

Eyelid Surgery

Introduction:

Any plastic surgery procedure is a very personal choice and understandably there are a number of questions which naturally arise. This brochure has been produced by Plastic Surgery Partners Consultants and Support Staff to act as a helpful guide if you are considering undergoing surgery to your eyelids.

Blepharoplasty:

The eyes and the area immediately around them are particularly important in establishing a first impression when meeting other people. This is often the area that betrays the first signs of ageing.

What causes eyelid bags?

Some people have a family history of excess swelling of the lower eyelids and thus present with lower eyelid bags in early age. This swelling which first presents only in the morning tends to last longer, making you always look tired.

The early signs of ageing, on the other hand, appear firstly in the upper eyelids. There is a downward shifting of the eyebrow and an excess of skin appears in the upper eyelid making the application of eye shadow difficult as it becomes smudged in the lid folds. Later, bagginess becomes evident in the lower eyelids and in the inner corners of the upper eyelids. This is a result of protrusion of the normal fat padding around the eyeball.

What is involved?

Correction of lower eyelid bags where there is no excess of skin can be performed through incisions on the inside of the lower eyelid (transconjunctival approach). Where there is excess skin as well as fat then surgery is performed using an excision that runs just underneath the eyelashes and out into the crow's foot. Initially the scar appears as a small red mark at the side of the eye, but as time passes this fades into one of the creases in the crow's foot. This is easily concealed in the first few weeks with a little standard makeup.

Excess skin in the upper eyelid can be removed through a transverse incision lying in the skin fold leaving a virtually invisible scar. Upper eyelid surgery is sometimes combined with a browlift 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.

Fine skin creases, either in the forehead or crow's feet at the outside of the eye, can be greatly improved by a procedure of laser resurfacing and is often combined with eyelid surgery.

Surgery can either be undertaken under local anaesthetic, particularly to the upper eyelids, or under a daycase general anaesthetic. The principal complications are swelling and bruising and depending upon the extent of surgery 14 days should be allowed for complete healing and resolution of swelling. The stitches are usually removed four days after surgery.

Private Health Insurance:

When the upper eyelid skin droops over the eyelid margin it can interfere with the field of vision. If this is the case then private health insurance will cover the cost of surgery to improve the field of vision.

Our surgeons and staff are well trained in the practice of this operation. If you have any further questions please do not hesitate to get in touch with a member of the practice staff who are always here to help.

The Operation:

The operation is done on a day case principal. Usually upper and lower eyelid surgery together requires a general anaesthetic but it can be done under local anaesthetic, with or without sedation. Most upper eyelid surgery is done under local anaesthetic in our minor surgery theatre at The HealthXchange Clinic. No Aspirin or medicines containing Aspirin should be taken for two weeks before surgery since it interferes with normal blood clotting. Smokers should cut down as much as possible for at least three days before surgery to reduce postoperative coughing and bleeding. Arnica tablets are recommended to help with postoperative bruising and should be taken for seven days before and after surgery.

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 me so that we can get an assessment of your tear film. Eyelid surgery can interfere with the tear film in the short term but, if we know about this problem beforehand, we can give you eye drops that will help.

On the day of surgery, if you are having a general anaesthetic we will ask you to have nothing to eat or drink from midnight the night before and to arrive at the hospital at 7.30 am. If the operation is under local anaesthetic there is no need to starve pre-operatively. You should not wear make-up or cream your face. Do not take any medications without first checking with me that these will not interfere with the operation. It is a good idea to bring a Walkman cassette player with you. Please bring some sunglasses to wear after your operation and you should have someone to drive you to and from the hospital and to spend the first night at home with you.

After your operation your eyes will be covered with eyepads to stop you blinking and a cream inserted into the eye which may make vision initially blurred. The nurses may apply cold compresses to your eyelids, which are gauze pads soaked in either cold diluted salt water or Witch Hazel compresses. Postoperatively at home it is suggested that you use compresses of cold extra virgin olive oil. You will be seen personally prior to your discharge. At home, rest and sleep well propped up on at least four pillows. You should avoid smoking for 48 hours after your operation and no alcohol for five days. You can expect moderate discomfort with moderate swelling, black and blue discolouration of the eyelids and occasionally blood shot

eyes. Your eyes may have some grittiness and often watering. This may be relieved by covering the eyes at night.

You may be prescribed some mild painkiller tablets (Panadol/Paracetamol). If you have any significant pain in the eyes, then you must inform the nurses or myself immediately. You will feel tightness particularly in the upper eyelids and numbness for a couple of weeks after surgery.

You may wash your hair on the second day after surgery, suspend your head backwards over the sink, and dry with a cool dryer. Sutures are removed from the eyes on the third or fourth postoperative day. Later warm compresses in the morning, followed by a final cold compress helps to speed up absorption of bruising and can be started as soon as the initial swelling has begun to subside. You may wear eye make-up on the fifth day after surgery and you should avoid prolonged exposure to the sun and heat for at least six weeks after surgery to avoid swelling.

Long Term Results:

Excessive bruising and swelling is rare but can occur as with any operation. This is rarely significant but prolongs recovery back to normal. This can be disguised by cosmetic camouflage and our Medical Aesthetician can advise you.

Your eyes will tend to water in cold or windy weather during the first few weeks. Occasionally the eyes feel gritty in the morning and this can be helped by an ointment which I can prescribe for you, or covering the eyes at night. Occasionally, artificial tears may help.

Redness or lumpiness in the scars (particularly in the crow's feet) occurs occasionally during the first three months and is more common in red haired people or patients receiving a lot of sunshine. This can be helped by appropriate treatment. Scars do not present a major problem and in the early days are easily concealed with a little make-up. Occasionally little cysts may develop along the lines of the incision. They usually resolve spontaneously but may require attention.

Very occasionally, one can get swelling in the covering of the eyeball in the outer part, this looks like frog spawn and is called subconjunctival oedema. This can result in watering of the eye. It always settles and requires no specific treatment.

If too much skin is removed from the lower lid the eye can look bigger (scleral show). Sometimes patients do complain that their eyes look different in shape - this is not surprising, but do come and discuss this with us if this is a concern. Occasionally the lower lid is very lax, and will not support the weight of the eyelid. I always test preoperatively for this and will advise you if the lid needs tightening as part of the operation.

Surgery is to the eyelids and should not interfere with the eyeball, and thus vision. Often patients remark that eye strain or heaviness in the lids is improved. Very occasionally, patients say vision is blurred by surgery, but this is caused by an alteration in the tear film and usually settles spontaneously.

If there are any problems, please get in touch either with The HealthXchange Clinic on 736699 or out of office hours Dr J G Curran on 265797 or mobile 07781 165797.

