بسم الله الرحمن الرحيم

Learning from mistakes in Blepharoplasty

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TYPES OF BLEPHAROPLASTY

1.Upper lid :

A. Excision of skin only.

B. Excision of skin +/- muscle +/- fat removal or reposition.

It can be done alone or with lower lid blepharoplasty or during other surgical procedures as ptosis repair or lid malposition correction.

Types of Blepharoplasty

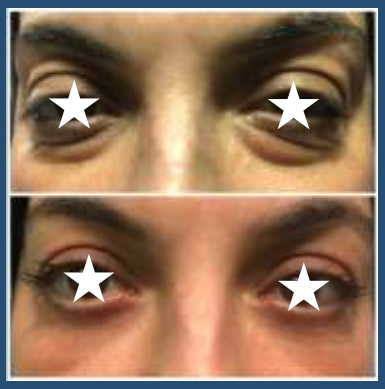
2. Lower lid:

	Trans conjunctival	Trans cutaneous
Major issue	fat > skin	fat < skin
Age	younger	older
Laxity	minimal	more common
Surgical field	narrow	wide
Rehabilitation	fast	slow

Lower lid Blepharoplasty

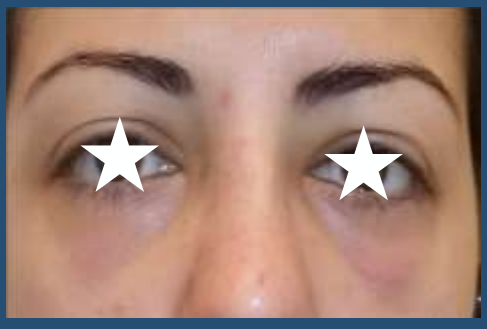
Transconjunctival

Transcutaneous



Lower lid Blepharoplasty

After 2 days



After 1 week

The goal of the surgery

1.Achieving a natural facial asthetic balance between the forehead, upper lid, lower lid and midface.

2.Restoration of fullness and avoidance ofskeletonized or hollow appearance
i.e focus is not on the amount of tissue removed but on the importance of tissue preservation.

Anatomic checklist

1.Eye brow.
2.Orbit.
3.Eyelid skin.
4.Orbicularis oculi.
5.Orbital fat.
6.Lacrimal glands.
7.Lid margin.
8.Ocular examination.

Complications following cosmetic eyelid surgery

1.Functional:

keratopathies(dry eyes), skin infection, lagophthalmos and orbital hemorrhage(loss of vision).

2. Cosmetic:

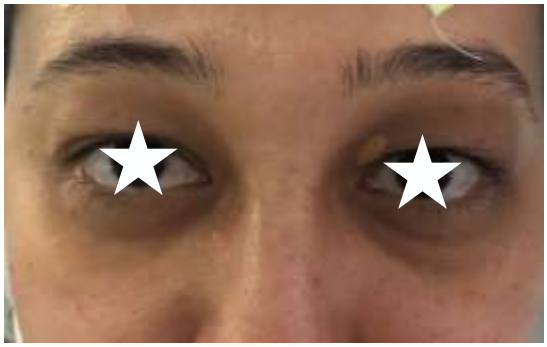
hollowing, deep superior sulcus and lateral canthal dystopia.

3. Combined:

upper and lower lid malposition, brow and lid ptosis, chemosis andlid retraction.

Case 1

30 years old female with bilateral upper lid dermatochalasis and medial upper lid xanthelasma.

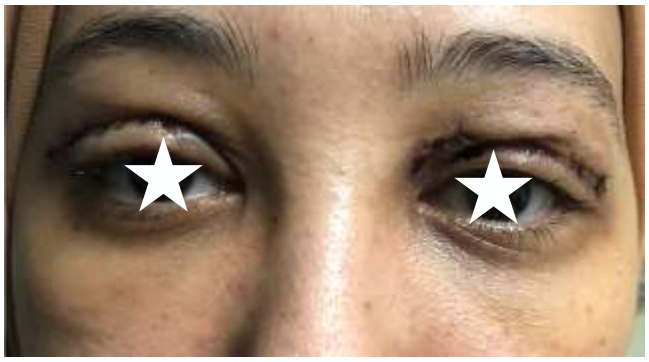


Options

1.Upper lid blepharoplasty and xanthelasmaexcision at same sitting.
2.One procedure now and the other one after 3-6months.
3.Upper lid blepharoplasty and removal of xanthelasma by plasma device as plexr plus machine.

Decision

Doing both surgeries together



Decision

Results:

Improper healing of the incisions and gapedxanthelasma wound.

Decision:

proper care of the skin and resuturing the wound after 6-8 weeks.

Lesson 1

Don’t do upper lid blepharoplasty and upper medial xanthelasma surgical excision at the same sitting.

Case 2

57 years old female with upper lid dermataochalasis and puffy lower lids.

Decision

Bilateral upper lid and lower lid transcutaneous blepharoplasty.

One week later

Left upper lid cellulitis

Decision

systemic and local antibiotics, systemic anti-inflammatory, skin care and follow up. Resuturing the gap after 1 month.

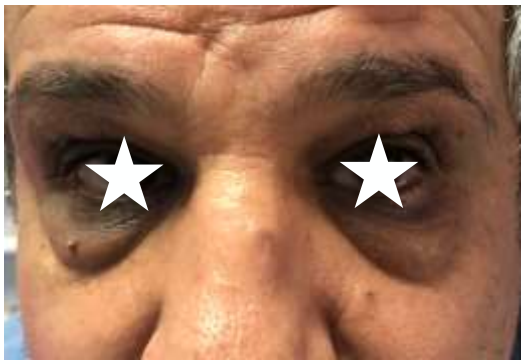


Lesson 2

When you meet unexpected complication take your time to reach the best result whatever the pressure from the patient.


Case 3

60 years old religious Yemeni male with puffy lowerlids. People asking him if he drinks alcohol ornot.He didn't care about cosmesis.
He had a borderline skin laxity of the lower lids.

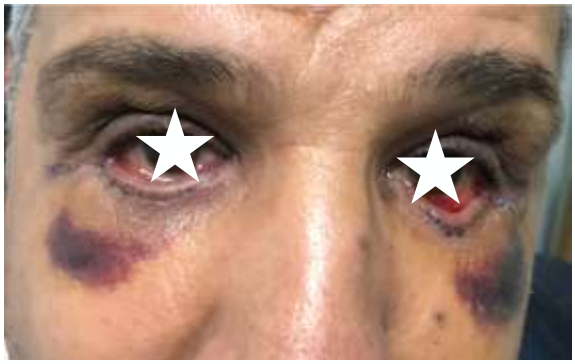


Decision

Bilateral lower lid transcutaneous blepharoplasty.

Result

5 days later



Patients with significant horizontal lower lid laxity are at high risk of post operative lower lid malposition following blepharoplasty surgery.
Pre operative lower lid evaluation should include:

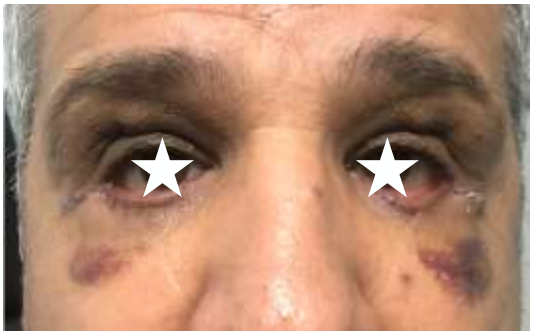
1.Distraction test:
pulling lower lid anteriorly,laxity is suspected if the distance is more than 6 mm.

2.Snap back test:
Pulling lower lid inferiorly towards orbital rim and released. Fast snap to proper anatomic position is normal. Delay or poor indicates weak orbicularis and poor tone

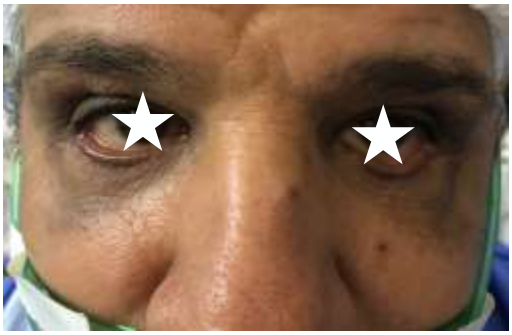
Decision

Wait for 1-2 weeks to decide a tightening procedure to one or both lower eyelids.

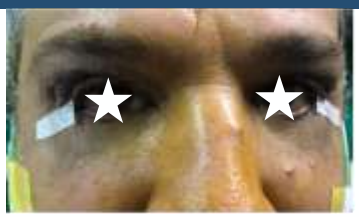
10 days after surgery

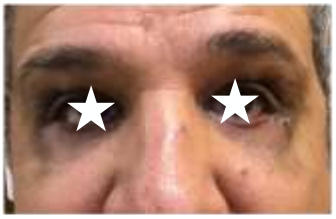


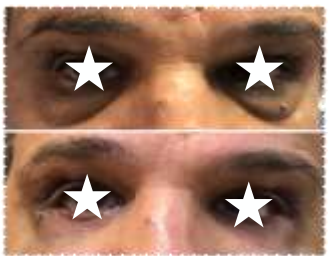
3 weeks after surgery



Bilateral tarsal strips







Lesson 3

If you suspect any lower lid laxity during lower lid blepharoplasty do lid tightening procedure in the same sitting.

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Important tips in blepharoplasty

1.Margin Fold Distance and Vertical skin distance(20 mm).

2.Lasik and blepharoplasty (6 months).

3.Botox (3-4 weeks)and fillers.

4.Thin marker, more aggressive temporal excisionand nasal webbing.

5.Avoid muscle excision in most cases(lagophthalmos).

6.2 cardinal sutures(central and temporal) will help.

Important tips in blepharoplasty

7.Pinch test: to avoid lagophthalmos and browptosis.

8.Lid crease fixation suture to enhance the appearance of the crease.

9. Beware of the prolapsed superior ophthalmic vein nasally within preaponeurotic fat.

10. S-shaped or sigmoid blepharoplasty (medial concavity shifting to lateral convexity).

11. Avoid pulling on the medial fat too aggressively to avoid injury to the trochlea or S.O tendon.

12. In combined transcutaneous UL and LL bleph avoid placing the incisions within 5 mm of each other to minimize
lymphatic drainage impairment

Important tips in blepharoplasty

13. Avoid post operative scarring by:
A. no suturing under tension.
B. remove sutures in appropriate time.
C.subcuticular sutures.
D. avoid too close sutures(impair vascularity).

14. Orbicularis muscle suspension at lateral orbital tim helps in improvement of lid cheek junction.

THANK YOU!