



**ABSOLUTE**  
COSMETIC MEDICINE

## BLEPHAROPLASTY INFORMATION

**Blepharoplasty is the surgical modification of the eyelid. Excess tissue such as skin and fat are removed or repositioned and surrounding muscles and tendons may be reinforced.**

### INDICATIONS

Blepharoplasty is often performed as an elective surgery for cosmetic reasons. Lower eyelid blepharoplasty is almost always done for cosmetic reasons, to improve puffy lower eyelid “bags” and reduce the wrinkling of skin.

Blepharoplasty is also performed for functional reasons. When an advanced amount of upper eyelid skin is present, the skin may protrude over the eyelashes and causes a loss of peripheral vision. The outer and upper parts of the visual field are most commonly affected and the condition may cause difficulty with activities such as driving or reading. In this circumstance, upper eyelid blepharoplasty is performed to improve peripheral vision.

### PROCEDURE

Blepharoplasty is usually performed through external incisions made along the natural skin lines of the eyelids, such as the creases of the upper lids and below the lashes of the lower lids. Incisions may be made from the inside surface of the lower eyelid (transconjunctival blepharoplasty); this allows removal of lower eyelid fat without an externally-visible scar, but does not allow excess skin to be removed. External skin resurfacing with a chemical peel or carbon dioxide laser may be performed simultaneously. This allows for a faster recovery process.

The operation typically takes 1-3 hours to complete. Initial swelling and bruising resolve in 1-2 weeks but at least several months are needed until the final result becomes stable. The effects of a blepharoplasty are best appreciated by comparing before and after photos of surgical patients.

The anatomy of the eyelids, skin quality, age, and the adjacent tissue all affect the cosmetic and functional outcomes.

### Factors which are known to cause complications include:

- dry eyes - which may become exacerbated by disrupting the natural tear film.
- laxity (looseness) of the lower lid margin (edge) - which predisposes to lower lid malposition.
- prominence of the eye in relation to the malar (cheek) complex - which predisposes to lower lid malposition.

### NON-SURGICAL ALTERNATIVES

Non-surgical alternatives have shown improvement with patients exhibiting early indications of facial aging. Lasers, chemical peels, wrinkle relaxer, and dermal fillers are all used to some degree to treat periorbital tissue. Although effective, these treatments are not technically “blepharoplasty”, yet some practitioners refer to any treatment involving the eyes as such; often preceded by “laser”, “non-surgical” or “lunch-time”. Wrinkle relaxer, it should be noted, is used to relax the muscles in the forehead and between the eyes, therefore not addressing most of the issues a patient seeking a blepharoplasty would want addressed.

In so-called “non-surgical blepharoplasty”, topical applications of acids and/or lasers are used to tighten and decrease skin volume in the upper and lower eye lids. Injectable dermal fillers are also used to temporarily increase volume in the trough area between the lower eyelid and the cheek. These techniques are effective yet have not replaced surgical treatments, and should not be confused with blepharoplasty, which treats not only the superficial skin tissue, but also underlying connective and muscle tissues.