



KATARZYNA MACKENZIE

PLASTIC SURGEON

Blepharoplasty

Eyelid surgery, also known as blepharoplasty, is one of the most popular surgical procedures for facial rejuvenation. It is a procedure to remove excess fatty tissue and/or loose skin surrounding the eyes to give the area a more rejuvenated appearance. The freshening of the eyes and improvement in the tired appearance will benefit self-esteem, confidence and should last for years.

Upper blepharoplasty, restores a natural, more youthful contour to the upper eyelid by removing excess skin that causes hooding or upper lid bags, causing a tired appearance. Lower blepharoplasty, restores a smooth, natural contour to the area beneath the eyes, by correcting puffiness and bags resulting in a more youthful appearance.

Length of surgery	1-2 hours
Anaesthesia	General anaesthetic, local anaesthetic or local anaesthetic with sedation
Hospital stay	Day case
Risks/complications of surgery	Frequent: Bruising, swelling for 7-10 days, blurred vision for 2-3 days Infrequent: Infection, unsightly scarring, asymmetry, bleeding, depression of the lower eyelid (ectropion), cyst formation, excessive tearing, photosensitivity, dry eye syndrome, blindness extremely rare
Recovery	2-3 days until reading 5 days until socialising with close friends and family 1-2 weeks until return to work and normal social engagements with make up 3-4 weeks until swelling and bruising disappears 6 weeks until return to gym and other strenuous activities 8-10 weeks until final result – scars continue to improve over the next 12 months
Driving	2 weeks
Sleeping position	Sleep on your back if possible with 3-4 pillows for first 7-10 nights
Long term issues	Watering of the eyes for 1-2 weeks
Duration of results	Several years-sometimes permanent

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Blepharoplasty information sheet

Any plastic surgery procedure is a very personal choice and understandably there are a number of questions that arise. This information sheet is a general guide for patients considering the eyelid surgery under the care of Dr Mackenzie. It should provide the answers to some questions that you may have. There are many factors that can affect your individual operation, your recovery and the long-term result. Some of these factors include your overall health, your skin type, previous eye surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Dr Mackenzie and are not covered here. Please feel free to ask her any further questions before you sign the consent form.

Introduction

The orbital region is of primary importance of facial aesthetics and expression. The eyes and the area around them are particularly important in establishing a first impression when meeting people. This is also the area that shows the first signs of ageing. As a consequence, small improvements in the look of the eyelids have a magnified impact because of the large difference eyelids make to the overall look of a face.

In the upper eyelids, ageing causes a downward movement of the outer corner of the eye, stretching of the eyelid skin producing a 'hooded' appearance and, in some patients, heaviness and downward movement of the outer half of the eyebrows.

In the lower eyelid, the most frequent complaint is of puffiness or eye bags, which is noticeable more in the morning and may improve as the day passes. This is mainly due to increased prominence of the fatty cushion around the eyeball because of weakening of the structures holding it in place, and movement of the cheek fat pad downwards with gravity, which makes the outline of the bony eye socket more visible through the skin. There is usually a little skin excess as well, though in some patients there may be none and in others it may be marked. Lower eyelid surgery may also improve a pronounced tear trough — a depression running from the inner corner of the eyes to the cheek.

In some patients, the primary problem may be due to sagging of the eyebrows with age rather than the eyelid in which case a brow lift may be indicated. This can usually be carried using "key hole" techniques leaving no visible scars on the eye or forehead.

Please remember the procedure can never halt the ageing process. The clock can be turned back but no surgeon can stop it ticking.

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What is blepharoplasty?

Eyelid surgery, or blepharoplasty, is a surgical procedure to improve the appearance of the eyelids. Surgery can be performed on the upper eyelids, lower eyelids or both. Different types of procedure are undertaken for the upper and the lower eyelids.

Upper eyelid blepharoplasty frequently involves removal of excess skin and/or muscle on the upper eyelid, although some people complain also of puffy upper eyelids due to excess fatty pockets which can also be removed. It is a relatively straightforward surgery with few complications and a rapid recovery.

In contrast, lower blepharoplasty can be very complex and involves the management of the fat pads and the skin if required. It carries a higher complication rate and a much more prolonged recovery time.

Blepharoplasty will not eradicate dark circles or the wrinkles around the eyes nor will it elevate droopy eyebrows. There are other procedures designed for these purposes.

Blepharoplasty can be performed as a standalone procedure or more often in combination with other facial aesthetic surgery operations such as a brow lift or a facelift.

Who is a good candidate for blepharoplasty?

It is most common for people in their forties and fifties to have this procedure, but it may be performed on much younger people who may have inherited heavy, droopy eyebrows and fullness in the upper eyelids. Most people have the operation to get rid of the overhanging folds at the outer half of the upper eyelids.

The following are some common reasons why you may want to consider eyelid surgery:

- Excess skin obscuring the natural fold of the upper eyelids
- Loose upper eyelid skin that impairs your vision
- Puffy appearance to the upper eyelids, making your eyes look tired and sad
- Excess skin and fine, 'crepe paper' type lower eyelid wrinkles
- Bags and deep grooves under the eyes
- Upper eye surface is too small or not smooth enough to apply makeup

Eyelid surgery may be a good option for you if:

- You are physically healthy and you do not have medical conditions that can impair healing or increase risk of surgery

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- You do not have any serious eye conditions
- You have realistic expectations of what eyelid reduction surgery can accomplish
- You are a non-smoker

Are there any reasons for a patient to not have the eyelid surgery?

Patients who are actively smoking or on blood thinning medication such as aspirin and warfarin are at a high risk of complications such as bleeding or wound infections and delayed wound healing. It is advisable to not consume nicotine in any form for six weeks before a blepharoplasty and a similar time after. Medication such as aspirin or warfarin may need to be stopped (if this is not for an essential or life-threatening condition) at the appropriate time before surgery. This should be discussed with Dr Mackenzie or GP.

It is important to exclude any eye disease before embarking on eyelid surgery and it is wise to have your eyes tested by your optician before the operation. Serious conditions such as detached retina, diabetic eye disease, glaucoma or 'dry eyes' (eg. Sjogren's syndrome) may represent an absolute or relative contra-indication to surgery. Other diseases such as thyroid abnormalities may produce changes in the eyes or eyelids whose primary treatment will be medical (though sometimes surgery may be indicated later).

What are the limitations of blepharoplasty?

- Following blepharoplasty, it is possible that pre-existing asymmetry of eye area may persist
- In some people, if the brow is not corrected or stabilised (with Botox®), the position of the brow can descend following upper blepharoplasty
- If the 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
- If you have deep set or sunken upper eyelids, upper blepharoplasty on its own may not be the right procedure
- 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

What to expect from the eyelid surgery consultation?

You would normally meet Dr Mackenzie for at least two pre-operative consultations. The first of which is mainly about assessment and the formulation of an operative plan specific to your eyelids. Dr

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Mackenzie usually summarises this consultation in a letter to you and if you decide to move forward towards surgery, a second consultation is scheduled to go over things once more and discuss the possible complications in more detail. It is usual for Dr Mackenzie to write to your GP but often patients do not want this, in which case no communication is made.

During your eyelid surgery consultation Dr Mackenzie will discuss:

- Your goals for your appearance
- Your complete medical history, including circulatory problems, kidney and thyroid problems (as these can produce swelling of the eyelids), diabetes
- Your previous eyelid surgery, history of eyelid conditions and dryness of the eyes
- Your current prescription medications, including vitamins, herbal supplements, alcohol, tobacco and drug use, allergies. Make sure to tell your doctor about any herbal supplements you take, as some of them may cause bleeding problems

Dr Mackenzie will also:

- Evaluate your general health status and any risk factors
- Examine and measure different parts of your face
- Point out normal differences in facial symmetry you may never have noticed, and describe the results you can expect from your surgery and the positioning of the scars
- Evaluate elasticity of the skin, position of the brow, excess skin on the eyelids, fat pads around the eyes, bell's phenomenon (a protective reflex of the eye), eye movements, position of the eyes and cheekbones on the side profile
- Take the photographs from different angles. These photos help with planning the surgery and assessing its immediate and long-term effects
- Discuss your expectations with you. An honest discussion will help determine a satisfactory outcome. Be prepared to talk about your motivation for seeking blepharoplasty and what you hope the results will be
- Discuss your option
- Recommend a course of treatment
- Discuss likely outcomes of eyelid surgery and any potential complications

It is important that if you have had any problem with your eyes in the past, particularly dry eyes with recurrent soreness or infection or excessively watery eyes, that you inform Dr Mackenzie so that she can get an assessment of your tear film. Eyelid surgery can interfere with the tear film in the short term although eye drops will normally help with this problem.

It is very important to highlight to Dr Mackenzie the elements that you find most objectionable about the appearance of your eyelids and to try to define what you would like to see as an end result. It is

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important to be completely honest during the consultation. Also, bring photos of yourself at an earlier age; they may serve as a good point of reference for discussing your goals.

Where will the incisions be?

The incision lines for eyelid surgery are designed so the resultant scars will be well concealed within the natural structures of the eyelid region. The incision for the upper eye surgery is made in the natural crease line approximately 8-10mm above your eyelashes and extends a little into the "crow's foot" area at the side of the eye.

The incision for the lower lid is made just below the eyelashes and runs out to the natural crease area. If excess skin is minimal, it is sometimes possible to perform this lower lid surgery without external scars by making an incision inside the lower eyelid, a procedure known as transconjunctival blepharoplasty.

Preparation for surgery

It is important to avoid taking any aspirin or products containing aspirin for 2 weeks either side of the operation since aspirin has an adverse effect on bruising as it thins the blood. The same is true for non-steroidal anti-inflammatory drugs (such as Brufen, Nurofen and Voltaren) and vitamin E tablets. You may also be asked to stop taking naturopathic substances such as garlic, ginko, ginseng and St John's Wort as they may affect clotting and anaesthesia. Always tell your surgeon EVERYTHING you are taking.

Some patients find homeopathic remedies such as arnica helpful to reduce bruising although it is very difficult to "prove" their efficacy scientifically. If you wish to use arnica you should begin 2-3 days before the operation and continue for a week afterward. If you are a smoker it is absolutely imperative that you stop for 6 weeks before surgery and for 6 weeks afterwards so as not to restrict the circulation to the skin. This restriction applies to all forms of nicotine including patches, inhalers and nicotine chewing gum!

For procedures lasting longer than 1 hour it is normal practice to stop the contraceptive pill one cycle before the date of surgery. For smaller procedures may not be necessary and you should discuss this with Dr Mackenzie before surgery.

Surgery requiring general anaesthesia is most safely conducted when patients are fit and healthy. General anaesthetic is unwise in patients who are unwell with viral illness or colds.

On the night before surgery we would ask that you eat well and remain well hydrated. In most cases you will be asked to come to the hospital at 7:00am on the morning of surgery, having had nothing to eat from midnight. Clear water can be drunk up to 2 hours before surgery and tea without milk or

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coffee without milk can also be taken. Milk is considered to be solid food and cannot be taken within 6 hours of the start of surgery.

On the morning of surgery, you will be admitted to the ward. You will meet the anaesthetist who will discuss the anaesthetic with you in detail and you will also see Dr Mackenzie who will mark the surgical site as required and complete the consent form for surgery with you.

It is a good idea to bring some small headphones with an Ipod (or Smartphone equivalent) with you because you will not feel like reading after the operation.

While making preparations, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days at home.

What is involved in the operation?

On the day of surgery, you must have nothing to eat or drink from midnight the night before and arrive at the hospital at 7.00 am. You should not wear make-up or cream on your face. Do not take any medications without first checking with Dr Mackenzie that these will not interfere with the operation.

The operation is usually carried out as a day case procedure. Upper and lower eyelid surgery together often requires a general anaesthetic, but upper blepharoplasty can be performed under local anaesthetic, with or without intravenous sedation.

In upper blepharoplasty, excess skin in the upper eyelid is removed through a transverse incision lying in the skin fold, located about 8-10 mm above the eyelashes and extending a little into the "crow's feet" area at the side of the eye, leaving a virtually invisible scar. After making the incisions, the excess skin and muscle is trimmed from the upper eyelids together with any fat. The incisions are then closed with very fine sutures which are removed 5 days later. Upper eyelid surgery is sometimes combined with a brow lift procedure undertaken endoscopically (keyhole surgery), which allows the outer part of the eyebrow to be elevated to a more youthful position and at the same time weakens the muscles at the root of the nose which cause frowning.

Correction of lower eyelid bags where there is no excess skin can be performed through incisions on the inside of the lower eyelid (transconjunctival approach). Where there is excess skin as well as fat, surgery is performed using an incision that runs just underneath the eyelashes and out into the crow's feet lines. Once the fat has been repositioned or removed, the skin is re-draped and any excess removed. Initially the scar appears as a small red line underneath and to the side of the eye, but as time passes the scar fades and the outside incision normally falls into one of the creases in the crow's feet. This is easily concealed in the first few weeks with a little makeup. Occasionally the lower lid is very lax, and will not support the weight of the eyelid. This will be tested preoperatively and Dr Mackenzie will advise you if the lid needs tightening as part of your operation. Lower lid support is

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then performed by tightening the lower lid muscle and the corner of the lid with a canthopexy or canthoplasty.

Cool soothing pads are applied to your eyes for 4 hours to minimize swelling and bruising. Proper skincare and sun protection including sunglasses, are essential during healing.

What can you expect after the eyelid surgery?

It is vitally important that you follow all postoperative instructions provided by Dr Mackenzie. Your surgeon will also provide detailed instructions about the normal symptoms you will experience and any potential signs of complications. It is important to realize that the amount of time it takes for recovery varies greatly among individuals.

Immediately after eyelid surgery:

- After your operation, your eyes will be covered with eye pads to stop you blinking and an ointment will be inserted into the eye, which may make your vision initially blurred. The nurses may also apply cold compresses to your eyelids. You will be seen by Dr Mackenzie prior to your discharge to make sure that everything is settling properly
- Your eyelids may feel tight and as the anaesthetic wears off and it is normal for this to continue for a few days afterwards. Mild painkillers such as paracetamol are usually sufficient to provide comfort. However, if you have significant pain in the eyes, then you must inform the nurses or Dr Mackenzie immediately
- To avoid bleeding, you should not bend, bend head abruptly or carry out vigorous activities for 5-7 days after your surgery
- During the first week, you should avoid straining and bending down as this tends to increase the swelling

During the next few weeks:

- Avoid Aspirin and NSAIDs
- At home, rest and sleep well propped up on at least four pillows
- Avoid alcohol for five days
- Your eyes may feel gritty and watery which may be relieved by covering the eyes at night or by an eye ointment
- Antibiotic eye ointment should be applied for three or four days and you should not use eye makeup for the first week or two
- You may experience excessive tearing, light sensitivity, and double vision just after the surgery
- Swelling and bruising, similar to having "black eyes" may take up to a few weeks to disappear
- Your eyelids should be gently splashed with water but not rubbed in any way
- You will be advised to use eye drops to keep the eyes from drying

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- You will not be able to wear contact lenses for 4 weeks after your surgery, so you will want to arrange for glasses to use during this time
- A number of patients may experience a feeling of numbness in the eyelid region. This is normal and usually returns in a matter of weeks, although occasionally it may take a little longer
- It is essential that you have large sunglasses to wear after your surgery, as your eyes will be sensitive to light. Dark sunglasses will also protect the eyes from irritation caused by sun and wind
- Your stitches will typically be removed five to seven days after your procedure
- Your scars will be pink for some weeks, occasionally months, however they are easily hidden with makeup. Scars in the "crow's feet" area may become lumpy for a while but will invariably flatten in time. This flattening may be helped by gentle massage begun two weeks after your surgery
- You may wear eye makeup on the seventh day after the sutures have been removed. Please avoid prolonged exposure to the sun and heat for at least six weeks after surgery to avoid swelling
- You may wash your hair (with help) on the second day after surgery. Suspend your head backwards over the sink to wash then dry with a cool dryer
- Avoid straining, heavy lifting, swimming, and strenuous activities for 4-6 weeks
- You may notice that your eyes tire easily for the first several weeks of the recovery period. Take frequent naps. Avoid activities that may dry the eyes, including reading, watching television, wearing contacts, and using a computer

How long does the effect of the eyelid surgery last?

The rate at which ageing occurs, and continues, varies from one person to another. In general, blepharoplasty surgery should provide an improvement that lasts for about 10 years.

You can help keep your results looking their best by living a healthy lifestyle. Wear sunscreen daily, eat a diet rich in whole foods and vitamins, and don't smoke. This will help keep your body healthy and skin looking its best.

What are the complications of blepharoplasty?

Fortunately, significant complications from eyelid surgery are infrequent. Blepharoplasty, which remains the gold standard for eyelid rejuvenation, is usually performed without any major problems. However, all surgery carries some uncertainty and risk, but complications are infrequent and minor. The most common complications include:

- As with any surgery, bleeding and infection can occur. Bleeding might require a return to the operating theatre to avoid damage to the eye. Infection is usually readily treated with antibiotics, extending the course of treatment that you will have received after your surgery

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- Excessive bruising and swelling is rare but can occur with any operation
- Your eyes will tend to water in cold or windy weather during the first few weeks. You can use sunglasses to protect your eyes
- The lower lid may droop very slightly while the lid is heavy and swollen but this is self-correcting once the swelling has reduced. Very occasionally it may require further surgery
- Redness in the scars occurs occasionally during the initial three months and is more common in red haired people. This can be treated by gentle massage and improves spontaneously
- Occasionally little cysts may develop along the lines of the incision. They usually resolve spontaneously but may require attention
- Very occasionally, the covering of the eyeball swells (called subconjunctival oedema or chemosis). It appears as a transparent sack of fluid and covers part of the white of the eye mostly in the outer corner. People who suffer with hay fever may be familiar with this problem as they sometimes notice it during a bad season. While this looks distressing you should not be alarmed as it will settle on its own. During the period when it is settling you need to use eyelid lubricants regularly. Occasionally, there are a number of 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 anaesthetic
- If too much skin is removed from the lower lid, the eye can look bigger (scleral show). This should settle with time but may be permanent. The eyelid shape may change, in particular the outside corner may become more rounded if the scars approach this area
- Surgery to the eyelids should not interfere with the eyeball, and thus vision. Very occasionally, patients say vision is blurred soon after surgery, but this usually settles spontaneously
- A scratch on the cornea (the surface of the eye itself) while not serious, can be irritating and may take several days to heal
- In extremely rare cases, eyelid reduction surgery can lead to blindness (risk of 1:2,500-1:40,000). Smoking, pre-existing eye disease, straining, lifting and coughing can add to this risk

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 Dr Mackenzie. If further procedures are warranted, there may be further costs involved, and this will be explained.

Can blepharoplasty damage the eyesight?

Whilst being exceptionally rare, it is possible that if there is a post-operative haemorrhage (bleed), particularly in the lower eyelid, this can cause pressure on the blood supply to the eyeball and damage the sight permanently. If a haemorrhage does take place, Dr Mackenzie would release the sutures on the ward to protect your vision and then return you to theatre to stop any bleeding. For this reason, it

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is important that you stay in hospital for at least 4 hours following surgery and that Dr Mackenzie checks the eyes before you leave.