Eyelid skin reduction, or blepharoplasty is one of the most effective procedures available in the pursuit of looking younger, because the eyes are the focal point of the face. For all of us, the passage of time leads to development of excess skin in both upper and lower eyelids where accumulated fat may create unsightly bulges and shadowing producing a weary, aged appearance. Often the upper eyelid skin excess is exacerbated by increased laxity of the forehead tissues and drooping of the eyebrows. In such instances an endo brow lift can produce a dramatic rejuvenating affect and should be considered. It is important to understand that removal of upper eyelid surplus skin may not allow subsequent lifting of the brow, because an eyelid skin shortage may be produced resulting in difficult closure of the eyes (definitely to be avoided!)

Blepharoplasty can be carried out on upper or lower eyelids, or both. Occasionally it may be required for a single eyelid to correct asymmetry. It is important to tell your surgeon of any dryness of the eyes or irritation, problems with vision and explain to your surgeon the effect you wish to achieve. The laxity of the eyelids will be checked to ensure they spring back adequately. The operation is usually carried out on a day case basis, either under a local anaesthetic or a general anaesthetic. Utilising a local anaesthetic usually allows for a more rapid recovery (and the opportunity to have breakfast pre-operatively) but does require small injections into the lax skin of the eyelids, causing stinging for about 2 minutes. Many patients are concerned they may blink or move their head at an inappropriate time, but actually this is not a problem for the surgeon. Patient anxiety, however, tends to lead to raised blood pressure and more bleeding and bruising. A four lid operation takes about one hour. Many surgeons use dissolving stitches placed underneath the skin, which means they do not require removal. Others use stitches which are removed five to seven days after the operation. The upper lid the scar extends along a suitable crow’s foot lines and across into the upper eyelid skin fold line. Careful placement lends itself to the least conspicuous scarring. The position of the fold line may differ between upper lids. The lower eyelid scar runs from an appropriate crow’s foot line and just under the eyelash line, to about a centimetre from the nose.

Discomfort is usually minimal if any after the operation, thanks to placement of local anaesthetic during the procedure. This wears off over a few hours, after which simple painkillers usual suffice. Bruising and swelling takes up to three weeks to resolve. Although it is usually mild, it can on occasion be dramatic and may be asymmetric. Remaining propped whilst awake and asleep will reduce its development and speed its resolution. The scars usually settle very well indeed, forming fine white scars which are not visible at normal
conversational distance (one metre). If healing is to plan, make up can be applied two weeks after the operation. Hair washing and showering can be done immediately. Removing the maximum amount of skin will initially allow the eyes to close with a 2-3 mm gap, but as swelling subsides over the subsequent two weeks, the eyes can be expected to close comfortably. Occasionally scars become red and lumpy and may then take many months to settle. It is unusual for revisional surgery to be required. If lumps fail to improve over the first three months they can be removed under local anaesthetic on an outpatient basis, together with any skin folds and possible correction of asymmetries. Removal of excess fat must be done with caution to avoid any hollowing, which itself produces an ageing effect. Excessive skin removal from the lower eyelid causes it to drop (known as ectropian). A minor degree will spontaneously correct over a few weeks, whilst a more major extent requires surgical correction. It is far better to underdo this operation than overcook it. Sadly, no cosmetic surgery procedure stops the clock and skin laxity will develop in the future, but will never be as marked as if no procedure had been carried out.

Cosmetic surgery is generally very safe and of course although it may be very desirable, helping to boost confidence etc, it is not essential. What is essential however, is a proper explanation of any procedure you may consider undertaking together with the risks involved to allow you to make an informed level headed judgement for the way forward. Risks that apply to all surgical procedures include:

1. **Scarring** – which is inevitable on cutting the skin. All bodily wounds heal by scarring (except the front part of the eye) be it following trauma or surgery. If a wound heals without adverse incident we can expect the scar to be a pale, fine white line, which is usually inconspicuous at normal talking distance (one metre). Some people heal rapidly and reach this state at only a few months but for most of us it will take many months and sometimes years for the scar to mature fully. Occasionally scars can remain red and lumpy for an extended period, a state known as a hyperthropic scar, which will only gradually settle down. Rarely the scar fails to settle and instead becomes redder, more lumpy and sometimes itchy or even painful. Such a scar is known as a keloid and this can be very difficult to treat successfully.

2. **Gaping of wounds** can occur – particularly if the skin edges have been drawn together under tension. The stitches may snap or cheesewire through the skin. Such gaping may require resuturing or be left to heal leaving a poor scar which may be worthwhile revising at a later date. Revision is often conveniently done under local anaesthetic as a walk in/walk out basis.

3. **Infections** – fortunately are uncommon in cosmetic surgery, because it is essentially clean surgery. It may show in two main forms; either as a spreading reddening of
the skin (cellulitis) or an abscess which is a collection of pus. Infections are commonly associated with a temperature and feeling generally unwell. Infections involving artificial materials within the body, such as breast implants, permanent fillers or replacement joints may require their removal and later replacement.

4. Bleeding – after surgery is quite common – 5%. It usually becomes apparent after you wake up from the general anaesthetic. This is because under the anaesthetic your blood pressure is lower (blood pools in the relaxed veins) and as you come round your blood pressure rise, which means that any blood vessel that has been cut but was shut down during the operation unbeknownst to the surgeon, can open up and bleed. A collection of pooled blood, known as a haematoma, may require a return to the operating theatre for removal. Rarely is blood loss extensive necessitating a blood transfusion.

5. Bruising – is almost inevitable after surgery and shows as purple discolouration under the skin. However, during the subsequent two to three weeks the purple changes to yellow and fades. Dense bruising can leave a permanent brownish discolouration of the skin due to a breakdown product of blood though fortunately this is most uncommon.

6. Some swelling too is to be expected after any operation. For facial work this is generally resolved by three weeks, the process speeded by keeping the head raised. Swelling, say after a tummy tuck can take some months to settle.

7. Although early improvement in terms of bruising and swelling occurs rapidly, emergence of the final result may take several months. Here, patience is a virtue. It is important to understand that healing may not be symmetrical. For instance, following a face lift bruising and swelling on one side may take longer to subside than the other – it may be there was more operative bruising or perhaps the individual sleeps with that side to the pillow. There are many factors indeterminate involved.

8. Many cosmetic surgery operations entail removing surplus skin and underlying tissue (ie breast reduction, facelift, tummy tuck etc) but it is only the stretchiness and forgiving nature of skin that allows surgeons to achieve the result. Sometimes folds or lumps can be left at the ends of scars – these are known as “dogears” and may settle with time or require further surgical attention, usually under local anaesthetic on an outpatient basis. People requiring skin surplus removal after massive weight loss are often left with sizeable “dogears” which are taken care of as staged procedures.

9. Many surgeons now use dissolving absorbable stitches, which when placed under the skin to close a wound, slowly melt away. Sometimes however, they can produce
lumps along the line of the scar or indeed emerge through the scar like the ends of prickly bits of fishing line, which if troublesome, can usually be removed in the clinic. Non absorbing stitches of course require removal, and if left in too long may leave cross hatching or dot scars. The type of suture used is usually down to surgeon’s preference. Stitches in the face are usually removed between 5 and 7 days after the operation, whilst those in areas of tension, such as on the back may be kept for three weeks or so.

10. Wound dressing also tend to be according to surgeon’s preference. In most cases micropore brown surgical tape applied along the wound line supplies a comfortable, durable and readily removable covering.

11. Some procedures demand more padding and support, for instance, a bra after breast reduction or augmentation, a corset following a tummy tuck or garment compression after liposuction or armlifts – again according to the patient and surgeon’s preference.

12. Drains – plastic tubes leading from the wounds to a plastic vacuumed bottle are less commonly used nowadays, but often are a source of concern for patients. Release of the vacuum allows easy removal with minimal discomfort. Again, deployment of drains is down to your surgeon’s preference. I rarely use drains now.

13. A good cosmetic result often involves symmetry of the right and left halves of the body, face etc., but it is important to understand that this may not always be achievable for example in breast surgery, although the breast size can be identical the shape of the breasts may differ if for instance the width of the base of each breast is different. This discrepancy is common in eyelid surgery. The surgeon’s aim however, is to produce the best appearance of symmetry.

14. Blood supply is the key to good wound healing and if the supply is inadequate tissues such as skin, nipple, umbilicus can die. Most surgery depends on the random blood supply which is therefore unpredictable and so can occasionally fail. Cigarette smoking adversely effects blood supply in several ways and therefore it is highly recommended and occasionally essential to stop smoking some six weeks before an operation and until wounds are securely healed. Failure to stop can lead to disaster with loss of skin and resultant scarring (a facelift, microvascular surgery)

15. Skin sensation at the site of an operation can be altered. Often there is a temporary reduction in sensitivity, but occasionally this can be permanent and conversely occasionally there may be an unpleasant hypersensitivity. Sensory changes are common above the pubic hair area after caesarean section or tummy tuck and in the upper arm after an armlift procedure. Undermining of the skin during a facelift operation or a rhinoplasty leaves the area numb and return of sensation can be
expected to take several months. Hypersensitivity may occur after breast augmentation with the nipple developing a sensation akin to breast feeding or in the case of prominent ear correction, discomfort can be experienced in cold winds, a condition known as cold intolerance. These symptoms can be expected to resolve spontaneously over a few months.

16. It is important to consider your post operative recovery for both personal and possibly employment reasons. Most patients experience a feeling of being washed out for a period of one or two weeks after an operation. Although frank pain is unusual some discomfort is to be expected, but this can normally be kept to a minimum taking the painkillers prescribed. Returning to work depends largely on the individual and the job involved, but your surgeon can advise. Before resuming driving it may be wise to contact your Insurance Company explaining your circumstances and requesting authorisation, perhaps making a note of the time, date and name of whom you spoke to.

17. Of course any surgical procedure can fail, but more usually discontent arises from expectations that are unrealistic and unachievable. An unhurried approach pre-operatively can help ensure your surgeon understands your desired outcome and that you in turn, understand the limits of surgery. Diagrams and photographs from both parties can be enormously helpful here. Cosmetic surgery can often offer an enormous boost to confidence, but safe surgery towards a desired outcome demands full information and careful consideration by both patient and surgeon.