

Upper blepharoplasty

Patient information leaflet

Plastic Surgery

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What is the goal of upper blepharoplasty?

The eyes are the first part of the face that show the tell-tale signs of ageing, as well as the part of the face that gives most away about how we may be feeling. Therefore, in modern society, where many people believe that initial impressions count for so much, the difference between looking bright and fresh as opposed to tired and depressed can be significant.

Upper blepharoplasty (or upper eyelid lift) aims to freshen and brighten your appearance through surgery to your upper eyelids. When performed on its own, it is a relatively short operation that can be performed under local anesthetic (with you awake) as a day case procedure (no need to stay overnight). The results are apparent soon after surgery and there is a quick recovery time.

Overall, it is an excellent and safe operation to revitalize one's appearance. Upper blepharoplasty can be performed on its own, with lower blepharoplasty (lower eyelid lift) or with other facial rejuvenation procedures such as a facelift or a brow lift.

What should I think about prior to my consultation?

Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from an upper blepharoplasty.

Why do I want blepharoplasty?

Are there any features in the area around my eyes that I am unhappy with? If so, it is important to discuss these, as there may be alternative procedures (or combination of procedures) that will offer you a better result.

Why am I thinking of having blepharoplasty at this time in my life?

You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances.

What are the limitations of upper blepharoplasty?

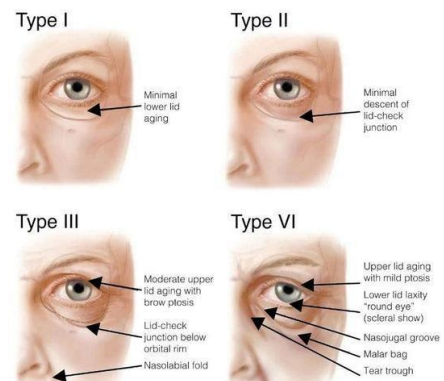
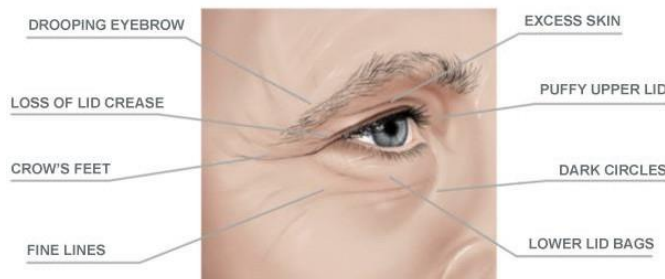
The outcome of your operation will be partly determined by the shape and size of your eyes and eyelids before surgery: If you have deep set or sunken upper eyelids, upper blepharoplasty on its own may not be the right procedure. Adjunctive procedures may be necessary to achieve the best result (such as using fillers to a hollowed-out orbit). The operation is confined to the upper eyelids alone, so if your brow, for example, lies in a low position, this may well contribute to the appearance that you are unhappy with. In this case, a form of brow lifting procedure may be advised in addition, or even as an alternative. In some people, if the brow is not corrected or stabilized, the position of the brow can descend following upper blepharoplasty. This will be carefully assessed by Miss Kelemen during your consultation and discussed with you as

appropriate. We all have degrees of facial asymmetry, i.e. the two halves of our face are slightly different. This asymmetry also applies to our eyes and the area around our eyes. Following blepharoplasty surgery, it is possible that subtle amounts of residual asymmetry may be present.

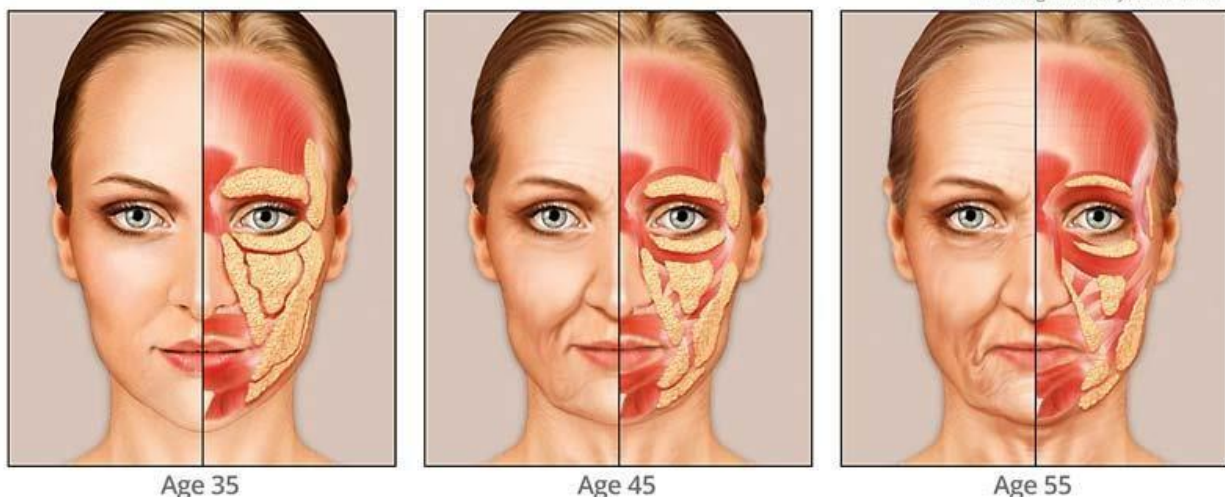
Periorbital ageing

We can all tell the difference between a youthful and an older eye, and it is important to understand these differences when analyzing how to rejuvenate the area around the eye. The earliest signs appear at the outside of the eyebrow, when this slowly descends. This in turn leads to an excess of skin appearing on the upper lid, and even hooding of the upper lids.

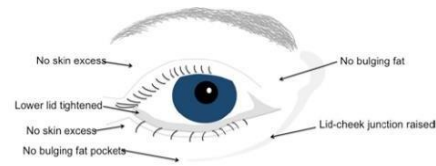
Fat bulges start to be seen at the inner corner of the eyelid (see diagram on next page). Meanwhile, on the lower lid, the single most important feature is the descent of the mid-face. As the middle part of the face (cheek) is affected by gravity, it descends, which, in turn lengthens the distance from the eyelid to the lid-cheek junction. This results in thinner skin, which is often stretched over the lower eyelid. It also results in the revealing of bulging fat pockets (bags). Finally, the tone (support) of the lower eyelid loosens with age, leading to sagging of the lower eyelid and more of the white of the eye showing (scleral show).



Aging Related Fat Pad Loss



When considering the above, the importance of a careful clinical examination and analysis of your eyes can be appreciated, as everyone is affected by the above changes to different degrees. To restore youth to an eyelid, each one of the above points must be considered in turn and the appropriate method of eyelid surgery chosen for you as an individual. The diagram below is shown for comparison with that above, demonstrating each of the components around the eye that can be addressed with upper and lower blepharoplasty surgery.



What types of upper blepharoplasties are there?

Skin removal

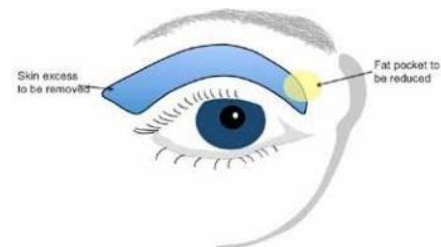
Upper blepharoplasty always addresses the skin excess that exists on the upper lids by removing the extra skin. However, what is done in addition will vary from person to person, according to their specific examination findings. The following procedures may be done after skin removal.

Muscle removal

In addition to taking the skin away, a strip of the upper eyelid muscle, the orbicularis oculi, may be removed as well, to de-bulk the upper lid.

Fat removal

As we get older, not only does the skin on the upper eyelid get looser, but also the fat pads around the eyeball loosen. This can often cause unsightly bulging in the inner corner of the upper lid. Miss Kelemen will assess your fat pads during your consultation, and if appropriate, plans will be made to conservatively reduce the inner fat pad. This is a commonly performed part of the operation.



Ptosis correction

If the position of your upper eyelid(s) is too low, it may be that the muscle that lifts the eyelid has become stretched or even partially ruptured over time. Should this be the case, reinsertion of the muscle (levator palpebrae superioris) will need to be performed as part of the upper blepharoplasty. If ptosis correction is required and ophthalmology referral will be made by Miss Kelemen to make sure this is performed prior to the aesthetic procedure.

Brow repositioning

If your brow is lying too low, it is sometimes possible to reposition it via the eyelid incision, however, the brow is more routinely addressed via separate small incisions in

the hairline or by a lateral temporal brow lift (incision in the hairline at the side of the temple/forehead area) depending on location and extent of brow lift required. Please refer to the brow lift patient information leaflet for further details on this procedure. In some people, after their upper eyelid skin has been removed, there will be a relaxation of the frontalis muscle – the sheet of muscle over the forehead that produces transverse wrinkles. This may cause the brow position to lower, as the muscle no longer must help the eyelid muscles support eye opening, now that the heavy excess skin has been removed. It is important to understand this and discuss this with Miss Kelemen, as this may impact on your result (it may appear that not enough skin has been removed or that the new brow position is perceived as undesirable). In this situation, it is usually recommended to have a brow lifting procedure as well to maximize your result.

Can other procedures be performed at the same time?

Although upper blepharoplasty can be performed as an isolated procedure, it is commonly performed as one of a combination of procedures.

Common combinations include:

- Four lid blepharoplasties (upper and lower blepharoplasties together)
- Endoscopic brow lift and upper blepharoplasty
- Endoscopic brow lift and four lid blepharoplasties
- Lateral temporal lift and upper blepharoplasty
- Browlift via excision of skin and upper blepharoplasty
- Facelift and blepharoplasty
- Muscle relaxing injections (botulinum toxin) and upper blepharoplasty

Are there any reasons I should not have blepharoplasty?

Although there are few absolute contra-indications, if you suffer from any of the following, you may be at a higher risk of post-operative complications:

- Thyroid eye disease
- Diabetic eye disease
- Syndromes that cause dry eyes (e.g. Sjögren's syndrome)
- Furthermore, if you are a contact lens wearer, you will not be able to wear your contact lenses for up to 4 weeks after surgery. It is important to disclose if you are affected by any of the above to Miss Kelemen.

What does Miss Kelemen examine for during the consultation?

During your examination, Miss Kelemen will initially assess your eyes in the context of your whole face. She will then pay special attention to your upper face, which includes your forehead, eyebrows and eyelids.

She will specifically assess the following:

- The position of your hairline
- The quality of your hair
- The shape of your forehead
- The position of your brow – both with your eyes open and eyes closed
- The amount of excess skin on your eyelids
- Bell's phenomenon (a protective reflex of the eyes)

The fat pads around the eyes

Specific measurements to assess the position of your eyelids:

- The quality of your lower eyelids (position and laxity)
- Your eye movements and visual acuity
- The position of your eyes and cheekbones on your side profile

Photography

Miss Kelemen always takes pre-operative photographs from a variety of standardized positions. These can be referred to by you during your consultation to point out various attributes of your periorbital area, as well as forming an essential part of your medical records. Miss Kelemen will obtain your consent for the photographs.

What happens when I arrive for the surgery?

When you arrive at the hospital/clinic to the plan for the operation you will be reviewed by Miss Kelemen and a nurse will ask some routine pre-operative questions. You may be asked to change into a gown in preparation for surgery. Although this operation (when performed in isolation) is usually performed under a local anesthetic, it may sometimes be done under a general anesthetic (particularly when done in combination with other procedures). If the plan is for a general anesthetic, your anesthetist will visit you to assess you prior to the planned surgery.

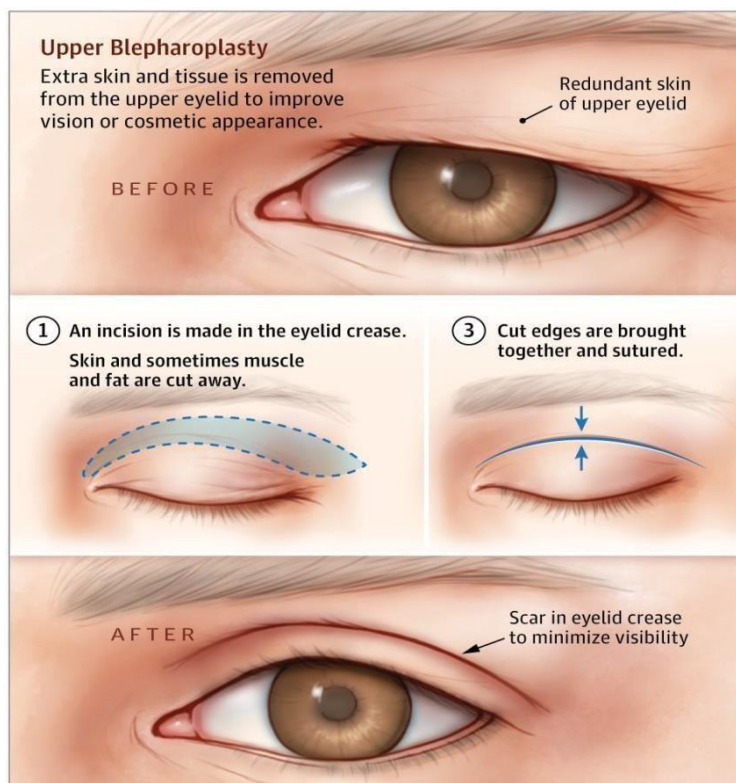
Do I see Miss Kelemen before my operation?

You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form if you have not already done so. She will then carefully draw important

markings on your eyelids in planning for your surgery. In addition, she may also take clinical photographs of your markings for your medical records.

What does the operation involve?

Once you are comfortably positioned on the operating table, Miss Kelemen will complete her markings on your eyelids and then carefully inject local anesthetic. The anesthetic may sting as it is administered, but this is only a short-lasting feeling. Once this is done, your face will be cleansed, and sterile drapes will be placed around your face and over your body. Miss Kelemen will then remove the excess skin and perform any other planned procedures, as described above. Small stitches are then carefully placed into the eyelids and surgical tapes are applied to support the wounds and the stitches. The stitches are usually threaded through from one corner of the eyelid to the other and are left long at each end. These long ends are taped over the bridge of the nose and the area next to the outer part of the eyelid. Alternatively, a row of fine individual stitches may be used, depending on the circumstances. Cooling pads may be applied to minimize bruising and swelling and can be kept on your eyelids for a short while after surgery. Once you feel comfortable and the medical and nursing staff have assessed you, you will be able to go home, accompanied by a friend or relative.



How long does the surgery take?

The operation itself takes up to 1 hour, however, you may be in the operating room for longer than this, as it takes additional time for the administration of the anesthetic and the preparation in theatres.

Will it be painful?

Most patients describe a feeling of being achy in the initial post-operative period rather than pain, but this rapidly improves. Usually, any discomfort is easily controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital/clinic or you can purchase them over the counter. Some people will experience dry and itchy eyes following surgery. Therefore, it is crucial that you apply the lubricating drops or ointment that will be prescribed for you after your surgery. This is the most important part of your recovery, as it serves to protect the eyes themselves.

Planning for your recovery

We highly recommend that you prepare for your recovery before your operation. The following are useful to have at home in preparation:

- A pair of sunglasses that you can wear on leaving the hospital/clinic
- Cooling gel eye pad (available at most chemists)
- Cotton wool eye pads
- Cool boiled water (or alternatively mineral water) to be kept in the fridge
- Extra pillows on your bed for sleeping with your head elevated after surgery

What should I do when I get home?

Do's	Don'ts
Ensure you rest upright and, if sleeping, use at least 3 pillows. This will help to reduce the swelling and any bruising as quickly as possible	Do not bend down. Your head should remain above the level of your heart at all times. Therefore, if you need to pick something up from the floor, squat down with a straight back, bending at the knees and hips.
Try to rest in a cool and darkened room	Also, if putting on shoes, for example, bring your foot and shoe up to you instead of bending down to the floor.
Use cool, damp cotton wool eye pads on your eye whenever possible – again, this will help to minimise bruising.	Do not watch television or use a computer for extended periods or read for any length of time – these activities will result in drying of the eyes and tiring the muscles of the eyes.
Use the eye-drops or ointment prescribed liberally. If ever your eyes feel dry or itchy, it is probably because they are drying out, so reapply the drops (you cannot overdose on the eye drops or ointment).	Avoid exercise and strenuous activity for 4 weeks. Although the above may almost seem punitive, they will all help you to recover from the operation in a speedy and trouble-free way. Overdoing things too early may set your recovery back
Initiate eyelid physiotherapy early after surgery – the best way to do this is to force close the eyes for a count of ten several times every hour. This helps the muscles of the eye recover from the surgery quickly, and helps to protect the eye.	
When going outside, wear sunglasses to protect the eyes from the wind and sun – these will also dry out the eyes.	
Drink plenty of fluids and eat a healthy balanced diet. Don'ts Do not lie down flat, as initially this may result in increased swelling.	

What is the recovery period?

Most people will be able to return to sedentary activity (i.e. an office job or light duties) at 1 to 2 weeks, depending upon how they feel. Heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the eyelids to heal properly. You will be able to go out socially by about 2 weeks, but before this, bruising may still be evident.

When can I apply make-up?

If you have not had any surgery to your lower eyelids, then there is no reason you cannot use make-up on your lower lids from 1-2 weeks after surgery. However, you should avoid make-up usage on your upper lids for 4 weeks post-operatively. One of the temporary symptoms after surgery is numbness of the eyelashes as well as eyelids. This makes make-up application more difficult and increases the risk of make-up going into the eye. Furthermore, make-up can inflame the wounds if used too early after surgery. Removal of make-up can also damage the suture line and inflame the operated area.

How long before daily activities may be resumed?

As outlined above, you should avoid all heavy physical activity and contact sports for at least 6 weeks following the surgery. Driving should be avoided for 1-2 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 4 weeks.

How can I get the best scar possible?

Eyelid surgery tends to produce excellent and almost imperceptible scars. However, in some people, small areas of scar thickening or lumpiness can develop. Therefore, from 2-3 weeks after surgery, daily gentle massage of the scars, and in particular of any small lumps in the scars, should be started. It can be a good idea to use the ointment that was prescribed to be put into the eyes for this, as if it accidentally does go into the eye during your massage, there will be no ill-effects. Miss Kelemen will discuss massage with you in more detail at the appropriate post-operative visit.

Day of surgery	Review in clinic/hospital by Miss Kelemen for surgical planning and surgery itself. Post-operative assessment and discharge.
5-7 days after surgery	Clinic/ hospital appointment for nurse to remove the stitches
Week 2-3	Clinic/ hospital appointment with Miss Kelemen
Week 4	Start to gently massage wound if not already doing so. Gentle exercise may start (e.g. light program on exercise bike)

Week 6

Clinic/hospital appointment with Miss Kelemen if needed. Exercise/heavy physical activity may gradually be started

How long can I expect the effects of upper blepharoplasty to last?

You will continue to age at the same rate and in the same way that you always would have. However, after upper blepharoplasty surgery, the earlier effects of ageing are removed, and your starting point for future ageing is from a more youthful position. As the years go by, you may gradually develop further loose skin, but this will be to a lesser extent than if you did not undergo upper blepharoplasty.

What do you need to know about the possible effects of surgery and potential complications?

Before you decide to undergo blepharoplasty surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

Early complications (within the first week of surgery)

Bleeding (haematoma)

Fortunately, problematic bleeding is rare in upper blepharoplasty surgery, occurring in less than 0.5% of blepharoplasty operations. If there is a small amount of post-operative bleeding, it usually presents as increased bruising. If there is significant bruising and swelling, accompanied by pain in the eye, this may suggest more significant bleeding. Should this occur, you would be taken straight back to the operating theatre for the stitches to be removed, the wounds opened, and the eyelids washed out. The source of the bleeding will be looked for and dealt with appropriately.

Blindness

With any operation in the vicinity of the eye, the risk of blindness, however unlikely, must always be discussed. Blindness is exceedingly rare in blepharoplasty surgery. When it occurs, it is usually due to severe bleeding causing a build-up of pressure around the optic nerve at the back of the eye (known as a retrobulbar haematoma) which has been left for too long. Rates of blindness in blepharoplasty surgery are quoted as between 1:2,500 and

1:40,000 blepharoplasty operations. If bleeding is recognized early and dealt with promptly, this devastating complication can be avoided.

Infection

Rates of infection in blepharoplasty surgery are low. Occasionally some mild inflammation may occur around the stitches, but this usually settles once the stitches are removed. In addition, some people may require some mild antibiotic eye drops or ointment if they produce a sticky discharge from the eye. Again, this is uncommon in upper blepharoplasty surgery and is usually easily treatable.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after blepharoplasty surgery. The chances of them occurring can be minimized by drinking plenty of fluids after surgery and not resting in bed all the time.

Intermediate complications (within 6 weeks of surgery)

Inflammation

Mild inflammation soon after surgery normally settles down on its own accord. If for some reason it persists, anti-inflammatory steroid eye drops are usually prescribed.

Chemosis

Chemosis describes swelling of the conjunctiva, the shiny layer around the eye itself which is also on the inside of the eyelids. Chemosis after upper blepharoplasty is rare. If it develops, there are several measures that may be taken to resolve it: these include anti-inflammatory steroid eye drops, taping of the eye shut for a period of time, or if particularly problematic, the fluid in the swollen conjunctiva can be released by making a tiny incision in the conjunctiva, under local anesthetic. As stated above, chemosis is rare in upper blepharoplasty surgery.

Lagophthalmos

Lagophthalmos is the medical term given to an inability to close the eyelids. A small degree of lagophthalmos may occur after upper blepharoplasty due to post-operative swelling. It is therefore crucial that you regularly apply the eye drops prescribed, as described above, to prevent the eye drying out and causing corneal exposure. In rare circumstances, more significant and problematic lagophthalmos can occur if too much skin has been removed from the upper eyelids. Therefore, Miss Kelemen would rather err on the side of caution and be conservative with the amount of skin excised (she would rather be in the position where a little more skin needed to be removed, than where too much had been taken away).

Whiteheads

Occasionally small whiteheads may develop around the scar. These can simply be dealt with in the clinic by using a fine needle to release the collection inside the whiteheads.

Ptosis

Very rarely, damage to the muscle that controls the upper eyelid can occur which results in an impairment of control of that muscle. This can result in drooping of the eyelid, known as ptosis. Should this occur, it can usually be addressed with further surgery or other treatments.

Double vision

Double vision caused by damage to one of the muscles that controls eyeball movement is a very rare complication in upper blepharoplasty surgery and is mentioned here for completeness.

Late complications (after 6 weeks from surgery)

Asymmetry

As described earlier we all have a degree of asymmetry between the two halves of our faces. Miss Kelemen will have assessed the asymmetry between your eyes as part of their pre-operative examination, and, if required, make necessary allowances for this when planning your surgery. However, occasionally some asymmetries may be noticed post-operatively. If mild and within normal limits, nothing needs to be done about them. However, if significant (which is uncommon) Miss Kelemen will discuss with you the best way of tackling this problem.

Scarring

Scars after blepharoplasty usually heal extremely well. It is not uncommon, however, for them to undergo a period of redness and lumpiness. This usually settles down on its own but can be aided with gentle massage as outlined above. Should problematic scars occur and cause problems such as webbing of the skin, there are techniques of scar revision that may be needed. Miss Kelemen will discuss this with you if appropriate.

The sub-optimal result

Despite every effort being taken to give you the best result possible, there will be some people who may be disappointed with the outcome of their surgery. This may result from unrealistic expectations, from a post-operative complication or for some other reason. It is important to discuss any concerns you have with Miss Kelemen. If further procedures are warranted, there may be further costs involved, and this will be explained. Miss Kelemen will speak to you at your initial consultation to ensure you understand what can be achieved by upper blepharoplasty surgery. If you have any concerns, or feel that things need further explanation, please do not hesitate to ask.

Conclusion

Overall, most patients are delighted with the results of their surgery. They often hear comments from friends they haven't seen for a while about how good they look, and how fresh they seem. The pleasing thing about this is that the observer can rarely work out what is different about them, only that they look great! Miss Kelemen would be happy to discuss any issues that may have arisen from your reading of this information booklet in addition to any other issues you would like to talk about at your consultation.

Further information

www.noemikelemen.com

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that:

- I have read and understood the specific information leaflet provided to me by Miss Kelemen.***
- I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances***
- I understand that I will be required to sign additional consent forms during my treatment course***

I consent and wish to proceed with upper blepharoplasty surgery provided by Miss Kelemen.

Name:

Signature:.....

Date: