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BLEPHAROPLASTY (EYELID REDUCTION)

Indications

With increasing age the skin and underlying muscle of the eyelids loosen. This may result in the formation of skin folds in the upper eyelids and deep skin wrinkles in the lower. Slackening of the eyelid muscle allows fat, which is normally found in the eye socket to project forwards and produce eyelid bags.

Blepharoplasty removes excess skin, muscle and fat to produce a more youthful looking eye. In most instances the operation is cosmetic. However in some people the skin is so loose that it hangs over the eyelashes and obstructs vision.

The operation may remove skin only, skin and muscle, skin muscle and fat or just fat.

Anaesthetic – General or local anaesthetic.

Technique

For upper eyelid blepharoplasty a cut is made in the main fold of the eyelid, the cut is carried into the crow's feet area.

For lower lid surgery the cut is made just below the eyelashes, again it is carried out into the crow's feet. Sufficient skin and muscle is removed to correct any excess.

Protruding fat can be removed through the same incision. If there is fat excess in the lower lids, without excess skin, then it can be removed via an incision on the inside of the lower lid (transconjunctival blepharoplasty).

The skin can be cut with scalpel, laser or special electrode. The operations are essentially the same. The skin cuts are stitched up, most surgeons use stitches that need to be removed.

Blepharoplasty can be combined with operations to lift the brow (brow lift) and with facelifts. Laser resurfacing can be combined with transconjunctival blepharoplasty to treat fine wrinkles and to provide some skin tightening.

Length of operation

Bilateral upper eyelid blepharoplasty takes about 40 minutes to 1 hour. Bilateral lower lids a similar amount of time. Combining upper and lower lids takes about 1½ hours to 2 hours.

Time in Hospital – Day case or overnight stay.

Postoperative discomfort/limitations
Expect some discomfort, significant pain is usual. Swelling settles over several days, cold compresses may help. Stitches are removed after 3/5 days. At first closing the eyes appears tight and the lids may gape 2-3 mm. This settles over a few days. If the eyes do not close at night then eye ointment may be used at bedtime. Bruising is common and takes 1-2 weeks to settle. It can be hidden with dark glasses or make-up. Watery eyes, due to swelling around tear-ducts may take a few weeks to settle. Scars become red before fading over weeks and months. In most people scars are excellent.

Blepharoplasty does not remove cheek bags (festoons); fine wrinkle lines or crows feet. Dark eyelids are not improved by blepharoplasty.

It is important for the surgeon to assess the position of the eyebrow before performing blepharoplasty. A descended brow contributes to upper eyelid deformities. If the brow is descended then a brow lift or Botox injections should be considered instead of, or in addition to upper lid surgery.

Blepharoplasty may be inappropriate in patients with thyroid eye disease, water retention due to kidney and heart disease, patients with facial weakness, patients with eyelid or eye disease/injury, patients with dry eyes and patients on Aspirin and non-steroidal anti-inflammatory drugs. If there is any concern about eye disease, visual problems or dry eyes the opinion of an ophthalmologist should be sought.

TIME OFF WORK – 1/2 weeks

RISKS AND COMPLICATONS

There is a long list of potential complications after blepharoplasty, fortunately most are extremely rare. The following list covers some of the more common problems most are unusual if the operation is performed appropriately. Bleeding, infection, dry eyes, conjuctival swelling, turning inwards or outwards of lower eyelid, inability to close the lids, excessive fate removal, unsatisfactory scar, difficulty with contact lens wearing are possible risks. Blindness is a potential risk, particularly when fat has been removed. It is very rare (0.04%). Bleeding and swelling in the eye-socket is the usual cause. Early surgical decompression, administration of diuretics (water tablets) and immediate ophthalmology consultation is essential.