

EYELID SURGERY (BLEPHAROPLASTY)

ARE YOU THINKING ABOUT EYELID SURGERY?

If you are considering surgery of your upper or lower eyelids, or both, your surgeon wants you to be thoroughly informed about these procedures. Reading this brochure is the first step. However, a personal consultation with your surgeon is the best way to obtain the additional information you will need.

ABOUT EYELID SURGERY

Cosmetic eyelid surgery is also known as **blepharoplasty**. The effects of sun damage and natural ageing process leads to loss of elasticity in the facial skin. Combined with the effects of gravity, this can cause sagging, particularly around the eyes and cheeks. The aim of blepharoplasty is to remove the drooping and wrinkled skin of the upper eyelids that can make you look tired or sad. It can also eliminate bags under the eyes by removing excess fat, and tighten the lower eyelid skin. The result is a younger, more alert and rested appearance. Cosmetic eyelid surgery can be performed on adults of any age. Some people ask for eyelid surgery to correct problems associated with ageing, while others seek treatment in their 20s or 30s to correct inherited features.

Is cosmetic eyelid surgery for me?

Any of the following conditions may make you are a good candidate for eyelid surgery:

A puffy appearance to the upper eyelids.

Excess skin obscuring the natural fold of the upper eyelids.

Loose skin hanging down from the upper eyelids over your eyelashes, perhaps impairing vision.

Bags under the eyes, often with a depression along the bony border of the lower eyelids.

Excess skin and fine, crepey wrinkles of the lower eyelids.

Droopiness of the lower eyelids, showing white below the iris (coloured portion of the eye).

Cosmetic eyelid surgery can usually correct these problems, though other treatments may also need to be considered. For example, if the upper eyelid condition is accompanied by sagging of the eyebrows, then a forehead lift may be recommended. Smoothing of crow's feet may require laser resurfacing. Circles beneath the eyes caused by dark pigmentation may be treated with a bleaching solution or chemical peel. Your Surgeon can provide further information if you have an interest in any of these additional procedures.

INITIAL CONSULTATION

During the initial consultation, you may asked to point out exactly what you would like to see improved. This will help your surgeon to understand your expectations and determine whether they can be realistically achieved.

You will be asked about your medical history including previous operations, past and present medical conditions and current medications. In order to provide you with the best information and safest options, it is important that you give your surgeon complete information. The medical conditions that may increase risks of eyelid surgery include high blood pressure, thyroid problems, diabetes and bleeding problems. It will be necessary for your surgeon to know if you were ever told that you have a condition called "dry eye" or if you have any other problems with your eyes. Your surgeon will want to know if you have allergies, especially if they affect your eyes. If you currently wear glasses or contact lenses, you should bring them with you in case your surgeon wants to test your vision.

YOUR OPERATION

Because of individual factors, not everyone will achieve the same results from eyelid surgery. Your surgeon will select the surgical technique that he or she feels will obtain the best outcome for you. One of several surgical techniques may be suggested to improve the appearance of your eyelids. The particular technique that your surgeon recommends will depend on many factors such as the amount of excess fat and skin in the eyelid areas, the position of your eyebrows, and the condition of the muscles around your eyelids.

For upper eyelid surgery, generally an incision is hidden within the natural fold of the upper eyelid and extends slightly beyond the outside corner into the laugh lines or other existing creases. Through this incision, excess skin and fatty tissue are removed. Because the incision follows the natural contour of the upper eyelid, it will be well camouflaged when healed.

For lower eyelid surgery, often an incision is hidden just below the lower lashes. Through this incision, excess skin, muscle and fat are removed, or fat may be redistributed to eliminate puffiness or bulges. Other adjustments to correct special problems such as muscle laxity may be performed. As in upper eyelid surgery, the incision is well camouflaged by natural creases. In some cases, you and your surgeon may decide that the best approach for removing excess fat is through an incision placed inside the lower eyelid. This technique requires no external incision, but it cannot be used to remove excess skin. A laser may sometimes be used in conjunction with this technique to minimise the laxity and wrinkles of your lower eyelid.

How long does the operation take?

The operation takes 1 to 2.5 hours, depending on the extent of each case.

Preparation for surgery

Smokers will be asked to stop smoking 3 weeks before surgery. Aspirin and some anti-inflammatory drugs used for the treatment of arthritis can cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery. Cosmetic eyelid surgery may be performed on an outpatient basis. If this is the case, make certain you have someone drive you home after surgery and to stay with you at least the first night following surgery.

The day of surgery

Your eyelid surgery is usually in a day surgery facility. Medications are administered for your comfort during the surgical procedure. Frequently, local anaesthesia and/or intravenous sedation are used for patients undergoing eyelid surgery, although general anaesthesia may be used in some instances. For your safety during the operation, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood.

After Surgery

When surgery is completed, you will be taken into a recovery area where you will continue to be closely monitored. You will have cold packs on your eyes to minimise the swelling and discomfort. Your vision will be blurry as a result of ointment used to soothe and protect the eye during surgery as well as from the swelling that is normal after eyelid procedures. However, There is surprisingly little pain.

You probably will be permitted to go home after a few hours, although some patients may stay overnight in the hospital or surgical facility.

How will I look and feel initially?

It is important to realise that the amount of time it takes for recovery varies greatly among individuals.

The first evening after surgery, you should rest quietly with your head elevated. Your surgeon may instruct you to apply cold compresses to your eyelids. Remember, you must not take aspirin or anti-inflammatory medications.

Initially, you may feel a "tight" sensation around the eyes and some mild discomfort that can be controlled with oral pain medication such as Panadol. During the first 48 hours following surgery, patients experience varying degrees of swelling and bruising. Some patients find that mild swelling persists for several weeks, while others may see swelling resolve in as little as one week. Bruising typically disappears within seven to ten days. Within the first week you will be permitted to use makeup, if desired, to conceal any discoloration. Stitches along the incisions are usually removed within a week of surgery.

Your vision may continue to be somewhat blurry for a few days or longer. Your eyes may be temporarily sensitive to light, and you may experience excess tearing or dryness. You may need to use eyedrops to help relieve any burning or itching. You may want to wear dark glasses for a couple of weeks to protect your eyes from wind and sun irritation.

When can I resume my normal activities?

Considerable bruising and swelling over the first week may be encountered. This can be expected to settle rapidly over the first week and will usually have completely resolved by the end of the second week. Generally speaking you will be confident and happy to engage in social contact by about the second week following surgery although this varies with each patient.

Straining, bending and lifting should be avoided for 2 weeks after surgery. In many instances, however, you will be able to resume most of your normal activities in ten days or less. Although you might feel like going back to work just a few days after surgery, your vision may still be slightly blurry which could make reading or other paperwork more difficult. You should not wear contact lenses for a week or two.

RESULTS OF YOUR EYELID SURGERY

Cosmetic eyelid surgery has the effect of making you look more rested, refreshed and alert. Since the healing process is gradual, you should expect to wait at least several weeks to get an accurate picture of the results of your eyelid surgery. Incisions will fade over a number of months until they become barely visible.

How long will the results last?

The results of cosmetic eyelid surgery are long lasting, but they may be affected by your heredity and lifestyle.

Removal of fat from your eyelids, which is usually the cause of puffiness and bags, is permanent, and these conditions generally will not recur. The skin continues to age, however, and skin laxity along with fine wrinkling of the eyelid area may return at some point. Sometimes loss of tone in the forehead causes additional sagging of the eyebrows, which mimics a recurrence of drooping upper eyelids. If this happens, correction may require a forehead lift or a secondary eyelid procedure.

Even though the ageing process continues, patients are usually happy with their appearance for many years following eyelid surgery. Some patients find that they want to make additional improvements at a later time.

RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from cosmetic eyelid surgery are infrequent. Every year, many thousands of operations are performed with no major problems and good results. However, everyone considering surgery, should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your surgeon. A good surgeon understands the risks and possible complications and aims to maximise the benefits of the operation while minimising the risks.

- Loss of vision is the most uncommon but the most serious of the possible complications. It is estimated that it occurs about one case in 2,500 and occurs because of untreated bleeding around the eye. Almost all reported cases occurred in the United States.
- Bleeding from the operative site is uncommon, occurring in about 2-3% of cases. This may result in accumulation of blood under the skin that may require removal. It is most likely to occur immediately following surgery or that evening. High blood pressure, aspirin and bending and straining after surgery increase the risks of bleeding.
- Injury to the cornea (the clear lens at the front of the eye) is possible.
- Infection following blepharoplasty is very uncommon due to the superior healing qualities of the facial areas. If infection occurs it will become evident within one week of surgery. This may require treatment with antibiotics. In the unlikely event of infection, the ultimate result of the surgery may be adversely affected.
- Swelling of the eyelids can affect contour for some months and during this period of settling, improvement in eyelid contour can be expected. It is likely that close scrutiny of your eyelids following the procedure may reveal some small irregularity in contour or symmetry.
- Double vision is usually temporary and is due to swelling and bruising around the eyes. It almost always improves within a week of surgery. Permanent double vision is exceedingly rare.
- Drooping of the upper eyelid again is uncommon and in fact is most commonly due to the failure to recognise the condition preoperatively. Nevertheless, injury to the muscle that holds the eyelid up is possible.
- Scars: Incisions used for blepharoplasty are placed where they blend into the natural lines of the upper and lower lids. For the first few weeks the scars may be pink and slightly thickened. Scarring following surgery may take up to two years to fully mature and can be expected to be minimal and unnoticeable. However, while great care will be taken to give the neatest incision closure possible, individual wound healing can be unpredictable and it is possible

that you may be unhappy with some aspect of your incision lines. Although rare, hypertrophic scars (widened or thick) and keloid scars (overgrown) can occur in some cases. The scars may need to be revised

- Tightness of the lower eyelid can occur in the early healing period resulting in widening of the eye or slight turning out of the eyelid (ectropion). This can be expected to have resolved by six weeks following surgery and can be helped by regular massage. Permanent ectropion of the lower eyelid can rarely occur. Entropion, where the eyelid is turned in, is less likely although can also rarely occur.
- There can be a feeling of dryness or irritation in the eye that requires treatment with eyedrops.
- There is a possibility, of a temporary decrease in sensation of the eyelid skin

You can help to minimise certain risks by following the advice and instructions of your surgeon, both before and after your eyelid surgery.

MAINTAINING A RELATIONSHIP WITH YOUR SURGEON

Should there be any questions regarding blepharoplasty, be sure they are answered in advance. Well meaning friends are not a good source of information. Find out everything before proceeding with the operation - a well informed patient is a happy one.

After surgery, you will return to your surgeon's office for follow-up care at prescribed intervals, at which time your progress can be evaluated. Once the immediate postoperative follow-up is complete, many surgeons encourage their patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your surgeon does not end when you leave the operating room. If you have questions or concerns during your recovery, or need additional information at a later time, you should contact your surgeon.

Smoking and Surgery

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none"> • More coughing • Developing lung collapse • Developing pneumonia • More risk of postoperative and longterm pain 	<ul style="list-style-type: none"> • Increased infection • Increased risk of bleeding • Poor healing • Wound splitting apart • Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 3 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 3 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation. Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix

Iscover

Non-steroidal anti-inflammatory medications

Aclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)
Eazydayz (naproxen)	Tri-Profen (ibuprofen)
Feldene (piroxicam)	Viclofen (diclofenac)
Fenac (diclofenac)	Voltaren (diclofenac)
Indocid (indomethacin)	Voltfast (diclofenac)
Inza (naproxen)	

Herbal and natural preparations

Garlic tablets

Ginger

Gingko

Ginseng

St. John's Wort

Fish Oil