

Lower Blepharoplasty

Lower blepharoplasty (or lower eyelid lift) is both a functional and aesthetic operation that aims to freshen and brighten the eyes by removing any sagging skin and/or reshaping or reducing bulging fat that can accumulate below the eyes with age, genetic factors, sun exposure and the stresses of modern life. Sometimes it may be undertaken for congenital (present since birth and your individual anatomy rather than ageing changes) anatomical reasons or for functional reasons related to the loss of support and symptoms from laxity to the lower eyelid. The eyes are the first part of the face that show the tell-tale signs of ageing, as well as the part of the face that give most away about how we may be feeling. Therefore, in modern society, where initial impressions count for so much, the difference between looking bright and fresh as opposed to tired and depressed can be significant.

Lower blepharoplasty may be performed on its own, or in combination with upper blepharoplasty (or other surgical procedures). Overall, it is a reliable, and safe operation to revitalise one's appearance.

Periorbital ageing changes

Periorbital (around the eye area) ageing is often one of the earlier signs of ageing that people become aware of due to the central prominence and importance of eyes in facial appearance and expressions of emotion. This affects all layers (skin, underlying fat, bone) and affects all areas around the eye (eyebrow, upper eyelid, lower eyelid and midface). However, the extent and type of ageing can vary considerably from person to person depending on their anatomy and skin type as well as external factors such as sun damage or previous treatments.

Skin in the eye area can become thin and wrinkled and ultimately form skin folds and hooding in upper eyelids. The earliest signs often appear at the outside of the eyebrow, when this slowly descends. This in turn leads to an excess of skin appearing on the upper eyelid and even hooding of the upper lids. Fat bulges may start to be seen at the inner corner of the upper eyelid.

Meanwhile, on the lower eyelid, descent of the mid-face (the triangle between lower eyelid, side of nose and an imaginary line extending from the corner of the mouth to the outer corner of the eye) occurs. As the middle part of the face (cheek) is affected by gravity, it descends, which, in turn lengthens the distance from the eyelid to the lid-cheek junction. This can result in the revealing of bulging fat pockets (bags) or a sinking in or hollowed appearance depending on how deep-set or prominent your eyes are. It also gives a crêpey appearance of the skin in this area. The tone (support) of the lower eyelid

loosens with age, leading to sagging of the lower eyelid and more of the white of the eye showing (scleral show).

Sometimes (more commonly in lower eyelids), oedema or tissue swelling can occur which may intermittently flare up or be present constantly. Ageing also affects the underlying bone skeleton of the face which in the eye area affects the eye socket and cheek bones.

Finally, eyelids are affected by ageing in the surrounding areas of the face. Eyebrow position and ageing affect the appearance of upper eyelids and volume (fat) loss and sagging of the mid face affects the lower eyelid/upper cheek junction giving a hollowed appearance or an obvious cut-off or demarcation between the lower eyelid and cheek. Therefore, we will always assess the surrounding area as well when you see us for eyelid concerns.

Nowadays, we are also seeing the impact of non-surgical treatments on the eyelids (upper and lower) that can need eyelid surgery to counteract and treat some of their effects.

When considering the above, the importance of a careful clinical examination and analysis of your eyes can be appreciated, as everyone is affected by the above changes to different degrees. To restore youth to an eyelid, each one of the above points must be considered in turn and the best method of eyelid surgery chosen for you as an individual.

How can these changes be addressed?

Periorbital rejuvenation surgery cannot stop the ageing process. It cannot turn the clock back, but it can improve the most visible signs of ageing. It does this by combinations of tightening and repositioning the underlying supporting structures of the eyelids, the reshaping or removal of bulging or excess fat (and sometimes replacing lost volume with fat transfer), tightening of the underlying muscles and finally re-draping the skin of the lower eyelid. Additional procedures such as fat transfer, facelifts and brow lifts can be done at the same time if indicated.

Early treatment and reduction of the effects of ageing include protecting your skin from the sun, not smoking, good nutrition, maintaining a stable and healthy weight, good skin care and non-surgical treatments such as facial peels, LASER, anti-wrinkle treatments and others. These treatments can also enhance or help maintain your results after blepharoplasty surgery. Please be aware that some more interventional non-surgical treatments e.g. some dermal fillers (or excessive use of dermal fillers) and energy-based devices that target deeper facial tissues can cause scar tissue and/or affect lymphatic drainage and significantly affect complication risks in eyelid surgery in the future.

Eventually, as more advanced ageing develops, the only reliable way of addressing the problem is with surgery. Contemporary blepharoplasty (eyelid lifts) accomplishes the effect of a fresh rejuvenated look, without changing the normal expression, character or identity of the eye area or face.

What should I think about prior to my consultation?

Before coming to see your plastic surgeon, you should think about what you are hoping to achieve from a lower blepharoplasty. Points to consider can include:

- Why am I interested in lower blepharoplasty?
- Are there any particular features of my eyelids that I am unhappy with? If so, it is important to discuss these, as there may be alternative procedures (or a combination of procedures) that will offer you a better result. It also helps to establish clear goals for your surgery.
- Why am I thinking of having a lower blepharoplasty at this time in my life? (You should not consider having aesthetic surgery if you are going through any instability in your personal circumstances).
- Do I have any medical symptoms or conditions affecting my eyes that might affect the decision to have surgery or my recovery e.g. dry or watery eyes, wearing contact lenses, glaucoma, thyroid disease?

What are the limitations of lower blepharoplasty?

The outcome of your operation will be partly determined by the shape and size of your eyes and eyelids before surgery, as well as a variety of aspects of your facial bone structure and soft tissues:

- If you have deep set or sunken lower eyelids, lower blepharoplasty on its own may not be the right procedure. Adjunctive procedures for example fat transfer may be necessary to achieve the best result. This may be especially true if you have festoons (large swollen bags under the eyelids that in extreme cases can look like flaps of skin). In this case, a mid-face lift may be more appropriate, or even direct excision of the festoons.
- The operation is confined to the lower eyelids alone, therefore if there are other areas around the eyelids or face that bother you, these will need to be addressed with separate surgical procedures.
- You may also have excess skin on your upper eyelids. Rejuvenating your lower eyelids with a lower blepharoplasty without treating the upper eyelid skin, may result in the excess skin on your upper eyelids becoming more obvious as the balance between the upper and lower eyelid appearances will have changed.

- We all have a degree of facial asymmetry between the two halves of our faces. It is important to understand that degrees of asymmetry may still be present following surgery.
- Your facial anatomy and bone structure may limit the results that are achievable with lower blepharoplasty or affect the extent of surgery needed within your blepharoplasty (not all lower blepharoplasties are the same!).

What types of lower blepharoplasty are there?

Lower blepharoplasty can address the fat that bulges in the lower lids as well as the loose skin. However, there are several ways this can be approached, and the technique suitable for you will be determined by your plastic surgeon after a careful assessment. In addition to the fat and loose skin, other aspects of the lower eyelids and mid-face that can be addressed by lower blepharoplasty include eyelid laxity.

Trans-conjunctival blepharoplasty

With this technique, the bulging fat pads are approached from the inside of the eyelid. It will leave no visible scars, no stitches or only a few dissolvable sutures are needed (the internal wounds often heal without stitches) and the recovery is usually reasonably quick. The bulging fat is redistributed to create a smoother contour or removed if present to excess. However, as it is all done from the inside, no skin can be removed. It is therefore only suitable for younger people who have bulging fat but no skin excess and good quality skin. It may also be used as part of an operation that deals with the eyelid skin separately.

Pinch blepharoplasty

A pinch blepharoplasty means the removal of a “pinch” of skin below the lower eyelash margin. This may be done in conjunction with a trans-conjunctival blepharoplasty (see above) or without the removal of any fat. The scar that is left behind is below the lower eyelashes and heals as a very fine line. When this technique is used as an isolated procedure, strengthening of the lower lid or an internal support stitch (canthopexy) may need to be performed via a small incision in the skin crease of the upper lid or through the same incision. This heals with an almost imperceptible scar.

Alternatively, if the upper eyelids are being operated on at the same time, the lower lid tightening can be performed through the already existing upper lid scar. Additionally, a pinch lower blepharoplasty may be performed as part of certain facelift procedures in which the volume of the cheek is moved upwards. Moving the cheek volume upward does two things: it provides secure support for the lower eyelid, but it also produces some skin wrinkling in the lower lid. Therefore, a pinch lower blepharoplasty is ideally suited for removing the excess skin produced.

Skin only open blepharoplasty

If you have no fat bulges and reasonable lower eyelid tone/support but loose crêpey skin is the problem, then a technique to remove the skin excess and tighten and support the underlying muscle may be suitable. This leaves a subtle scar under the eyelashes, extending a short distance into the crow's feet.

Sub-ciliary open blepharoplasty

This technique leaves a subtle scar at the lash margin – once fully healed the scar is usually imperceptible. The open technique allows any fat excess to be addressed (by removing or repositioning the fat) as well as excess skin to be removed from the same incision. Strengthening of the lower lid or an internal support stitch (canthopexy) usually is additionally performed through the lower eyelid incision or via a small incision in the skin crease of the upper lid. Further support to the lower eyelid and cheek is often provided by lifting the eyelid muscle.

Open blepharoplasty plus sub-periosteal mid-face lift

In some people, a mid-face lift is indicated, such as people with festoons (the excess skin and bags below the eyes as described above); people with significant mid-facial descent (as assessed by your plastic surgeon) and those with very poor lower lid support (again, as assessed by your plastic surgeon). This is a more extensive operation, although the final scar is the same as for an open lower blepharoplasty. With this technique, all the soft tissues (skin, fat and muscle) are lifted away from the bone in the triangle below the eyelid (known as the mid-face, bordered on one side by the edge of the nose and the other by the edge of the cheek bone). Once freed from its bony tethering the mid-face can then be lifted up and securely suspended to the bone in a higher position. This rejuvenates the mid-face and lower lids significantly. Any excess fat in the lower eyelid can be addressed as part of the operation and often a significant amount of skin excess can be removed (much more than with the other techniques described).

[If you are planning a facelift at the same time as your lower blepharoplasty surgery, the midface lift is usually undertaken as part of the facelift procedure.]

Are there any reasons I should not have a blepharoplasty?

Although there are few absolute contra-indications to undergoing a lower blepharoplasty, if you suffer from any of the following, you may be at a higher risk of post-operative complications:

- Thyroid eye disease
- Diabetic eye disease
- Syndromes that cause dry eyes (e.g. Sjögren's syndrome)

- People with recessed or flat cheek bones that provide little support below the eyelid (as assessed by your plastic surgeon).
- People with downward slanting eyes (higher at the inner corner and lower at the outer corner)
- Those with “scleral show”, which means you can see the whites of the eyes below the iris (the coloured part of the eye) due to laxity of the lower eyelid.

Furthermore, if you are a contact lens wearer, you will not be able to wear your contact lenses for around 4 weeks after surgery.

If you have any of the medical conditions listed above, it is imperative that you disclose these to your plastic surgeon.

THE CONSULTATION

During your consultation, we will endeavour to put you at ease and start by finding out about your motivation(s) for seeking blepharoplasty surgery. In addition to clearly establishing the various areas around your eyes that you may be unhappy with, we will take a thorough medical history, including any history of high blood pressure, diabetes, other medical conditions, smoking or nicotine use and records of any medication you may be taking and any allergies you may have.

As part of your facial and periorbital examination, it would be very helpful if you could bring along a few photographs taken of you about 10-15 years ago for us to look at. This will help us assess how your face including the eye area has aged and what will be required to restore it to its more youthful appearance in a natural and subtle way. Ideally the photographs would be of you with a relaxed, non-smiling face and from the front view, as well as a view from an angle.

What do we examine for during the consultation?

The examination process encompasses a thorough evaluation of your eye area but will also look at your face from forehead to neck as well as overall facial harmony and balance is very important. We will then pay special attention to your upper face, which includes your forehead, eyebrows and eyelids. We will specifically assess the following:

- The position of your hairline
- The quality of your hair
- The shape of your forehead
- The position of your eyebrow – both with your eyes open and eyes closed
- The amount of excess skin on your eyelids

- Bell's phenomenon (a protective reflex of the eyes)
- The fat pads around the eyes
- Specific measurements to assess the position of your eyelids
- The quality of your lower eyelids (position and laxity)
- Your eye movements and visual acuity
- Eyelid movements
- The position of your eyes and cheekbones on your side profile
- Your midface volume and position

We will also examine the rest of your face and neck as part of a comprehensive facial rejuvenation examination. We will provide you with a professional and honest assessment and discuss frankly the areas that could be improved, as well as the limitations of any procedure.

Photography

Pre-operative photographs and or videos from a variety of standardised positions are always taken ahead of surgery during the consultation. The photographs may be used during your consultation as an aid to discuss your concerns, your eyelid features and how they may be affected by blepharoplasty surgery. In addition, the photographs form an essential part of your medical records and are used for planning your blepharoplasty procedure. Your consent for taking the photographs will be obtained.

HOW TO PREPARE FOR BLEPHAROPLASTY SURGERY

1. Stop smoking and all nicotine use: Due to the high risk of wound healing complications with smoking and nicotine use, it is important to stop smoking and be off all nicotine products for at least 3 months prior to surgery. Smoking not only significantly increases your risks of complications, but the coughing after surgery that it will cause makes it more likely that you will bleed following the surgery.
2. Avoid aspirin: Aspirin and non-steroidal medicines (such as ibuprofen) are blood-thinning medicines that will increase the risk of bleeding complications. You should ideally stop these medications for at least 2 weeks prior to your operation. These medicines may also increase the degree of post-operative bruising. Paracetamol is safe to take.
3. If you are on other blood-thinners, please check with your GP or cardiologist if you can safely stop them ahead of blepharoplasty surgery as they will increase your risk of bleeding.
4. Check your blood pressure: High blood pressure will increase the risk of bleeding during and after surgery. It may also increase your risk from the anaesthetic. If you

have high blood pressure, it should be treated in advance of your planned blepharoplasty surgery. Once treated properly, your surgery can be safely undertaken.

5. Avoid vitamin E: Vitamin E may also increase a bleeding tendency, so it should not be taken for 2 weeks prior to surgery. Vitamin C is safe to take.
6. Inform us of all supplements that you take as some will need to be stopped ahead of surgery due to an increased risk of bleeding and bruising, including garlic, ginseng, ginkgo and ginger.
7. Do not drink alcohol: Alcohol increases blood flow, and therefore the risks related to bleeding complications and bruising are increased if you drink alcohol the night before surgery. We advise that no alcohol should be drunk for at least 3 days before or after surgery.
8. Colds, flu and other infections: If you develop any sort of illness prior to the operation please contact Purity Bridge immediately, as you may need treatment prior to surgery, or your surgery may need to be postponed.
9. Hair and facial products: The night before surgery, shampoo (tea tree oil shampoo is recommended) your hair and cleanse your face thoroughly to remove all traces of make-up and moisturiser. Please do not apply any moisturiser just prior to surgery.
10. What to bring to hospital or clinic: Please ensure you have your normal toiletries and any regular medication you may take. Also bring a pair of sunglasses to wear home.
11. Planning for surgery: The hospital/clinic, admission date and admission time will be arranged for you. You will be given instructions about when to stop eating (if the surgery is under a general anaesthetic) and what drinks are allowed and not allowed on the day of surgery. If you have any doubts or confusion, please ask.
12. Medical grade skin care programme in preparation for your surgery: The use of prescription grade skin care in the run up to blepharoplasty surgery can improve the quality of your skin including its texture, tone and pigmentation. The use of a combination of medical grade skin care and blepharoplasty surgery can give enhanced results in some patients. A skin care regime or facial peels can also be used to help maintain surgical results for longer afterwards. Please discuss this with us if you are interested in this.
13. Lymphatic therapies in the early recovery period help reduce swelling and fluid retention and usually help with comfort as well. We recommend availing of the treatment package of 4 sessions of lymphatic therapies at Purity Bridge.
14. Nutritional supplements tailored to aid wound healing and recovery from surgery can be helpful for healing and a smooth recovery. They are usually started in the

lead up to surgery and taken for a period afterwards as well. We recommend specific protocols designed around surgical wound healing.

THE LOWER BLEPHAROPLASTY PROCEDURE

Before surgery

We will arrange an appointment with our specialist nursing team to help prepare you for surgery. They will discuss how to prepare beforehand, what to expect afterwards and how to look after yourself in the early recovery. Lower blepharoplasty is usually undertaken under general anaesthesia (while you are asleep) but some patients may be suitable to have it done under local anaesthesia (while you are awake with your eyelids numbed). If your surgery is under general anaesthesia, you will also have a preassessment with the hospital where your surgery is planned or combined with your specialist nurse appointment if your surgery is at Purity Bridge. We will also send you surgery consent forms to complete.

What happens when I get to hospital or clinic?

When you arrive at the hospital or clinic, a nurse will go through the health checks needed on the day of surgery. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment prior to a planned general anaesthetic (going to sleep for your procedure). Some lower blepharoplasties may be performed under local anaesthetic (while you are awake). This decision is made depending on the extent and type of surgery chosen and the discussion with your surgeon.

Do I see my plastic surgeon before my operation?

You will always see your plastic surgeon before your operation. We confirm the surgery plan and make sure you have no unanswered questions or concerns. Once you have confirmed you are happy to go ahead, we will ask you to sign a consent form unless you have done so already. We will then carefully draw important markings on your lower eyelids in planning for your surgery. We may also take clinical photographs of your markings for your medical records.

What does the operation involve?

Once you are carefully positioned on the operating table, your plastic surgeon will inject local anaesthetic into your lower eyelids and cheek. Once this is done, your face will be cleansed and sterile drapes placed around your face and over your body. Depending on the technique used, your lower eyelid skin and/or fat will be addressed, as well as any

lower lid tightening procedure (canthopexy) performed. A canthopexy refers to the supportive stitch that anchors the outside corner of the lower eyelid to the bone of the eye socket. This can be crucial in some people, as it counteracts the post-operative downward pulling effect of the scars as they heal, and ensures the eyelid is maintained in a good position. It is done as a safety measure in most lower blepharoplasty surgeries. As a result of the canthopexy, some people may have a temporary effect of their eyelids being slightly pulled up at the sides, but this settles down shortly after surgery. Following canthopexy, further support from elevating the muscles is often performed and then the excess eyelid skin is removed, and the wounds are carefully sutured with fine stitches and surgical tapes may be applied.

If you have an upper blepharoplasty (upper eyelid lift) at the same time as your lower eyelids or if additional eyelid support during your early recovery is needed, your plastic surgeon may use a further stitch called a temporary tarsorrhaphy. This is a small stitch placed between your upper and lower lids that temporarily limits eyelid opening. It usually stays in for a few days and often comes out on its own accord (if not, it will be removed at your 1-week check-up appointment). This is placed to minimise the effects of eyelid swelling that may affect the eyeball itself.

Lubricating eye ointment is applied to the eyes and cooling eye pads are applied. It is common for people to come round from the anaesthetic with the cooling eye pads in place. This can be disorientating so the nurses looking after you as you wake up can remove them temporarily whilst you get your bearings. The eye pads are then reapplied for around 2 hours to minimise bruising and swelling. Once you have fully woken up and are comfortable the medical and nursing staff will assess whether you are ready to go home. You will need to have a relative or friend accompany you on discharge from hospital.

How long does the surgery take?

Depending on the type of lower blepharoplasty, operations range from 1 to 3 hours (but this is usually for the mid-face lift procedure). However, you will often be in the operating room for longer than this, as it takes additional time for the administration of the anaesthetic and the preparation in theatres.

Will it be painful?

Most patients describe a feeling of being achy in the initial post-operative period rather than pain, but this rapidly improves. Some people find the canthopexy stitch at the outside corner of the eye uncomfortable, but this is temporary and the pain can be controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital.

With lower blepharoplasty, it is common to have a feeling of dry and itchy eyes following surgery. Therefore, it is crucial that you apply the lubricating drops or ointment that will be given to you when you leave hospital. This is the most important part of your recovery, as it serves to protect the eyes themselves. In some people, itchiness of their eyes can continue for several weeks, in which case the lubricating eye drops will need to be continued for that time.

Planning for your recovery

We highly recommend that you prepare for your recovery before your operation. The following are useful to have at home in preparation for hospital discharge:

- A pair of sunglasses that you can wear on leaving hospital
- Cooling gel eye pad (available at most chemists)
- Cotton wool eye pads
- Cool boiled water to be kept in the fridge, or alternatively cool still mineral water
- Extra pillows on your bed for sleeping with your head elevated after surgery, or alternatively a triangular wedge pillow that will provide head elevation whilst keeping your back straight.

WHAT SHOULD I DO WHEN I GET HOME AFTER SURGERY?

Upon leaving the hospital or clinic, a series of outpatient appointments will be made for you with our nurses over the first 2 weeks for suture removal, wound checks and recovery checks. (See example schedule further down) and then with your plastic surgeon at 4 to 6 weeks.

Dos and Don'ts after surgery

There are several things that you can do to help speed up your recovery from surgery:

- Try and keep your head elevated at all times. Ideally a triangular pillow is used to keep your back straight and avoids flexing your neck – these can be purchased online or in many high street shops. Alternatively, a folded towel under the neck can be supportive and beneficial.
- Avoid bending down or stooping if possible – if you need to, you should squat, keeping your head upright.
- Try to rest in a cool and darkened room.
- Use cool, damp cotton wool eye pads on your eye whenever possible – again, this will help to minimise bruising and reduce swelling.

- Use the eye-drops or ointment prescribed liberally. If your eyes feel dry or itchy, it is probably because they are drying out, so reapply the drops (we use non-medicated eye drops you cannot overdose on the eye drops or ointment).
- Initiate eyelid physiotherapy early after surgery – the best way to do this is to force close the eyes for a count of ten several times every hour. This helps the muscles of the eye recover from the surgery quickly and helps to protect your eye.
- When going outside, wear sunglasses to protect the eyes from the wind and sun – these will also dry out the eyes.
- Gentle cleaning of your face and neck without disturbing the tapes applied to your lower eyelids.
- Restrict your normal activities (do not “overdo it”). A balance between taking things easy and being up and about needs to be reached. As you recover, you will be able to increase the amount you do.
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort - initially with codeine-based medicines, and then paracetamol. Please follow our instructions regarding painkiller usage.
- It is important to drink plenty of fluids and eat a balanced healthy diet.
- Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- If sleeping is difficult after surgery, please let our specialist nurses or your plastic surgeon know so we can help and advise you about this.
- Generally, visible swelling and/or bruising is present for about 2 weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but can take up to 3 to 6 weeks to settle to discrete levels. Swelling and bruising can drift down from the lower eyelids and into the cheeks and lower face over the first 2 weeks and often one eyelid is more bruised and swollen than the other. You need to be patient and give yourself time to heal.
- As discussed above, it is quite normal to experience dryness/grittiness and discomfort of your eye and lower eyelid during the initial healing process. Your lower eyelids may feel numb or have altered sensation during this period as well.
- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: “what have I done?” and experience feelings of guilt and low self-esteem. It can often take some time coming to terms with the “new you”. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

Avoid or reduce the following:

- Do not lie down flat, as initially this may result in increased swelling.

- Do not put ice directly on your eyes.
- Do not bend down. Your head should remain above the level of your heart at all times. Therefore, if you need to pick something up from the floor, squat down with a straight back, bending at the knees and hips. Also, if putting on shoes, for example, bring your foot and shoe up to you instead of bending down to the floor.
- Do not watch television, use a computer for extended periods or read for any length of time – these activities will result in drying of the eyes and tiring the muscles of the eyes. Screen use should be for short periods only with regular breaks and the brightness of the screen should be turned down if possible.
- Avoid exercise and strenuous activity for 4 to 6 weeks.

Although the above may almost seem punitive, they will all help you to recover from the operation in a speedy and trouble-free way. Overdoing things too early may put your recovery back. Concealer may be used on the cheeks at 1-2 weeks to hide any bruising.

What is the recovery period?

Lower blepharoplasty takes longer to recover from than upper blepharoplasty. This is because in most lower blepharoplasty techniques, the muscle that enables us to blink (orbicularis oculi) is temporarily weakened following surgery and can take several weeks to fully recover. This can result in a temporarily impaired blink reflex, which contributes to a feeling of dryness and itchiness in the eyes. This is best managed with the steps outlined above. In addition, the canthopexy stitch at the outside corner of the eye can cause temporary discomfort in some people.

Most people will be able to return to sedentary activity (i.e. an office job or light duties) at around 2 to 3 weeks, depending upon how they feel. Some people will have some residual mild inflammation or a feeling of dryness in the eyes for a further 2 weeks or so. Heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the eyelids to heal properly.

Most people feel confident to go out socially at around 2 to 3 weeks after surgery, but before this, bruising may still be evident. The scars will be red for around 6 weeks before they really start to fade. The final result is often not seen until at least 2 to 3 months after surgery, once all the swelling has dissipated and the scarring has settled down.

When can I apply make-up?

Make-up should not be applied to the lower lids for 3-4 weeks after surgery. In some people it is even advisable to wait until 6 weeks. This is because one of the temporary symptoms after surgery is numbness of the eyelashes and eyelids. This makes make-up application more difficult and increases the risk of make-up going into the eye. Furthermore, make-up can inflame the wounds if used too early after surgery. Removal

of make-up can also damage the suture line and inflame the operated area in the early post-operative period and should be undertaken very gently once you resume wearing make-up.

How long before daily activities may be resumed?

As outlined above, you should avoid all heavy physical activity and contact sports for at least 6 weeks following the surgery. Driving should be avoided for around 2 weeks if possible. Light exercise, such as gentle sessions on an exercise bike can be started at 4 weeks.

How can I get the best scar possible?

Eyelid surgery tends to produce excellent and almost imperceptible scars in most people. However, sometimes small areas of scar thickening or lumpiness can develop, particularly around the outer corner of the eye. Therefore, from 2-3 weeks after surgery, daily gentle massage of the scars, and in particular any small lumps in the scars should be started. This should be done in small circular motions at the outside corner of the eyes, and in an upwards and outwards sweeping motion with the index finger from below the eyes towards the outer corner of the eye to the temples. Once the scars have strengthened, often at around 4 weeks, firmer massage can be used to any lumpiness at the outer corners of the eye.

It is a good idea to use the ointment that was prescribed to be put into the eyes for this, as if it accidentally does go into the eye during your massage, there will be no ill-effects.

Follow up and recovery timeline

We have put together an example timeline on the next page of recovery milestones and follow up appointments after lower blepharoplasty surgery. Your individual schedule can vary from this, but it will give you a good idea of what to expect in the early recovery.

Summary of typical recovery timeline following operation

Day of surgery	Review in Purity Bridge or the hospital by your plastic surgeon for surgical planning and surgery itself Postoperative assessment and discharge
First week after discharge	Regular use of cool pads on eyelids Sleep with head elevated Regular daily use of eye ointment
Week 1 after surgery	Removal of stitches by nurses Replacement of tapes if needed
Week 2	Further nurse appointment to check on recovery May start to drive (if swelling has subsided enough)
Week 3	Start to moisturise and massage wounds if not already doing so (should be continued until scars fade)
Week 4	Gentle exercise may start
Week 4-6	Review with your plastic surgeon
Week 6	Exercise/heavy physical activity may gradually be started
Beyond 6 weeks	Longer term follow-up appointments will be arranged by your plastic surgeon to ensure you achieve the best possible outcome

How long can I expect the effects of lower blepharoplasty to last?

Following a lower blepharoplasty, you will continue to age at the same rate and in the same way that you always would have done. However, after lower blepharoplasty surgery, the earlier effects of ageing are removed and your starting point for future ageing is from a more youthful position. As the years go by, you may gradually develop further loose skin and fat bulges, but this will be to a lesser extent than if you did not undergo lower blepharoplasty.

SIDE EFFECTS AND POTENTIAL COMPLICATIONS

Before you decide to undergo lower blepharoplasty surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

After a lower blepharoplasty, there are side effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

Commonly experienced side effects after lower blepharoplasty surgery

Swelling

This is normal following a lower blepharoplasty and reaches a maximum around 3 days following surgery before starting to settle down. Noticeable swelling usually lasts 2 to 3 weeks (occasionally 6 or 8 weeks in some patients) but it will be reducing gradually after the initial during the first week. Commonly, the swelling subsides at different rates on each side, which is quite normal and nothing to worry about. Swelling in the cheek below each eyelid is also common and temporary. Small amounts of swelling persist for longer and usually resolve over the 3-to-6-month period after surgery.

Alteration in skin pigmentation (discolouration and bruising)

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. These problems are more often seen in patients with thin, hypo-pigmented and transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Make up can be used to cover up the signs of bruising while it resolves. Arnica may be helpful to settle bruising quicker.

Loss of or increased sensation

It is usual to have a reduction in skin sensation after a lower blepharoplasty. This can include the skin along your eyelashes as well as over your lower eyelid. Feeling will usually return over a period of 3 to 12 months but can take longer. On rare occasions sensation can be increased and sensitive and this will slowly return to normal over a period of weeks to months. Care should particularly be taken when applying eye make-up during this period.

Dry, gritty or watery eyes

This is common to experience after lower eyelid surgery particularly if you tend to have dry or watery eyes before surgery. This is the main reason that we advise all patients undergoing lower blepharoplasty to use eye drops regularly during the day and eye ointment at night during their early recovery. Your eyes will usually become more comfortable as time passes and eventually return to baseline comfort levels.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

Fortunately, problematic bleeding is rare in lower blepharoplasty surgery. If there is a small amount of post-operative bleeding, it usually presents as increased bruising. If there is significant bruising and swelling accompanied by pain in the eye or a change in vision, this may suggest more significant bleeding. Should this occur, you would need to be taken straight back to the operating theatre for the stitches to be removed, the wounds opened and your eyelid washed out. The source of the bleeding will be looked for and dealt with appropriately.

Infection

Rates of infection in blepharoplasty surgery are low. Occasionally some mild inflammation may occur around the stitches, but this usually settles once the stitches are removed. In addition, some people may require some mild antibiotic eye drops or ointment if they produce a sticky discharge from the eye. More serious infections can cause tissue damage and need more significant treatment but fortunately are not common. Infections are more common in smokers and nicotine users.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are very rare after blepharoplasty surgery. The chances of them occurring can be reduced by drinking plenty of fluids after surgery and not resting in bed all the time. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Lid malposition

This refers to a problem that can occur after surgery to the lower eyelids in which the position of the eyelid is pulled down, particularly at the outside of the lid. Most of the time this is a temporary issue and is managed with a combination of massage and taping. In extreme cases, if there is any risk to eyelid closure, then further surgery might be required to tighten and lift the lower eyelid, or a temporary supportive suture may be placed at the outer part of the eyelids.

Blindness

With any operation around the eye, the risk of blindness, however unlikely, must always be discussed. Blindness is exceedingly rare in blepharoplasty surgery. When it occurs, it is usually due to severe bleeding causing a build up of pressure around the optic nerve at the back of the eye (known as a retrobulbar haematoma), which has been left for too long. Rates of blindness in blepharoplasty surgery are quoted as between 1:2,500 and 1:40,000 blepharoplasty operations. If bleeding is recognised early and dealt with appropriately this devastating complication can be avoided.

Corneal abrasion

The surface of the eye particularly the cornea over your iris is delicate and must be protected during blepharoplasty surgery. If a swab or instrument rubs against it, this can cause a graze or abrasion. While it usually heals quickly, this can be painful and will require regular eye lubrication and sometimes further treatment.

Intermediate complications (within 6 weeks of surgery)

Inflammation

Mild inflammation soon after surgery normally settles down on its own accord. If for some reason it persists, anti-inflammatory steroid eye drops are usually prescribed. This is more common in surgery to the lower eyelid compared with surgery to the upper eyelid.

Chemosis

Chemosis describes swelling of the conjunctiva, the shiny layer around the eye itself and also on the inside of the eyelids. Chemosis after upper blepharoplasty is rare, but it can occur in rates of up to 15% in lower blepharoplasty. If it develops, there are a number of measures that may be taken to resolve it: these include anti-inflammatory steroid eye drops, taping of the eye shut for a period of time, or if particularly problematic, the fluid in the swollen conjunctiva can be released by making a tiny incision in the conjunctiva, under local anaesthetic.

Lagophthalmos

Lagophthalmos is the medical term given to an inability to close the eyelids. A small degree of temporary lagophthalmos may occur after lower blepharoplasty due to post-operative swelling. It is therefore crucial that you regularly apply the eye drops prescribed, as described above, to prevent the eye drying out and causing corneal exposure. In rare circumstances, more significant and problematic lagophthalmos can occur if too much skin has been removed. Therefore, whilst not wishing to underdo your surgery, we would rather err on the side of caution with the amount of skin excised (better to be in the position where a little more skin needs to be removed, than where too much has been taken away).

Ectropion and lid lag

In some circumstances the lower eyelid position is also complicated by an eversion (or turning out) and sometimes also downward pulling of the lower eyelid. This can lead to excessive watering or drying out of the eye, as well as pulling down of the eyelid. Surgical intervention may be required to correct this problem. It may be managed initially by regular use of eyedrops, massage, forced closure exercises and taping of the lower eyelid.

Whiteheads

Occasionally small whiteheads may develop around the scar. These can simply be dealt with in the clinic by using a fine needle to release the collection inside the whiteheads.

Double vision

Persistent double vision caused by damage to one of the muscles that controls eyeball movement is a rare complication in lower blepharoplasty surgery and may require further treatment. Double vision in the very early stages of recovery is more commonly due to swelling and generally resolves quickly.

Persistent swelling

It is usual to have some swelling after eyelid surgery. It usually peaks about day 3 after surgery and gradually resolves after that. Most visible swelling goes down within the first 3 weeks of surgery but may last longer e.g. up to 6 to 8 weeks in some patients. Sometimes swelling on one eyelid goes down quicker than the other. Following the instructions regarding elevation in the information booklet helps reduce the amount of swelling and resolve it quicker. Lymphatic massage therapies can also help in this situation. If you suffer from malar oedema (fluid retention and swelling in the upper cheek/lower eyelid) or have had dermal filler treatments in the lower eyelid area in the past, more extensive or more persistent swelling is more likely.

Swelling/lymphatic obstruction following previous dermal filler treatments

While unusual to occur, sometimes unexpected amounts of prolonged swelling can occur in the surrounding tissues after surgery when dermal fillers have been placed in the surgical area or nearby in the past. It may be worse in warm weather or after a long-haul flight. Over time and repeated dermal filler treatments, there is the possibility that the dermal filler may obstruct or hinder the normal lymphatic fluid drainage of the facial tissues.

Persistent numbness or increased sensation

It is normal to have some numbness in the skin of your lower eyelids after lower blepharoplasty surgery. This normally resolves over 2 to 6 months after surgery but can take longer in some patients. At times, slightly strange sensations can be experienced while the sensation is returning to normal. It is temporary and gradually resolves. Occasionally it does not return completely or returns in a problematic way.

Delayed healing and/or suture reactions

Most people undertaking lower blepharoplasty surgery heal within the typical timeline that we have outlined to you. Sometimes this can be longer than expected or run into problems such as reactions to the sutures used.

Skin necrosis

Rarely e.g. if a bad infection or significant pressure from bleeding occurs, the lower eyelid skin can be damaged and skin loss or necrosis can occur. This will result in slower healing and may cause other problems such as poor scarring or lid ectropion from scar contracture. Fortunately, this is unusual but further treatment would be likely to be needed.

Fat necrosis

The internal fat in the lower eyelid or eye socket can form lumps or liquify if its blood supply is damaged or it is very traumatised by the surgery. If this is visible or drains or does not resolve in a timely manner, further treatment may be needed.

Corneal ulceration

Significant dryness or damage to the cornea surface of the eye can occasionally lead to a corneal ulcer which is painful and can cause scarring or affect vision. If this occurs, supportive measures such as eye lubrication, eye patches or a temporary tarsorrhaphy suture may be needed. A full ophthalmic assessment would also be undertaken in case further treatment was needed.

Late complications (more than 6 weeks of surgery)

Prolonged dry or watering eyes

Despite successful surgery, and a good recovery, some people are left with prolonged issues with dry eyes or watering eyes after surgery. In this situation, long term use of artificial tears or further ophthalmic treatments may be needed.

Asymmetry

We all have a degree of asymmetry between the two halves of our faces including our eye areas. Your asymmetry will have been assessed as part of your pre-operative examination, and, if required, necessary allowances for this would be made when planning your surgery. However, some asymmetries may be noticed post-operatively. If mild and within normal limits, nothing needs to be done about them. However, if significant (which is uncommon) this will be discussed with you.

Scarring

Scars after blepharoplasty usually heal extremely well. It is not uncommon, however, for them to undergo a period of redness and lumpiness. This usually settles down on its own but can be sped up with gentle massage as outlined above. Should problematic scars occur and cause problems such as being unsightly or webbing of the skin, there are different techniques of scar revision that may be needed.

Skin contour irregularities

Contour and shape irregularities of the lower eyelid may occur after lower blepharoplasty. This can be due to some of the problems described above occurring or due to how your eyelids have healed. It may involve the skin or inner eyelid tissues.

Motor nerve injury

Your eyelids contain muscle that helps maintain eyelid position and close your eyes. Blepharoplasty commonly temporarily weakens this muscle (hence the need for some of the support measures undertaken during surgery). It usually recovers as you recover from surgery. At times this may take longer than expected and uncommonly may not recover or recover fully.

Chronic pain

Very occasionally, patients suffer from chronic pain after blepharoplasty surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may

be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The sub-optimal result

Despite every effort being taken to give you the best result possible, there will be some people who may be disappointed with the outcome of their surgery. This may result from an untreated midface volume loss or sagging or a less prominent cheek bone affecting the results of the blepharoplasty, malar festoons or malar oedema requiring more extensive or additional treatment unrealistic expectations, from a post-operative complication or for some other reason. Results are also dependant on how your tissues heal after surgery. This varies from person to person and is not fully predictable. It is important to discuss any concerns you have. If further procedures are warranted, there may be further costs involved, and this will be explained. Further procedures could include, for example; a mid-face lift, fat transfer, cheek augmentation or a scar revision. An honest and open discussion at your initial consultation will take place to ensure you understand what can be achieved by lower blepharoplasty surgery. If you have any concerns, or feel that things need further explanation, please do not hesitate to ask.

OTHER POINTS ABOUT LOWER BLEPHAROPLASTY SURGERY

Amount of skin removal/tightening possible

The amount of skin removed to rejuvenate the eye during a blepharoplasty is usually calculated by measuring the amount that needs to remain behind for eye closure. It is then double checked by pinching the skin and carefully marking it beforehand. This is to ensure that you will be able to close your eyes properly following your blepharoplasty and that there is not too much pull or an abnormal pull on the eyelid. Sometimes this means that small folds of skin or lines remain afterwards. The amount of skin removed will vary from person to person depending on your individual skin and your eye socket size and shape. The aim is always to achieve a natural result that blends in harmony with the rest of your facial features.

Cheekbone shape/prominence

Just as eyebrow position can affect the result of an upper eyelid blepharoplasty, cheekbone shape and prominence can affect the result of a lower eyelid blepharoplasty. If you have a tendency to have flat or less prominent cheekbones, this can limit the extent to which a lower blepharoplasty can tighten tissue safely. This is because there is less support for the newly tightened lower eyelid. If overdone, it can result in an ectropion or downward pull on your lower eyelid. In this situation, you are more likely to need the

canthopexy or canthoplasty support procedures as part of your lower blepharoplasty to support your lower eyelid and you may need to accept a more subtle result. Cheek augmentation as well as, or instead of a blepharoplasty may be needed in some cases to get your desired result.

Malar festoons

Malar festoons are areas of loose/overhanging skin (“bags”) that can develop at the junction of the lower eyelid where it meets the cheek (technically, this is not actually considered the lower eyelid itself). These cannot always be corrected with a lower blepharoplasty surgery as they extend into the upper cheek outside of the lower eyelid. Sometimes a mid-face lift is needed as well. Sometimes a smaller procedure is a better option such as directly excising the extra skin using an incision designed to sit along the junction between the lower eyelid and cheek where it is usually inconspicuous when healed. If you have surgery for malar festoons, please be aware that swelling can persist for quite some time after surgery.

Ageing

Following a blepharoplasty, you will continue to age at the same rate and in the same way that you always would have done. However, after blepharoplasty surgery, the earlier effects of ageing are removed and your starting point for future ageing is from a more youthful position. As the years go by, you may gradually develop further loose skin and fat bulges, but this will be to a lesser extent than if you did not undergo blepharoplasty surgery.

CONCLUSIONS

Overall, most patients are delighted with the results of their surgery. They often hear comments from friends they haven’t seen for a while about how good they are looking, and how fresh they seem. The pleasing thing about this is that the observer can rarely work out what is different about them, only that they look great!