

Blepharoplasty – Removal of Excess Eyelid Tissue

What is a Blepharoplasty?

Blepharoplasty is the medical name for the surgical removal of excess tissue and reshaping of the eyelids. Blepharoplasty surgery can be conducted for the upper and/or the lower eyelids. Upper eyelid blepharoplasty surgery is much more common and usually involves removing excess skin, sometimes with some muscle and fat, depending on the needs and appearance of each specific patient. Lower eyelid blepharoplasty is more complex surgery and is highly patient specific requiring variable amounts of excision of fatty tissue and skin as well sometimes other things such as repositioning of fat in order to fill hollows or smooth out the surface contour and tightening the eyelids.

Lower eyelid blepharoplasty surgery is almost always conducted for cosmetic reasons, but occasionally excess folds of lower lid/upper cheek skin can become red, inflamed and uncomfortable.

Examples concerns that may be addressed with lower eyelid blepharoplasty

- Prominence of the orbital fat pads ('eye bags'): these are bulges that form in the lower lid, caused by the fat from the front of the eye socket pushing forward.
- Excess skin: this causes redundant folds of skin
- Laxity of the eyelid: this causes the eyelid to stretch either down or slightly away from the eyeball and can result in a watery eye.
- Hollows ('tear troughs'): these can give an appearance of dark areas towards the inner corner of the lower eyelids.
- Festoons: these are folds of skin on the border between the eyelid and the cheek, overlying the upper cheek bone.

What will happen at my hospital appointment?

In clinic I will examine your eyes, eye movements and eyelids. It can be helpful if you have old photographs (for example passport or driving licence). I will take a

photograph of your eyelids as it is helpful for discussing the concerns that you have with your eyelids, and for comparison after any surgery. I will discuss the risks and benefits of any surgery that may help improve the lower eyelid appearance with you, but I will also advise you if I think that lower eyelid surgery will not help or if in my opinion the risks outweigh the benefits. I may also book you a pre-assessment appointment depending on the type of anaesthetic that will be used (see below) and any other medical conditions that you may have.

What is involved in lower eyelid surgery?

Lower eyelid blepharoplasty is often complex surgery and is likely to involve one or more of the following procedures.

- Transconjunctival (internal 'scar-less' approach) reduction and/or repositioning of prominent lower lid fat pads. This surgery involves making an incision on the inside of the eyelid to access and remove the excess fatty tissue. Although the surgery does not leave a scar, it is sometimes necessary to also remove skin from an additional incision just below the eyelashes, which can leave a scar.
- Transcutaneous (external, skin surface approach) reduction and/or repositioning of prominent lower lid fat pads and excision of excess skin folds.
- Lateral Canthopexy: this is a procedure to tighten the lower eyelids either to reduce looseness or reduce the risk of them being pulled down or away from the eye by the surgery.
- Skin excision: sometimes the only problem is excess skin folds and therefore removal of skin is required. However this has to be measured carefully and only a cautious amount of skin removed in order to reduce the risk of the lower eyelid retraction (the eyelid being pulled downwards).
- Festoon excision: this is excision of excess skin on the border between the lower eyelid and the cheek, overlying the bone at the top of the cheek.

The surgery can taken anything between 60 minutes and 2.5 hours depending on which of these procedures is done and whether it is one eye or both eyes. For example excision of excess skin on one side may take around 60 mins but reduction and reposition of the fat, excision of skin and tightening of the eyelids will take around 2.5

What anaesthetic is used for lower lid blepharoplasty

Generally eyelid blepharoplasty that involves the deeper fat pads is performed under either general anaesthetic (asleep) or heavy sedation, whilst surgery that just requires skin removal can be done under local anaesthetic (awake). This is because the reduction and/or repositioning of the orbital fat is a relatively invasive procedure which may be very uncomfortable or painful under local anaesthetic and additionally the operation can be quite long. The surgery is sometimes done as a day case procedure (you will go home the same day), but sometimes an overnight stay is advisable.

What are the possible complications or risks of lower lid blepharoplasty surgery?

Visual Loss. There is a small risk of visual loss from lower eyelid surgery. We normally operate on both eyes at the same time, and therefore there is a tiny risk of visual loss in both eyes. Visual loss can occur from a significant bleed behind the eye during surgery, or from damage to the eye from the surgery. The risk is probably lower than 1:1000, but it is significantly higher than for upper eyelid blepharoplasty.

Changes in vision and double vision. Eyelid surgery can affect the glasses prescription or the astigmatism (curvature) of the eye. This is normal temporary and settles after a few weeks but very occasionally can be permanent. Lower eyelid surgery can also affect the muscles that move the eye, resulting in double vision. This is usually temporary but very occasionally can be permanent.

Ectropion and/or lower lid retraction. The lower eyelid can either turn outwards or be pulled downwards after lower lid blepharoplasty either from the loss of skin, or from loss of the tension within the eyelid. If there is a lack of skin, it can be very challenging to return the lid to its normal position and may even require a skin graft. If there is laxity, it is usually relatively straightforward to tighten the eyelid with minor procedure.

Unsatisfactory eyelid appearance, scar or asymmetry. Lower eyelid blepharoplasty surgery has a higher risk of an asymmetrical appearance than upper eyelid blepharoplasty. Around 80-90% of patients will get a good symmetrical result, but as

many as 10-20% of patients will have some degree of asymmetry of whom some may require revision surgery. Skin incisions are carefully placed just below the eyelashes and neatly stitched closed, but it is possible for any incision to heal with a visible scar.

Recurrence. The excess skin and fat prominence does gradually recur in time. There is very little data in the medical literature on how frequently this happens and how long it takes, but it is thought they will generally last for at least ten years. If recurrence does occur it may require a repeat procedure.

Pain. The local anaesthetic (which is put in, even in general anaesthetic cases) will wear off in the first 1-4 hours after surgery. At this time, the eyelid can become quite painful. You can take simple painkillers such as paracetamol or ibuprofen if you have no allergies or contraindications to these. If you are in pain, please ask the nurses or me for painkillers.

Bruising. It is very common to have bruising of the eyelid or the whole area around the eye after eyelid surgery. You may have a 'black eye', which can take a week or so to settle down. The bruising can cause the white of the eye (the conjunctiva) to swell up which can make the eye look very 'puffy'. This can take a while to settle down, or require a minor procedure to release the fluid.

Bleeding. You may have a little bit of bleeding in the hours or even first few days after surgery. You can gently dab this with a clean tissue. Occasionally there is more bleeding in the days after surgery, particularly in people who take blood thinners such as aspirin. If there is a lot of bleeding at any time please put some firm pressure on the bleeding area with a pad of tissues and if it does not stop contact the clinic or me immediately or attend an eye casualty department. There also may be a scab along the suture line or some numbness of the upper eyelid.

Infection. Infection is uncommon after eyelid surgery, although any wound can become infected. Infection will cause the eyelid to become increasingly red, swollen and tender a few days after surgery and there may be some discharge. If this occurs you should contact me immediately or attend an eye casualty department or GP.

Poor eyelid closure. The eyelids may feel 'tight' after surgery. Inability to close the eyelids after surgery (lagophthalmos) happens very occasionally. Eye lubricating cream can be used to keep the surface moist and comfortable and this almost always settles with time.

Dryness and grittiness of the eyes. The eye can feel a bit gritty or dry after surgery. This can usually be managed with artificial tear/lubricant drops, gels or creams and almost always settles in time.

Complications of anaesthetic. Modern general anaesthetics (and sedation) is extremely safe, but does carry a tiny risk of complications including death.

What should I do in preparation for surgery?

Blood thinning medications such as aspirin, clopidrogel (Plavix, Iscover) and warfarin can make bleeding more likely during and after surgery. If you are taking these drugs please tell me and we can discuss whether to continue them. If possible it is advisable to stop anti-inflammatory drugs like ibuprofen (Nurofen), fish oil, ginger, ginseng and garlic containing supplements 2 weeks before surgery.

If you smoke I would recommended that if possible you stop smoking for at least 3 days prior and 1 week after surgery, because smoking impairs wound healing and increases the risk of infection.

Avoid heavy alcohol intake in the days before and after surgery. If you are having sedation or general anaesthetic, you are required to have nothing to eat or drink for at least six hours before surgery.

On the day of surgery please dress casually and wear with a top with a loose neck or that buttons at the front. Please wash your face on the morning of surgery and ideally men should shave. Do not wear any makeup, jewellery or contact lenses.

What happens after my operation?

An eye patch is sometimes placed over the eye after surgery. You can remove it the next morning unless the nurse or I give you different instructions. If surgery has been

done on both eyelids, one or both of the eye patches will be removed before you go home. You will be given drops and ointment to use and a clinic appointment will be made for a check-up about a week later.

You will usually need about one week off work. Try to avoid driving for a few days after the operation.

You will be given a more detailed information sheet with guidance for the post-operative period

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