



London Ophthalmology + Ophthalmic Plastics

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Blepharoplasty

Our eyes are not immune to the passing of time — nor, often, are the tissues surrounding them.

With skin getting progressively thinner and less elastic and the tissues behind it losing volume, tone or both, the eyelids can experience stretching, wrinkling and sagging, drooping, hollowness or malposition.

Though these changes mostly form part of our natural aging process, they are often accelerated by long-term exposure to sunlight, smoking, alcohol and certain nutritional choices that we make.

The upper eyelid, the more complex and well-developed structure of the two lids, functions as the main shutter of the eye, but also as a tiny and precise windscreen wiper. Its blink, a carefully executed role, lasts less than a tenth of a second and acts to wash and lubricate the eye's surface, or occasionally to protect it. When not blinking, the eyelids must provide a wide enough aperture to allow the full visual field

that our eyes are capable of seeing. They also aesthetically frame our eyes and as such play a vital role in our perception of their beauty.

By our 60th birthday, our **upper eyelids** — which have by then blinked more than 160 million times — have sustained many of the tissue changes described above.

As a result, stretched and heavy skin may have contributed to a “hooding” effect over the upper lid, or sometimes even the lashes. More severe cases of this condition (called *dermatochalasis* and estimated to affect more than one in six adults over the age of 45), are likely to obscure the upper part of the field of vision. Even in less advanced cases, patients will often describe unpleasant heaviness and a tired forehead – sometimes even a headache – by the end of the day, originating from the constant compensatory attempt at keeping the eyelids high. Excess skin hanging over the eyelashes can also interfere with make-up application and lead to smudging.

With aging of the **lower eyelids**, the loose septum and skin and consequently forward seating fat pockets (orbital fat pads) will often result in wrinkles, hollows or bags under the eyes, giving an older and tired-looking appearance and while this is very rarely a sinister clinical sign, it sometimes detracts from the attractiveness of the eyes. A tear-trough ‘deformity’ can be accentuated by the prolapsing fat pads and dark circles made to look worse, partly due to a shadowing effect.

What is a Blepharoplasty?

Blepharoplasty surgery, one of the most commonly performed cosmetic surgical procedures, addresses the contour and volume of the upper and/or lower eyelids. When carefully executed by a certified eyelid surgeon, it is a very safe and straightforward, minimally invasive day case procedure which can be extremely effective in restoring a more youthful, fresher and less tired appearance.

What does the surgery involve?

Both upper and lower eyelid blepharoplasty can be carried out under local anaesthesia, intravenous sedation or general anaesthesia, depending on your preference and what is deemed safest.

Fine incisions are designed which follow the natural lines of your eyelids – in the skin creases of the upper eyelids and just below the lashes in the lower eyelids. The

incisions designed in Dr Koutroumanos' technique are fashioned in such a way that they can be expected to be invisible within a few weeks after surgery.

In Upper Blepharoplasty, a carefully designed skin *flap* is removed and the underlying muscle and fat are sculpted in such a way that at the end of the healing phase, both upper lids have a symmetric and improved eyelid show and shape. Occasionally and depending on each patient's bespoke surgical plan, the eye size might be adjusted (through ptosis repair), the lateral brow position stabilised or the upper lid skin crease repositioned.

Lower Blepharoplasty, is either carried out via a fine (and eventually hidden) incision under the eyelashes (transcutaneous) or through a hidden or internal access (transconjunctival blepharoplasty). The decision between the two depends on the need for skin removal. Protruding or problematic fat is then sculpted, mobilised or removed again depending on individual needs.

If you have bags in the lower eyelids without any skin excess then fat can be removed using a small cut on the inside of the lower eyelid that avoids an external scar altogether.

Following surgery, the incisions are put back together with fine stitches. These are painlessly removed after 6-10 days at your post-operative review.

At the end of your Blepharoplasty, antibiotic cream is applied over this area. Dr Koutroumanos will ask you to apply a similar ointment 2-3 times a day for five to seven days post-operatively.

Bandages or padding are very rarely used and if required this will almost always be applied for a short period right after the procedure and removed by our team before you head home.

What can I expect immediately after surgery?

Recovery following upper lid blepharoplasty is fairly prompt with 1-2 weeks of variable amounts of swelling and sometimes bruising in the eyelid skin. Depending on your activities and line of work, Dr Koutroumanos will advise anywhere between 1-2 weeks of down-time but most people can resume most activities within a few days. The exception is exercise which should be avoided for two weeks.

Lower lid blepharoplasty is likely to require a slightly longer period of recovery with some patients experiencing up to 3, sometimes 4 weeks of gradually reducing eyelid swelling. Absorbing bruises can occasionally make one's circles look worse

temporarily. This will always settle down.

You will be able to get up and about on the evening of the operation and minimal pain is to be expected if any, easily controlled with simple painkillers.

It is important to note that the amount of bruising and swelling as well as their speed of recovery varies from individual to individual.

Both however can be improved by using cold compresses and sleeping propped upright for the first few days after surgery.

It is important to remember that you should avoid driving for 48 hours after a general anaesthetic and 24 hours after intravenous sedation.

Other than the application of the ointment, wound care is not complicated. You should try to keep the wounds dry for the first 48 hours, after which period gentle washing (but no scrubbing) is safe. By the time sutures are removed, around day-6 to day-10, normal washing can be resumed. Make-up is best avoided for the first 10 days post-operatively.

It is usually difficult for other people to perceive that you have had upper lid blepharoplasty after the end of the second post-operative week. With the eyes closed, the healing scar might be visible for up to four weeks but it is extremely unlikely that a scar will remain visible after this time following either upper or lower lid blepharoplasty.

Are there any reported complications?

- 1.1. **Scars** When a skin incision is part of a procedure, then a scar is possible. Significant Blepharoplasty scarring is incredibly uncommon. In transcutaneous (or skin access) blepharoplasty, the wounds are almost always visible for a period of 2 weeks or so. If hooding on the outer aspect of the upper lids is addressed, the wounds can be somewhat more visible in that area, given that they are not well hidden in the eyelid fold. These wounds will almost always disappear within four to six weeks. The wounds will usually be red at first, then purple, and then fade to become paler over a few weeks to months. Most scars following blepharoplasty become virtually invisible. Very rarely, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

- 1.2. **Bleeding** Bleeding into the wound or the eye socket is very rare but possible. There have been very rare reports of uncontrolled bleeding into the eye socket resulting in visual loss.
- 1.3. **Infection** in the eyelid skin is incredibly rare due to its excellent blood supply. If you get an infection of the wound you may need antibiotics. This can rarely affect the final result of the surgery.
- 1.4. **Increased or reduced sensation** After the surgery, the skin near the scar can be more or less sensitive. In rare cases, the change in sensation may be permanent.
- 1.5. **Asymmetry** This is where the eyes are not symmetrical. Almost everyone has a mild degree of asymmetry, and the mere process of undergoing eyelid surgery may make you much more aware of this. In the vast majority of cases the symmetry after surgery is significantly improved. The incidence of cases having required surgical revisions or any adjustments in Dr Koutroumanos' practice's audit is less than 1%.
- 1.6. **Eyelid position** For the first day or two after the surgery it is quite common for the eyelash line of the lower lid to be slightly pushed away from the eye due to swelling. This will settle on its own. There is a very small risk of a permanent ectropion resulting following lower eyelid blepharoplasty which may require further surgery to rectify.

Complications following blepharoplasty surgery are uncommon. Serious complications are exceedingly rare. Dr Koutroumanos will discuss all the above in relation to your needs and your personalised surgical plan. We encourage you to ask any questions and discuss any concerns you may have without any hesitations whatsoever.

We invite you to read the **Pre and Post Operative Instructions** leaflet for further tips on how to get the best possible outcome from your Blepharoplasty.