

BLEPHAROPLASTY

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WHAT IS BLEPHAROPLASTY?

Blepharoplasty, or eyelid surgery, aims to restore the natural contour of the eyelids for cosmetic or functional purposes. This most often involves excising redundant skin and excess fat, as well as reforming the eyelid crease.

EFFECTS OF AGE ON THE EYELIDS

With ageing, the skin loses its natural elasticity. This tends to cause the eyebrows to 'droop' and redundant skin to appear on the upper and lower eyelids. Muscles around the eye may also become thickened (hypertrophic), particularly in smokers.

In addition, many people lose fat around the eye (atrophy), resulting in a sunken appearance. The connective tissue layers in the eyelids may thin out, causing fat to move downwards and form 'bags' under the eyes. Loss of elasticity and subcutaneous fat often leads to an increase in wrinkle formation (rhytid) and permanent lines.

COMMON REASONS FOR EYELID SURGERY

The results of these changes produce concerns many have regarding the eyelid region. The most common of these include:

- Overhanging upper lid skin.
- Puffy looking eyelids. The appearance of 'bags' in the lower lids.
- Hollowing associated with the 'tear trough'.

TYPES OF BLEPHAROPLASTY

UPPER EYELID BLEPHAROPLASTY



Pre-op upper blepharoplasty (front view)



Post-op upper blepharoplasty (front view)



Pre-op upper blepharoplasty (oblique view)



Post-op upper blepharoplasty (oblique view)

Upper eyelid surgery is the most common cosmetic eyelid procedure performed and is often recommended for functional or cosmetic reasons. Brow surgery may also be recommended, although this is less common. Most medical insurance companies will cover upper blepharoplasty surgery if the conditions for functional visual impairment are met.

Generally, surgery involves excision of some redundant skin, underlying muscle, and if necessary, excess fat. The skin crease in the upper lid is often reformed. This is because the skin crease determines the position of the fold which drapes the upper lid. Loss of the skin crease often contributes to the overhang of skin and its restructuring helps to restore the natural contour of the lids.

Upper eyelid blepharoplasty has a very high satisfaction rate amongst patients. It attains a significant cosmetic improvement in the upper lids while maintaining a natural appearance. Some people may also observe benefits to their vision following the treatment.

TYPES OF BLEPHAROPLASTY

ASIAN BLEPHAROPLASTY



Patient born with left skin crease but absent right crease



Following right upper lid skin crease reformation.

This surgery involves the creation of a skin crease in the upper lid in patients with a particularly low or absent skin crease. It derives its name from the prevalence of absent, or very slight, skin creases in Asian races.

LOWER EYELID BLEPHAROPLASTY



Pre-op: Fat prolapse and obvious tear trough



Appearance after repositioning of fat pad

This surgery improves the appearance of the lower eyelid and typically deals with cosmetic concerns. Depending on the specific condition, skin may be excised, fat removed or redistributed, or tissue fillers introduced. One common concern which lower eyelid blepharoplasty addresses is the development of "tear troughs", a prominent hollowing which occurs at the junction of the lower lid and cheek descent. Tissue fillers are generally used to resolve this, although fat distribution may also be used.

COMMON QUESTIONS

IS EYELID SURGERY COVERED BY MEDICAL INSURANCE?

Most insurance policies exclude 'cosmetic surgery' as a rule. However, costs will generally be accepted if there is a functional reason for the surgery (i.e. improving the field of vision) or if the problem is caused by a medical condition, such as thyroid eye disease. Surgery for eyelid malpositions, such as ptosis or ectropion, is not considered cosmetic and is covered by medical insurance.

HOW LONG DOES THE SURGERY TAKE?

Upper or lower blepharoplasty for both eyes generally takes only 60-90 minutes. The majority of cases are performed under local anaesthetic as an outpatient. Some patients may also choose intravenous sedation or, very occasionally, a general anaesthetic.

WHAT IS INVOLVED?

In upper lid surgery, the incision is made through the skin crease. Following removal of excess tissue, the resulting wound is sutured. These sutures are removed within 5-7 days.

In lower lid surgery, the incision is made just below the lashes if skin is excised. However, in cases where only fat is removed, the incision is made from inside the lid through the conjunctiva. These sutures dissolve without the need for removal.

HOW SOON WILL IT HEAL AND IS POST-OPERATIVE CARE NEEDED?

Generally, the eyelids will take one to two weeks to settle. You may experience some swelling and bruising. This can be minimised by firm patching initially, and with regular use of ice pads for 48-72 hours after the surgery.

ARE THERE ANY COMPLICATIONS I NEED TO BE AWARE OF?

Blepharoplasty rarely has significant complications. However, for the first few weeks after surgery some patients do experience an altered blink, which may affect the tear film and impact vision a little.

WHY IS AN OPHTHALMOLOGIST THE BETTER CHOICE FOR MY EYELID SURGERY?

As the anatomy of the eye is complex and the tissue surrounding the eye delicate, blepharoplasty should be performed by a surgeon with training in both ophthalmology and plastic surgery. An oculoplastic surgeon's advanced surgical training is specific to the eye, making them true eyelid experts.



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