

Blepharoplasty (Eyelid Surgery) Information Sheet

The eyes and the area immediately around them are particularly important in establishing a first impression when meeting people. This is also the area that betrays the first signs of ageing. As a consequence, small improvements in the look of the eyelids have a magnified impact because of the large difference eyelids make to the overall look of a face. If you are contemplating having only one part of your face corrected, then eyelid surgery will be the most effective.

This information sheet is a general guide for patients undergoing eyelid surgery under the care of Mr Paul Harris. Factors that may affect your operation, your recovery and the long-term result are numerous. They include your health, your skin type, previous eye surgery, any bleeding tendencies that you have and your healing capabilities. Smoking, alcohol and medications are also important. Issues specific to you need to be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

What is a blepharoplasty?

The surgical correction of an eyelid is called a blepharoplasty. Different types of procedure are undertaken for the upper and the lower eyelids. Sometimes this involves removal or redistribution of the fat either close to the nose in the corner of the upper eyelids or just underneath the eye in the lower eyelids. Upper blepharoplasty is relatively straightforward surgery with few complications and a rapid recovery. In contrast, lower blepharoplasty can be very complex and merge into mid-cheek surgery. It also carries a higher complication rate and a much more prolonged recovery time.

Blepharoplasty can be performed as a standalone procedure or more often in combination with other facial aesthetic surgery operations such as a brow lift or a facelift.

What causes eyelid bags?

In the lower eyelids, some people have a family history of excess swelling and they can experience lower eyelid bags in early age. This swelling, which first presents only in the morning, tends to persist during the day. More often, as the skin and ligaments of the lower eyelids stretch and loosen with age, the fat padding around the eyeball often pushes forward giving the appearance of bags.

In the upper eyelids, the early signs of ageing present with skin laxity and wrinkling. This can make the application of eye shadow difficult as it becomes smudged in the lid folds. As aging progresses, there is a downward shifting of the eyebrow and bagginess becomes evident at the inner corners of the upper eyelids, again as fat protrudes forward producing an upper eyelid bag.

Can this surgery be funded by my 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 may cover the cost of surgery. In such circumstances, your insurance company will need evidence that the visual field is affected by a report from an ophthalmologist. If a blepharoplasty is performed for aesthetic reasons then it is not normally covered by private health insurance or the NHS.

What pre-operative steps should I take?

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 weeks before surgery and stop at least three days before surgery to reduce postoperative coughing and bleeding.

It is important that if you have had any problem with your eyes in the past, particularly dry eyes with recurrent soreness, infection or excessively watery eyes, that you inform Mr Harris so that he can get an assessment of your tear film. Eyelid surgery can interfere with the tear film in the short term although eye drops normally help with this.

On the day of surgery, if you are having a general anaesthetic or sedation, you must have nothing to eat or drink from midnight the night before and arrive at the hospital at 7.00 am. If the operation is under local anaesthetic only, there is no need to starve pre-operatively. You should not wear make-up or cream on your face. Do not take any medications without first checking with Mr Harris that these will not interfere with the operation. It is a good idea to bring headphones and an iPod (or smartphone equivalent) with you because you will not feel like reading after the operation. Please also bring some sunglasses to wear for your departure and you should have someone to drive you to and from the hospital and to spend the first night at home with you.

What happens during the operation?

The operation is usually carried out as a day case procedure. Upper and lower eyelid surgery together often requires a general anaesthetic but it can be performed under local anaesthetic, with or without intravenous sedation.

Correction of lower eyelid bags where there is no excess skin can be performed through incisions on the inside of the lower eyelid (transconjunctival approach). Where there is excess skin as well as fat, surgery is performed using an incision that runs just underneath the eyelashes and out into the crow's feet lines. Once the fat has been repositioned or removed, the skin is re-draped and any excess removed. Initially the scar appears as a small red line underneath and to the side of the eye, but as time passes this fades and the outside incision normally falls into one of the creases in the crow's feet. This is easily concealed in the first few weeks with a little makeup. Occasionally the lower lid is very lax, and will not support the weight of the eyelid. This will be tested preoperatively and Mr Harris will advise you if the lid needs tightening as part of your operation.

Excess skin in the upper eyelid can be removed through a transverse incision lying in the skin fold, leaving a virtually invisible scar. A traditional blepharoplasty can be used in straightforward cases. A more complex procedure to reconstruct the eyelid fold, known as a tarsal fixation technique is used in more difficult cases. 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.

Surgery can either be undertaken under local or general anaesthetic. The principal complications are swelling and bruising and depending upon the extent of surgery, 14 days should be allowed for complete healing. The stitches are usually removed 5 and 7 days after surgery.

What should I expect post-operatively?

After your operation, your eyes will be covered with eye pads to stop you blinking and a cream will be inserted into the eye, which may make your vision initially blurred. The nurses may also apply cold compresses to your eyelids. You will be seen by Mr Harris prior to your discharge to make sure that everything is settling properly. When at home it is suggested that you use compresses of cold extra virgin olive oil for 24 to 48 hours.

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 some discomfort with moderate swelling, black and blue discolouration of the eyelids and occasionally blood shot eyes. Your eyes may feel gritty and watery which may be relieved by covering the eyes at night or by an eye ointment.

You may need mild painkiller tablets (Panadol / Paracetamol) to settle the discomfort. However, if you have significant pain in the eyes, then you must inform the nurses or Mr Harris immediately. You will feel tightness, particularly in the upper eyelids, and numbness for a couple of weeks after the surgery.

You may wash your hair (with help) on the second day after surgery. Suspend your head backwards over the sink to wash then dry with a cool dryer.

Most of the sutures are removed from the eyes on the fifth postoperative day, then on day seven for removal of the sutures towards the outside of the eyelids. 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 makeup on the seventh day after the sutures have been removed. Please avoid prolonged exposure to the sun and heat for at least six weeks after surgery to avoid swelling.

Can blepharoplasty damage the eyesight?

Whilst being exceptionally rare, it is possible that if there is a post-operative haemorrhage (bleed), particularly in the lower eyelid, this can cause pressure on the blood supply to the eyeball and damage the sight permanently. If a haemorrhage does take place, Mr Harris would release the sutures on the ward to protect your vision and then return you to theatre to stop any bleeding. For this reason it is important that you stay in hospital for at least 4 hours following surgery and that Mr Harris checks the eyes before you leave. Such a complication has never happened to one of Mr Harris' patients to date.

Are there any other long-term complications?

Excessive bruising and swelling is rare but can occur with any operation. Your eyes will tend to water in cold or windy weather during the first few weeks.

Redness or lumpiness of 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 usually present a major problem and in the early weeks are easily concealed with a little makeup. Occasionally little cysts may develop along the lines of the incision. They usually resolve spontaneously but may require attention.

Very occasionally, the covering of the eyeball swells (called subconjunctival oedema). It looks like frogspawn and may make the eye water. It always settles without specific treatment.

If too much skin is removed from the lower lid, the eye can look bigger (scleral show). Again this should settle with time but may be permanent. The eyelid shape may change, in particular the outside corner may become more rounded if the scars approach this area. Surgery to the eyelids should not however interfere with the eyeball, and thus vision. Often patients remark that eyestrain or heaviness in the lids is improved. Very occasionally, patients say vision is blurred soon after surgery, but this usually settles spontaneously.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:

nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878