Lower Eyelid Blepharoplasty

Mid-Year Seminar AOCOO-HNS Foundation
September 21st, 2013
“The beauty of a woman must be seen from in her eyes, because that is the doorway to her heart, the place where love resides.”

- Audrey Hepburn
Patient Concerns

- Common in middle aged and elderly patients
- Often occur in patients also undergoing an evaluation for upper blepharoplasty
- Primary cosmetic issues involve herniated orbital fat and lower eyelid rhytides
- May occur independently or simultaneously
Patient Expectations

- What are they?
- Are they reasonable?
- Can you produce the expected results?
Initial Encounter

- What does the patient want?
- What have they already done?
- What do they expect?
- Functional vs. cosmetic complaints
Anatomy

- Skin
- Orbicularis
- Orbital Septum
- Orbital fat
- Capsulopalpebral fascia
- Inferior tarsal muscle
- Conjunctiva
Patient Evaluation

- History - Previous cosmetic surgery
- Eye examination
- Eyelid measurements
- Diagram the amount and location of herniated orbital fat
- Photographs
Eye Examination

- Vision
- Lagophthalmos
- Bell’s phenomenon
- Tear meniscus / tear testing
- Conjunctival inspection (symblepharon?)
- Corneal exam / keratitis
Eyelid Measurements

- Margin Reflex Distances (MRD1 and MRD2)
Lower Eyelid Laxity

- Pinch technique
- Snap back test
- Important when considering transcutaneous blepharoplasty or CO$_2$
- Consider tarsal strip or other tightening procedures
  - Avoids ectropion and eyelid retraction
Other Measurements

- Orbital rim contours and malar protrusion
- Exophthalmos
Diagram

- Prolapsed orbital fat (upper and lower)
Photography

- Required for most insurance coverage
- A must for all cosmetic patients
- Full face photos
- Side views
- Down gaze
- HOF
Specific Lower Eyelid Features

- Bags on bags
- Lower eyelid laxity
- Lower eyelid retraction or ectropion
- Lower eyelid dermatochalasis
- Lower eyelid rhytides
Bags on Bags

- a.k.a. Cheek festoons
- Not helped significantly by standard lower eyelid surgery
- Direct excision possible but leaves a scar
- Role of SOOF lift
Lower Eyelid Retraction or Ectropion

- Surgery can worsen these problems
- Consider repair prior to cosmetic surgery
- Consider concomitant repair
Lower Eyelid Skin

- Amount of dermatochalasis
- Amount of rhytides
Patient Evaluation: Potential Problems

- Dry eye
- Corneal staining
- Poor Bell’s phenomenon
- Lagophthalmos

These are all warning signs
Dry Eye

- Basic secretor testing
- Consider modifying surgical goals in the dry eye patient
- Inform patient of dry eye condition
Lower Eyelid Decisions

- Transcutaneous
- Transconjunctival
  - CO₂
  - Skin removal (pinch technique)
Transcutaneous Blepharoplasty

- The gold standard for many years
  - Decreasing in popularity
- Useful with extreme redundancy of skin
- Increased risk of retraction or ectropion
  - Violation of orbital septum
- Consider canthopexy or lateral tarsal strip
- Patient may need CO$_2$ laser later
Lateral Tarsal Strip
Transconjunctival Blepharoplasty

- My current standard
- Avoids orbital septum
- Minimizes risk of retraction and ectropion
- Useful with minimal redundancy and rhytides
  - Must judge skin elasticity
- Can be combined with:
  - CO₂ laser
  - Anterior skin excision
HOF Transposition/Reposition

- Medial fat pad fashioned into a T shape

- Fat transposed subperiosteally to fill nasojugal fold
Carbon Dioxide Laser

- Most useful for fine rhytides
- Sometimes useful for significant skin redundancy
- Explain the healing process to the patient
- REDNESS! ... can last months
Carbon Dioxide Laser

- Determine skin type (1-6)
- Should be OK with 1, 2 and usually 3
- Test spot type 3 and 4
- Don’t do some 4’s or any 5’s or 6’s
Carbon Dioxide Laser

- Pre treatment with bleaching cream (hydroquinone) better for darker skin types
- No Accutane use for at least a year
- Avoid active Lupus
- Avoid or correct lower eyelid laxity
Complications of Lower Eyelid Blepharoplasty

- Ectropion/retraction
- Overcorrected or undercorrected redundant skin
- Overcorrected or undercorrected herniated fat
- Nonaesthetic incision
- Hemorrhage
- Diplopia

- Canalicular laceration/Epiphora
- Conjunctival chemosis
- Incision irregularities
- Preseptal and orbital cellulitis
- Canthal webbing
- Blindness
Ectropion/Retraction

4 major factors:

- Excessive anterior lamella removal
- Atonicity/Flaccidity of the lower lid
- Weak canthal tendons
- Orbital septum scarring
Overcorrected/Undercorrected Skin or Herniated Fat

- Easier to fix undercorrection vs. overcorrection
- Important to rely on preoperative measurements
- Lateral fat pad most often undercorrected
Nonaesthetic Incision

- Early wound dehiscence
- An inferiorly placed incision away from lash line
- Extension of the incision past the canthus
Hemorrhage

- Leading cause of visual loss secondary to blepharoplasty
- Discontinue anticoagulants
- “3-C” (Clamp, Cut, Cauterize)
Diplopia

- Occasionally caused by periorbital or retrobulbar hemorrhage or edema
- Damage to the inferior oblique
Canalicular Laceration/Epiphora

- Damage to the inferior canaliculus
- Interference with mechanics of blinking
Suture Cysts/Irregular Incision

- Suture cysts are common
- More likely with absorbable sutures
- Less likely with subcuticular, but still can occur at suture/skin entry points
Conjunctival Chemosis

- Topical lubricants
- Topical steroid drops
- Conjunctivoplasticity
Preseptal Cellulitis

- Rare after blepharoplasty surgery
- Typical appearance of erythema, edema, tenderness, warmth and pain
- Usually responds well to warm compresses and staph/strep antibiotic coverage (Cephalexin, Amoxicillin/Augmentin, Azythromycin or Clarithromycin if PCN allergic)
Orbital Cellulitis

- Rare after blepharoplasty surgery
- CT scan to look for abscess
- Blood cultures and CBC with Differential
- Wound cultures if draining
- Admission with IV antibiotics
Summary

- The best way to manage complications is to avoid them in the first place
- Careful communication and evaluation helps keep us out of trouble
- Make sure you know what the patient wants
- Make sure you can accomplish this with your repertoire of techniques
What would you do?
Blepharoplasty
(Upper and Lower Lids)

BEFORE

AFTER
What would you do?
Chemical Peel/CO2 Laser

BEFORE  AFTER
What would you do?
Blepharoplasty (Upper and Lower Lids)

BEFORE

AFTER
Questions