

## Upper Eyelid Blepharoplasty

### What is an upper eyelid Blepharoplasty?

This is a surgical procedure used to remove excess skin on the upper eyelids to restore normal function of and improve cosmesis. It can also improve comfort and the superior field of vision if the effect of the redundant skin is more pronounced.

### Why do we get extra skin on the upper eyelids?

The condition where there is redundant skin on the upper eyelids is called Dermatochalasis. This is caused by loss of skin elasticity leading to the excess skin folding over the natural eyelid skin crease, touching the eyelashes and if severe interfering with the superior field of vision.

### What is involved before the procedure?

You will have an assessment in the rooms paying particular attention to your concerns regarding your eyelids and eyelid position. Pre-operative facial photographs will be taken in the rooms. You will be advised on whether to stop any blood thinning medications before the surgery. A thorough slit lamp examination of your eyes is important before any eyelid surgery and this will be performed to rule out corneal problems such as dry eye which could be compounded by an upper eyelid blepharoplasty. The risks and benefits of the procedure will be discussed in detail and also visible for you to read overleaf.

### What is involved during the procedure?

An upper eyelid blepharoplasty is a day surgical procedure usually carried out under local anaesthetic with or without conscious sedation depending on the patient's preference. A general anaesthetic is rarely necessary and is often counterproductive as patient co-operation helps in the surgical planning process.

The required amount of skin to be excised is marked with a fine surgical marking pen and a local anaesthetic injection is given to numb the required area. The marking of the skin is really the most important part in the process as this dictates the eventual surgical result.

Once the area is completely numb the operation begins. The tissue is excised by cutting cautery which cuts the skin at the same time as stopping any bleeding blood vessels. The skin is then stitched together with a fine suture that the skin doesn't react against. Antibiotic ointment is applied to your eye and eye pads are placed

over both of your eyes. Ice packs are provided in recovery to reduce swelling. One eye pad is removed before you go home and the other is removed 6 hours later.

### **What is involved after the procedure?**

After the procedure it is normal for the swelling to increase in the first 24-36 hours. It can often track down to the lower eyelid and cheeks due to the effects of gravity.

To reduce swelling:

- Please use Ice packs intermittently or a frozen bag of peas wrapped in a cloth and apply to your closed eyelids for the first week after the procedure.
- It is also useful to sleep using extra pillows if possible.

Your blood thinners if stopped can be started the day after your procedure.

Wound care: Please keep the wound dry for the first 24 hours after surgery. The antibiotic ointment can then be applied to the wound and to the eye itself as the eye is prone to getting dry postoperatively.

### **When will I need to come back to the clinic?**

You will be reviewed at one week after the procedure to assess postoperative progress and remove the skin suture. The majority of the postoperative swelling settles in the first 4 weeks after surgery.

### **Risks of surgery**

Please read this carefully. The purpose of oculoplastic surgery is to restore good function to the eyelid and a good cosmetic outcome. Good pre- and intraoperative planning negates many risks but there are certain risks that can still apply to an upper eyelid blepharoplasty including, but not limited to:

- Under correction (Not taking enough tissue away)
- Over correction (Taking too much tissue away)
- Failure to close your eyes completely (When too much tissue is taken away)
- Asymmetry (A difference in appearance between the two eyes, which is often present pre-operatively too)
- Dry eye (hence the importance of slit lamp examination of the cornea pre-op)
- Wound infection
- Bleeding or excessive bruising (More common in patients on blood thinners)
- Retrobulbar haemorrhage (bleed behind the eyeball) – 1 in 2000

- Retrobulbar haemorrhage causing vision loss – 1 in 22,000
- Corneal abrasion (A scratch on the cornea during surgery, this is very painful, but usually settles in 48 hours)

### **RED FLAGS**

- EXCESSIVE PAIN
- DISCHARGE FROM THE WOUND
- EXCESSIVE REDNESS OR SWELLING TO THE WOUND
- BEING UNABLE TO CLOSE YOUR EYES LEADING TO DRY EYE AND PAIN