

# Cosmetics



## MR MANSOOR KHAN

### EYELID CORRECTION (BLEPHAROPLASTY)

In the ideal upper eyelid the skin fold sits 1-2 mm above the eyelash margin, and the eyelid contour is smooth with no wrinkles or bulges at rest. With upper eyelid corrections (upper blepharoplasty) the aim of surgery is to reproduce this ideal by removing excess skin and/or muscle and recontouring away fatty bulges. In most cases the scar is inconspicuous. This surgery can be undertaken under either local or general anaesthetic and when undertaken alone is usually a daycase procedure. In the ideal lower eyelid the contour is smooth and blends into the cheek without bulges or ridges, additionally the skin is smooth and free of wrinkles at rest. Eyelid bags and wrinkles at rest result from a combination of skin and muscle laxity and/or excess, and fat excess or weakness of the supporting tissues allowing the fat to bulge outwards. With lower eyelid corrections (lower blepharoplasty) the skin and muscle is tightened and fat bulges corrected by either removal or repositioning or a combination of both. The scar sits just underneath the lash margin and extends laterally for few millimetres. It will in most cases rapidly become inconspicuous.

### Pre-operative Advice

Prior to surgery patients will have been seen at consultation and the exact technique being used should have been discussed. Patients who smoke are at greater risk of complications including bleeding and wound infection and are therefore advised to refrain from smoking for 6 weeks prior to surgery and 2 weeks postoperatively. Patients should also avoid Aspirin and equivalent anti-inflammatory agents for 2 weeks prior to surgery as these can increase the risk of bleeding.

### What happens before operation:

Patients are usually admitted on the day of surgery and are seen before surgery by the nursing staff who will undertake routine preoperative checks, by the anaesthetist, if a general anaesthetic is being undertaken, and by Mr. Khan. Mr. Khan will take preoperative

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photographs and plan the operation, in some cases drawing on the upper eyelids preoperatively.

## Operative procedure:

The operation usually takes between forty-five minutes for upper or lower eyelids and one and a half hours for both. The operation involves removing a portion of skin plus/minus some of the upper eyelid muscles. Additionally fat may be removed or repositioned within the eyelids. The wound is normally closed with a single continuous stitch under the skin which is held in place along the wound. The lower eyelids wound is sutured using several stitches along the skin edge.

## **What to expect following surgery**

There will inevitably be some swelling in the eyelid region and some bruising. This may persist for between one and two weeks. Some patients may initially notice that eyelid closure is not fully obtained though this will usually return to normal within a few weeks. The scars that result from eyelid correction are usually very inconspicuous. On occasions some redness may be noted though this will normally resolve fully within several weeks of surgery.

## Follow up:

Patients will need to return seven days postoperatively to the hospital for removal of the sutures and will be reviewed by Mr. Khan at 1 and 4 months postoperatively. Appointments for suture removal will be made prior to discharge and appointments to see Mr. Khan will be sent via the post.

## **Risks & Complications**

As with all surgery complications can occur. Fortunately with eyelid corrections these are rare. Initially there may be some bleeding though this is rarely marked. Occasionally a portion of the wound may gape though this normally corrects spontaneously. The main

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cause for concern is the distortion of the eyelid shape which may result from either excessive swelling or undesirable scarring. Should this occur a pulling appearance would be noted. In the majority of cases this settles spontaneously though this may take several weeks. On occasions the pulling effect is marked and the eyelid does not sit properly on the globe of the eye. This is termed an ectropion. Again this usually settles spontaneously with the resolution of the swelling. If either of these problems persist a secondary surgical procedure may be required. In the initial few weeks following surgery, especially if other procedures have been performed around the face or eyes, eyelid closure may be affected and the eyes may feel gritty on cold exposure. This

is usually because the eyes are becoming dry and if this is the case artificial tears may be required for a short period postoperatively. This dryness of the eyes may also be associated with swelling of the white of the eyes (chemosis) which again usually resolves spontaneously but on some occasions may require a short period of steroid eyedrops.

On occasions the outer aspect of the scar may be conspicuous either because of wrinkling or a skin fold. If this does not settle spontaneously a surgical revision may be required. As with all cosmetic surgical procedures undertaken by Mr. Khan he provides a fixed surgeon's fee which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery. This does not cover other costs such as anaesthetist's and hospital fees. Full terms and conditions are provided with each quotation and available on request.