

Lower blepharoplasty

Patient information leaflet

Plastic Surgery

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What is the goal of lower blepharoplasty?

Lower blepharoplasty (or lower eyelid lift) aims to freshen and brighten the eyes by removing any sagging skin and/or bulging fat that can accumulate below the eyes with age and the stresses of modern life. 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 give most away about how we may be feeling. Therefore, in modern society, where initial impressions count for so much, the difference between looking bright and fresh as opposed to tired and depressed can be significant. Lower blepharoplasty may be performed on its own, or in combination with upper blepharoplasty (or other surgical procedures). If performed as an isolated procedure, it is usually performed with you asleep (a general anaesthetic) as a day case procedure (no overnight stay), but in certain circumstances may be performed under local anaesthetic. Overall, it is an excellent, and safe operation to revitalise one's appearance.

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 a lower blepharoplasty. Points to consider can include:

Why do I want a blepharoplasty?

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

Why am I thinking of having a 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 lower blepharoplasty?

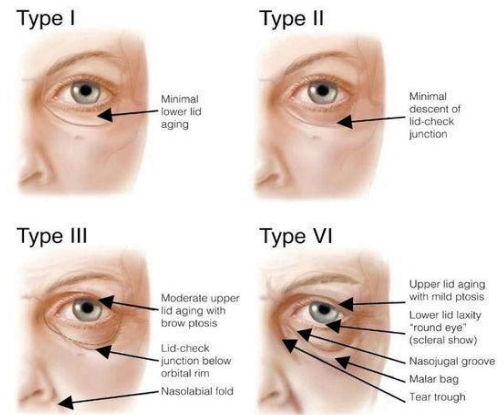
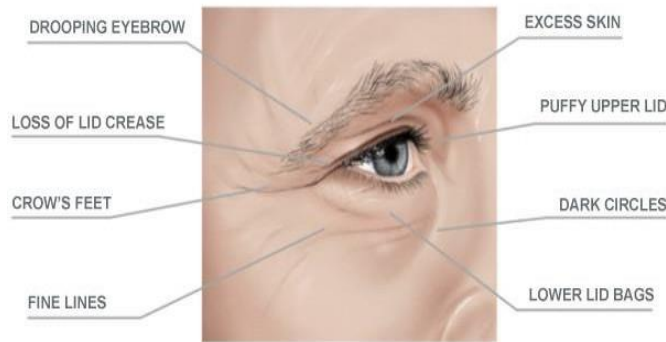
The outcome of your operation will be partly determined by the shape and size of your eyes and eyelids before surgery, as well as a variety of aspects of your facial bone structure and soft tissues: If you have deep set or sunken lower eyelids, lower blepharoplasty on its own may not be the right procedure. Adjunctive procedures may be necessary to achieve the best result. This may be especially true if you have festoons (large swollen bags under the eyelids that in extreme cases can look like flaps of skin). In this case, a mid-face lift may be more appropriate, or even direct excision of the festoons.

By definition, the operation is confined to the lower eyelids alone, therefore if there are other areas around the eyelids or face that bother you, these will need to be addressed with separate surgical procedures. You may also have excess skin on your upper eyelids. Rejuvenating your lower eyelids with a lower blepharoplasty without treating the upper eyelid skin, may result in the excess skin on your upper eyelids becoming more obvious as the balance between the upper and lower eyelid appearances will have changed. We all have a degree of facial asymmetry between the two halves of our faces. It is important to understand that degrees of asymmetry may still be present following surgery. Your facial anatomy and bone structure may limit the results that are achievable with lower blepharoplasty.

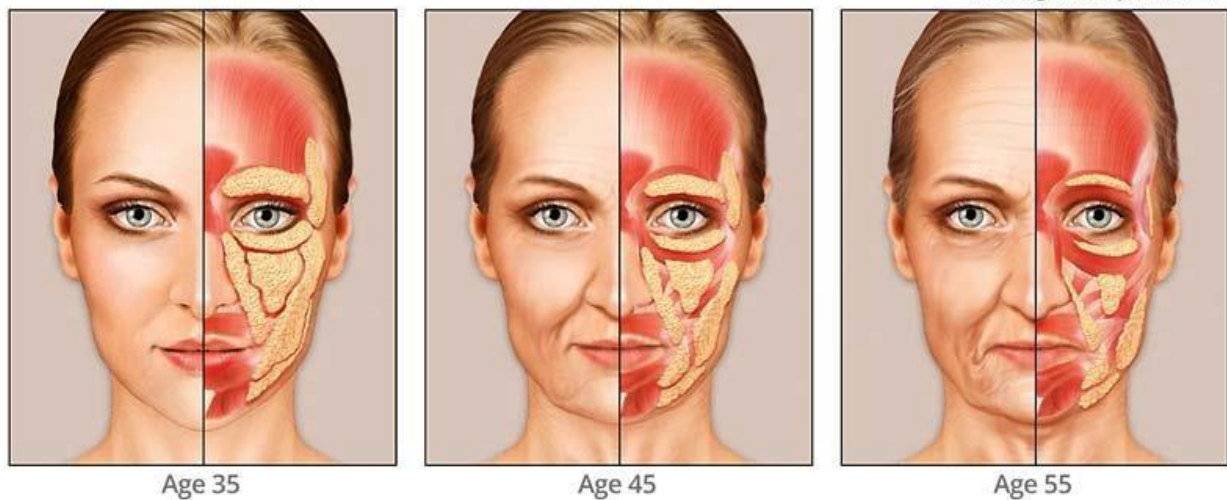
Periorbital ageing

We can all tell the difference between a youthful and an older eye, and it is important to understand these differences when analysing how to rejuvenate the area around the eye. The earliest signs actually 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 may start to be seen at the inner corner of the eyelid. Meanwhile, on the lower lid, the single most important feature is the descent of the mid-face (the triangle between lower eyelid, side of nose and an imaginary line extending from the corner of the mouth to the outer corner of the eye). 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 can result in the revealing of bulging fat pockets (bags) and give a crêpey appearance of the skin in this area. 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).

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. In order 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.



Aging Related Fat Pad Loss



What types of lower blepharoplasty are there?

Lower blepharoplasty can address the fat that bulges in the lower lids as well as the loose skin. However, there are a number of ways this can be approached, and the technique suitable for you will be determined by Miss Kelemen after a careful assessment. In addition to the fat and loose skin, other aspects of the lower eyelids and mid-face that can be addressed by lower blepharoplasty include loss of fullness in the cheek area below the eyelids and eyelid laxity.

Trans-conjunctival blepharoplasty

With this technique, the bulging fat pads are approached from the inside of the eyelid. It therefore will leave no visible scars, no stitches are needed (the internal wounds heal without stitches) and the recovery is usually fairly quick. However, as it is all done from the inside, no skin can be removed. It is therefore only suitable for younger people who

have bulging fat but no skin excess and good quality skin. It may also be used as part of an operation that deals with the eyelid skin separately.

Pinch blepharoplasty

A pinch blepharoplasty means the removal of a “pinch” of skin below the lower eyelash margin. This may be done in conjunction with a trans-conjunctival blepharoplasty (see above) or without the removal of any fat. The scar that is left behind is below the lower eyelashes and heals as a very fine line. When this technique is used as an isolated procedure, strengthening of the lower lid may need to be performed via a small incision in the skin crease of the upper lid. This heals with an imperceptible scar. Alternatively, if the upper lids are being operated on at the same time, the lower lid tightening can be performed through the already existing upper lid scar. Additionally, a pinch lower blepharoplasty may be performed as part of certain facelift procedures in which the volume of the cheek is moved upwards. Moving the cheek volume upward does two things:

- it provides secure support for the lower eyelid
- produces some skin wrinkling in the lower lid.

Therefore a pinch lower blepharoplasty is ideally suited for removing the excess skin produced.

Skin only open blepharoplasty

If you have no fat bulges but loose crêpey skin is the problem, then a technique to remove the skin excess and tighten and support the underlying muscle may be suitable. This technique can be performed under local anaesthetic.

Sub-ciliary open blepharoplasty

This technique leaves a subtle scar at the lash margin – once fully healed the scar is usually imperceptible. The open technique allows any fat excess to be addressed (by removing or repositioning the fat) as well as excess skin to be removed from the same incision. This procedure is normally performed under a general anaesthetic as a day case procedure.

Open blepharoplasty plus mid-face lift

In some people, a mid-face lift is indicated, such as people with festoons (the excess skin and bags below the eyes as described above); people with significant mid-facial descent

and those with very poor lower lid. This is a more extensive operation, although the final scar is the same as for an open lower blepharoplasty. With this technique, all the soft tissues (skin, fat and muscle) are lifted away from the bone in the triangle below the eyelid (known as the mid-face, bordered on one side by the edge of the nose and the other by the edge of the cheek bone). Once freed from its bony tethering the mid-face can then be lifted up and securely suspended to the bone in a higher position. This rejuvenates the mid-face and lower lids significantly. Any excess fat in the lower eyelid can be addressed as part of the operation and often a significant amount of skin excess can be removed (much more than with the other techniques described).

Are there any reasons I should not have a blepharoplasty?

Although there are few absolute contra-indications to undergoing a lower blepharoplasty, 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)
- People with recessed cheek bones that provide little support below the eyelid
- People with downward slanting eyes (higher medially and lower laterally)
- Furthermore, if you are a contact lens wearer, you will not be able to wear your contact lenses for around 4 weeks after surgery.

If you have any of the medical conditions listed above, it is imperative that you disclose these 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 will always take pre-operative photographs from a variety of standardised positions. These can be referred to with 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 the plan for the operation will be reviewed by your 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) can be performed under a local anaesthetic, it is often done under a general anaesthetic (particularly when a more extensive lower eyelid lift is required). If the plan is for a general anaesthetic, your anaesthetist 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 done so already. She will then carefully draw important markings on your eyelids in planning for your surgery. She may also take further clinical photographs of your markings for your medical records.

What does a lower blepharoplasty involve?

Once you are carefully positioned on the operating table, Miss Kelemen will inject local anaesthetic into your lower eyelids and cheek. Once this is done, your face will be cleansed and sterile drapes placed around your face and over your body. Depending on the technique used, the skin and/or fat will be addressed, as well as any lower lid tightening procedure (canthopexy) performed. A canthopexy refers to the supportive stitch that anchors the outside corner of the lower eyelid to the bone of the eye socket. This can be crucial in some people, as it counteracts the post-operative downward pulling effect of the scars as they heal, and ensures the eyelid is maintained in a good position. As a result of the canthopexy, some people may have a temporary effect of their eyelids being slightly pulled up at the sides, but this settles down shortly after surgery. Following canthopexy, the excess eyelid skin is removed and the wounds are carefully sutured with fine stitches and surgical tapes may be applied. Lubricating eye ointment is applied to the eyes and cooling eye pads are applied. It is common for people to come round from the anaesthetic with the cooling eye pads in place. This can be disorientating so the nurses looking after you as you wake up can remove them temporarily whilst you get your bearings. The eye pads are then reapplied for around 2 hours to minimise bruising and swelling. Once you have fully woken up and are comfortable the medical and nursing staff will assess whether you are ready to go home. You will need to have a relative or friend accompany you on discharge from hospital.

How long does the surgery take?

Depending on the type of lower blepharoplasty, operations range from 1 to 3 hours (but this is usually for the mid-face lift procedure). However, you will often be in the operating room for longer than this, as it takes additional time for the administration of the anaesthetic 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. Some people find the canthopexy stitch at the outside corner of the eye uncomfortable, but this is only temporary and the pain can be controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital.

With lower blepharoplasty, it is common to have a feeling of dry and itchy eyes following surgery. Therefore, it is crucial that you apply the lubricating drops or ointment that will be given to you when you leave hospital. This is the most important part of your recovery, as it serves to protect the eyes themselves. In some people, the itchiness of the eyes can continue for several weeks, in which case the lubricating eye drops will need to be continued for that time.

Planning for your recovery

The following are useful to have at home in preparation for hospital discharge:

- A pair of sunglasses that you can wear on leaving hospital
- Cooling gel eye pad (available at most chemists)
- Cotton wool eye pads
- Cool boiled water to be kept in the fridge, or alternatively cool still mineral water
- Extra pillows on your bed for sleeping with your head elevated after surgery, or alternatively a triangular wedge pillow that will provide head elevation whilst keeping your back straight.

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 lie down flat, as initially this may result in increased swelling.
Try to rest in a cool and darkened room.	Do not put ice directly on your eyes.
Use cool, damp cotton wool eyepads on your eye whenever possible – again, this will help to minimise bruising and reduce swelling.	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.

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).	Also, if putting on shoes, for example, bring your foot and shoe up to you instead of bending down to the floor.
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 also helps to protect the eye.	Do not watch television, 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.
When going outside, wear sunglasses to protect the eyes from the wind and sun – these will also dry out the eyes.	Avoid exercise and strenuous activity for 4 weeks.
Drink plenty of fluids and eat a healthy balanced diet. Concealer may be used on the cheeks at 1-2 weeks to hide any bruising.	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 put your recovery back.

What is the recovery period?

Lower blepharoplasty takes longer to recover from than upper blepharoplasty. This is due to the fact that in most lower blepharoplasty techniques, the muscle that enables us to blink (orbicularis oculi) is temporarily weakened following surgery and can take several weeks to fully recover. This can result in a temporarily impaired blink reflex, which contributes to a feeling of dryness and itchiness in the eyes. This is best managed with the steps outlined above. In addition, the canthopexy stitch at the outside corner of the eye can cause temporary discomfort in some people. Most people will be able to return to sedentary activity (i.e. an office job or light duties) at around 2 to 3 weeks, depending upon how they feel. Some people will have some residual mild inflammation or feeling of dryness in the eyes for a further 2 weeks or so. Heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the eyelids to heal properly.

Most people feel confident to go out socially at around 2 to 3 weeks after surgery, but before this, bruising may still be evident. The scars will be red for around 6 weeks before they really start to fade. The final result is often not seen until 2 to 3 months after surgery, once all the swelling has dissipated and the scarring has settled down.

When can I apply make-up?

Make-up should not be applied to the lower lids for 3-4 weeks after surgery. In some people it is even advisable to wait until 6 weeks. This is because one of the temporary symptoms after surgery is numbness of the eyelashes and 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 in the early post-operative period.

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 around 2 weeks if possible. 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, particularly around the outer corner of the eye. Therefore, from 2-3 weeks after surgery, daily gentle massage of the scars, and in particular any small lumps in the scars should be started. This should be done in small circular motions at the outside corner of the eyes; and in an upwards and outwards sweeping motion with the index finger from below the eyes towards the outer corner of the eye to the temples. It is 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.

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

Following a lower blepharoplasty, you will continue to age at the same rate and in the same way that you always would have done. However after lower 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 and fat bulges but this will be to a lesser extent than if you did not undergo lower blepharoplasty.

Summary of typical timeline following operation

(this may vary on occasion)

Day of surgery	Review in hospital by Miss Kelemen for surgical planning and surgery itself. Post-operative assessment and discharge
5-7 days after surgery	Appointment for stitch removal
Week 2	Check-up appointment
Week 3	Start scar massage, gentle exercise may start (e.g. light programme on exercise bike)
Week 6	Appointment with Miss Kelemen Exercise/heavy physical activity may gradually be started

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

Before you make a decision 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 lower 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. Therefore it is imperative that if you have any concerns following discharge, you must get in touch straight away to organise an urgent assessment appointment.

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.

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 lower 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 minimised by drinking plenty of fluids after surgery and not resting in bed all the time, but being up and about regularly.

Intermediate complications (within 6 weeks of surgery)

Inflammation

Mild inflammation of the eyes soon after surgery normally settles down on its own accord. If for some reason it persists, anti-inflammatory steroid eye drops are usually prescribed. Persistent inflammation can occur in around 4% of patients who have undergone lower blepharoplasty, requiring the long term use of eye drops.

Chemosis

Chemosis describes swelling of the conjunctiva, the shiny layer around the eyeball itself which is also on the inside of the eyelids. Chemosis after lower blepharoplasty occurs in

around 12% of patients to some degree. If it develops, there are a number of measures that may be taken to resolve it: these include anti-inflammatory steroid eye drops, using a temporary eye patch or tape to ensure the eye is shut for a short 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 anaesthetic. Chemosis can take several weeks to settle down if it occurs and the above measures are taken to address it.

Ectropion

This refers to the pulling downwards and outwards of the lower eyelid, which in turn not only looks unsightly but can cause functional problems with excessive watering of the eyes at the same time as dryness of the eye. Miss Kelemen will use various intra-operative manoeuvres to minimise the risk of ectropion, including the use of a canthopexy stitch (as described above) or a canthoplasty (shortening and tightening of the lower eyelid) if indicated. Rates of lower lid malposition requiring further surgical treatment are around 3.5%.

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.

Lagophthalmos

Lagophthalmos is the medical term given to an inability to close the eyelids. A small degree of lagophthalmos may occur after lower 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.

Double vision

Double vision caused by damage to one of the muscles that controls eyeball movement is a rare complication in lower blepharoplasty surgery. Should it occur it is usually temporary, and due to bruising of the muscle.

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 her pre-operative examination, and, if required, makes 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. Should problematic scars occur and cause problems such as webbing of the skin, there are techniques of scar revision that may be needed.

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 regarding the surgery with Miss Kelemen. If further procedures are warranted, there may be further costs involved, and this will be explained. Miss Kelemen will explain all the above at your initial consultation to ensure you understand what can be achieved by lower 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 are looking, 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.

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

- I acknowledge that I have read and understood the nature of the lower blepharoplasty operation.
- I have read the information leaflet provided to me and I understand the potential risks and complications associated with this procedure.
- I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.
- I agree to communicate any concerns I may have in a timely manner and to inform Miss Kelemen of any changes in my health or circumstances that may affect my suitability for, or recovery from lower blepharoplasty surgery.
- Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Miss Kelemen and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.
- I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my preexisting health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.
- I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand. I understand that I have the option of not undertaking any surgery at all.
- 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 the lower blepharoplasty surgery provided by Miss Kelemen.

Name:

Signature:

Date: