

BLEPHAROPLASTY

Blepharoplasty surgery is performed to remove excess skin, fat or both from the eyelids. It is also known as an eyelid reduction.

The causes of excess eyelid tissue, also known as **Dermatochalasis** include:

- Natural aging
- Inherited eyelid appearance
- Medical conditions eg. Thyroid eye disease, blepharochalasis syndrome
- Congenital eyelid maldevelopment (very rare)

Dermatochalasis may cause:

- Reduced field of vision
- Headaches or fatigue
- Tired appearance
- Dark circles under eyes
- Irritation of eyelid skin

BLEPHAROPLASTY SURGERY

Surgery is performed to remove the excessive tissue and/or bulk, resulting in a more youthful contour and appearance. **A mutually satisfactory result is achieved in at least 95%.**

Surgery is performed under **local anaesthetic with or without sedation**. The procedure is painless and takes approximately 20-25 minutes per lid. Most patients can go home shortly after the surgery.

For **upper lids** an incision is made in the natural fold and the excess tissue above this is removed with a small cutting/cautery device. The incision is hidden in the natural upper lid fold and is not visible.

Lower lid surgery can be performed in 2 ways depending on which tissue needs removal. If only fat requires removal this can be performed through an incision hidden on the inside of the eyelid (trans-conjunctival). If skin removal is required an incision is made just below the eyelashes and extended out into the crows feet region (sub-ciliary). Surgery will take longer if skin excision is required.

In some cases, the lower lid is loose in the horizontal direction and a tightening procedure may be required.

The specific method of surgery and the reasons for it will be discussed in detail prior to surgery so that you are fully aware of what operation will be performed.

POST-OPERATIVE CARE OF THE EYELID

If surgery is performed on one lid it is usually padded until the following day, whilst if both lids are operated on patients are padded for 1-2 hours and then cold packs are commenced.

Swelling and bruising is usual after surgery but can vary considerably. Factors associated with greater swelling and bruising include increasing age, aspirin and other anticoagulant use and a history of previous surgery on the same lid. **Swelling usually peaks by Day 3 or 4** then subsides rapidly.

The dressing is removed the morning after surgery unless otherwise instructed. The eyelid is bathed with saline or cooled boiled water at least twice daily. Antibiotic ointment is then applied to suture lines with a cotton-tip. It can also be applied to the eyelid before showering or bathing to “waterproof” the suture line.

It is advisable to keep the wound area dry when showering for at least the first 3-4 days where possible.

Ice (crushed ice or frozen peas), cold packs, or cool gel face masks (available from most chemists) can be applied to the eyelid for 15 minutes at least 4-6 times daily for the first 5-7 days (up to every hour if desired). This reduces lid swelling and bruising and can be continued for as long and as often as it seems to provide some benefit. About two-thirds of the bruising and swelling has subsided by the first post-operative visit at one week. The remainder gradually subsides over the next several weeks and is usually invisible to others by 4-6 weeks.

The scar is usually invisible to the casual observer from the beginning but may feel slightly thickened or irregular for up to three months. Occasionally small white suture cysts form along the suture line - they can be opened simply in the clinic with a fine needle if they don't resolve spontaneously. Patients may find that the edge of the eyelid and the lashes feel slightly “numb” initially but normal sensation usually returns within the first few weeks to months after surgery.

Severe **pain** is very rare after eyelid surgery – you should notify the hospital or surgeon if you experience more than mild to moderate pain. Some eyes may feel dry or gritty for the first few days to weeks after surgery. This can usually be relieved with the use of commercially available tear drops. If you have a dry eye problem you should discuss this with the doctor BEFORE the surgery.

Make-up should be avoided until after suture removal. Ask your surgeon when it is safe to return to using it.

Driving can be undertaken once you are happy with the vision and comfort in the eye(s), although not for the first 24 hours if sedation has been used. Patients may fly on commercial airlines as soon as they wish to after surgery.

Most patients are advised to **avoid heavy physical activity** (ie. bend and lifting, digging in the garden, strenuous exercise, gym etc) for the first week. Walking, reading, using a computer, watching TV and light domestic duties can be performed when you feel able.

Do not use aspirin or blood-thinning medications for the first 5 days after surgery unless you have discussed this with the doctor prior to surgery.

RISKS AND COMPLICATIONS

Eyelid surgery is generally extremely safe with few complications if performed properly by an experienced eyelid surgeon. Potential risks can include:

- **Infection** is very uncommon and treatable with oral antibiotics in almost all cases.
- **Asymmetrical appearance** occurring in up to 5% and may be related to initial swelling but if persistent minor revision surgery can be performed.
- **Redundant skin** can be removed if insufficient skin is removed with the initial surgery.
- **Tight eyelids/inability to close the eyelids** is very rare. If excess skin is removed then it may be impossible to fully close the eyelids. I tend to “err on the side of caution”. Surgery under local anaesthesia reduces the risk of this occurring.
- **Change in vision:** some patients may notice alteration in the glasses prescription due to the altered lid position. Patients are advised to wait at least 6 weeks before considering a change to their glasses. Contact lens wearers should not wear their lenses for at least 2 weeks after surgery.
- **Very rare cases of visual impairment or loss occurring after lower eyelid fat reduction have been reported.** The true incidence is unknown but is probably one in every several thousand operations.