

CENTER FOR LASER AND COSMETIC SURGERY

FACIAL AND RECONSTRUCTIVE SURGERY **LASER COSMETIC SURGERY**

FACIAL PLASTIC SURGERY

Blepharoplasty- Patient Information

I. INTRODUCTION

Blepharoplasty was first performed for cosmetic purposes in 1931. It was not until the 1940's that the present type of surgery for "baggy" eyelids was popularized. Now, fifty years later with an increased emphasis on youth and physical appearance we consider surgical treatment of this condition as a common medical entity. There are three basic types of eyelid skin and fat changes.

- a. Hereditary – ages 20-35.
- b. Mild elastosis of the skin with excessive fat ages 40-50.
- c. Aging relaxation and elastosis of the skin and muscle layers with or without fat protrusion – ages over 50.

A rule of thumb is that surgery can restore the appearance of the eyelids to that or about 10 years prior. Eyelid plastic surgery lasts from 5-15 years depending on the patient's age and skin characteristics.

"Baggy" eyelids are caused by a weakening and distention of the skin, and the orbital fat that lies as a cushion for the eye. The actual cause is an inheritable family tendency towards overdevelopment of otherwise perfectly normal eyeball fat. The result is that some of the fat bulges forward into the area between the eyeball and the eyelid causing bagginess. Most commonly, it occurs in the lower lid, especially in younger individuals, but in older persons it involves the upper as well as the lower lids. These fat bags are not related to obesity, and are equal in male and females. Weakening of tissues around this area will cause the fat to bulge. Any type of weight reduction regime—even total starvation, cannot resolve this fat.

Certain types of eyelid puffiness may be due to a systemic medical disease. This must be evaluated if there is a history of some metabolic problem. Diseases of the thyroid gland and kidneys may cause this condition.

II. SURGICAL PROCEDURE

The operation consists of removing the excessive fat accumulation, and the removal of the stretched redundant skin. In younger persons very little skin needs to be removed. Older persons having crinkly-atonic skin usually have much more skin to be removed at the time of the surgery. If upper eyelid correction is indicated, this is done during the same operative procedure. On certain occasions the eyelid operation can be performed simultaneously with a face lift procedure, or a chemical peel.

III. ANCILLARY PROCEDURES

In many patients with considerable wrinkling and relaxation of the skin of the forehead the eyebrows will be found to be in an abnormally low position. The sagging of the eyebrows accentuates the redundancy of the skin of the upper eyelids.

Drooping of the eyebrows and forehead skin often creates a tired, sad, or even angry look. The brow lift will help eradicate many of the fine wrinkles above the eye, remove redundant skin of the eyelid, and replace the brow to its more normal position, thus creating a refreshed, or well-rested appearance. Depending on the surgical approach chosen the entire forehead skin can be lifted to greatly lessen horizontal lines of the forehead above the eyes as well as the vertical wrinkles between the brows. These procedures have fast become popular with excellent cosmetic results, and very little post-operated discomfort. Surgery can be performed as an isolated procedure, or combined with the other plastic surgery. The operation is performed under local anesthesia with sedation, or general anesthesia and patients are discharged the same day or the morning following surgery.

CHEMICAL PEEL

The fine wrinkles around the eyelid as well as the “crow’s feet” or deep wrinkles to the sides of the eyes, can best be addressed with a chemical peel. Depending on individual situations, this may be performed simultaneously with the eyelid surgery, or at a later date.

IV. PRE-OPERATIVE PREPARATION

The procedure is performed as an outpatient office surgery, or patients are admitted to the hospital the morning of surgery depending on their individual situations. The morning of surgery the patient is given sedation. The operative procedure can be performed under local anesthesia with sedation, or general anesthesia.

Pre-operative evaluation by an ophthalmologist, or general anesthesia.

Pre-operative evaluation by an ophthalmologist, or your family physician may be requested in order to insure that you are a suitable candidate for this surgery.

V. POST-OPERATIVE

Following surgery ice compresses, or pressure dressings may be applied to the eyelids. Pain and discomfort are minimal. Patients are discharged the same day, or possibly the morning following surgery, and may return to their normal activities in several days. At the time of surgery when you go home, you will be expected to have discoloration around your eyes with swelling. There may be some irritation of the eyes. We expect that you will not be able to completely close your eyes in some cases, but this will gradually become better as time goes on, and as the swelling decreases.

CARE OF THE EYES

You should take care of the eyes by using the lubricating drops, or ointment prescribed according to our instructions. You may have secretions from the eyes, which may cause your eyelashes to stick together. In these cases, we recommend the use of Q-Tips and peroxide to clean the incisions and eyelashes beginning the morning after surgery and at least two times during the day. Be careful to avoid getting the peroxide in your eyes. Apply a thin coat of antibiotic ointment to the incisions after cleaning with peroxide. The ointment may cause temporary blurred vision, but this will clear.

Cool compresses are also highly recommended. Use ice compresses by placing the ice packs over a thin piece of gauze, or a clean cloth. Use the ice compresses continuously during the first few days, and then as much as possible, but no less than 20 minutes every two hours for an additional 4-5 days. You should also keep your head elevated as much as possible for the

first week following surgery. Both of these measures help to hasten the resolution of post-operative swellings.

Your sutures will be removed 4-7 days after surgery. At this time, some of the sutures may be left in for removal at a later date. The discoloration will fade over a period of 1-2 weeks.

Do not wear contact lenses for two weeks after surgery. One may wear tinted glasses until the discoloration around the eyes has disappeared.

Avoid prolonged direct sunlight for six months. You can wear sunglasses, a hat, and SPF #15 sunscreen for protection.

You can start wearing makeup 24 hours after all of your sutures have been removed. The incisions will be slightly red, tender, and irregular for sometime after surgery. You can wear makeup to camouflage this.

Call our office immediately for severe pain in the eyes, significant change in vision in either eye, fever above 101 degrees, or increasing swelling in your eyelids after the first 48 hours.

Take all your medicines as instructed. Do not use any Aspirin products or Ibuprofen (Motrin, Advil, etc.) for two weeks before or one week after surgery.

Don't irrigate your eyes or use anything in your eyes unless medically directed to do so. Do not rub your eyes.

VI. POSSIBLE COMPLICATIONS

Any type of surgery carries a small risk of complications, and a Blepharoplasty is no exception. It is good medical practice that you be informed of possible complications prior to surgery. The following problems may arise after surgery, occurring in about 1-2% of cases.

- 1. Hematoma** (blood clot) – blood may collect under elevated skin. This may have to be removed depending upon the size of the collection.
- 2. Infection** – occasionally a small area of infection can occur and local cleaning will be necessary.

- 3. Scars** – there will be scars from the surgery, however, these are hidden as much as possible in the natural creases and folds around the eye.
- 4. Visual changes** – very rarely there have been cases of temporary or permanent visual loss, and even blindness (exceptionally rare) following a Blepharoplasty. The incidence of this complication is extremely, extremely small.
- 5. Ectropion** (everting of the eyelid) – rarely there is a tendency of the eyelid to evert or be pulled downward post-operatively. This most commonly involves the lower eyelid, and may inhibit complete closure of the eye. Frequently, this is temporary and resolves completely over several weeks as the swelling decreases. It may, however, be persistent and require secondary surgical correction in order to protect the eye.

VII. SUMMARY

Changes in the aging face are inevitable for all. Since our life span is gradually being extended, society today no longer accepts the premise that one can “grow old gracefully”. In the modern society baggy eyelids may even prevent gainful employment. Hence, the victim of “grow old gracefully” must at times be modified, and this modification is the duty of the facial plastic surgeon.

I have read and understood the above information. I have been given the opportunity to ask questions regarding this surgery.

Signature: _____ Witness: _____

Date: _____ Date: _____

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Post-Operative Instructions For Dermabrasion

1. At the conclusion of the Dermabrasion a dressing may have been applied to the areas which were treated. If present, leave this dressing in place until the morning following surgery. At this point, it may be carefully removed. If no dressing was applied, leave the Ointment that was placed over your wound intact until the morning following surgery.
2. On the morning following surgery gently use your fingertips to wash the dermabraded area. Pat the area dry and apply a **thick** coat of Polysporin Ointment.
3. Repeat the washing procedure approximately six times per day for the first seven days.
4. The weeping from under the dressing during the first few hours after surgery is serum. It may be profuse in the beginning, but should subside in the next 1-2 days.
5. Keep the dermabraded area covered with a thick coat of Polysporin Ointment **at all times** to avoid crusting.
6. **NEVER PICK AT CRUSTS THAT DO NOT LOOSEN EASILY.** Apply the Polysporin Ointment to them and they should come off easily with time.
7. **After** your first post-operative visit to our office we can advise you about continued care in your particular case.
8. **REMEMBER** each case is different and some people may tend to heal faster than others.

GENERALLY

- A. The intense pink color will fade within 5-7 days and a light pink will replace it.
- B. Persons who are prone to have cold sores (fever blisters) may have a flare up following dermabrasion. If this should happen notify us immediately so that we may recommend treatment.
- C. Occasionally small “white heads” may appear in treated areas; these usually disappear within 2-3 weeks—occasionally longer.
- D. The skin may feel somewhat tense and dry during the healing period, but Crisco vegetable shortening or Polysporin Ointment may be used as a moisturizer. Do not use anything else without first checking with us.
- E. In most cases makeup may be used to cover the treated areas within 7-14 days. This can be discussed at your first post-operative visit.
- F. In most cases you may be able to return to school as soon as the weeping has subsided.
- G. The skin will retain swelling or edema for several weeks following dermabrasion so be patient since continued improvement in the texture of the skin may occur for up to 6-12 months in some cases.
- H. Try to avoid direct rays of the sun for at least 6-8 weeks since your “new skin will be more sensitive and will have a tendency to burn and tan more easily. The dermabraded areas should be protected with a sunscreen (SPF #15 or greater) for six months and you should wear a large brimmed hat to shade the face during this interval. Prolonged sun exposure at any times during the first six months can lead to permanent pigmentary changes of the dermabraded skin.
- I. Prolonged exposure to the sun (sunbathing, golfing, fishing, tennis, or similar activities) during the sunny part of the day should be avoided during the initial 6-8 week period after surgery.

FINALLY

If any questions arise or anything should develop that you are uncertain about, do not hesitate to telephone us anytime. Please make every attempt to keep your initial post-operative appointment and all subsequent appointments since it is vitally important that we monitor your healing.