Mr Asit Khandwala
MB MCh(Plast) FRCS FRCS(Plast) - Consultant Plastic Surgeon
tel: 01342 330 343
email: info@plasticsurgeon.org.uk
website: www.plasticsurgeon.org.uk

Eyelid Reduction or Blepharoplasty

With age, skin loses its elasticity and our muscles slacken. 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. In some families there is an inherited tendency for bags to develop during early adulthood before any skin changes.

The problem often seems worse in the morning particularly with prolonged stress and lack of sleep. Fluid, at night tends to settle in areas where the skin is loose, such as the eyelids.

Sometimes so much skin accumulates in the upper lids that it hangs over the eyelashes to obstruct vision.

An eyelid reduction (blepharoplasty) removes the surplus skin and protruding fat to produce a more alert appearance and reduces the morning swelling. Sometimes it is only necessary to reduce the skin, sometimes the skin and the fat and sometimes just the fat. If only the fat is being removed from the lower eyelids, then this can be removed from the inside of the lower eyelid avoiding an external excision (transconjunctival blepharoplasty).

Who are the best candidates?

People who have the familial problem of bags beneath the eyes may well undergo surgery in their 20's. 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. Patients with thyroid disease often develop eye signs which can be helped by surgery.

What are the limitations?

It is important for you to understand that only the wrinkles which are in the skin which is cut away will be removed. Folds of skin extending on to the cheek (festoons) will not normally be improved. Wrinkles in the area of 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 and an extension of this, the deep facelift, can be used to not only lift the eyebrow and the upper eyelid, but also lift and open the

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outer angle of the eye.

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

The operation

Both upper and lower eyelid surgery can be carried out under local anaesthesia with sedation or under general anaesthesia in a hospital.

Incisions follow the natural lines of your eyelids; in the creases of upper lids and just below the lashes in the lower 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 surplus fat is removed and excess skin and sagging muscle removed.

If you have a pocket of fat beneath your lower eyelids without surplus skin then the fat may be removed through the inside of the lower eyelid (transconjunctival blepharoplasty). There is then no external scar.

Following surgery it would be best to keep your head elevated for a few days to reduce swelling. Cold compresses can also help. The sutures are usually removed after 3 to 5 days and soon after you will be able to use make-up. Sometimes you will be advised to use the suture strips or steri-strips as support to the lower eyelids for a week or so.

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

The eyes 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 they become almost invisible.

What are the risks?

You should tell Mr Khandwala of any thyroid disease, high blood pressure, diabetes or eye disorder such as detached retina or glaucoma. It may be that he will wish you to be checked by an Ophthalmologist. Occasionally a pool of blood can collect under the skin after the operation has

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finished (haematoma) this usually disperses over 2 or 3 weeks but it may need to be drained if it is large. Quite commonly the margin of the lower lid is slightly pulled away from the eye during the first day or two after surgery due to swelling. This will settle on its own or with the help of suture strips or steri-strips. Very occasionally another operation is necessary.

Sometimes tiny white cysts can appear along the stitch line. They are nothing to be concerned about but can be pricked out with a needle. Blindness is an exceptionally rare complication.

in a typical eyelid reduction operation incisions lines follow the natural lines of the eyelids