

Upper and Lower Lid Blepharoplasty

Most commonly this procedure is performed to rejuvenate the appearance of the eyelids, however there may also be visual benefits if overhanging skin from the upper eyelids obscures the upper part of the field of vision. Redundant skin and some fat is removed and/or redistributed to improve the contour of the eyelids.

Important considerations

The eyes, eyelids and brows constitute an important area of the face with respect to our identity and social interactions. Changing the appearance of this area will inevitably change the way you look.

Healing

A healthy healing response is dependent on the quality of your tissues which is, in turn influenced by your lifestyle choices. Smoking and poor nutrition reduces the chance of an optimal outcome. If you smoke, it is strongly recommended that you stop as soon as possible and that you avoid highly processed foods and those high in sugar. If you are diabetic, it is important that your blood sugars are optimised in advance of your surgery to facilitate your body's healing response. Poor lymphatic drainage in the lower lids may prolong lower eyelid postoperative swelling.

Pre-operatively

Certain medications may need to be discontinued prior to the procedure. Foods and supplements such as ginger, garlic, ginseng, gingko biloba and vitamin E should be avoided for two weeks prior to surgery since they may have a similar effect.

If opting for a general anaesthetic, you will be required to fast prior to admission and will be advised about the details of this at your pre-operative assessment. In the case of local anaesthetic, you may eat and drink as normal prior to your arrival. On the day of surgery it is advisable to wear loose fitting clothes and no jewellery or make up should be worn.

Brow position

Some people unconsciously reduce the hooding effect of the excessive skin on their upper eyelids by using the forehead muscle (frontalis) to lift it out of the way. This is known as a compensatory mechanism and is common but not universal. The skin for removal is carefully marked before the anaesthetic is administered in an upright position, relaxing the forehead as much as possible, in order to decide on the amount of skin which can safely be removed without compromising eyelid closure. This is vitally important for the health and comfort of your eyes. Those whose compensatory brow lift is strong may find that once the overhanging skin is removed, their forehead muscle relaxes, the eyebrows descend and a fold of skin may reappear in the upper lid. It will be possible to tell if this is the case within 3 months of the surgery (prior to this, the appearance can be due to swelling). Should this apply to you, further removal of this skin will be offered, inclusive within the surgical fee paid at the time of your original procedure.



Anaesthetic

The procedure may be performed under local anaesthetic or general anaesthetic as a day case procedure. Local anaesthetic injection is administered in both instances as it helps to reduce post-operative discomfort in the first few hours. If you are awake, it will sting momentarily but is very effective. It can be topped up during the procedure if necessary.

Operation

Your face will be cleaned with an antiseptic solution and drapes will be wrapped around your face. The procedure usually takes approximately 3 hours during which if your procedure is undertaken under local anaesthetic, you will be able to talk freely and let us know how you are feeling. At the end of the procedure a dressing is usually applied to one side.

What to expect postoperatively

The local anaesthetic will wear off over the next few hours. There will be swelling and some bruising, the majority of the upper lid bruising and swelling will resolve over the next 2 weeks; the swelling in the lower lids may take several months to resolve completely. The eyelids may feel somewhat stiff and difficult to fully open or close in the early postoperative period. There may be watering and stickiness which may initially blur the vision.

There will be stitches in the skin, some of which may need to be removed. Arrangements will be made for a postoperative appointment if this is the case.

You will be given written post-operative information and an emergency number to call incase of any concerns.

Postoperative care

Regular simple painkillers (e.g. paracetamol 1g 4 x daily).

Cold compresses (bag of frozen peas or an ice pack wrapped in a clean linen) 5 x daily for the first 3 days.

Additional pillows overnight to raise your head and discourage further swelling.

Clean your face using a clean, damp flannel, cotton wool pads or baby wipe; avoid immersing your face in water.

Scarring

Surgery will always result in some degree of scarring; this is unavoidable but the scar will be placed immediately below the lash line, where it is most discrete. If the skin requiring removal extends out towards the temple, the scar will extend within one of the existing "laughter lines". Massage of this area once the stitches have dissolved will help to make this scar increasing discreet. It takes a full 12 months for a scar to mature and diligent massage, is vital to obtain optimal results. By consenting to this procedure you are committing to undertake the postoperative instructions as advised and accept that failure to do so may compromise your surgical outcome.



Skin quality

A surgical blepharoplasty will not change the quality of the lid skin, which becomes thinner and somewhat "crepey" with age. If this is a concern, there are non-surgical ways of addressing these changes which can be discussed for consideration prior to or following blepharoplasty surgery.

Risks of Blepharoplasty

Bleeding

Infection (1% or less)

Visual loss (very rare).

Asymmetry

Lower lid retraction or exertion

Difficulty with eyelid closure

Need for further surgery* - small adjustments are sometimes required to improve symmetry or to obtain optimal results and is inclusive in your fee.

Please feel free to ask any questions you may have at any point prior to the procedure.

* Please note this applies within 6 months of original surgery. Procedures subsequent to this may be chargeable.