BLEPHAROPLASTY

TOC
EYE AND FACE

Information Series

OCULOFACIAL PLASTIC SURGERY

Oculofacial Plastic or Ophthalmic Plastic Surgery is a surgical subspecialty of Ophthalmology that seeks to improve physical appearance and function, or minimize disfigurement resulting from accidents, disease, or birth defects. The word plastic comes from the Greek meaning "molding" or "giving form".

BLEPHAROPLASTY

Blepharoplasty, is an operation to remove excess skin and fat from upper or lower eyelids. It can eliminate conditions that give an individual a tired appearance, such as wrinkled folds of skin on the upper eyelids, bags under the eyes, and sagging eyebrows. Functional blepharoplasty can also be performed, and covered by insurance, if the upper eyelid skin folds hang far enough down to affect vision.

This brochure is prepared to provide you with information on blepharoplasty including the preoperative evaluation, surgical approaches, and postoperative care.

PREOPERATIVE CONSIDERATIONS

A consultation with an Oculofacial Plastic Surgeon is the first step an individual should take if considering blepharoplasty. You should discuss candidly your expectations about looking and feeling better after surgery. Your surgeon will obtain a detailed history on how your vision may be affected by the position of your eyelids.

After your examination, variables that influence the decisions involved in the procedure, such as age, skin condition, health of the eyes and other physical and medical considerations, will be discussed. In younger individuals, blepharoplasty is usually performed to remove fatty tissue only. In older patients, loss of skin tone may also require excision of superfluous skin and tightening of the orbicularis, the thin muscle under the skin.

It is important that ocular problems that impede vision, or influence tear formation and/or elimination

are recognized before surgery. If detected, these conditions should be corrected before or during blepharoplasty surgery. Such conditions include eyelid ptosis (a drooping condition of the upper eyelid), entropion or ectropion (an eyelid that is rolled inward or outward), epiphora (tearing), and keratoconjunctivitis sicca (dry eyes).

During your initial visit, specific details of your condition, including the surgical technique to be used, the anesthesia, and where the operation will be performed, are covered. Additional factors to consider before electing blepharoplasty, such as risk and cost, are also discussed.

Fees and operative facility costs of blepharoplasty vary widely. Surgical fees can range from $3,000 to $4,500 depending on the length and complexity of the operation. , Additional expenses depend upon where the operation takes place, whether the laser is used and the type of anesthesia. Since aesthetic blepharoplasty is carried out on an elective basis, most insurance plans normally do not offer coverage. Fees for elective cosmetic surgery are paid prior to the operation. If surgery is deemed necessary to correct a condition that impairs normal eye function, the surgical fee and other costs may be partially or even fully paid by your insurance carrier.

PREPARATION FOR SURGERY

Prior to surgery we will coordinate with your primary care provider and/or cardiologist to manage any blood pressure issues and to discontinue aspirin, aspirin-like medication (NSAIDs), certain vitamins and herbal supplements, and other anticoagulants for 7-10 days prior to surgery.

THE SURGICAL PROCEDURE

Blepharoplasty typically is performed to remove excess folds of skin and excess fat around the eyes. In some instances, it is accompanied by an additional procedure to correct sagging eyebrows. One or all of these problems can be corrected during a single operation. The extent of the procedure depends on

what changes are desired and your anatomy. The exact location of the incisions will be decided at the preoperative visit and discussed with you in detail.
We perform virtually all cosmetic and insurance-covered blepharoplasty surgery in our on-site ambulatory surgery center, the Center for Aesthetic and Reconstructive Eyelid and Orbital Surgery (CAREOS). This state-of-the-art, certified outpatient surgical facility was designed for your safety, convenience and comfort. It is run by our dedicated and professional nursing staff. Board certified anesthesiologists are available for those patients in need of monitoring and intravenous sedation. Because it is located next to our office, we are able to reduce expenses and pass on the savings to our patients. The option for hospital based surgery remains for patients requiring more extensive work. The decision rests on your desires, medical condition, length and complexity of surgery, and other factors. Our goal is to provide you the best possible care in a safe and comfortable environment.
Blepharoplasty is most often performed under local anesthesia with oral sedation in a day surgery setting. This means you walk in, have surgery, and return home on the same day. Intravenous sedation, monitored by a board certified anesthesiologist, may be administered to relieve anxiety and is more common when upper eyelid surgery is combined with lower blepharoplasty, other facial surgeries, and/or facial laser skin resurfacing. The local anesthetic numbs the area to be operated. The oral or intravenous sedative allows you to be comfortable during surgery, which lasts from 1 to 2 ½ hours. The actual time of surgery varies on the complexity of the case and the amount of work to be done. General anesthesia is usually not necessary, but may be recommended in some cases.
Incisions during surgery can be created with a blade, cutting cautery or a CO2 laser. The CO2 laser has the advantage of decreased postoperative bruising and swelling, and can be used for eyelid or facial skin resurfacing; however, the laser is not suitable for everyone. There is usually an additional charge

for the use of the laser.

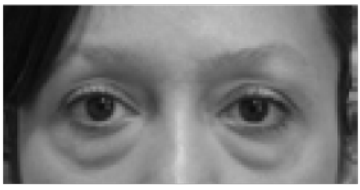
Upper Blepharoplasty: The surgery on the upper eyelids is performed through skin incisions in the upper eyelid crease hidden under the skin fold. The incisions follow natural skin lines and generally extend into the fine wrinkles, or crow's feet area, at the outer corners of the eyes. Working through the incision, the skin is separated from the underlying fatty tissue and muscles. Excess skin is trimmed. Fat is excised and sculpted where necessary. Adjustments are made in each upper eyelid to establish symmetry. The number and type of sutures to close the incisions vary and depend on multiple factors. The amount of bruising and swelling following surgery is variable and can depend on such factors as the age, ethnicity, and medical condition of the patient. At first the incision line is red, slightly swollen, and may feel a little bumpy. Once healed the hairline scars smooth, the redness fades, and they become barely visible. This process takes from 6-12 weeks, although the scars will continue to remodel for up to 6-8 months. Eyelid make-up can be worn to mask or disguise the incision lines after about 7-14 days following surgery. Once healed, the scar is hidden in the crease directly under the upper lid skin fold.

Hooding of upper eyelid skin folds

Improvement following upper blepharoplasty

Lower Blepharoplasty: Lower eyelid surgery begins once surgery on the upper lids is completed. Unlike the upper eyelid, the fat compartments of the lower eyelid are usually approached from an incision "behind the eyelid" in the conjunctiva, which is the moist, inner lining of the eyelid. Fat is removed to smooth the lower eyelid and to reduce or eliminate the bulges that cause a "tired" eyelid appearance.

Excising fat from this posterior approach avoids a deeper incision through skin and muscle, decreasing the risk of lower eyelid retraction or "sag". Laser skin resurfacing or a chemical peel may be added to improve fine wrinkles or mild laxity of the lower lid skin. A skin incision may still be required if there is excess skin laxity, but can be performed without



Prominent fat bulging or "bags" of the lower eyelids

Improvement following lower blepharoplasty

unnecessarily disturbing the underlying muscle. Advantages of the conjunctival incision include a shortened surgical time, reduced bruising, lower risk of postoperative complication, and faster wound healing.

A more extensive lower blepharoplasty may be recommended by your surgeon. The effects of midface fat volume loss, descent, and sun-damaged skin may require a more extensive surgery for optimal rejuvenation. Release of deep tissue retaining ligaments, advancement of lower eyelid fat down onto the cheek, and tightening the orbicularis eyelid muscle are performed to reduce the "hollows" that appear in the lids and cheeks. Autologous fat from other parts of the body can be injected into the midface and other areas around the eye to further improve the appearance of the eyelids.

Some patients prefer to have surgery on only the upper or the lower eyelids, or they may elect to separate the upper and lower eyelid surgery by a number of months or years. Others choose to have surgery on all four eyelids at the same time. The decision is a personal one. In general, most patients prefer to have the work done in one surgical setting. This is safe and routine in blepharoplasty surgery. There is no advantage to separating the upper and lower eyelid surgery, and it is more expensive to do so.

Eyebrow Surgery: Some patients have fullness of the upper eyelids on the basis of forehead and brow descent with fatigue of the frontalis (forehead) muscle. The frontalis muscle normally supports and raises the eyebrows. When present, the condition is termed brow ptosis. Mild degrees of brow ptosis can be corrected during the blepharoplasty operation or even improved by laser resurfacing of the forehead skin.

When moderate or severe brow ptosis cannot be corrected by these means, formal eyebrow surgery must be considered. In this situation, a skin incision is made to approach the brow muscles and fixate the brows. This operation is known as a brow lift. There are a number of possible skin incisions that can be used in brow lifting surgery, and each has advantages and disadvantages. These will be discussed during the preoperative office visit if a browor forehead lift is being considered.

A newer development in brow surgery is the endoscopic forehead lift, which elevates the brow and forehead as one unit. A specially adapted telescope termed an endoscope is used for remote visualization while other instruments are inserted through small incisions behind the hairline to reach the brow. We use television monitoring as we operate to move and fixate the tissues of the forehead. Wrinkling above the brows and heavy, redundant skin at the root of the nose can be addressed simultaneously. Eyebrow and forehead surgery performed in conjunction with blepharoplasty prolongs the surgical procedure; however, in certain situations, it is an essential part of blepharoplasty surgery. Unfortunately, we cannot correct significant brow ptosis through eyelid surgery alone. In most instances, the underlying anatomic problem causing forehead tissue descent must be addressed by surgery directed to that anatomic site. Insurance coverage for conventional brow lifting surgery may be available when visual compromise can be demonstrated; however, the endoscopic approach to lifting the forehead is not covered. If a brow lift is

discussed in detail during the preoperative visit. For more information on eyebrow and forehead lifts, please request a brochure.

RISK OF BLEPHAROPLASTY SURGERY

Hundreds of thousands of blepharoplasties are performed successfully each year in the United States. Blepharoplasty and ptosis correction are the two most common surgeries performed at TOC Eye and Face, numbering in excess of 2,000 operated eyelids per year. These are safe and effective procedures. However, all surgery carries with it risk of complications. You need to be aware of the risks and specific complications associated with blepharoplasty.

The most serious risk, loss of vision, and even blindness, is exceedingly rare. It is so rare we have not encountered this complication in our practice. Other postoperative complications such as infection or blood clots are rare. Bleeding, a serious complication, usually can be avoided by preoperative management of blood pressure and avoidance of aspirin, aspirin-like medication (NSAIDs), and other anticoagulants prior to surgery. Meticulous electrocautery or the use of a CO2 laser is used during the surgery to seal blood vessels and reduce the risk of bleeding associated with blepharoplasty. Frequent use of ice compresses further decreases the amount of swelling and bruising during the postoperative period. Poor healing may cause scarring of the eyelid and necessitate further surgery. Risk of complications can be minimized by closely following our advice on follow-up care during the healing process.

POSTOPERATIVE RECOVERY

After surgery, there is some soreness and very mild discomfort. In most cases, pain is not significant and usually controlled with ice compresses and Tylenol, although a prescription for a narcotic pain medication is provided.

Eyelid skin, being the thinnest skin of the body, tends to swell and discolor rapidly after surgery. Ice

compresses reduce swelling and bruising, and will enhance the overall result. You will be instructed to keep your head slightly elevated and to apply cold compresses (quart sized Ziploc bags filled with frozen peas/corn or crushed ice) to your eyelids for several days following surgery. By keeping swelling in check, postoperative pain is also reduced. Thus, ice compresses are a very important part of postoperative care.

Even with ice compresses, the eyelids swell during the first week following surgery. The swelling reaches a maximum on days two through five, but reduces rapidly once the sutures dissolve or are removed (usually between the fifth and seventh day following surgery). Any bruising clears over 10 to 14 days. The discolored skin can be covered with a light application of foundation make-up. Our aesthetic nurse consultants are available to assist in this effort.

You will be given a prescription for ointment to apply to the wounds during the day and to the eye at night. Application of the ointment will continue until the sutures dissolve or are removed. You will be able to continue any eye drops you were taking prior to surgery. Dressings that block vision are not applied. You will be able to see, but your vision will be slightly blurred for a week or two following surgery.

Eyelid manipulation associated with insertion and removal of contact lenses may interfere with wound healing. Therefore, the wear of contact lenses is not recommended for 7-10 days following surgery. Your surgeon will let you know when it is safe to wear your lenses.

Other postoperative effects of short duration may include excessive tearing and sensitivity to bright light. This also clears within several weeks.

Although you will be up and about several days after surgery, you should not be too active as this will cause additional swelling and pain. Also, driving is not recommended until you are no longer using narcotic pain medication, most of the lid

swelling subsides, and your vision improves to a near normal level.
To permit proper healing, you should avoid bright sunlight and wear dark sunglasses to block ultraviolet light. Reading and watching television is permitted. Swimming is not advised although it is perfectly okay to shower and follow your personal hygiene routine. The decision on when to return to work and resume a normal social schedule depends on how fast you heal and how you feel. Most patients are able to return to work in 5-7 days.

SHOULD I CONSIDER LASER EYELID BLEPHAROPLASTY SURGERY?

This is one of the most frequently asked questions. In most cases the use of the laser shortens the time of surgery with less discomfort, less swelling and less bruising than with more conventional means of making the incision. The biggest advantage is the opportunity to combine blepharoplasty with facial or eyelid skin resurfacing.
During blepharoplasty, skin and some fat is usually removed. The elimination of excess skin and fatty tissue around the eyelids presents a younger more rested appearance. The fine wrinkles of the lower eyelid skin, the wrinkles in the crow's feet area, and other facial wrinkles cannot be "smoothed" by stretching or removing skin, however. Laser skin resurfacing allows us to treat the surface of the skin in such a way that a general smoothing effect occurs. The aging process related to thickness of skin proteins and elastic properties are modulated by wound healing following laser resurfacing. The laser also reduces uneven pigmentation that occurs with age. The actual result depends on many factors, but in general, most patients notice a significant reduction in the number and depth of the wrinkles, and a more even color tone in the areas treated. The effect is progressive over months, meaning that in most patients the treated skin takes on a more youthful appearance and the improvement continues for up to six months when the final result is appreciated.

Patients have different skin types and varieties of skin pigmentation. Not all skin types are suitable for laser eyelid surgery or skin resurfacing. More darkly pigmented skin does not do well with laser resurfacing. The choice of laser eyelid skin surgery must be tailored to the individual patient. Full cosmetic consultation is necessary before a recommendation can be made.

There are many options to consider when it comes to laser eyelid surgery. It is impossible to cover them all in this brochure. We can discuss the use of the CO2 laser during your consultation and let you know if you are a candidate for laser blepharoplasty and/or laser skin resurfacing.

CONCLUSION

Patients may seek blepharoplasty surgery for purely cosmetic reasons and/or when vision becomes affected as eyelid skin hangs lower on the surface of the eye. Since blepharoplasty may involve advanced techniques and is often combined with other procedures, we strongly suggest you review two associated TOC brochures, Eyebrow and Forehead Lift and Eyelid Ptosis.

This brochure is intended as an introduction to blepharoplasty. It may not cover every aspect of your condition or address all questions you may have. For more information visit our websites at **www.toceyeandface.com** and **www.tocmedicalspa.com** or call to schedule an appointment with one of our TOC surgeons.

TOC

EYE AND FACE

OTHER BROCHURES AVAILABLE IN THE TOC INFORMATION SERIES

Eyebrow and Forehead Lift
Entropion
Ectropion
Eyelid Ptosis
Tearing and Tear Duct Obstruction

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