

Eyelid correction (blepharoplasty)

In the ideal upper eyelid the skin fold sits 1-2 mm above the eyelash margin, and the eyelid contour is smooth with no wrinkles or bulges at rest. With upper eyelid corrections (upper blepharoplasty) the aim of surgery is to reproduce this ideal by removing excess skin and/ or muscle and recontouring away fatty bulges. In most cases the scar is inconspicuous. This surgery can be undertaken under either local or general anaesthetic.

In the ideal lower eyelid the contour is smooth and blends into the mid face without bulges or ridges, additionally the skin is smooth and free of wrinkles at rest. Eyelid bags and wrinkles at rest result from a combination of skin and muscle laxity and excess, and fat excess or weakness of the supporting tissues allowing the fat to bulge outwards. With lower eyelid corrections (lower blepharoplasty) the skin and muscle is tightened and fat bulges corrected by either removal or repositioning or a combination of both. The scar sits just underneath the lash margin and extends laterally for few millimetres. It will in most cases rapidly become inconspicuous. The surgery is usually undertaken with a general anaesthetic.

Pre-operative advice

Prior to surgery patients will have been seen at consultation and the exact technique being used should have been discussed. Patients who smoke are at greater risk of complications including bleeding and wound infection and are therefore advised to refrain from smoking for 6 weeks prior to surgery and 2 weeks postoperatively. Patients should also avoid Aspirin and equivalent anti-inflammatory agents for 2 weeks prior to surgery as these can increase the risk of bleeding.

What happens before operation: Patients are admitted on the day of surgery and are seen before surgery by the nursing staff who will undertake routine preoperative checks, by the anaesthetist, if a general anaesthetic is being undertaken, and by Mr. Whitworth. Mr. Whitworth will take preoperative photographs and ask the patient to sign a consent form.

Operative procedure: The operation usually takes between forty-five minutes and one hour. The operation involves removing a portion of skin plus/minus some of the upper eyelid muscles. Additionally fat may be removed or repositioned within the upper eyelid. The wound is normally closed with a single continuous stitch under the skin which is held in place along the wound.

What to expect following surgery

There will inevitably be some swelling in the eyelid region and some bruising. This may persist for between one and two weeks. Some patients may initially notice that eyelid closure is not fully obtained though this will usually return to normal within a few weeks. The scar that results from upper eyelid correction is usually very inconspicuous. On occasions some redness may be noted though this will normally resolve fully within several weeks of surgery.

Follow up: Patients will need to return seven days postoperatively to the hospital for removal of the sutures and will be reviewed by Mr. Whitworth at one and four months postoperatively. Appointments for suture removal will be made prior to discharge and appointments to see Mr. Whitworth will be sent via the post.

Risks and complications

As with all surgery complications can occur. Initially there may be some bleeding though this is rarely marked. Occasionally a portion of the wound may gape though this normally corrects spontaneously. The main cause for concern is the distortion of the eyelid shape which may result from either excessive swelling or undesirable scarring. Should this occur a pulling appearance would be noted. In the majority of cases this settles spontaneously though this may take several weeks. On occasions the pulling effect is marked and the eyelid does not sit properly on the globe of the eye. This is termed an ectropion. Again this usually settles spontaneously with the resolution of the swelling. If either of these problems persist a secondary surgical procedure may be required. In the initial few weeks following surgery, especially if other procedures have been performed around the face or eyes, eyelid closure may be affected and the eyes may feel gritty on cold exposure. This is usually because the eyes are becoming dry and if this is the case artificial tears may be required for a short period postoperatively. This dryness of the eyes may also be associated with swelling of the white of the eyes (chemosis) which again usually resolves spontaneously but on some occasions may require a short period of steroid eye drops.

On occasions the outer aspect of the scar may be conspicuous either because of wrinkling or a skin fold. If this does not settle spontaneously a surgical revision may be required. As with all cosmetic surgical procedures undertaken by Mr. Whitworth, there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year of the initial surgery.

Eyelid correction (blepharoplasty) – Discharge Advice

Wound care and stitches: The wound in the upper eyelid is usually approximated with one single continuous stitch that passes underneath the eyelid skin. The ends of the stitch are held in place by tape. The lower eyelid wound also has a small stitch which is also held down by tape. The wound should not be touched for the first few days following surgery as this only increases the risk of infection. The stitch is usually removed at seven days following surgery, this being undertaken by the nursing staff in the outpatients department. The tapes are removed at the same time and no further dressings are required. Makeup can usually be applied from about ten days following surgery. Some care will be required initially as the skin will feel a little bit numb. This will return to normal after several weeks.

Appearance: There will inevitably be some bruising and swelling and at first the eyes will feel tight. The bruising and swelling usually resolves between one and three weeks following surgery though the final result of the surgery really cannot be assessed for three months as a result of persistent swelling and development of scar tissue.

Other features: Some patients may initially notice that the eyelid closure is not fully obtained. In some cases this can be associated with dryness in the eye region which is manifest by grittiness, tearing and an uncomfortable sensation when exposed to cold air. These will all settle spontaneously over several weeks following surgery. On rare occasions artificial tears may be required for several weeks.

Pain relief: Upper eyelid correction surgery is not normally associated with significant pain and analgesics are only used on an as required basis.

Glasses and contact lenses: Patients may wear glasses straightaway though they do need to be a little bit careful about avoiding the stitches. Contact lenses should not be applied for at least two weeks as this may otherwise disturb the wound. All patients may notice some change in their prescription as a result of swelling in the eyeball region, this will resolve spontaneously within a few weeks.

Activities: Patients are advised not to drive whilst the stitches are in place or if there is significant bruising. Gentle sporting activities can be resumed three to four weeks following surgery though vigorous sporting activities should be refrained from for between six and eight weeks.

Follow up: Patients will be given an appointment for suture removal by the nurses in the outpatient department prior to discharge and will receive appointments to be reviewed by Mr. Whitworth in the outpatients department usually at one month and six months following surgery.

Causes for concern: Upper eyelid correction surgery is fortunately associated with few complications. Bleeding can on occasions occur though this usually settles with light pressure. Sometimes the wound edges may gape though in most circumstances this will resolve spontaneously within a few hours. Should it persist then medical attention should be sought.