

Mr. Daniel G. Ezra

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Consultant Ophthalmic & Oculoplastic Surgeon

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Blepharoplasty Patient information

What is blepharoplasty?

Blepharoplasty is one of the most commonly performed functional and cosmetic facial plastic surgical procedures. It deals with the contours of the upper and lower eyelid space. In the upper eyelid, it concentrates the region between the eyebrow and the eyelashes. Lower eyelid blepharoplasty focuses on the area between the eyelashes and the cheek. In essence, this procedure concerns the removal of excess skin and muscle from these areas and either reduces or repositions the underlying fat to a more youthful configuration. Sometimes, a midface lift is also performed to raise the cheek to augment and enhance the aesthetic result.

Blepharoplasty can be performed for any of the following reasons,

- A 'tired' look. This is the most common indication for surgery hereditary factors and evolutionary changes can cause a drooping of skin and the tissues under the skin with protrusion of the underlying fat causing the "heavy eyelid" look, commonly associated with bulginess on the inner aspect of the eyelid.
- Excess skin, muscle and fat in the lower lid gives a lined appearance and the presence of 'bags' under the eyes.
- The appearance of the eyelids may be asymmetrical and blepharoplasty may be performed to improve symmetry
- Saggy upper eyelid skin can obstruct the visual field (you may not be able to see the full extent of your lateral vision) so blepharoplasty is performed to remove this obstruction and improve vision.

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Could I benefit from blepharoplasty ?

You may be an appropriate candidate for an upper eyelid blepharoplasty if:

- You are bothered by the excess upper eyelid skin, or by lines and bags under the lower eyelid which may give you a less youthful and more tired look
- There is asymmetry between your eyelids
- Some young patients need this procedure because of congenital characteristics that displease them
- You notice obstruction of your visual field from drooping of the upper eyelid skin. The consequent obstruction of your visual field can stimulate eyebrow elevation to relieve visual field, which may cause headaches as well.

The Consultation Process

When you come and see Mr. Ezra for the first time, you will have a full and detailed history taken which will include your medical history and also a discussion of your goals of any prospective surgery. You will also be counseled on what the expected outcomes may be to ensure that your expectations are realistic and achievable. An essential aspect of the consultation is an evaluation of older photographs to ensure that surgery is planned to suit your facial features and history and ensure that you still look like you after the surgery.

You will also have a detailed examination of the eye and eyelids as well as the facial skin and underlying tissues to ensure that the surgery will not compromise the health and integrity of your eyes. If drooping of the brows or eyelids are present, this will be taken into consideration and an eyebrow lift or ptosis surgery may be discussed.

Mr. Ezra generally will always require a second visit at no extra cost before any prospective surgery to ensure that you have had time to digest the important issues and have a clear understanding of the nature of the surgery, postoperative course, outcomes and potential risks. This will also be an opportunity to have any further questions addressed. Mr. Ezra recommends that you write a list of questions to ensure that you have covered all of your concerns.

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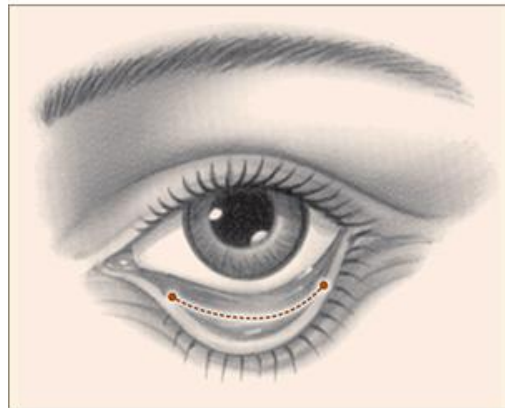
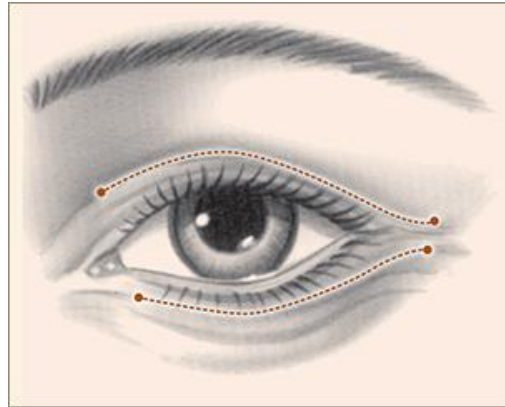
How is eyelid blepharoplasty surgery performed?

As an oculoplastic surgeon, Mr. Ezra specialises in blepharoplasty surgery. Experience and expertise are required to execute all forms of blepharoplasty surgery. The blepharoplasty incision is measured and marked. Variable amounts of skin, underlying muscle and fat are removed, or if there is pre-existing upper eyelid hollowness, these tissues can be repositioned to fill the hollows to achieve a pleasing and youthful appearance of the eyelid and to improve the visual field. After the desired amount of excision is accomplished, buried dissolvable stitches are used and the skin surface is closed either with removable sutures or with glue, meaning that no suture removal is required.

Lower eyelid blepharoplasty is a more involved procedure requiring an incision under the eyelash line, running beyond the corner of the eye. Excess skin, muscle and fat can then be removed or repositioned through this incision. Sometimes, particularly for younger patients, the main aesthetic issue is the underlying fat bulge. In these cases, a transconjunctival 'scarless' approach through the inside of the eyelid is preferred.

Added procedures that may be performed in combination with an upper eyelid blepharoplasty are discussed. These include injection of the "crows feet" wrinkles with botox or application of fillers to smooth lines around the eyes. Laser treatments and chemical peels of other facial areas may also be performed during an upper eyelid blepharoplasty procedure. In cases of midface sagging and cheek descent, a midface lift may also be performed if desired.

Upper eyelid blepharoplasty surgery is most often performed under local anesthesia either with or without sedation. Lower eyelid blepharoplasty is usually performed under Local anaesthesia with sedation, or general anaesthesia if the patient prefers. When having both upper and lower eyelid surgery together, Mr. Ezra's preference is for general anaesthesia owing to the length of the procedure, although this could be performed under local anaesthesia with sedation if the patient prefers.



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Animations representative of the procedure can be viewed on Mr Ezra's website at www.danielezra.co.uk/animations. Please note that these animations provide a general guide to how the procedure is performed and do not in any way accurately reflect the surgical technique.

What can I expect before surgery?

Blepharoplasty can be performed for aesthetic or functional purposes (impairment of vision). Mr. Ezra will ask you about your past medical history, including medications you are taking, allergies, smoking habits, previous surgery and more. Any patients who are taking aspirin or other non steroidal anti-inflammatory drugs such as Ibuprofen or Voltarolare instructed to discontinue this for 2 weeks prior to the surgery. Patients will also be instructed to cease smoking for a given period before and after the procedure. Mr. Ezra may also question you about any dryness or watering of your eyes you may have, and may ask for some extra tests to eliminate any problems with your tear functions.

All patients having local anaesthesia with sedation or general anaesthesia will be required to fast (no food, water, cigarettes or gum) for 7 hours prior to surgery. It is also advisable not to wear any make up or apply creams on the day of surgery.

What can I expect after surgery?

You can typically get up and walk around the evening of the surgery or the following morning. You should be prepared for moderate swelling and bruising of the skin. The degree of swelling and bruising differs markedly from patient to patient. The swelling and the bruising both subside within 1-2 weeks for upper eyelid blepharoplasty or 2-4 weeks after upper and lower eyelid blepharoplasty, after which time it is typically not noticeable that you just underwent surgery. Please note that there is significant variability in postoperative swelling and a small number of patients may be swollen for longer than this. You will also have antibiotic ointment in the eyes when you awake which can make the vision blurred.

Will I have a bandage or dressing after surgery?

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A bandage is usually not required after the surgery. Sometimes, in anticipation of excessive bruising or swelling, dressings may be placed over the eyes postoperatively. Following the completion of the procedure, ointment may be applied over the incisions for approximately 1 week. Artificial tear drops can be prescribed to prevent the dryness at early postoperative period. Ice packs are applied over the operated area for 24 to 48 hours, and you will be encouraged to sleep in a 'sitting up' position with several pillows to diminish swelling.

Will I need to remove the sutures?

Depending on the clinical details, Mr. Ezra may use buried dissolvable sutures and the skin then closed with glue which means that no suture removal is necessary. However, sometimes removable sutures will be required and these will then have to be removed after 7-10 days.

How long will I be off from work?

Generally speaking the recovery period after upper eyelid blepharoplasty is usually short and you may start doing your daily routines as soon as the following day. The swelling and bruising varies among patients, but typically does not last longer than 2 weeks and almost never limits patient mobility. The swelling after upper and lower eyelid blepharoplasty is more prolonged, but typically patients are back at work after 2-3 weeks, although swelling can persist beyond this.

Will I be able to use make-up after the surgery?

This will depend on how things settle after surgery. Usually, make up can be worn after 2 weeks.

What are possible risks and complications of blepharoplasty?

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A detailed discussion of the risks and complications will be made at one of your preoperative consultations. You will be provided with detailed written information summarising these discussions as part of the consent process.

Is it possible that I will need revision surgery?

Although the result of blepharoplasty surgery may be expected to last for years, aging will continue and drooping and bulging of the eye lids may recur. This should not be regarded as a complication of the procedure, but as a result of the continued aging process. A second procedure may be desired in this context. As with all aesthetic surgery, in some cases, an ideal aesthetic result cannot be achieved in one surgery and subsequent surgical refinements may be necessary.