

Blepharoplasty

What is blepharoplasty?

Blepharoplasty is an operation, which removes excess skin (dermatochalasis) from the upper eyelids.

What are the causes of excess upper lid skin?

Excess skin is most often due to ageing changes. The eyelid appearance may be typical for your family. Chronic exposure to sunlight and cigarette smoking can worsen these changes. Sometimes episodes of swelling of the eyelid due to infection or allergy can stretch the skin. Facial nerve palsy may also contribute to excessive drooping of the eyelid skin.

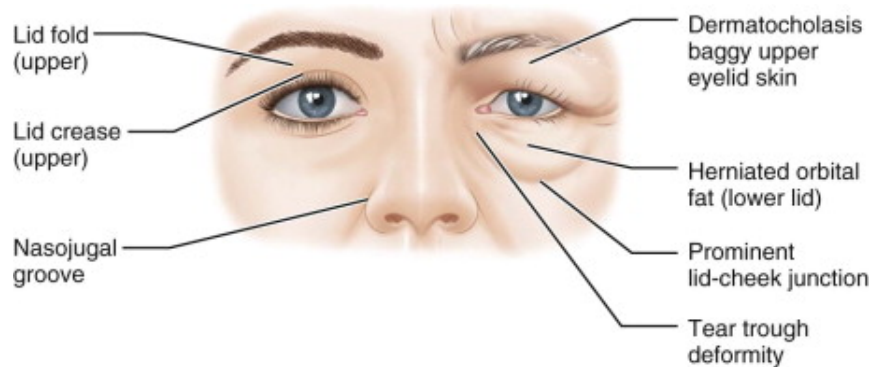


Image courtesy of pocketdentistry.com

What does the blepharoplasty operation involve?

Removal of excess upper eyelid skin is carried out as day case surgery, generally under local or general anaesthesia.

Anaesthetic drops and ointment will be put in your eyes. Your face will be cleaned with antiseptic iodine solution and sterile drapes will be placed around your face. The surgeon will use a pen to mark out the skin to be removed. The ink will wash off later. Anaesthetic is then injected under the eyelid skin. The excess skin is removed and the skin wounds are then closed with absorbable sutures, which will dissolve and fall out over the next few weeks. Eyelids normally heal very well and the wound is hidden in the natural skin crease of the lid.

At the end of the operation the antiseptic is washed off, ointment is put on the wounds and eye pads applied to the lids.

What happens after the operation?

If your eye feels sore when the anaesthetic wears off, take simple painkillers like Paracetamol or Ibuprofen. Normally, the discomfort will settle within a day or two.

You should not drive yourself home after the operation. Before you leave the hospital you will be given drops and ointment to use for a week or so after the surgery.

It is normal for the eyelids to appear swollen and bruised for some time after this operation and there may be a little bleeding from the wounds in the eyelids for a short time. The eyelids should be cleaned gently with tissues or cotton buds soaked in cooled, boiled water. The incisions should be kept moist at all times with Vaseline.

Most forms of light exercise and a normal work pattern may be resumed after 1 week following surgery. Eyelid makeup can be worn from about three weeks after surgery.

What problems can occur after the operation?

- Bruising and swelling of the eyelids is common. The surface of the eyeball may also swell (chemosis). These changes will settle after a few weeks.
- Dry, gritty eyes for a few weeks can be helped with lubricant eye drops and ointment. The vision may be slightly blurred for a few days.
- A post-operative infection may develop in the lids - they would become tender, red and swollen and the wound may break down. If this happens then you should contact the hospital since antibiotic tablets may be needed to help correct this and allow the lids to heal. It might be necessary to restitch the wound once the infection has settled.
- Bleeding after the operation is usually slight and stops within a short time. If bleeding continues you should contact the hospital in case further treatment is required.
- Extremely rarely, severe bleeding around or behind an eye can cause permanent loss of vision.
- Very rarely, too much skin is removed and if this causes problems with lid closure, skin will need to be replaced.
- Sometimes some loose skin persists, often at the outer end of the eyelid and further surgery may be required if it still causing a visual problem.
- Unsightly scarring, persistent eyelid swelling or other unusual skin changes are extremely rare complications

Prior to the Operation

Before your operation, usually on the day of surgery, you will be asked to sign a consent form, which is signed by both you and the doctor. It is a permanent record to show that your operation and the type of anaesthetic have been discussed with you.

When you sign the consent form you are indicating that you want to go ahead with the operation. If you are not happy with anything on the form you should not sign it until you have had your worries discussed and resolved with your surgeon.

Brow Lift

What is brow ptosis?

Brow ptosis (pronounced toe-sys) is a droop of the eyebrow. This can cause significant overhang of upper eyelid skin over the lashes, which can interfere with vision. This can occur on one side or both.

What causes brow ptosis?

Brow ptosis generally occurs due to ageing changes in the face and can occur alongside eyelid ptosis (drooping upper lid) and excess upper lid skin. Occasionally brow ptosis is due to a facial palsy.

What happens at brow lift surgery?

1. Direct brow lift

A crescent of forehead skin is removed from above the eyebrow and the wound sutured back together. It leaves a scar either just above the eyebrow or in a natural forehead crease. This operation is often recommended for patients with facial palsy.

2. Trans-eyelid brow lift

If the patient needs surgery to remove excess upper lid skin, then the brow lift can be done through the same eyelid incision. Sutures are placed beneath the brow to attach it to deeper tissues. This type of surgery only lifts the brow a little.

3. Endoscopic brow lift

Surgery is done through a few small incisions in the scalp, above the hairline. A tunnel is made underneath the forehead to free up all the ligament holding it down and sutures or fixation plates are used to lift the brow. This surgery is usually done under general anaesthesia (asleep) by the plastic surgeons and may be more suitable for younger patients.

What happens after brow ptosis surgery?

A dressing is placed on the forehead, sometimes with a bandage around the head to reduce bruising. Eye drops and ointment are used for a few weeks. The sutures may absorb away by themselves after several weeks or may need to be removed after a week.

What are the risks of brow lift?

- Bruising and swelling

- Blurred vision for a few days from dry eyes or ointment
- Brows being at uneven height
- Gradual drooping of the brows which may require further surgery
- Loss of sensation on the forehead and up into the scalp. This often recovers but is sometimes permanent.
- New onset of facial nerve paralysis (facial palsy)
- Loss of hair at the incision sites in endoscopic brow lift
- Prominent forehead scar

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