

Patient Information Leaflet:

Blepharoplasty and Brow Ptosis Surgery

What is dermatochalasis?

- Dermatochalsis is drooping or folding of excess eyelid skin
- It is caused by the skin loosing its elasticity, usually due to age
- It may be associated with prolapse of orbital fat causing the eyelid to bulge (eye bags)
- It occurs to a greater degree and at an earlier age in people who have thyroid eye disease

What is brow ptosis?

- Eye brow ptosis is drooping of the eye brow. This may contribute to hooding of the upper eyelid skin
- It is often necessary to elevate or fix the eyebrow at the time of blepharoplasty surgery
- It is most commonly caused by ageing, facial paralysis and trauma.

What are the benefits of surgery?

- Both eyelid and eyebrow ptosis may reduce the visual field due to the hooding of skin over the eyelid
- In an attempt to raise the eyebrow and eyelid people often use the forehead muscle. Fatigue of the frontalis forehead muscle may cause discomfort, particularly at the end of the day

What are the alternatives to surgery?

- There are no alternatives to surgery in correcting upper eyelid dermatochalasis and eyebrow ptosis
- Some patients weigh up the risks and benefits of surgery and decide to put up with the problem, feeling that the risks of surgery are too great for them – it is an individual decision
- Having dermatochalasis or brow ptosis does not damage the eye, so it is a reasonable option to decline surgery if you wish

What will happen if I decide not to have surgery?

- You will continue to have a dermatochalasis however this will not damage your eye in any way

What will happen before surgery?

- Before the operation you will be seen in the clinic by your consultant. You may also be seen by another doctor who is a member of the team
- The doctor will ask you about your problem. He/she will also ask about other medical problems you have medications you take and any allergies (bring a list or the tablets themselves with you)
- The doctor will examine your eyes and will determine if you are suitable for surgery. He will explain exactly what type of surgery he will be carrying out
- If you are to proceed with surgery the operation will be discussed in detail. This will include any risks or possible complications of the operation and the method of anaesthesia

- You will be asked to read and sign a consent form after having the opportunity to ask any questions.
- You will also see a preoperative assessment nurse. She will carry out blood tests and an ECG (heart tracing) if required. She will also advise you if you need to starve before the operation

What should I do about my medication?

- Your surgeon will want to know all the medication that you take and about any allergies you have
- In some cases you may be asked to stop or reduce the dose of blood thinning tablets like: warfarin, aspirin, clopidogrel (plavix), dipyridamole (persantin). This decision is made on an individual basis and you should only do so if it is safe and you have been instructed by your GP, surgeon or anaesthetist. This will be discussed with you before surgery
- Other medication should be taken as usual. You should avoid herbal remedies for 2 weeks prior to surgery as some of these may cause increased bleeding at the time of surgery

What is Blepharoplasty Surgery?

- Blepharoplasty Surgery is the removal of excess eyelid skin.
- Depending on an individual the muscle or fat underlying the skin may also be removed or repositioned
- The procedure can be carried out in the upper or lower eyelid

What is Brow Ptosis Surgery?

- Brow ptosis surgery is the fixation or elevation of the eyebrow to overcome the downward descent of the eyebrow that occurs with age or facial paralysis

Upper eyelid blepharoplasty:

- At the beginning of the operation the amount of skin to remove will be carefully assessed. Marks will be drawn on the eyelid with a sterile marking pen to assist the surgeon during the procedure
- After this, local anaesthetic will be injected under the skin in the upper eyelid
- The skin is removed with surgical instruments. Depending on your particular problem, the muscle beneath the skin may be preserved or partially removed
- If there is fat prolapse in the upper lid this may be treated with partial fat removal
- Sutures are placed to reform the natural skin crease in the eyelid
- The skin edges are sutured together with a continuous suture that is removed one week later
- This operation may be carried out under general anaesthesia, local anaesthesia plus intravenous sedation or simply local anaesthesia on its own

Lower eyelid blepharoplasty:

- There are 4 elements to lower lid blepharoplasty: skin, muscle, fat and eyelid laxity. The procedure you have will be tailored to suit your problem
- Fat prolapse in the lower eyelid gives the appearance of ‘eye bags’
- This fat can be excised or repositioned over the orbital rim to create a smoother transition from the eyelid above into the cheek below as is seen in youth
- Surgery on the prolapsed fat may be done without a skin incision from the inside of the eyelid – transconjunctival or via a skin incision just beneath the eyelashes – transcutaneous
- The lower eyelid usually needs to be tightened at the time of surgery. Even a small amount of lid laxity can lead to postoperative lower lid retraction if not addressed at the time of surgery
- This tightening is called ‘lateral canthal suspension’ and involves a permanent suture from the lid to the bony rim of the orbit
- The orbicularis muscle, which lies directly beneath the skin is often tightened by placing sutures from it to the bony rim of the orbit – ‘lateral retinacular suspension’
- Lower eyelid skin is excised in much smaller amounts than in the upper lid. This is to avoid unwanted side effects following surgery of eyelid retraction

Internal brow fixation surgery:

- Permanent sutures (x2 or x3) are placed underneath the eyebrow, fixing it to the bony orbital rim
- This performed through the same incision made for the upper lid blepharoplasty

External direct brow lift:

- Skin and the underlying fat are removed directly above the eyebrow in a crescent shape to lift a descended eyebrow
- This can only be done in the outer part of the eyebrow so as to avoid damaging nerves that are found under the inner eyebrow
- Before surgery the area to be excised will be carefully assessed with you sat up. Marks will be made on the skin with a sterile marker pen
- This is a more powerful operation than internal brow fixation but has the disadvantage of a skin incision that may be noticeable
- After the excision the skin is sutured together in a deep layer and separate skin layer

What are the risks and possible complications of surgery?

- All surgery carries a risk of bleeding and infection, both are fortunately uncommon in these operations
- Infection might present as increased swelling and redness of the skin. There might also be yellow discharge from the wound. It is treated with antibiotics
- Bleeding may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on a skin wound is usually enough to control minor bleeding. Rarely bleeding after blepharoplasty may track back behind the eye. This is a serious but fortunately rare complication. It presents as pain, bruised or discoloured eyelids, reduction in vision, eyelid swelling, forward protrusion of the eyeball, all of which progressively get worse. If this occurs it is an emergency and you should attend an accident and emergency department immediately where an oculoplastic surgeon will be contacted immediately. If not managed quickly and correctly it can lead to permanent loss of vision
- Whenever the skin is incised a scar may form. Every attempt is made by the surgeon to minimise and hide scars but sometimes they can be visible.
- Your surgeon will take great care to excise the correct amount of skin for your eyelid. It is possible for too much or too little to be excised. Too little may be addressed by further surgery to excise more. Too much may require a skin graft into the eyelid. These are very rare problems
- If you have a pre-existing dry eye problem or weakness of the eyelids, these symptoms may be made worse by blepharoplasty surgery. Your surgeon should investigate this prior to surgery

- The site of surgery is in close proximity to the eyeball. Although extremely unlikely, whenever surgery is carried out close to the eye there is a potential risk of damage to the eye and therefore to eyesight
- If deep sutures are placed, as in internal brow fixation, there is a risk of puckering of the skin above them or discomfort. This is usually temporary but may necessitate further surgery to remove the suture if persistent
- After surgery there may be numbness of some of the skin around the incision. This is usually temporary returning gradually over months. Occasionally it is permanent and may involve larger areas like the forehead
- You should have the opportunity to discuss the risks of anaesthesia with your surgeon or anaesthetist prior to surgery. Two types of anaesthesia are used for these procedures: local anaesthetic with intravenous sedation and general anaesthesia. Sedation means that you are breathing for yourself and don't have a breathing tube inserted but you are very relaxed and sleepy and often don't remember the operation. General means you are completely asleep with a breathing tube inserted

What should I expect after surgery?

- After surgery you may experience some pain. Simple paracetamol is usually enough to control this
- The eyelids will be swollen and a little bruised. The swelling usually gets worse gradually over the first 48 hours and then improves. Eyelid swelling may take up to 2 months to completely subside whereas bruising may take up to 2 weeks

- Cool compresses may help this swelling to settle. Purpose made eyelid cool-packs may be purchased or a bag of frozen peas wrapped in a freshly cleaned cloth will suffice. It is important not to put ice in direct contact with the skin as this may cause an ice burn
- Immediately after surgery the eyelids are weakened by anaesthesia, swelling and temporary denervation. This may lead to weakened eyelid closure. To counter this your surgeon may prescribe artificial tear drops and ointment to the eye, for the first week
- Antibiotic ointment should be applied to the skin wounds 3 times a day for 2 weeks to help prevent infection

Post-operative instructions

- If an eye pad is placed it should remain until the next morning when you may remove it
- Cool compresses should commence as soon as the pad is removed or immediately if there is no pad. 10 minutes, six times a day
- Chloramphenicol ointment to skin wounds, four times a day for 2 weeks
- Viscotears (artificial tears) four times a day to the eye for 1 week
- Lacrilube ointment to the eye at night for 1 week
- No hot drinks or straining for 48 hours
- Sleep at 45 degrees for 48 hours
- Follow up appointment 1 week later for suture removal if required

To arrange an appointment with Mr Austin McCormick, Consultant Ophthalmic and Oculoplastic Surgeon please call 01704 552218