

Blepharoplasty

Professor J D Frame
FRCS, FRCS (Plast.)

Consultant Plastic
and
Aesthetic Surgeon

Blepharoplasty

Consultations at:
Springfield Hospital,
Chelmsford, Essex

The Lavenham Clinic,
Lavenham, Suffolk

Secretary:-
Springfield Hospital
Lawn Lane
Springfield
Chelmsford
Essex
CM1 7GU

Phone: 01245 460981
Fax: 01245 460991
Email: info@professorjamesframe.co.uk
www.professorjamesframe.co.uk
www.ukaaps.org

Tel: 01245 460981

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November 2008

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(Eyelid Reduction)

The skin loses its elasticity and our muscles slacken with age. Fatty tissues redistribute and the skeleton tends to atrophy. For the eyelids this results in an accumulation of loose skin which collects as folds in the upper lids and forms deepening creases in the lower lids. At the same time there is slackening of the muscle beneath the skin allowing the fat, which cushions the eyes in their sockets, to protrude forward to give the appearance of bagginess. In some families there is an inherited tendency for bags to develop during early adulthood before any skin changes.

The problem often seems worse in the morning particularly with prolonged stress and lack of sleep. Fluid that is normally distributed throughout the upright body during the day, tends at night to settle in areas where the skin is loose, such as the eyelids.

Drooping of the eyelids is also an effect of the ageing process and aggravates the accumulation of the skin in the upper eyelids. Sometimes so much skin accumulates in the upper lids that they hang over the eyelashes to obstruct vision.

What can be done?

An eyelid reduction removes the surplus skin and protruding fat to produce a more alert appearance and reduces the morning swelling. Sometimes it is only necessary to reduce the skin, sometimes the skin and the fat and sometimes just the fat. Sometimes the fat pads are used to augment the hollows below the lower eyelids.

What are the limitations?

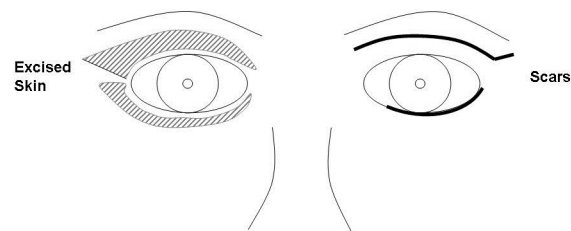
It is important for you to understand that only the wrinkles which are in the skin that is cut away, will be removed. We are only treating the eyelids within the bony margin of the orbit (eye sockets). Folds of skin extending on to the cheek will not normally be improved. Wrinkles in the area of the crow's feet will remain and although the skin is much tighter it is still necessary to be able to open and close the eyes freely.

Sometimes residual or recurrent wrinkles are suitable for treatment by chemical peeling, dermabrasion, laser resurfacing, dermal fillers or Botox injections.

The operation

Both upper and lower eyelid surgery are usually carried out under general anaesthesia in a hospital. TIVA (Total Intravenous Anaesthetic) is the method of choice.

In a typical procedure the surgeon makes incisions following the natural lines of your eyelids; in the creases of upper lids and just below the lashes in the lower lids (see illustration). These incisions are extended a little way into the crow's feet or laughter lines at the corner of the eyes. Through this incision surplus fat is removed and excess skin and sagging muscle removed.



If you have a pocket of fat beneath your lower eyelids without surplus skin then the fat may be removed through the inside of the lower eyelid (transconjunctival blepharoplasty). There is then no external scar. Sometimes surgeons prefer to use lasers to cut the skin or conjunctiva, but it is essentially the same procedure.

Following surgery it would be best to keep your head elevated for a few days to reduce swelling. Cold pads can also help. The surgeon will normally apply steri-strips as support to the eyelid sutures after surgery. Cleaning the eyes with "artificial tear" eye drops is useful and Professor Frame may advise the use of antibiotic eye drops or ointment for up to one week.

The sutures are usually removed after 7 days and soon after you will be able to use make-up. Sometimes you will be advised to use the steri-strips as support to the lower eyelids for a few days after suture removal.

The closure of the eyes appears tight after surgery because of the swelling and because skin has been removed. If closure is not complete at night you should apply some eye ointment before going to sleep. If the eye does not close properly at night it can cause irritation, itching and dry eyes.

Sometimes the eyes are watery after surgery, partly because of swelling under the conjunctiva (chemosis) and partly because the tear ducts are swollen and do not drain as readily. This will

last a few weeks. Although there is bruising it can quite readily be disguised with make-up and dark glasses. Arnica is very good in reducing swelling and bruising post operatively. Cooling pads or gels are commonly used to reduce swelling. The scars will be pink for a few months, but eventually they become almost invisible.

What are the risks?

All surgery carries some uncertainty and risk. This type of eyelid surgery is usually low risk in experienced hands.

You can reduce the risks by closely following your surgeon's instructions both before and after surgery.

You should tell him of any thyroid disease, high blood pressure, diabetes or eye disorder such as detached retina or glaucoma. It may be that he will wish you to be checked by an Ophthalmologist. People who have dry eyes naturally can have problems post-operatively. Any medication needs to be discussed, particularly Aspirin.

Occasionally a pool of blood can collect under the skin after the operation has finished (haematoma). This usually disperses spontaneously over 2 or 3 weeks. Quite commonly the margin of the lower lid is slightly pulled away from the eye during the first day or two after surgery due to swelling. This will settle on its own. Very rarely another operation may be necessary. Problems with vision are rarely reported.

Sometimes tiny white cysts can appear along the stitch line. They are nothing to be concerned about but can be pricked out with a needle by the nurse in follow-up clinic. They are called milial cysts.

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