

BLEPHAROPLASTY AND BROW LIFT – EYELID REJUVENATION



Your eyes are often the first things that people notice about you, and are an important aspect of your overall appearance. Young eyelid skin is smooth, but over time, the eyelid skin stretches, the fat bulges, and the muscles weaken. The eye-

brows may also droop and sag (a condition called *brow ptosis*). Age, heredity and sun exposure all contribute to this process.

Loose or baggy lids detract from your overall appearance and make you look tired or older. When the brow drops, it crowds more skin down over the upper lids and exaggerates the hooding and crow's feet at the outer corners of the eyes, making you look sad, tired, or angry. When severe enough, the upper eyelid skin may hang over the lashes and obstruct peripheral vision.

Blepharoplasty

Surgery to improve the appearance of the eyelids is called *blepharoplasty*. The goal of blepharoplasty is to give the eyes a more youthful look by removing excess skin, bulging fat, and lax muscle from the upper or lower lids. If the sagging skin obstructs peripheral vision, blepharoplasty can eliminate the obstruction and expand the visual field.

Excess skin and fat are removed from the upper lid through an incision hidden in the natural eyelid crease. If the lid is droopy, the muscle that raises the upper lid can be tightened. The incision is then closed with fine sutures.

Fat in the lower lid can be removed or repositioned through an incision hidden on the inner surface of the lid (*transconjunctival blepharoplasty*). Laser resurfacing or a

chemical peel can be performed at the same time if desired, to smooth and tighten the lower lid skin.

If there is excessive skin in the lower lid, the incision is made just below the lashes. Fat can be removed or repositioned through this incision, and the excess skin is removed. The incision is then closed with fine sutures.

Brow lift

Blepharoplasty will not elevate a drooping brow or remove wrinkles in the crow's feet area. A procedure to elevate the brows may be appropriate, instead of, or in addition to upper lid blepharoplasty.

Correction of mild to moderate brow ptosis can be accomplished through incisions directly above the brows, in the forehead creases, or at the hairline. These techniques are most effective if the brow ptosis involves predominantly the central area of the forehead.

For more significant amounts of brow ptosis, or to address deep frown lines or lateral hooding of the upper lids, it may be necessary to raise the brows and forehead through incisions behind the hairline. The *endoscopic brow lift* is performed through small incisions hidden behind the hairline, using an endoscope and special instruments. The muscles that pull the brow down and crease the forehead skin are relaxed, allowing the brow to be raised into a more youthful position. A coronal brow lift can achieve the same results through a larger incision well behind the hairline.

After surgery

Cold compresses are applied to reduce swelling and bruising. Antibiotic ointment or drops may be prescribed. Strenuous activity should be minimized for several days. Warm compresses may be recommended after several days to increase blood flow to the area and promote healing.

Discomfort is generally mild. Non-aspirin pain relievers are usually all that is necessary post-operatively. Aspirin products, non-steroidal anti-inflammatory medications like ibuprofen, and other blood thinners should be avoided before and after surgery as they may increase the risk of bruising and bleeding. Most patients are able to return to regular activities within several days.

What are the risks and complications?

Excessive pain, bleeding, infection, or visual loss is extremely rare. As with any medical procedure, there may be other inherent risks that should be discussed with your surgeon.

Is surgery effective?

Blepharoplasty and brow lift surgery can provide both a more youthful appearance and functional improvement with minimal risk.

Who performs the surgery?

Patients are most commonly treated by ophthalmic plastic and reconstructive surgeons who specialize in diseases and problems of the eyelids, tear drain, and orbit (the area around the eye).

You should look for a doctor who has completed an American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) fellowship. This indicates your surgeon is not only a board certified ophthalmologist, but also has had extensive training in ophthalmic plastic surgery. When you are ready, you will be in experienced hands. Your surgery will be in the surgeon's office, an outpatient facility, or at a hospital depending on your surgical needs.

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