

Blepharoplasty

Patient Postoperative Instructions and Information

What is Blepharoplasty?

This is a procedure to address excess skin and fat pads around the upper and lower eyelids. Excess skin can result in hooding of the eyes, particularly to the side, or a sack-like appearance in the lower lids with a tendency to form festoons in extreme cases.

Preparation

The fat pads are assessed whilst the patient is seated, as the lower lid fat pads have a tendency to sink back once lying down, creating a slightly less bulky appearance. The surgeon will also identify the inferior oblique muscle, to avoid injuring it during the operation.

The Operation

Upper Lids:

The surgeon will mark out where to make the incisions, aiming to blend in with the natural lines, and a local anesthetic is injected under the skin. The loose skin will be cut out and possibly also a strip of muscle if necessary. Fat is then teased from the fat pads, ensuring that the appropriate amount is removed and that there is no bleeding. The cut is then closed with delicate nylon stitches.

Lower Lids:

The lower lids procedure may be done either from the inside of the eyelid or with an external approach. The inner eyelid (or subconjunctival) approach requires injection of local anesthetic and then an incision is made to expose the orbital fat pads, and allow fat to be removed to give a smooth contour. If there is excess skin in the lower eyelid the surgeon will need to use an open approach. An incision is made just below the eyelid margin and extended up to the eye-socket margin. The skin is then released off the underlying muscle and re-draped with the excess skin being trimmed. This technique can also be used to remove excess fat so is often chosen if both skin and fat need to be removed. Afterwards the skin will be carefully stitched to avoid tension or pulling on the lower lid.

After the operation

The stitches are covered with an antibiotic cream to stop any localized infection, and then removed after four or five days. Regular application of a salt water compress is recommended to help reduce swelling. There will be follow-up checks at approximately five days, one month and three months after the operation.

Possible complications

Complications with this procedure are uncommon but usually result from either removing too much skin, causing the eyelid to be pulled down, or too little, leaving behind excess folds. Bleeding into the eye may cause problems with vision but this is a rare complication and can be avoided by making sure that there is no bleeding from the skin or fat at all.

What to Expect before, during, and after surgery?

Before Surgery: In preparation for your surgery, your physician may prescribe preoperative medications to optimize the condition of your sinuses for surgery. The medications may include antibiotics and/or oral steroids. Please be sure to start any preoperative medications on the appropriate day and adhere closely to the prescription. In addition, you should avoid taking the following medications for at least fourteen days prior to surgery: aspirin, ibuprofen (Motrin/Advil), naproxen (Aleve), other non-steroidal anti-inflammatories (NSAIDS), vitamin E (multivitamin is OK), ginkgo biloba, garlic (tablets), and ginseng. These medications can thin the blood and create excessive bleeding. Tylenol is safe and may be taken anytime up to the day of surgery. St. John's wort should also be avoided for 2 weeks prior to surgery because of possible interactions with anesthesia medications. If you take the blood thinner **Coumadin**, please discuss discontinuation of this medication with your surgeon.

If you smoke, it is critical that you stop smoking for at least three weeks prior to surgery, and at least four weeks after surgery. Smoking can contribute to scarring, poor healing, and failure of the operation. Your primary care physician can direct you to resources for smoking cessation. Finally, it is important to inform your primary care physician that you are planning to have sinus surgery. Your primary care physician can help to clear you medically for surgery.

During Surgery: In most cases, you will receive general anesthesia for your surgery, which means you will be asleep for the entire procedure. However, if you have a preference for local anesthesia, please let your doctor know as this may also be an option in some cases. After your surgery has been completed, you will spend about one hour in the recovery room, followed by an additional recovery period of 1-2 hours in the second stage recovery unit. Most patients feel well enough to go home the day of surgery.

After Surgery: You can expect mild bruising and swelling after surgery. In general, pain can be successfully controlled with narcotic or non-narcotic medications.

How long will I be off work?

You can expect to go home same day. You should rest at home for at least a week. Most people need one to two weeks off work, especially if their work involves heavy lifting or strenuous activity. Ask your nurse if you need a sick note for your time in hospital.