Upper and Lower Eyelid Blepharoplasty Surgery British Oculoplastic Surgery Society

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Who is this leaflet for?

- This leaflet is for people who are undergoing eyelid blepharoplasty surgery.

What is dermatochalasis?

- Dermatochalsis excess eyelid skin.
- It may present as an extra fold of skin, which may overhang the upper eyelashes.
- It is caused by the skin loosing its elasticity, usually due to age but is also seen in some medical conditions such as Graves Orbitopathy (Thyroid Eye Disease)
- Typically, more skin excess is found in the upper than the lower eyelid

What other ageing changes may occur with dermatochalasis?

- It may be associated with prolapse of orbital fat causing the eyelid to bulge (eye bags). This may be in the upper or lower eyelid.
- The orbicularis muscle that underlies the skin may also sag, contributing the eye bag appearance.
- The lower lid may be lax or loose. This may cause it to sag or hang lower than in youth.

What is Blepharoplasty Surgery?

- A blepharoplasty is an operation to rejuvenate the eyelids and in some cases to improve vision where excess skin is obscuring it.
- It may involve removal of excess eyelid skin.
- Depending on an individual the muscle or fat underlying the skin may also be removed or repositioned.
- In addition, the lower lid may be tightened surgically.
- The procedure can be carried out in the upper or lower eyelid.

Upper eyelid blepharoplasty:

- At the beginning of the operation the amount of skin to be removed will be carefully assessed. Marks will be drawn on the eyelid with a sterile marking pen to assist the surgeon during the procedure.
- The incision is based in the skin crease of the upper lid, which helps to minimise any sign that you have had upper lid surgery.
- After this, local anaesthetic will be injected under the skin in the upper eyelid.
- The skin is removed with surgical instruments. Depending on your particular problem, the muscle beneath the skin may be preserved or partially removed.
- If there is fat prolapse in the upper lid this may be treated with partial fat removal or repositioning.
- Sutures are placed to reform the natural skin crease in the eyelid.
- The skin edges are sutured together with either a continuous suture that is removed one week later or absorbable sutures that will naturally fall out after 2-3 weeks.
- It may be performed alone or in conjunction with other procedures such as: lower lid blepharoplasty surgery; ptosis surgery; eyebrow surgery.
- This operation may be carried out under general anaesthesia, local anaesthesia plus intravenous sedation or simply local anaesthesia on its own.

Lower eyelid blepharoplasty:

- There are 4 elements to lower lid blepharoplasty: skin, muscle, fat and eyelid laxity. The procedure you have will be tailored to suit your problem.
- Fat prolapse in the lower eyelid gives the appearance of ‘eye bags’.
- This fat can be excised or repositioned over the orbital rim to create a smoother transition from the eyelid above into the cheek below.
- Surgery on the prolapsed fat may be done without a skin incision from the inside of the eyelid – transconjunctival or via a skin incision just beneath the eyelashes – transcutaneous.
- The lower eyelid usually needs to be tightened at the time of surgery. Even a small amount of lid laxity can lead to postoperative lower lid retraction or ectropion if not addressed at the time of surgery.

- This tightening is called 'lateral canthal suspension' or 'canthopexy' and involves a suture from the lid to the bony rim of the orbit.
- The orbicularis muscle, which lies directly beneath the skin is often tightened by placing sutures from it to the bony rim of the orbit – 'orbicularis suspension'.
- Lower eyelid skin is excised in much smaller amounts than in the upper lid. This is to avoid the unwanted side effect following surgery of eyelid retraction.

What are the benefits of surgery?

- Both eyelid dermatochalasis and eyebrow ptosis may reduce the visual field due to the hooding of skin over the eyelid.
- In an attempt to raise the eyebrow and eyelid people often use the forehead muscle. Fatigue of the frontalis forehead muscle may cause discomfort, particularly at the end of the day.
- Surgery can therefore improve visual function and relieve some headaches.
- It also will improve the appearance of the eyes with a fresher more awake look.

What are the alternatives to surgery?

- There are no alternatives to surgery in correcting upper eyelid dermatochalasis Some patients weigh up the risks and benefits of surgery and decide to put up with the problem, feeling that the risks of surgery are too great for them – it is an individual decision.
- Having dermatochalasis does not damage the eye, so it is a reasonable option to decline surgery if you wish.
- In some cases, non-surgical cosmetic treatments such as botulinum toxin injections (Botox) or subdermal fillers (Restylane) can be used to improve the appearance around the eyes.

What will happen if I decide not to have surgery?

- You will continue to have dermatochalasis, however this will not damage your eye in any way.

What will happen before surgery?

- Before the operation you will be seen in the clinic by your consultant surgeon.
- He will ask you about your problem. He will also ask about other medical problems you have and medications you take (bring a list or the tablets themselves with you).
- The doctor will examine your eyes thoroughly.
- If you are to proceed with surgery the operation will be discussed in detail. This will include any risks or possible complications of the operation and the method of anaesthesia.
- You will be asked to read and sign a consent form after having the opportunity to ask any questions.
- You will also see a preoperative assessment nurse. You will have blood tests and an ECG (heart tracing) if required. You will be told if and from when you should to starve before the operation.

What should I do about my medication?

- In some cases, you may be asked to stop or reduce the dose of blood thinning tablets like: warfarin, aspirin, clopidogrel (plavix), dipyridamole (persantin). This decision is made on an individual basis and you should only do so if it is safe and you have been instructed by your GP or surgeon. This will be discussed with you before surgery.
- Other medication should be taken as usual.

What are the risks & possible complications of surgery?

- <u>Infection</u> might present as increased swelling and redness of the skin. There might also be yellow discharge from a wound. Infection is treated with antibiotics.
- <u>Bleeding</u> may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on a skin wound is usually enough to control minor bleeding. In rare cases, a deeper haematoma may require a return to theatre to prevent loss of vision.
- <u>Loss of vision:</u> Total loss of vision in an eye due to this surgery is extremely rare (less than 0.1% or 1 in 1000 operations). A blood haematoma collecting in the orbit, behind the eye, may compress the nerve of vision and threaten eyesight. It is extremely rare for this to occur. It presents as pain, loss of vision and

a bulging forwards of the eyeball and is an emergency. If not treated quickly it can lead to permanent loss of vision.

- Scar: Whenever the skin is incised a scar may form. Every attempt is made by the surgeon to minimise and hide scars but sometimes they can be visible.

- Further surgery: Your surgeon will take great care to excise the correct amount of skin for your eyelid. It is possible for too much or too little to be excised. Under excision may be addressed by further surgery to excise more. Over excision of skin may cause eyelid retraction, ectropion, exposure of the eye, corneal ulceration, loss of vision and may require further surgery to correct this. Emergency return to theatre due to bleeding is extremely rare.

- Dry eye: If you have a pre-existing dry eye problem or weakness of the eyelids, these symptoms may be made worse by blepharoplasty surgery. Your surgeon should investigate this prior to surgery.

- Skin puckering: If deep sutures are placed, there is a risk of puckering of the skin above them or discomfort. This is usually temporary but may necessitate further surgery to remove the suture if persistent.

- Loss of sensation: After surgery there may be numbness of some of the skin around the incision. This is usually temporary returning gradually over months. Rarely it is permanent and may involve larger areas like the forehead.

- Inflammation: Swelling and bruising of the skin after surgery always occurs but in varying degrees. A big improvement will be noticed after 2 weeks, with most resolved 3 months later. Rarely inflammation may cause small lumps to form called granulomas. Most resolve spontaneously but some require further surgery.

- Altered appearance: One of the goals of surgery may be to positively improve appearance. Some people may be unhappy with the appearance after surgery due to: asymmetry of facial features; hollowed appearance; eyelid contour or position changes.

What type of anaesthesia will I have?

- Three types of anaesthesia are used for these procedures: local anaesthetic alone; local anaesthetic with intravenous sedation; general anaesthesia.

- You will choose one of them based on the advice of your surgeon.

- Local anaesthetic involves an injection just under the skin with a tiny needle. It is similar to dental anaesthesia. Initially the injection is painful but after 10 – 15 seconds the area becomes numb.

- Local anaesthesia with Sedation means that you are breathing for yourself and don't have a breathing tube inserted but you are very relaxed and sleepy and often don't remember the operation or the local anaesthetic injection.

- General anaesthetic means you are completely asleep with a breathing tube inserted.

What are the risks of anaesthesia?

- You will have the opportunity to discuss the risks of anaesthesia with your surgeon and anaesthetist prior to surgery. It is worth noting that modern anaesthesia in all its forms is extremely safe.

- Local anaesthetic may cause bruising, bleeding and swelling. There is a theoretical risk of the needle penetrating the eye and causing loss of vision.

- Intravenous sedation should be carried out by an anaesthetist in a controlled environment. In this way it is very safe. There is a risk of loss of airway, which theoretically could lead to brain injury or death.

- General anaesthetic has an extremely low risk of heart attack, stroke and death. The risk very much depends upon your general health and will be assessed prior to surgery.

- Anaesthetic risks can usually be greatly reduced by thorough pre operative assessment, which you will receive.

What should I expect after surgery?

- After surgery you may experience some pain. Simple paracetamol is usually enough to control this.
- The eyelids will be a bruised and swollen. Bruising will take up to 2 weeks to settle. Swelling is greatly reduced after 2 weeks but may not completely resolve for 3 months.
- Some people report not feeling 'back to normal' for up to 6 months after surgery.
- Initially it may feel difficult for you to close your eyelids and this will be managed with eye ointments.
- It is important not to have surgery too close to important events, in case you have not fully recovered in time.

Pre-operative Instructions

Do's

- Dress in loose fitting casual clothes.
- Avoid bringing valuable items, such as jewellery, into hospital.
- Thoroughly wash the face and remove all traces of makeup to reduce your chance of an infection.
- Remove your contact lenses.
- Inform your consultant of all your medication and discuss which should be taken on the day of surgery.
- It is usually recommended that all medications are taken until and including the day of the surgery.
- Please attend the hospital $1^1/_2$ hours prior to the start of the surgical list.

Don'ts

- Please refrain from any non-steroidal anti-inflammatory painkillers such as Aspirin, Brufen and Ibuprofen Voltarol for a period of 3 weeks prior to surgery, if in doubt, ask your consultant or your general practitioner.
- (All painkillers ending with the letter N to be avoided)
- Refrain from alcohol consumption for 2 days prior to surgery, on the day of surgery and the following day.
- Refrain from smoking for a month prior to surgery and a month after.
- Please do not wear eye make up on the day of surgery.

Postoperative Instructions

If any swelling, bruising, discomfort or pain worsens or a discharge (pus) appears around suture line, contact the hospital / clinic immediately. See contact numbers at the end of the leaflet.

1st Day post operatively

- Hot showers and baths are to be avoided for the first day.
- Avoid hot drinks for the first day. You can drink tea and coffee but not piping hot.
- Sleeping in an elevated position for 48 hours, reduces the swelling. Try using an extra pillow. Sleep is important, so do not persevere without sleep.
- You should rest but you may start your usual daily activities.
- Take your usual medications and eat as you would normally would.
- Avoid certain medications ***if instructed to do so*** e.g. Warfarin Aspirin and other unprescribed painkillers.
- Take the additional medications prescribed as instructed.
- Drink lots of water, clear fluids, cold drinks, clear soup and tea for the rest of the day.
- You may have a light lunch or dinner, as long as it is 4-hours after surgery, provided you are hungry and are not feeling nauseated.

General post-op instructions

- A firm eye pad is put on after the procedure for at least 2 hours. This should stay on until instructed. It is usually removed before discharge but may remain until the next morning when you can remove it yourself.
- You will be given teardrops for the eye – usually 3-4 times per day for 1 week.
- You will be given Chloramphenicol eye ointment for the wound before you are discharged. Apply the Chloramphenicol ointment with clean fingertips along the incision lines twice a day for 2 weeks, running from the inside along the stitches to the outer end.
- If non-absorbable stitches have been used, these are removed by your consultant at your follow up appointment.
- If absorbable stitches have been used these will fall out after 2-3 weeks
- The follow up appointment will be organised for you before your discharge.

- Cool compresses should commence as soon as the pad is removed or immediately if there is no pad. 5 minutes, 5 times a day, for 5 days.
- Cleanse the lids with cotton wool dipped in cooled boiled water or sterile saline for 10 days.
- Do Walk, but avoid any form of exercise for 10 days.
- Reading and watching television is fine.
- Avoid dairy products: Milk, yoghurt, Ice cream.
- Please try not to bend-over very much for the first 2 days after surgery.
- If your eye is patched, try not to put your head below your chest for 3 days.
- Try not to move your eyes around very much. This will lessen the amount of general discomfort you may have.
- If you have pain within 2 hours of surgery, start taking the painkiller prescribed (or two 500mg paracetamol tablets every 6 hours) for 48 hours following surgery.
- Eye make up can be used 1 week after surgery.
- Contact lenses can be used 2 weeks after surgery.

Who do I contact if I have any questions or concerns?

In emergency:
The London Clinic,
119 Harley Street,
London,
W1G 6AU
0207 199 9833

Secretary: secretary@hugohenderson.com