

# Blepharoplasty

Blepharoplasty is a commonly performed operation to correct excess tissue around the upper or lower eyelids. Eyelid problems that can be corrected by blepharoplasty include heavy drooping skin, which may be unsightly or affect vision if drooping over the eye itself. Protrusion of eyelid fat causes the appearance of “bags” around the eyelids, and an ageing appearance. Blepharoplasty can help to reduce this effect by removing excess fat or repositioning it correctly, thereby rejuvenating the eyelids.

The risks of blepharoplasty are fairly minor but include poor healing, persistent fat or loose skin and muscle, dry eyes. Visual changes or loss as a result of blepharoplasty are very rare.

## Upper lid blepharoplasty

In upper lid blepharoplasty, Mr Ismail will initially perform a thorough assessment of the amount of excess skin, muscle and fat present. The brow height and the eyelid height will also be measured to check whether there is brow or eyelid ptosis present, which may need to be corrected at the same time as blepharoplasty. The eyes will also be examined to ensure a healthy ocular surface prior to proceeding with surgery. Surgery is usually performed as a daycase, and can be under local anaesthetic, sedation or general anaesthesia. A very fine incision is made in a natural skin crease of the upper lid, and excess skin and loose muscle trimmed. Protruding fat islands are identified and repositioned or trimmed as necessary. At this point it is possible to correct coexisting eyelid ptosis or mild brow droop. The skin incision is closed with very fine dissolving sutures, and the eyes padded for a few hours.

## Lower lid blepharoplasty

In the planning of lower lid blepharoplasty, Mr Ismail will check the amount of redundant skin, muscle and fat present in the lower lids. The amount of eyelid margin laxity and the integrity of the eyelid tendons attaching the eyelids to the bony orbit will also be assessed. Lower lid blepharoplasty is performed as a daycase under local anaesthesia with sedation, or under general anaesthesia. If there is minimal horizontal eyelid laxity and healthy eyelid canthal tendons, a fine incision is made under the lower lid lashes, extending slightly to the side of the eye. This is an incision which heals extremely well, with minimal long term scarring. From this incision, excess fat can be accessed, repositioned or trimmed to improve lower lid anatomy and appearance. A small amount of excess skin and muscle may need to be trimmed, and the horizontal eyelid laxity can be tightened, repairing weak tendons at the same time. If there is no excess skin and muscle, no horizontal eyelid laxity, and canthal tendons are intact, surgery can proceed from an incision on the inside surface of the lower lid (conjunctiva). After surgery, the eyelids are padded for a few hours.

## After blepharoplasty surgery

Both upper and lower lid blepharoplasty surgery can lead to a significant amount of bruising in the days and weeks after surgery, and it is best to plan 2-3 weeks of downtime after your surgery. Cold compresses, as well as head elevation when lying down, will enhance healing and relieve discomfort. For more detailed information on recovery from surgery see Post-operative Eyelid Surgery Instructions.

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## Private appointments and enquiries

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