

BLEPHAROPLASTY

(Upper and/or lower eyelid surgery)

Upper and lower eyelid surgery aims to restore a more youthful and rested appearance to the eyes. This involves removal of redundant skin and/or fatty tissue. The lower lid can be approached through an incision inside the eyelid if skin does not need to be removed. If there is excess skin, the incision is made right under the lash line. For the upper lid, the incision is made in the natural crease (seen best where eyeshadow collects). The following is a list of the potential complications that could occur when a “lid lift” is performed. Some of the notions apply to both lids while some are unique to just the upper or lower lids and this will be indicated:

1. **Milia:** This word means little whitehead types of bumps that can appear along the incision lines. They result from tiny sweat glands in the lid skin that can be clogged after surgery. They are completely benign and can be treated by simple extraction in the office with a fine sterile needle. In some cases, they can clear up on their own. Although they can form along the lower lid incisions, they are far more common on the upper lids.
2. **Dry eyes:** You may feel your eyes are drier or itchier than usual after surgery. Some patients have dry eyes to begin with and surgery can worsen the problem, but is usually temporary. Artificial tears can be used to alleviate the discomfort until it passes.
3. **Asymmetry:** Minor asymmetries between the eyes are very common and can be more noticeable after surgery. This is because patients tend to look at their eyes in the mirror very often and very intensely after surgery. With completion of healing, the asymmetries can disappear. Rarely is a touch-up surgery needed.
4. **Lower lid sag:** Swelling, injury to the muscle and/or nerve to the muscle of the lower lid can make it lax and the lid can “sag.” This is usually a temporary occurrence that gets better with time and may require support of the lid with tape or some lid massage upward. Again, rarely is further surgery needed.
5. **Ectropion:** This word refers to pulling downwards of the lower lid with occasional eversion of the margin so the pink lining can show. It can result from scar tissue or from skin excision alone. Like the lid “sag,” upward massage and/or tape may be needed or further surgery. Dr. Pautler examines the lower lid carefully to see if your lids are prone to this potential sequela and if so, recommends a type of surgery called a canthopexy. This procedure positions the lower lid to secure it in a higher position to counteract downward forces.
6. **Lagophthalmos:** This word means “inability to close the eye.” It can result from excessive skin excision but more often it is a result of temporary muscle weakness and swelling. Time usually improves this condition considerably and very rarely is replacement of skin required in the form of a graft.
7. **Extraocular muscle injury:** The muscles that move our eyeballs in various directions can be injured during eyelid surgery, especially when large amounts of fat around the eye need to be removed. This is a highly unusual occurrence, but should it occur, repair by an Ophthalmologist may be necessary.

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8. Blindness: Bleeding in the deep tissues behind the eyeball can occur, especially when there is a lot of fat to be removed. The blood can cause pressure on the optic nerve, which can cause loss of vision. With good cauterization, according to the literature, is less than .05%. Fortunately, most plastic surgeons only read about this complication rather than experience it. Should this occur, immediate release of anything tight around the eyeball (incisions, sutures) must be done emergently.
9. Need to excise a little more skin: If you are getting a brow lift in addition to the upper lid lift, it is not unusual for Dr. Pautler to remove some more lid skin after you are completely healed. This is because it is difficult to judge how much of a “lift” of the upper lid the brow lift will have when the patient is lying down on the table. Dr. Pautler will try to judge what is the best amount to remove at the time of surgery, but keep in mind it is far easier to go back to remove some more skin than to have to go back and add some as a graft. With an upper lid lift alone, rarely does more skin need to be excised.
10. Upper lid ptosis: This refers to difficulty opening the upper lid, which is common right after surgery from swelling. However, long-term difficulty can result from damage to the structures that lift the upper lid. Should this happen, which is very unlikely, there are surgical procedures to correct this problem.

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