

COSMETIC EYELID SURGERY

INTRODUCTION

This is an information sheet which attempts to explain some of the important points which you should understand if you are thinking about having surgery to improve the appearance of your eyelids.

There are many different features of the eyelids which change with age or with disease. Some of these can be corrected very successfully by surgery, but some of them cannot be corrected fully.

The common problems are one or more of the following:-

- 1) Excessive folds of skin in the upper or lower eyelids.
- 2) The presence of wrinkles appearing in both upper and lower eyelids and in the crow's foot area.
- 3) Bagging or bulging of either the upper or lower lids or parts of them.
- 4) Laxity or floppiness of the lower eyelids.
- 5) Drooping of the eyebrows giving the eyelids a heavy appearance.
- 6) Small warty growths or cysts or swellings in the eyelids.

- 7) More complicated problems which are the result of either injury, scarring or other diseases.
- 8) Droopiness of the eyelids which leads to the eyelid obscuring the vision of the person. This is known as “ptosis of the eyelids.”
- 9) Turning in or turning out of the eyelids (entropion and ectropion).

SOME BASIC ANATOMY

The seeing part of the eye, the eyeball, is suspended in a protective box of bone by muscles and ligaments and is surrounded by fat which protects it and acts as a shock absorber. It is held in place by the restraining pull of the muscles which move it. The fat is held back by the membranes and muscles of the eyelids. The eyelid muscles are of 2 kinds. There is a ring on the outside just underneath the skin which can squeeze the eyelids tightly together and there are the opening muscles which pull the lids apart (open the eyes). These lie underneath the outer ring of muscle.

The eyelids bulge usually because there is either too much fat around the eye or because the muscles become tired with age and relax too much to allow the fat to push them outwards at their weaker points, causing a very obvious bulge on the outside. The bulges usually appear at the inner side of both the upper and the lower lids first of all and then appear later in the middle part of the lower lids and finally in the middle part of the upper lids.

Unfortunately, eye exercises don't correct the slackness of the muscle and so there is nothing that the person can do for themselves to correct the problem.

WRINKLES

Wrinkles arise as a result of the aging process in the skin. The balance of collagen fluid and fat affects the smoothness of the skin. It is the process which happens throughout the body, but affects the eyelids often sooner than other parts of the face and sooner than elsewhere in the body.

Wrinkles often appear earliest in heavy smokers or in people who have spent much of their life in hot countries where they have been exposed to the sun. Very fine surface wrinkles can be reduced to some extent by a medication called Retin-A. This can be put onto the skin either as a lotion or a cream. Retin-A is a type of Vitamin A which can be obtained only on prescription from a Doctor. It needs to be put on in weak strength at first about once per day. It causes a tingling and redness of the skin which is more noticeable in some people than in others. Retin-A helps to regularise the way cells in the skin reproduce. It normally takes the skin cells about 40 days to reproduce themselves and to become shed from the surface. Retin-A seems to bring this skin cell cycle under better control and makes the skin healthier. No visible improvement is usually seen until at least 2 skin cell cycles have occurred, ie 2 lots of 40 days. Improvement usually continues for up to 6 months if it is applied every day. Some patients can tolerate it very easily, but others find it uncomfortable.

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Unfortunately, it doesn't have any long lasting or permanent benefit and has to be used for most of the time for worthwhile long-term improvement.

Retin-A is a useful preparatory treatment for something known as a chemical peel because it helps the skin to heal more quickly after the peel.

WRINKLES AND CHEMICAL PEELS

A chemical peel is a controlled removal of the outer layers of the skin resulting in a tightening effect on the skin and so a reduction in the wrinkles. The Doctor applies a special chemical to the skin which causes a light burn of the skin, which subsequently peels off like a severe sunburn with blistering. A chemical peel can produce a significant improvement in eyelid appearance with fine wrinkles, but has to be done with great care. It takes up to 5 days to recover from it and the lids are often very weepy and sore for 3 or 4 of these 5 days. If the chemical peel is applied too lightly it will have very little beneficial

effect. If the chemical peel is too strong it will take much longer than 5 days for the skin to heal and it can result in unwanted scarring.

Chemical peels take only a few minutes to perform. The eyelids should be free of make-up or grease, but the patient must be prepared to accept that the eyelids will be sore and unsightly for up to a week afterwards. Dark glasses may help to disguise the effect.

SURGERY FOR THE EYELIDS

The Surgeon will want to know what particular aspect of your eyelids worries you before offering you any operation. Some problems are relatively easy to correct, such as bagginess, but others are much more difficult, wrinkles for example. Surgery can be done under local anaesthetic with the person awake or under general anaesthetic with the person asleep. Surgery always involves making a cut in the skin somewhere and so there is bound to be a scar. The skill of the Surgeon is to disguise the scar as far as possible in the natural crease lines of the eyelids, particularly the crow's feet. Fortunately, most scars in the upper eyelids are unnoticeable when the eyelids are open. In the lower lids the scar lies so close to the margin that the scar is not noticeable.

The scar in the crow's foot area may be pink to red for a month or so after the operation, but usually fades extremely well in most people. A few people (often red haired individuals) are unlucky in that the scars remain redder for much longer.

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Some people are unlucky because the skin puffs up a lot and stays puffed up for several weeks. Very, very occasionally patients suffer from longer term swelling which can last a month or more. One cannot predict in advance who is going to react well or badly. It is, therefore, advisable to assume the worst and that you might suffer from bad bruising which will be noticeable for up to 10 days to a fortnight, although the majority of people are likely to have recovered reasonably well within a week.

Everyone develops bruising to a lesser or greater extent. The worst appearance is "a black eye." Fortunately this is relatively rare, but does occur in people who are known to

have very delicate skin which bruises easily. It is particularly likely in patients who need to take Aspirin. If you can avoid taking Aspirin for 2 to 3 weeks before the operation it makes the likelihood of bruising a lot less.

Stitches are usually removed within 4 to 5 days after the surgery. Many people are afraid that the removal of the stitches will hurt, but in fact this is extremely rare and only people with very sensitive skin or who are exceedingly nervous actually experience any significant pain.

Bruising can be reduced to some extent if the Surgeon gives the patient an injection of strong steroid just before the surgery. Some people take Arnica tablets or other homeopathic medication to try and reduce bruising. Some resort to the old remedy of using Witch Hazel Lotion on the eyelids afterwards.

Most Surgeons encourage the use of cooling eye pads after the operation, for a few hours at least, and many people find them soothing and helpful if used intermittently for 2 to 3 days after surgery.

Many Surgeons put protective ointment in the eyes before carrying out the surgery. This means that vision is blurred during the surgery and afterwards until the ointment clears itself away. It is usually inadvisable to try and drive a car immediately after eyelid surgery in case the Surgeon has used ointment in your eye.

These include:-

- 1) Surgery for wrinkles/smile lines.
- 2) Surgery for bagginess of the eyelids.
- 3) Surgery for skin folds, warts and growths.
- 4) Surgery to lift the eyebrows.

UPPER EYELID SURGERY

It is a relatively simple matter to trim away some of the folds of the loose skin in the upper eyelids. Some of the bagginess which often appears at the inner corner can be corrected as well. The Surgeon usually marks out the skin to be removed before the operation. This is usually done with the patient sitting up. The surgical cut runs along the middle of the upper eyelid and takes out a crescent shape of skin.

It is usual to take some of the muscle immediately underneath the skin as well to enable one to remove some of the fat which lies immediately underneath the muscle. The wound is closed with a running stitch which can be slid out gently 4 or 5 days later. The Surgeon often joins the stitch in one upper eyelid with that of the other upper eyelid by taking the stitch over the bridge-line of the nose. This is usually the most comfortable way of stitching the upper eyelids.

Before considering this type of surgery, however, it is advisable to check to see how much of the slack folds of skin of the eyelid are due to the drooping of the eyebrows. If you look at yourself in the mirror and raise your eyebrows as in surprise, you will find that the upper eyelids don't look as wrinkled and folded. Next, if you relax your forehead and place your fingers on the upper forehead skin and gently force it up and lift the eyebrows this way you will see the same effect, but also notice how much younger your face looks. This is the effect of the forehead lift and it may be of greater benefit than surgery to the upper eyelids themselves. A forehead lift won't get rid of bad bulges in the upper lids and won't affect

the appearance of the lower eyelids. However, it must be discussed carefully with the Surgeon before any final decision is made about what kind of surgery to have.

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If the long-term plan is to have a face lift and a forehead lift then the surgery to the upper eyelid should not be too radical because, if one removes the maximum amount of skin in the eyelid, one will then have to be very conservative in how much one can lift the eyebrows at a later date.

LOWER EYELID WRINKLES AND BAGGINESS

Some people with naturally smiling looks tend to produce deep smile lines around the eyes which show their age prematurely. These wrinkles are very obvious every time they smile. They are due to the loss of fat from the eyelids between the skin and the muscle. One is effectively seeing the effect of the muscle contracting on the skin. Sometimes the only way of controlling these smile wrinkles is to tighten the muscle as well as the skin. A cut is made along the underside rim of the lower eyelid (a marginal incision) and it runs on into one of the crow's foot crease lines. The skin can be pulled upwards and outwards, either with the muscle or separated from the muscle. The excess is trimmed so that it is tighter, but not so tight as to pull the edge of the eyelid down.

Before stitching the eyelid together again, any extra fat which may be bulging forward can be trimmed from underneath the muscle layer. Sometimes it can be difficult to judge quite how much fat to remove, particularly in patients where the bagginess varies in severity during the day.

Some ladies complain that the bagginess is much worse in the morning than the evening or vice versa.

The lower eyelid stitch uses the same technique as in the upper eyelid. This is a so-called subcuticular stitch which can be slid out 4 or 5 days after the operation. In the crow's foot

area the more conventional stitching is used but using very tiny stitches which are also removed 4 to 5 days after the operation.

It is most important to emphasise that one can never get rid of all the wrinkles in the lower eyelids by simply tightening the skin by surgery. However, surgery will undoubtedly smooth out the skin to some extent and make the wrinkles less obvious.

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SOME PROBLEMS AFTER EYELID SURGERY

- 1) Blurred vision for a day or so.

- 2) The eyelids may hurt. (Pain is usually controlled easily with Paracetamol).

- 3) Accidental wiping of the eyelids which have been stitched and thereby pulling on these stitches causing pain.

- 4) Swelling of the eyelids for several days so that it is difficult to assess how successful the operation has been.

- 5) Bruising (black eye type appearance) which can last for between 1 and 2 weeks in most cases, but up to 3 or 4 weeks in unlucky people.

- 6) A sudden swelling due to a broken blood vessel leading to a blood blister or haematoma. This is usually best left alone because it usually clears up quite rapidly by itself. Occasionally the Surgeon has to open the wound again to remove the blood clot.

7) Infection. (This is, fortunately, very rare indeed).

8) Darkening of the skin. Some people, especially of Mediterranean origin, notice a darkening of the skin after the surgery in the lower eyelids for a few months. The same problem can occur occasionally after cosmetic surgery on the nose, but it nearly always clears up eventually by itself.

SPECIAL PROBLEMS

Thyroid Disorders

People who have had or who still have an overactive thyroid gland may have a staring appearance. These people are often very conscious of the appearance of their eyelids. Cosmetic surgery for them has to be done extremely carefully. In these patients it is too easy to remove too much skin in an effort to improve them. This has to be discussed carefully with the Surgeon.

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Shadows Under the Eyes

Cosmetic surgery seldom corrects this. Sometimes a shadow appearance under the eyes is due to the slight sunkenness of the lower eyelids. Sometimes this can be corrected by filling out the lower eyelids. Sometimes it is corrected by tightening of the skin, but dark shadows underneath the eyes may be a reflection of the overall health of the person and may not be improved by cosmetic surgery alone.

Puffiness Over the Cheek Bones

Many patients seeking cosmetic surgery to improve their eyelids have a degree of puffiness in the skin immediately over the prominence of their cheek bones (the outer side of the lower eyelid where one can feel the bone underneath). This puffiness often is not particularly obvious at the time the person comes to seek help due to the bagginess and

winkles in the skin around it. However, when one has tightened up the skin and removed any excess fat which is causing bagginess, the puffiness can remain. It then becomes the most noticeable part of the eyelid when the rest of the lower eyelid looks a great deal better. The puffiness can look and feel like the presence of fluid underneath the skin. Unfortunately it is extremely difficult to get rid of by any further surgery. Experience has shown that the best thing to do about this type of puffiness is to wait because it nearly always settles down and disappears eventually, but it may take anything up to a year to settle down.

NB: The puffiness can be very distressing to a few people and some believe that the Surgeon has done something wrong or different to them to cause this problem to occur. This is not the case and it is just one of those unfortunate complications which occurs in a very small portion of patients (perhaps 1 in 50). No-one has yet found any particular reason for it occurring. Nevertheless, all experienced Cosmetic Surgeons involved in doing eyelid work recognise it as an unfortunate, but unpredictable, complication which arises irrespective of the style or the technique of surgery for the lower eyelids.

Growths of the Eyelids

There are many different types of growths which appear on or within or underneath the skin of the eyelids. It is usually possible to get rid of these relatively easily, if there is enough loose skin in the eyelids.

In the vast majority of people such growths appear in middle age and there is usually enough loose skin to be able to cut out the growth and in fact improve the appearance of the eyelid at the same time. However, if one makes one eyelid look very much better than the other, some people then want to have a similar operation done on the opposite eyelid to keep them looking the same.

Many medical insurance companies are very happy to pay for the removal of growths in the eyelid skin, but may refuse to cover the cost of surgery to the eyelid of the opposite eye to keep them looking the same.

Corneal Exposure (Exposure Keratitis)

In the first day or so after an operation on the eyelids, the swelling and the tightness of the skin can cause the eyelids to pull away or pull down from the centre of the eye. This can result in drying of the cornea making it very itchy and sore. This problem usually occurs in relatively few people, fortunately. Nevertheless, it may be necessary to protect the cornea for the first day or so after the operation by putting special ointment into the eye while the tightness of the eyelid settles down.

Syringomata

There are a small number of people who suffer from a peculiar form of spotty growth in the skin of the lower eyelids. This can only be diagnosed by a Doctor familiar with this condition, such as a Dermatologist or a Plastic Surgeon or an Ophthalmic Surgeon. Sometimes these little growths, which look like pimples, cover the whole extent of the lower eyelid and look quite unsightly.

Because they cover such a wide area, it is impossible to get rid of them by cutting out the skin and tightening it up. This operation would still leave them with a large number of these little pimples. Sometimes they appear in a small band which can be cut out easily and which will give rise to a significant and immediate improvement.

Recent experience has shown that the best treatment for these particular lesions, which are known as syringomata, is probably a special carbon dioxide laser. It will be sensible to discuss the whole matter carefully with the Surgeon.

Xanthelasmata

These are yellowish fatty swellings appearing in the surface of the skin both of the upper and the lower eyelids. They can vary in size from a pinhead swelling to a large plaque which can cover almost the whole of the eyelid. They are associated with abnormal metabolism of fat in the body.

It is very important that somebody with xanthelasmata should have their blood checked by their own Doctor. They should be tested for levels of fatty acids and triglycerides because it may be advisable for them to change their diet. Some of these patients are prone to heart disease. Xanthelasmata can usually be removed quite easily under local anaesthetic. In the majority of cases they can be removed with the production of relatively inconspicuous scars. Only if they are extremely extensive would skin grafting be needed.

Drooping Eyelids (Ptosis)

Droopiness of the eyelids is a congenital condition in the vast majority of patients. It is usually corrected in childhood, but a small number first occur in middle age or in late age. This is a problem which requires surgery to the muscles which are responsible for opening and shutting the eyelids. It is highly specialised surgery usually carried out by Surgeons who have a particular interest in it. It may require considerable technical expertise for the best results.

THE PROBLEM OF DRY EYES AFTER BLEPHAROPLASTY

As people get older they produce fewer tears and a lot of people notice a sense of dryness in their eyes which they didn't have when they were younger. There is a slow change in the way the glands produce enough secretions to lubricate the front of the cornea and the conjunctiva (which is the membrane covering the eyeball). When one carries out an eyelid operation the glands which secrete the greasy substance to make a comfortable tear film may stop working temporarily, or produce less secretion than normal, and this can give rise to a sense of dry eyes and a grittiness in the eye. In most people, it troubles them only for a few days, but in some people it can last very much longer and it may be necessary to use artificial substitutes for tears of which there are many types.

If you know that you have a tendency to a sense of dryness in your eyes, then please mention this because it may mean that the style of the operation will have to be modified slightly to take account of the tendency to dry eyes. It is very important to mention whether you already use artificial tears or lubricants in the eyes, and if you do, please bring these with you to the consultation to show the Surgeon exactly what you use.

This information sheet is not intended to be completely comprehensive and to cover every aspect of eyelid surgery because it would require a book to do this. However, it should be the basis for a better understanding of what is involved and the limitation of what can be expected. It should be used in combination with a careful consultation with a Plastic Surgeon.

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