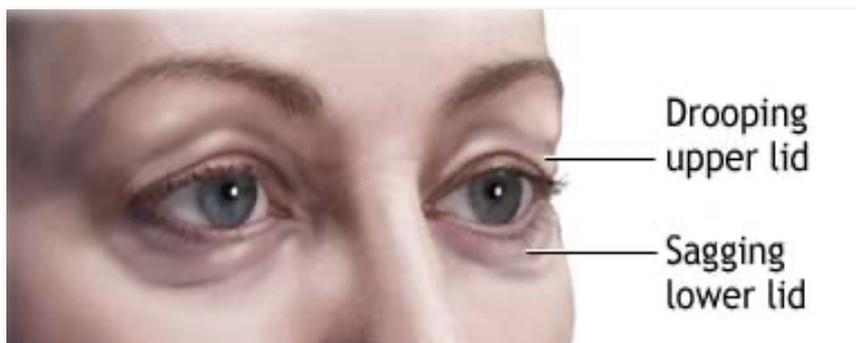


Upper Blepharoplasty Surgery

The skin loses its elasticity and our muscles slacken with age. For the eyelids this results in an accumulation of loose skin which collects as folds in the upper lids and forms deepening creases in the lower lids. At the same time there is slackening of the muscle beneath the skin allowing the fat, which cushions the eyes in their sockets, to protrude forward to give the appearance of bagginess.

The problem often seems worse in the morning particularly with prolonged stress and lack of sleep. Fluid that is normally distributed throughout the upright body during the day, tends at night to settle in areas where the skin is loose, such as the eyelids. Drooping of the eyelids is also an effect of the ageing process and aggravates the accumulation of the skin in the upper eyelids. Sometimes so much skin accumulates in the upper lids that it hangs over the eyelashes to obstruct vision.



What can be done?

An upper eyelid reduction (blepharoplasty) removes the surplus skin and protruding fat from the upper eyelids to produce a more alert, fresher appearance. Sometimes it is only necessary to reduce the skin, sometimes the skin and the fat.

When performed on its own, it is a relatively short operation that can be performed under local anaesthetic as an outpatient or day case procedure. The results are apparent soon after surgery and there is a quick recovery time.

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

What are the consequences?

Ageing effects of the skin are apparent earlier in the eyelids than elsewhere. A reduction of the skin can be carried out from the age of 35-40. Patients with thyroid disease often develop eye signs which can be helped by surgery. An extended eyelid reduction (Olivari's procedure) can treat this satisfactorily.

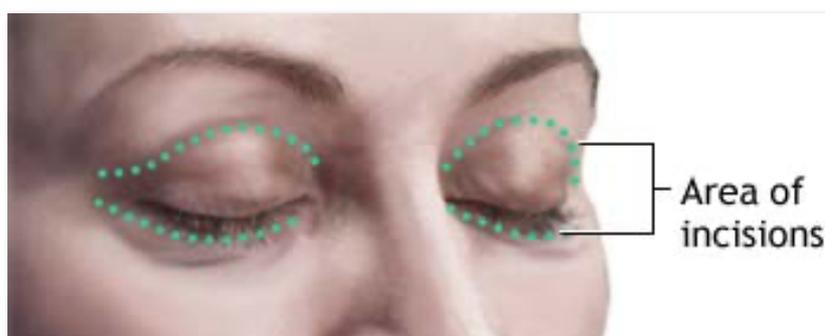
What are the limitations?

It is important for you to understand that only the wrinkles which are in the skin will be removed. We are only treating the eyelids within the bony margin of the orbit (eye sockets). Wrinkles around the crow's feet will remain and although the skin is much tighter, it is still necessary to be able to open and close the eyes freely. The skin has less elasticity with age and for proper closure of the eye the upper eyelid will need to have surplus skin when it is open. Descent of the eyebrow can be helped by endoscopic brow lift. In some people, after their upper eyelid skin has been removed, there will be a relaxation of the frontalis muscle – the sheet of muscle over the forehead that produces transverse wrinkles. This may cause the brow position to lower, as the muscle no longer needs to help the eyelid muscles support eye opening, after heavy upper eyelid excess skin has been removed. It is important to understand this, as it may impact on your result (it may appear that not enough skin has been removed or that the new brow position is perceived as undesirable).

Sometimes residual or recurrent wrinkles are suitable for treatment by chemical peeling, dermaroller micro-needling or laser resurfacing. The operation has no effect at all on the dark colour of the eyelid.

The Operation

Upper eyelid surgery is usually carried out under local anaesthesia as an outpatient or daycase and takes an hour .



On the day of the surgery, the consent form which you may have signed previously is checked, and it is confirmed that you are happy to proceed. Pre-operative photographs of your eyes are done and form part of your medical records. Miss Hazari will then measure and draw on your upper eyelids to plan the operation.

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Once you are comfortably positioned on the operating table, local anaesthetic is injected under the upper eyelid skin. The anaesthetic may sting as it is administered. Your face will be cleansed and sterile drapes placed around your face and over your body.

In a typical procedure, Miss Hazari will make incisions following the natural lines of your eyelids; in the creases of upper lids (see illustration). These incisions are extended a little way into the crow's feet or laughter lines at the corner of the eyes. Through this incision, excess skin and surplus fat if present, is removed. The suture is threaded from one corner of the upper eyelid to the other, the ends are left long and taped over the forehead and to the outer part of the eyelid/temple. Steri-strips and micropore will be applied to hold the suture ends in place.

Following surgery, it is best to keep your head elevated for a few days to reduce swelling. Cold compresses or cooling gel pads will help to reduce swelling. It is useful to buy cooling gel pads, available from Boots/ Superdrug, and place these in the fridge for use when you get home. Please clean the eyes with cooled boiled water or mineral water to avoid crusting. Eye drops or ointment help to keep the eyes lubricated. Extra pillows for sleeping with your head elevated after surgery will also help. Closing the eyes several times every hour will help the muscles of the eye to recover from surgery quickly, and helps to protect the eye. When going outside, wear sunglasses to protect the eyes from the wind and sun. Avoid bending down as this may cause the suture line to bleed. Always try and maintain your head above the level of your heart until you have your sutures removed.

Sutures are usually removed after 5-7 days. Sometimes you will be advised to use the suture strips or steri-strips as support for a further week.

The closure of the eyes appears tight after surgery because of swelling and because skin has been removed. If closure is not complete at night, you should apply eye ointment/drops before going to sleep to avoid corneal exposure. This sensation will settle as the swelling goes down.

The eyes may appear watery after surgery, partly because of swelling under the conjunctiva (chemosis) and partly because the tear ducts are swollen and do not drain as readily. This will last a few weeks. Although there is bruising it can quite readily be disguised with make-up and dark glasses. The scars will be pink for a few months, but eventually fade and become almost invisible. If you normally wear contact lens, you will not be able to wear your contact lenses for up to 4 weeks after surgery. Most people are able to return to sedentary work (i.e. an office job or light duties) at 1 to 2 weeks. Heavier duties, or physical exercise should be postponed for at least 4-6 weeks after surgery, to allow the eyelids to heal properly. Makeup to the upper lids can be applied at 4 weeks after surgery.

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What are the risks?

All surgery carries some uncertainty and risk. When eyelid surgery is performed by a qualified Plastic Surgeon complications are infrequent and usually minor. You can check that your surgeon is on the Specialist Register kept by the General Medical Council. All members of the British Association of Aesthetic, Plastic and Reconstructive Surgeons (BAPRAS) and British Association of Aesthetic Plastic Surgeons (BAAPS) are on the Register.

You can reduce the risks by closely following your surgeon's instructions both before and after surgery. You should tell him /her of any thyroid disease, high blood pressure, diabetes or eye disorder such as detached retina or glaucoma. It may be that he/she will wish you to be checked by an Ophthalmologist. It is important that you provide your surgeon with a recent eye test which records the intra-ocular pressure to ensure that you do not have a tendency for acute glaucoma which may be precipitated if you are prescribed steroid eye drops after surgery.

Commonly, there will be swelling of the eyelids and bruising which may take a few weeks to subside. Occasionally a pool of blood can collect under the skin after the operation (haematoma), this usually disperses spontaneously over 2 or 3 weeks but it may need to be drained if it is large. Infection is uncommon. Occasionally some mild inflammation may occur around the stitches, but this usually settles once sutures are removed.

Dry eyes or watering of eyes may persist for a few weeks, especially if present before the operation and may require eye-drops. Though scars settle and fade well in most patients, some patients may occasionally develop hypertrophic scarring. Sometimes tiny white cysts/ whiteheads can appear along the stitch line. These are nothing to be concerned about but can be pricked out with a needle.

Blindness is an exceptionally rare complication and is due to bleeding behind the fat in lower lid surgery.

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