

Blepharoplasty

Blepharoplasty is a surgical procedure indicated for both the upper and/or lower eyelids to achieve:

- A decrease in 'hooding' and improved appearance of your upper eyelids
- An improved appearance of your eye 'bags' and wrinkling of the skin of the lower eyelids
- Improved peripheral vision and reduced headaches resulting from prolonged and exaggerated brow compensation.

There are a number of techniques utilised for upper and lower Blepharoplasty.

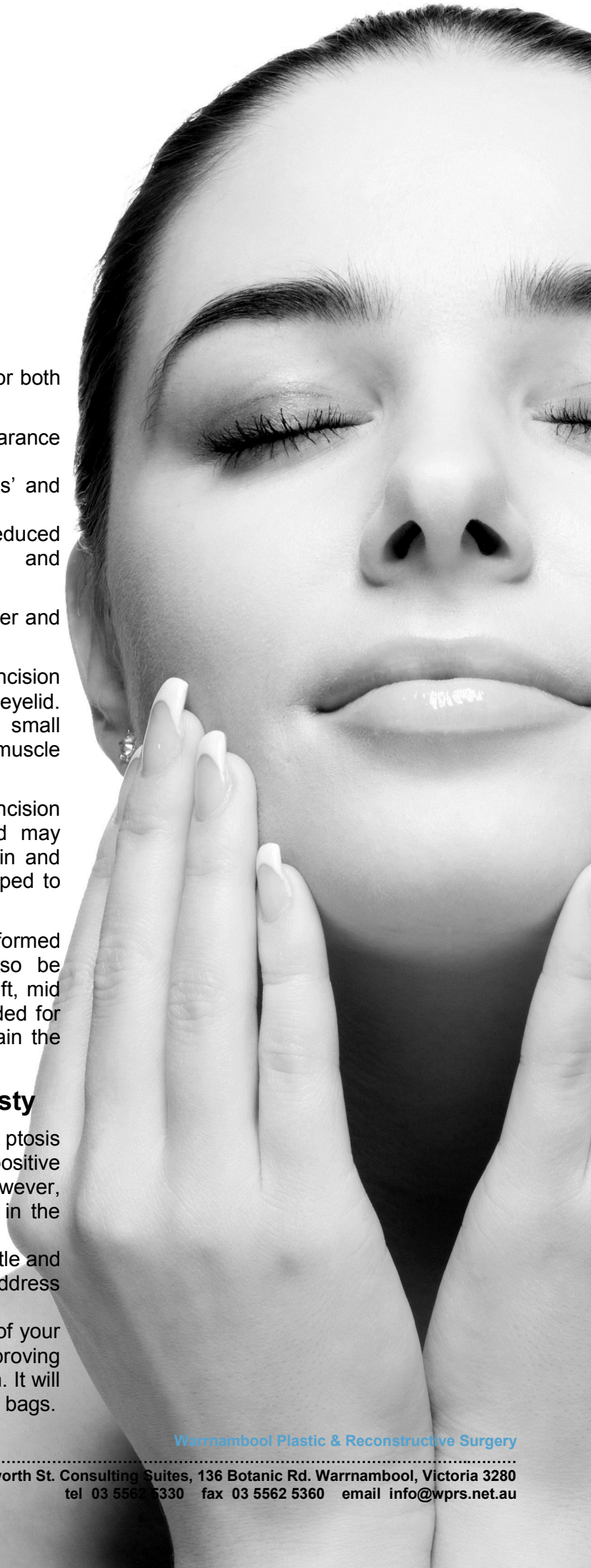
Upper Blepharoplasty is performed via a small incision hidden within the natural crease of the eyelid. Redundant skin and muscle is trimmed and a small pocket of excessive fat may be removed. Loose muscle may also be tightened.

Lower Blepharoplasty is performed through an incision made directly under the lower eye lashes and may involve either the removal or repositioning of skin and muscle. Fat from the lower eyelid is often re-draped to improve contour of eyelid cheek junction.

Upper and lower Blepharoplasty may be performed together or separately. Blepharoplasty may also be combined with other procedures such as brow lift, mid face-lift and facelift. The procedures recommended for you will be individualised to ensure that you obtain the best possible result.

Alternative Options to Blepharoplasty

- **Brow Lift:** Is often indicated for brow ptosis (droop) or asymmetry and may have a positive effect on upper lid hooding. A brow lift is, however, not designed to rectify excess skin or fat in the upper lid
- **Botox Injection:** May be indicated for a subtle and temporary brow lift, however it will not address excess skin and/or fat of the upper lid.
- **Mid-face lift:** Will improve the appearance of your mid-face providing more fullness and improving the contour of your mid cheek eyelid junction. It will however not remove lower eyelid wrinkles or bags.



Post-Operative Course

Blepharoplasty is usually performed under general anaesthetic, however local anaesthetic and sedation may be an option in some cases. The surgery is usually a day procedure unless upper and lower eyelid surgery is combined in which case an overnight stay is recommended.

Post operatively the wound on the upper eyelid will be covered with a dressing that is holding a suture in position while your skin heals. Lower eyelids may have minimal or no dressings applied. A nurse at WPRS 5 to 7 days post-surgery will remove the suture from your eyelids.

Swelling and bruising are to be expected following blepharoplasty and you will be asked to apply a cold compress to the eyes regularly in the first 48 hours post-operative. It is recommended you sleep with your head elevated to reduce swelling. Occasionally you may develop gritty eyes post-surgery and you will be prescribed eye drops on discharge to use as required.

Discomfort should be minimal and controlled well with over the counter pain medication such as paracetamol/panadeine. Aspirin and anti-inflammatories (eg Neurofen) should be avoided as they increase bruising.

You can expect to return to work at approximately 1-week post-surgery. You should avoid exercise for 2 weeks to allow swelling to settle.

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions or concerns we encourage you to ring WPRS to discuss these either with Mr Toma or the dedicated team of nurses at WPRS.

I have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Signed.....

Potential Risks of Surgery

- **Bleeding:** any bleeding after surgery is usually minor. However, you may rarely bleed enough to require a return to theatre.
- **Infection:** is uncommon, however if it occurs you may be required to commence oral or topical antibiotics.
- **Wound separation:** small areas of your scar may rarely break down and require dressing or revision surgery.
- **Scar widening or hypertrophy:** rare following eyelid surgery. At WPRS we will provide carefully follow-up and implement management as required.
- **Excess skin removal:** in upper eyelid surgery may result in inability to close the eyes. This will often improve with time, however you may suffer from dry eyes requiring eye drops to prevent ulcers.
- **Lower eyelid drag (ectropion):** from excess removal of lower eyelid skin will result in increased visibility of the sclera (white part of eye) and dry eyes. This may require eye drops and rarely revision surgery.
- **Asymmetrical eyelids:** may result from removal of more/less skin from an eyelid. Upmost care is taken to avoid this rare complication.
- **Blindness:** due to an orbital bleed or corneal damage is a very rare but devastating complication.
- **Anaesthetic complications:** sore throat, nausea/vomiting, other rare complications (e.g. allergic reaction to anaesthetic) can be discussed with your anaesthetist.
- **DVT/PE:** Every effort is made to avoid this with early mobilisation and blood thinners in longer cases.

