

PATIENT INFORMATION

Blepharoplasty

Blepharoplasty surgery involves removing excess skin, bulging fat and lax muscles from the upper lids. If the sagging skin obstructs peripheral vision, blepharoplasty can eliminate this obstruction and expand the visual field.

Excess skin and fat are removed from the upper lid through a cut hidden in the natural eyelid crease. If the upper lid is droopy, the muscle that raises the lid can be tightened at the same time (ptosis surgery). The cut is then closed with fine stitches.

What are the potential risks & complication of surgical correction?

The risks of surgery include:

1. **Infection:** this is very rare; occasionally the stitches may have an infective or inflammatory response, which settles with oral and topical antibiotics.
2. **Scarring:** this is normally hidden in the natural skin crease of the eyelid. Stitches may be visible for the first week, then, when they are removed, a faint scar is visible. The scar may seem a bit thickened & red for 6 to 12 weeks, becoming almost invisible after that period. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result.
3. **Bruising:** this is minimised by following the instructions on the post-operative information sheet. A haematoma may mean you have to go back into theatre to have the blood clot evacuated and then be re-stitched with the risk of a worse scar.
4. **Theoretical risk to vision:** any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is incredibly rare.

5. **Asymmetry** of eyelid shape, height or upper lid fold: this is rare, but can occur. Often asymmetry may be due to lid bruising and settles spontaneously as swelling resolves. Rarely, this may require revision surgery. Occasionally pre-existing asymmetry of the face, eyebrow or eyeball position, may be responsible, however this will be discussed with you prior to the operation by your surgeon.
6. **Temporary poor blink**: the muscle that shuts the eyelid has been cut to access the muscle that lifts the eyelid. Generally blink returns to normal within 12 weeks.
7. **Dry eye**: this is treated with artificial tear drops which you will be asked to continue for a month after surgery.
8. **Droopy eyelid or ptosis**: this can happen rarely and will need to be corrected by re-operation.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.