

## Blepharoplasty surgery

### What is blepharoplasty?

Blepharoplasty surgery addresses the issue of hooded and swollen upper and lower lids. This may involve excess skin alone or may also involve excess skin, muscle and prolapsed orbital fat. Sometimes a contributing factor to this appearance may be associated ptosis (droopiness) which may involve the lid itself or also involve the eyebrow which may be droopy as well. Blepharoplasty surgery may be required for purely cosmetic reasons or there may be functional issues such as loss of the upper field of vision due to obscuration by excess skin. Sometimes the excess skin and tissue may lead to a feeling of heaviness or mass effect upon the lid and contact with the lashes. Your surgeon will tell you about the components that are involved in your case and which issues can be successfully addressed by surgery.

### Are you a candidate for blepharoplasty surgery?

Complications in the hands of an experienced surgeon are few and precautions are taken to minimise the risks. Possible complications after blepharoplasty surgery include:

- Bruising – this will always occur in varying degrees. Avoidance of platelet inhibiting drugs such as aspirin or non-steroidal anti-inflammatory medications, warfarin, fish oil or alcohol within 24 hrs are important contributors. Please tell your surgeon if these are relevant in your case.
- Local swelling, which is temporary but will always occur. This may spread into the cheek area for a while.
- Swelling on the surface of the eye (chemosis) for 1 to 2 weeks after lower eyelid blepharoplasty.
- Slight blurring of vision immediately after surgery from local drying and the ointment. If the blurring persists for more than 24 to 48 hours your surgeon should be informed.
- Dry, gritty eyes for 2 to 3 weeks is common due to relative inability to close the eyes. This generally settles as the lids stretch and you develop better eyelid closure. These symptoms are helped by regular forced blinking and the use of copious eyedrops and ointment.
- Infection is rare.
- Bleeding around the eyelids or behind the eye, which may cause loss of vision if not managed rapidly or appropriately. This is very rare.
- Lower eyelid retraction, or turning out – ectropion.
- Poor blinking, inability to close the eyes completely and eye surface problems due to excessive skin and muscle removal can aggravate a pre-existing dry eye problem. Rarely skin may have to be replaced.
- Hollowed look if excess fat is removed from the lower eyelid.
- Scarring – this is rare in the eyelids as the skin heals so well in this area. Sometimes there can be a discernable scar in the first several months, but this generally disappears over time. Please inform your surgeon if you scar abnormally.

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### Consent

At some stage you will be asked to sign a consent form if you are proceeding with blepharoplasty surgery. It is assumed that you have read this document and discussed any aspects that you are concerned about with your treating surgeon. Please do not hesitate to ask, even if you are embarrassed about asking seemingly "trivial" questions. A good tailor asks twice, measures twice and cuts once!

**I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had a sufficient opportunity for discussion, and to ask questions. I consent to this procedure. Where there may be repeats of the same treatment, this consent applies until I inform the Doctor otherwise.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name: (Print)** \_\_\_\_\_

**Doctor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor Name: (Print)** \_\_\_\_\_



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### What happens during blepharoplasty surgery?

**Upper lids:** Upper eyelid blepharoplasty is usually done under local anaesthesia, as a day case. Some patients prefer to be admitted and to have sedation administered by an anaesthetist. (This involves extra expense) Immediately prior to surgery the surgeon will mark the skin with incision lines and assess the amount of tissue to be removed. Local anaesthetic drops are placed on the eye and a small bleb of local anaesthetic is given into the upper eyelid to numb the area. A short skin incision is made in the natural skin crease and around the area of tissue to be excised, delicate layers of muscle and fat are shaped out. The aim is to remove the excess tissue without damaging eyelid function and eye comfort. Sometimes blepharoplasty may be combined with ptosis (droopy eye) surgery, or brow lifting surgery.

**Lower eyelids:** Lower eyelid blepharoplasty may be done under local anaesthesia or general anaesthesia (asleep). Only very small amounts of skin muscle and/or fat are removed from the lower eyelids. There can be the addition of a chemical peel or laser to the skin. Protruding fat and excess skin are removed usually through a small incision made just below the lower eyelashes (subciliary incision). It is also common for the surgeon to remove fat bulges from inside the eyelid (transconjunctival) without taking any skin. The scars that result from these incisions are usually inconspicuous once healed.

### What happens after blepharoplasty surgery?

The eyes may be padded for the first 1 to 2 hours to reduce bruising and swelling. The eyelids will usually appear swollen for a few days after surgery. Ice packs are recommended, and sitting upright and sleeping with four pillows will help reduce excess swelling around the eyelids. Your surgeon will give you lubricant drops and ointment to reduce the sensation of grittiness and dryness. Blepharoplasty is not a very painful operation, but you may take Paracetamol, if needed, but should avoid Aspirin based components which can cause increased bruising. Most forms of light exercise and a normal work pattern may be resumed within a few days of surgery and eyelid make-up worn from about two weeks after surgery. Stitches will be removed at between 4 and 7 days post operatively.

