

Lid Surgery (Blepharoplasty)



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Blepharoplasty

Blepharoplasty surgery involves the removal or redistribution of eyelid tissue. These tissues include skin, muscle and fat, all of which undergo changes with aging and in some disease processes.

Age changes in the eyelids

- **Skin** - Loss of elasticity in the skin along with gravitational effects results in drooping of the eyebrows and redundant skin in the upper and lower eyelids.
- **Muscle** - This lies in close contact with the skin and may become thickened (hypertrophic) particularly in smokers. Loss of skin elasticity and subcutaneous fat with age often leads to an increase in wrinkle (rhytid) formation.
- **Fat** - With age there is atrophy (loss) of facial fat around the eye and this may give a sunken appearance to the lids. Conversely, thinning in the connective tissue layers in the eyelids can allow orbital fat to move forward giving the appearance of “bags” around the eyes.

Surgery to address these issues can be for functional or cosmetic reasons, although commonly it is for a combination of the two. In some cases, brow surgery may also be indicated, although the most common procedures are upper and lower blepharoplasties. Most medical insurance companies will cover upper blepharoplasties if the conditions for functional surgery are met.





Lower lid blepharoplasty

Upper blepharoplasty

In general, this involves the excision of some redundant skin with underlying muscle, and in addition, excess fat is often removed. The skin crease is an important structure in the upper lid as this determines the position of the fold which drapes the upper lid. The skin crease is typically higher in women than men and lower or absent in most oriental races. Loss of the skin crease can contribute to the overhang of skin and usually the crease is re-formed during blepharoplasty surgery.

Oriental blepharoplasty

This goes by a number of names but the term “double eyelid” is often used by the patient and refers to eyelid skin being seen above and below a crease. The surgery involves the creation of a skin crease in the upper lid in patients with a particularly low or absent skin crease. Attention needs to be paid to the significant differences in the Asian and Caucasian eyelids, as well as variations within Asian races.

Lower blepharoplasty

This surgery involves removal of skin and removal or redistribution of fat. There has been a move away from skin excision in recent years as this is more likely to result in lower lid retraction or ectropion formation. Another trend has been towards reducing the removal of fat in the lower lid, as this can skeletonise the face, ultimately hastening the aging process.



Where there is a prominent hollowing (termed a “tear trough”) at the junction of the lower lid and cheek, fat may be redistributed into this area to minimise this appearance. Similarly, some tissue fillers are now being used for this purpose.

Blepharoplasty surgery

The aim of surgery is to address both functional and cosmetic issues relating to excess eyelid tissues, while retaining a natural appearance to the eyelids.

Bilateral upper or lower blepharoplasty generally takes only 60 to 90 minutes and the majority of cases are performed under local anaesthetic as an outpatient although some patients choose intravenous sedation or, very occasionally, a general anaesthetic.

In upper lid surgery the incision is made through the skin crease and following removal of excess



tissue, the resulting wound is sutured. These sutures are removed within five to seven days.

In lower lid surgery the incision is made just below the lashes, but 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.

Post operatively the eyes are not padded, but ice masks are used regularly in an effort to reduce bruising. Swelling and bruising is variable and while it generally will settle within two weeks of surgery, sometimes it can take longer. On account of gravitational forces the swelling and bruising will often appear in the lower lid or cheeks even with upper eyelid surgery.

Potential complications

With well-performed surgery it is rare to have significant complications with these procedures.

The eyelash region may be numb for a number of weeks following division of the fine sensory nerves, but with time this returns to normal. Significant scarring is unusual around the lids because of the fine skin and excellent blood supply in the area. Patients are often aware of an altered blink following surgery, which may affect the tear film and impact on the vision a little, although this is generally only present for the first couple of weeks after the procedure. There have been reported cases of loss of vision, particularly with lower blepharoplasty and this is quoted to be in the region of 1:40,000 cases. With meticulous technique, avoiding post operative padding and surgery performed under local anaesthetic, this complication is reduced even less.

Associated procedures

With respect to the upper lids, some patients may have pre-existing ptosis (low eyelid position) and this should be corrected at the time of blepharoplasty surgery. In the lower lid, any laxity should also be addressed, particularly where skin is removed in an effort to prevent post operative eyelid malposition.

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life-changing
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free phone: 0800 NEW EYES
(0800 63 93 93)

fax: (64) 09 529 2481

email: admin@aucklandeye.co.nz

web: www.aucklandeye.co.nz