.com

Disclaimer: This information leaflet is designed to supply useful information but is not to be regarded as advice for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.