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## BLEPHAROPLASTY

**Q: *What is blepharoplasty?***

**A:** Blepharoplasty means the removal of excess skin and/or fat from the eyelids.

**Q: *When is blepharoplasty done?***

**A:** Blepharoplasty can be considered for cosmetic reasons if the eyelids look “baggy” or excess folds of skin have developed. Alternatively, if the excess skin and fat are so marked that vision is affected blepharoplasty is advised to improve visual function.

**Q: *Is blepharoplasty available on the NHS?***

**A:** Yes, but only if the vision is affected by the excess skin and fat which have developed in the eyelids. Blepharoplasty for cosmetic reasons only is not available under the NHS.

**Q: *How is blepharoplasty done?***

**A:** After careful assessment of the excess skin and fat in the upper and lower eyelids the aims of surgery are discussed. The operation can be performed under local or general anaesthesia.

In *upper lid blepharoplasty* an incision is made in the skin of the upper lid. Excess skin and fat are removed and the wound is closed.

In *lower lid blepharoplasty* it is often not necessary to remove skin but an excess of fat is common. If no skin needs to be removed, the operation to remove the excess fat is performed through an incision into the back of the eyelid so there is no scar on the skin. If skin does need to be removed the incision is just below the eyelashes in the lower lid. It may also be necessary to tighten the lid to prevent it drooping after the operation.

Skin incisions in the upper or lower lids always leave a very fine scar. Normally however the scar heals well and is usually almost invisible. Every effort is made to hide the scars in natural skin creases.

**Q: *Is fat always removed?***

**A:** No. The modern trend in blepharoplasty surgery is to remove as little fat as possible because fat volume reduces anyway as we age. Instead natural fat is conserved as far as possible and only obvious fat bulges are reduced.

**Q: *Is it ever necessary to operate on other parts of the face at the same time as blepharoplasty?***

**A:** Yes. The eyebrows or the cheeks may descend as part of the ageing process. It is sometimes helpful to correct these at the same time as blepharoplasty. The individual plan varies from person to person and it will be discussed in detail with you before the operation.

**Q: *What is the success rate of blepharoplasty?***

**A:** Very good. Rarely, later minor adjustments are needed to achieve an optimum result.

**Q: *If brow or cheek surgery is needed is this done through separate incisions?***

**A:** It is sometimes preferable to correct a droop of the brows or cheeks separately from blepharoplasty. If this is the case separate incisions are needed. However if these operations are performed at the same time as blepharoplasty it is sometimes possible to use the same incisions. The options for correction of drooping brows will be discussed in more detail if this surgery is likely to be needed.

**Q: *What is the 'tear trough' and can it be corrected with blepharoplasty?***

**A:** The 'tear trough' is the shallow furrow which passes down from the inner end of the lower eyelid towards the cheek. It usually appears in the 30s and deepens with age. It can be reduced to some extent by fat repositioning and tissue tightening during lower lid blepharoplasty. However, other techniques such as the use of fillers are alternative ways of correcting the tear trough.

**Q: *Will the surgery need to be repeated as I get older?***

**A:** The processes which have led to excess skin and fat in the lids and to changes in the brows and cheeks continue despite the surgical corrections. After a few years some excess may reappear and further surgery may be considered.

**Q: *Are there any complications of blepharoplasty?***

**A:** If the eyes are at all dry before the operation, slight irritation may occur after the operation and simple lubricant eye drops may be required for a time.

Scars are unavoidable with any incision into the skin. Care is always taken to hide them in natural skin creases. They will be visible in the early weeks after blepharoplasty but they always fade with time.

The main complication of lower lid blepharoplasty is distortion of the lower eyelid position. This can be avoided by careful planning before the operation. In the unlikely event that it occurs despite this it can be corrected with a further relatively small operation.