



PATIENT INFORMATION

Blepharoplasty (Eyelid) Surgery

OVERVIEW

Upper eyelid surgery involves resection of excess skin and also some muscle and fat when appropriate for your case.

Lower eyelid surgery involves an incision just below the lower eyelashes and readjusting the support structures of the lower eyelid. Very little skin is resected.

*The following information sheet has been created by Assoc. Prof White as a general guide to assist his patients and is intended to provide a broad overview of the important considerations related to the decision to have **blepharoplasty (eyelid) surgery**.*

The specific nature of the surgery will vary between individuals and is dependent on the unique circumstances of each person.

Patients are encouraged to further discuss this information along with any specific questions or concerns with Assoc. Prof White during their consultation.

COMMON REASONS WHY PEOPLE CONSIDER HAVING BLEPHAROPLASTY

Upper eyelids

- As part of the normal aging process the upper eyelid skin can sag and fat can protrude.
- This excess skin may cause problems with vision.
- Feeling that you are looking "tired".

Lower eyelids

- Bulging or sagging of the lower eyelids that can occur with age.
- Looking "tired" or having "bags" under the eye.
- As part of more extensive facial cosmetic surgery.

Blepharoplasty is not used for crows feet or eyelid wrinkles. These are better treated with anti - wrinkle injections.

WHAT IS INVOLVED WITH BLEPHAROPLASTY?

- General anaesthetic or local anaesthetic with sedation.
- Surgery Duration: Usually about one - two hours of operating time.

RECOVERY AFTER SURGERY

- Patients most commonly require a hospital stay of one night.
- Facial and eye area may be a little bit bruised for a few days. This can be covered with makeup and is largely resolved at two weeks.
- You may find that your eyes are little dry, gritty or sensitive to sunlight in the initial phase.
- Gentle increasing mobilisation and activity and generally back to most normal day to day activities within a week.
- Social interaction in public can often occur within one to two weeks.
- Able to drive when feeling comfortable.
- No heavy lifting/exercise for two weeks e.g. avoid gym, aerobics, running.

POST OPERATIVE CARE & REVIEW

Assoc. Prof White will see you in hospital after your surgery and/or prior to your discharge from hospital.

Post operative visits with Assoc. Prof White:

1. Approximately three - four days after surgery:
– At this stage Assoc. Prof White will make sure that you are well and the wounds are healing nicely.
2. Six weeks post surgery review:
– At this time you will have a better idea of what the final result from surgery will be like.
3. Four - six months post surgery.
4. 12 months.

If there are any concerns you will be seen more frequently.



BLEPHAROPLASTY (EYELID SURGERY)

PATIENT INFORMATION

SURGICAL GOALS

1. YOUR SAFETY
2. Address the excess skin of the upper eyelids
3. Address the bulging/sagging of the lower eyelids. Tightening of the lower eyelid may also be required (Canthopexy or canthoplasty).
4. Preserve the current appearance of the eye shape so that the patient doesn't look "operated on".

BEFORE DECIDING TO HAVE BLEPHAROPLASTY SURGERY YOU SHOULD CONSIDER THE FOLLOWING

- Previous eye conditions can be affected especially if you have dry eyes, glaucoma, wear contact lenses or have had laser surgery.
- **If you a smoker: STOP Smoking.**
- You should have a generally good level of fitness and health.

ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- In some cases resurfacing procedures may be appropriate e.g. laser.
- Non surgical interventions such as fillers or anti-wrinkle injections.

RISKS TO CONSIDER

Anaesthetic - In otherwise well people, general anaesthesia is very safe with modern techniques. Assoc. Prof White's rooms will give you the details of your anaesthetist prior to surgery to discuss any specific concerns.

Bleeding/Haematoma – This may need a return to the operating theatre to evacuate blood clot (retrobulbar haematoma). If this extremely rare complication occurs, there is a risk of blindness, especially with lower eyelid surgery.

Infection in the wound – If this does occur, it is usually cleared up with antibiotic tablets. Wound infection is very rare in eyelid surgery.

RISKS TO CONSIDER (cont.)

DVT/PE (Deep venous thrombosis/pulmonary embolus) - Blood clots that are potentially very serious and even life threatening, which can form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring. Very rare in eyelid surgery.

Scars - Typically are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow up visit with Assoc. Prof White to assist in achieving the goal of a thin, barely noticeable scar. (Note: Any resulting scar is designed to be hidden in the crease of the upper eyelid whilst the scar for lower eyelid surgery is just under the lower eyelashes).

Asymmetry - The scars may be slightly different on your right compared to left side.

Wound separation/delayed healing - This is much more common in smokers or if there is an infection.

Upper eyelids – If the procedure is done poorly or in the case of multiple operations, too much tissue can be resected possibly creating problems with eyelid closure.

Lower eyelids - Any operation on the lower eyelid can lead to some initial weakness potentially causing some sagging of the lower eyelid (ptosis). This very often resolves within a short period of time. It may require some taping for support whilst it does resolve. In your pre-operative assessment it will be determined whether eyelid tightening procedures are required to minimise the chance of this occurring.

NO SURGERY IS RISK FREE

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications. Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant post operative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long-term effect on an excellent final result.