A/Prof. Dean White MBBS FRACS
Plastic & Reconstructive Surgeon

Patient Information

Blepharoplasty Surgery

OVERVIEW

Upper blepharoplasty surgery involves the removal of excess skin from the upper eyelids. In some cases, a small amount of muscle and/or fat may also be removed or adjusted, depending on your individual anatomy and surgical needs.
Lower blepharoplasty surgery involves an incision made just below the lower eyelashes. The procedure focuses on adjusting and supporting the structures of the lower eyelid, with only a small amount of skin removed where appropriate.

Note:
The following information has been created by A/Professor 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 may vary with each individual 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 A/Professor White during their consultation.

COMMON REASONS WHY PEOPLE CONSIDER HAVING BLEPHAROPLASTY

- Excess skin may cause problems with vision
- Personal aesthetic goals

WHAT IS INVOLVED WITH BLEPHAROPLASTY SURGERY?

- General anaesthetic or local anaesthetic with sedation
- Surgery Duration: Approximately 1-2 hours

RECOVERY AFTER SURGERY

- Patients are either treated as a day case or spend 1 night in hospital
- Regular cool compress to eyes for the first 24 hours
- Facial and eye area may be a little bruised for a few days. This is largely resolved at 2 weeks
- You may find your eyes feel dry, gritty or sensitive to sunlight in the initial phase
- Gradually increase mobility and activity; generally back to normal day to day activities within 1 week.
- Able to drive when feeling comfortable
- No strenuous exercise for 2 weeks.

POST OPERATIVE CARE AND REVIEW

A/Prof White will see you in hospital and/or prior to your discharge from hopsital.
Post operative visits with A/Prof White:

- Approximately 1 week after surgery - this is to check on wounds and ensure healing well. Stitches/sutures will be removed at this visit.
- 6 week review - at this time you will have a better idea of what the final result from surgery will be like.
- 4 - 6 months post surgery review
- 12 months post surgery review.

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

SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual goals you will have discussed with A/Prof White related to your decision to have this particular surgery
3. Minimise scars
4. Durable, long term results

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BLEPHAROPLASTY SURGERY

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 a smoker: STOP smoking
- Generally fit and healthy

ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- In some cases resurfacing procedures may be appropriate eg. laser
- In some cases non-surgical aesthetic treatments may be appropriate

RISKS TO CONSIDER

ANAESTHETIC - In otherwise well people, anaesthesia is generally safe with modern techniques. A/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 a 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 can usually be cleared up with antibiotic tablets

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

DVT/PE (Deep Venous Thrombosis/Pulmonary Embolus) - These are blood clots that are potentially very serious and even life threatening. The clots may form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

SCARS - Typically the resulting scars 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 followup visit with A/Prof White.

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 operations 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

Not all potential risks are listed on this form. Risks will be discussed with A/Prof White during your consultation.