

Eyelid Surgery and Blepharoplasty

There are many elements to aesthetic eyelid surgery, and very many different treatment options. It is most important is to have a clear idea of what you would like to achieve and to find someone who can discuss the options with you.

As we age our face loses its elasticity and volume, it then stretches and is pulled downward by gravity. Our range of facial expressions repeatedly creases our skin to give us the classic deepening wrinkles of an older face. Many of these lines are welcome as they give “character” to our faces. Many, however, are less welcome, especially if they make us look older than we feel or crease the brow to suggest that we are concerned when we feel carefree.

While Botox and fillers remain very useful, if the skin has stretched too much, or the deeper tissues have been pulled too far downward by gravity, then a surgical approach is required. An eyelid lift (Blepharoplasty) is the most popular facial surgery in both the UK and USA. The upper lids and lower lids can be lifted and tightened with the scars hidden in the upper eyelid crease or the sub-ciliary line.

A facelift is more dramatic and not particularly well named, as it is more of a jowl and neck lift than face lift. There are now many techniques described to try to lift the mid-face, but this area remains the most difficult, and the interface with the lower eyelid is key.

What can go wrong with any eyelid surgery?

1. Infection of the wound. This is minimised with sterile technique and by using antibiotic ointment to the stitches and antibiotic tablets. Wound infection can be minor but can lead to a worse scar.
2. Large bruise or haematoma. This is minimised by taking it easy for 2 weeks after surgery, stopping aspirin and other anticoagulants if safe so to do, and regular use of ice packs. A haematoma may mean you have to go back into theatre to have the blood clot evacuated and then be re-sutured with the risk of a worse scar. A haematoma can take a very long time to fully resolve as the skin overlying the haematoma can become stained with haemosiderin. This can be improved with Vitamin K Oxide Gel.
3. Visible scar. The cuts to the skin should fade to a thin white line. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result.
4. Dry eye. The surgery can cause inflammation to the eyelids that affects the oil producing glands in the eyelids. This can lead to a dry eye or can make a pre-existing dry eye worse. You may need to use additional lubricant drops for weeks to months post-op if affected.
5. Theoretical risk to vision. Any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is so rare that in comparison a normal car journey is a much greater risk to your vision.

Upper Lid Blepharoplasty

The upper eyelid lift (technically called a blepharoplasty) is a procedure to correct heavy drooping upper lids - features that can make you look older and more tired than you feel. It is one of the safest and most reliable of all the cosmetic surgical procedures, with a very high satisfaction rate.

The best candidates are men and women who are physically healthy, psychologically stable, and realistic in their expectations. Most are 35 or older, but if droopy, baggy eyelids run in your family, you may decide to have eyelid surgery at a younger age.

A few medical conditions make blepharoplasty more risky. They include thyroid problems, dry eye or lack of sufficient tears, high blood pressure or other circulatory disorders, cardiovascular disease, and diabetes.

When eyelid surgery is performed by a qualified oculoplastic surgeon, complications are infrequent and usually minor. Nevertheless, there is always a possibility of complications, and the risks you need to consider are the risk of infection, the risk of a large bruise known as a haematoma, the risk of the scar thickening to become more visible and a theoretical risk to your vision.

I usually perform upper lid lifts under local anaesthesia--which numbs the area around your eyes, sometimes with intravenous sedation. You'll be awake during the surgery, but relaxed and insensitive to pain. (However, you may feel some tugging or occasional discomfort.) After surgery, I lubricate your eyes with ointment and may apply a bandage. Your eyelids may feel tight and sore as the anaesthesia wears off, but you can usually control any discomfort with paracetamol. If you feel any severe pain, call me immediately.

Post-operatively I recommend you keep your head elevated for several days and use ice packs to reduce swelling and bruising. (Bruising varies from person to person: it reaches its peak during the first week, and generally lasts anywhere from two weeks to a month.) The stitches will be removed a week after surgery. Once they're out, the swelling and discolouration around your eyes will gradually subside, and you'll start to look and feel much better.

Most people feel ready to go out in public (and back to work) in a week to 10 days. By then, depending on your rate of healing, you'll probably be able to wear makeup to hide the bruising that remains. You may be sensitive to sunlight, wind, and other irritants for several weeks, so you should wear sunglasses and sunblock when you go out.

Keep your activities to a minimum for three to five days and avoid more strenuous activities for about three weeks. It's especially important to avoid activities that raise your blood pressure, including bending, lifting, and rigorous sports. Minimise alcohol, since it causes fluid retention.

Healing is a gradual process, and your scars may remain slightly pink for six months or more after surgery. Eventually, though, they'll fade to a thin, nearly invisible white line. You will always be able to find your scars, but I aim for strangers to be unable to see them at 6 weeks, and your friends unable to see them by 6 months.

Blepharoplasty can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal or cause other people to treat you differently.

Lower Lid Blepharoplasty

The lower lid lift, or eye-bag removal remains one of the most difficult cosmetic procedures. The reason is that the lower eyelid cannot be considered on its own but must be taken in consideration with the whole mid-face and indeed face. The lower eyelid rests against the eyeball and needs to be in perfect position to protect the eye and carry the tears with each blink into the tear ducts. Any attempt to remove too much skin from under the eye carries a great risk of the eyelid hanging away from the eye. This is made worse if there is any underlying lid laxity. This leads to a poor cosmetic and functional result, and a very unhappy patient!

In a similar fashion the orbital fat that surrounds the eyeball in its socket can bulge forward as we age, and the temptation is to remove this fat. Removing too much orbital fat however, can lead to a hollow appearing socket, with again a poor cosmetic result and unhappy patient!

The factors that age the lower lid and mid-face are volume loss as much as any fat prolapse and tissue descent. The steps required to achieve good results from lower lid blepharoplasty therefore include:

- 1: Always replace lost volume with tear trough filler and cheek filler.
- 2: Always assess and tighten a lax lower eyelid.
- 3: Release the arcus marginalis to reset the tethering that tucks in and accentuates the lower lid bag.
- 4: Move rather than remove orbital fat, and be very conservative in removing orbital fat when essential.
- 5: Release the deeper tissues over the orbital margin and into the mid-face, to allow the deeper layers to be lifted by sutures to the orbital rim.
- 6: Be conservative in trimming excess skin, measure the excess with the patient opening their mouth wide.

Even with all these factors in place I warn my patients that if we can achieve a 99% result for the upper lid, the best to hope for with a lower lid is 70%.

Volume and skin resurfacing vs Surgery?

For the majority of patients interested in lower lid blepharoplasty techniques and understanding have changed over the last decade such that surgery is progressively used less and less.

A better result can often be achieved by tightening the skin of the lower lid using a fractionated burn, either with CO₂ laser or with electricity (“Tixel”). This allows the skin to be tightened in all directions rather than just in one direction and is essential in the presence of “cross hatching” wrinkles.

This is then combined with the addition of volume to the cheek, midface and tear trough to restore the volume of youth. This can be via fillers, or via the redistribution of your own fat from your stomach or bottom.

The overall results can be significantly more rejuvenating than surgery.