



PROFESSOR MARK ASHTON
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UPPER EYELID BLEPHAROPLASTY

Upper eyelid blepharoplasty is an operation in which the upper eyelid skin and the associated fat pads, particularly those of the inner eye are remodeled to create a more youthful looking upper eyelid.

What is involved with upper eyelid blepharoplasty surgery?

The operation is a very predictable and reliable operation and can usually be performed either as an extended day case or as a one-day overnight stay. In hospital under a general anaesthetic, local anaesthetic is infiltrated into the skin of the upper eyelid and the redundant skin is gently removed and any bulging fat plicated or removed at the same time. Following this, a small sleeve of the eyelid muscle is usually plicated and the wounds sutured using extremely fine dissolving sutures.

Recovery from surgery

Following the surgery you return to the recovery room where we place cold ice packs on your eyes and would normally keep you in hospital for a minimum of 6 hours. As a preference I like to admit my patients to hospital overnight so that I can ensure that they are able to keep their blood pressure and heart rate within normal range and they are encouraged not to do any exercise or exertion. This is important because we know that the one thing that can spoil a result is any bruising or bleeding around the eyelids. This can occur relatively easily. If there is any bruising, this normally is at its worst at day 4 after surgery and is normally gone by day 10. Most people are able to return to work within a week to 10 days and certainly if you are in an environment where you are not directly dealing with the public, such as working from a computer, you may even be able to return to work within 2 or 3 days.

Because of the ease with which the eyelid can bruise it is important that you don't take any aspirin or any multivitamin or supplements in the 10 to 14 days prior to surgery. We would recommend that you avoid any heavy exercise or activity for 6 weeks after surgery and that you keep the wounds clean and dry for 2 weeks post operatively. Sometimes the sutures may dry out and hence eye ointment can be applied to the sutures to keep them supple and moist.

Combining lower eyelid blepharoplasty

Upper eyelid blepharoplasty surgery can also be combined with lower eyelid blepharoplasty surgery. Lower eyelid blepharoplasty surgery is a little different to upper eyelid surgery in that whilst upper eyelid surgery is a predictable, safe and extremely reliable operation, the lower eyelid surgery, in the wrong hands, can be more unpredictable. I am sure we have all seen the results of people who had over-done surgery on their lower eyelids resulting in either a cats-eye appearance or a pulling down of the lower eyelid with exposure of the inner eyelid called ectropion. This result is normally due to over aggressive resection or plication of the muscle, fat pad or skin of the lower eyelid. Because of this, lower eyelid surgery must be performed conservatively and carefully.



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If the lower eyelid surgery is to be combined with the upper eyelid surgery, we would recommend that you stay in hospital overnight. Lower eyelid surgery usually involves a redraping of the skin of the lower eyelid and a plication of the bulging or herniated fat pads around and below the lower eyelid. Like upper eyelid surgery, the wounds are sutured using very fine dissolving sutures and these also are removed at about day 3 or 4 post-operatively.

Postoperative care

As with upper eyelid surgery, following your return to the recovery room we would place eye packs on your eyes and would make sure that you are kept comfortable in a quiet, dark room away from extraneous noise so that you can rest and recover in the quietest possible way.

Following surgery we would normally ask you to return to see us at day 7 post operatively to check your wounds and also to remove the sutures and normally would suggest that you would be able to return to work within a week of surgery.

Things you must know about this surgical procedure:

1. The operation can be conducted either under a general anaesthetic or local anaesthetic with heavy sedation. There are small risks associated with general anaesthetic which Professor Ashton will discuss with you during a consultation. This being said however, with modern anaesthesia, the risks of problems associated with general anaesthesia are extremely low, particularly in patients who have undergone previous surgery or interventional procedures in the past.
2. The most common sequelae of eyelid surgery is mild bruising in and around the eyelids. Normally this bruising settles extremely quickly and is normally completely gone by day 10 after surgery. If you were to get a black eye or a little more extensive bruising over the eyelid skin, it is normally at its worst at day 4. Because of this we would normally recommend that you had sufficient time to recuperate and recover following surgery and would not recommend that you plan to return to work inside a week post operatively.

Very rarely the bleeding in and around the eyelids may be a little more extensive and if this were to occur, you may need to return to theatre to have the bleeding investigated and/or the small bleeding vessel cauterised. This is extremely rare sequelae of eyelid surgery but does underline the importance for close monitoring of your eyelids following surgery and the necessity to keep you in a quiet cool room for a minimum of 6 hours post operatively.

3. Dry Eyes - some patients have a propensity to develop dry eyes and if you are one of these people you should notify Professor Ashton pre-operatively. If you do suffer from dry eyes it may mean that we need to modify your surgery or would recommend that you don't undergo surgery at all.
4. Ectropion - ectropion is seen with lower eyelid surgery and results from over resection or overly aggressive plication of the muscle fat pad or skin over the lower eyelid. If detected early it is possible to correct this through the administration of steroid injections. The best method of avoiding this is to be very conservative in the surgery on the lower eyelid.



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If I decide to proceed, what can I expect?

Hospital and Admission

We perform our blepharoplasty surgery on Level 3 at Epworth Freemasons Hospital. This is a tertiary hospital and a teaching hospital of the University of Melbourne Medical school. All rooms are private rooms with your own ensuite bathroom facilities and a park view room. There are eight state of the art operating theatres with the latest anaesthetic machines and the latest anaesthetic equipment. There is onsite Intensive Care, High Dependency Unit and access to almost every medical specialty. There is 24 hour onsite medical emergency care.

We would admit you to the 3rd floor to a single room where your eyes would be continuously covered with cool, ice-soaked gauze bandages. This minimizes the oedema and swelling and minimizes the chance of bleeding in the early post-operative period. The nursing staff are extremely well trained in looking after your eyelids and certainly will keep an eye on you for bruising or swelling.

Following review the next morning you would be free to go home. You will need someone to assist you going home and to look after you for a minimum of a week postoperatively.