Patient Information for Consent

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OP02 Blepharoplasty

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This document provides you with the information you require for your operation. Please read it and get back to us if you have any questions. Thank you.

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UNITED KINGDOM

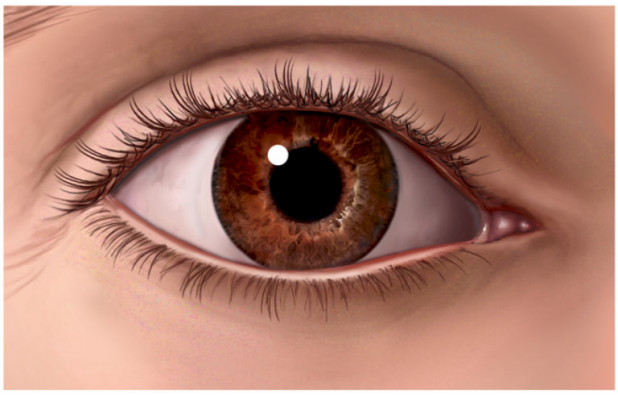
What is a blepharoplasty?

A blepharoplasty is an operation to remove excess skin and fat from your eyelids and to tighten your skin and soft tissues around your eyes.

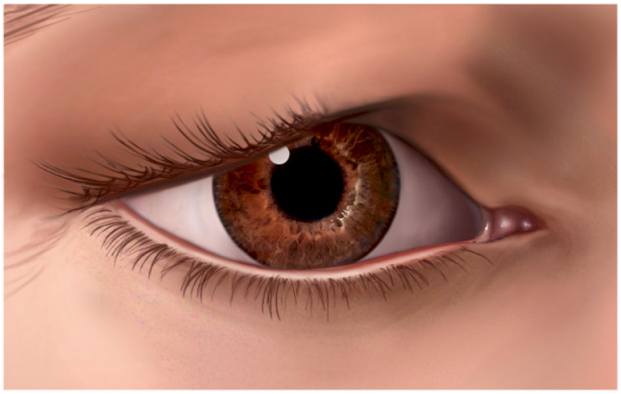
Your surgeon will assess you and tell you if a blepharoplasty is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.



A normal eyelid



A sagging eyelid

Is a blepharoplasty suitable for me?

As you get older, your skin loses its elasticity (stretchiness) and gravity pulls down on the soft tissues of your eyelids, causing them to sag. Small fat pads behind your eyelid tissue can push forward through weakened muscles, making your eyes look tired and puffy.

Excess skin in an upper eyelid can sometimes hang down low enough to interfere with your vision.

An upper-eyelid blepharoplasty can be an effective treatment to improve your vision. Sometimes a drooping eyebrow and forehead can make your upper eyelid look as if it is sagging.

Your surgeon will assess you and may suggest an eyebrow lift instead of, or at the same time as, a blepharoplasty.

Skin in a lower eyelid can lose its tone, sag and develop wrinkles, and appear puffy caused by bulging fat pads. A lower-eyelid blepharoplasty can help to reduce wrinkles and puffiness.

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records and asking you questions about your medical history. Your surgeon will examine your face and the quality of your skin.

They may also ask you if you are planning to lose a lot of weight. It may be better to lose the weight before having surgery.

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What are the benefits of surgery?

If an upper eyelid is interfering with your vision, your vision should improve.

Are there any alternatives to a blepharoplasty?

A blepharoplasty is the most effective way to reduce sagging in your eyelids.

Your surgeon may be able to assess you for laser skin resurfacing, where a laser is used to gently burn the surface of your skin in a controlled way. New, softer and less-wrinkled skin heals in its place.

The effect is not permanent and the procedure is usually not suitable if you have dark skin.

Injecting Botox can smooth out fine wrinkles.

If you have signs of ageing in other parts of your face or neck, you may want to consider having a facelift or eyebrow lift at the same time as a blepharoplasty.

What will happen if I decide not to have the operation?

Your surgeon may be able to suggest an alternative to reduce the signs of ageing in your eyelids. If an upper eyelid is interfering with your vision, the problem may get worse over time. A lower eyelid will continue to sag caused by the effects of gravity.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

An upper-eyelid blepharoplasty is usually performed under a local anaesthetic that is injected in your eyelids. A lower-eyelid blepharoplasty is performed under a general anaesthetic or sedation. You may also have injections of local anaesthetic to help with the pain after the operation.

The operation usually takes an hour to 90 minutes.

- Upper-eyelid blepharoplasty – Your surgeon will make a cut on the natural skin crease just above your eyelid. They will remove any excess skin and fat that is pushing through the muscle.
- Lower-eyelid blepharoplasty – Your surgeon will make a cut along the rim of your eyelid below your eyelashes to just beyond the outside edge of your eye. They will remove any excess skin, and remove or redistribute any fat that is pushing through the muscle. Your surgeon may tighten your eyelid to help to prevent it from sagging (canthopexy).

For some people where the problem does not involve excess skin, your surgeon will perform the operation through cuts made inside your eyelids. They will either remove the fat pads or reinforce the muscle. Your surgeon will close the cuts with stitches.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as

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herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

Keeping in the same position

If the operation is performed under a local anaesthetic, you will need to lie still and flat during the operation. If you cannot lie still and flat, let your surgeon know.

Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. Usually there is little bleeding. Your eyes may look bruised and your eyelids may swell but this usually settles within a few days. If you bleed, keep your head raised and press firmly on your wound for a few minutes with a clean tissue and an ice-pack (do not put ice directly on your skin). If the bleeding continues, keep pressing firmly on your wound and contact your surgeon or go immediately to your nearest Emergency department.
- Infection of the surgical site (wound) (risk: 2 in 1,000). It is usually safe to shower after 2 days but you should check with the healthcare team. If your eyelids become swollen and painful after a few days, let your doctor know. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases you may need another operation. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat

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any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.

- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Too much skin being removed, which can cause a tight eyelid that you cannot close properly. The surface membrane of your eye (conjunctiva) may get too dry. If this is severe, you will need a small skin graft.
- Swelling of the conjunctiva (risk: 1 in 4).
- Bleeding into your eye socket (risk: 1 in 2,500). This can increase the pressure in your eye socket and, if not relieved quickly, can lead to permanent loss of vision (risk: 1 in 20,000). The risk is higher if your surgeon needed to remove fat.
- Corneal abrasion, where the surface of your eye gets scratched during the operation or by a stitch. You may need antibiotic ointment for a few days.
- Double vision (risk: 2 in 1,000), if the operation involved removing fat from a lower eyelid, caused by damage to an eye muscle that lies in the fat. Double vision can be permanent so you may need another operation.
- Unsatisfactory result. You may need another operation to redo (revise) the blepharoplasty (risk: less than 4 in 100).
- Cosmetic problems. It is difficult to predict exactly how your wounds will heal. Although you will be able to see the scars at first, they will usually fade after 4 to 6 months. You may lose some eyelashes and one eye may look noticeably different to the other.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. Your eyelid may feel slightly uncomfortable. If you are in severe pain, let your surgeon know as this is unusual.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward or day-case unit. If you have only an upper-eyelid blepharoplasty, you should be able to go home after a few hours.

If the operation involves a lower-eyelid blepharoplasty, your doctor may recommend that you stay overnight.

You may need pads on your eyes for a few days. Hold ice-packs against your eyelids for up to 10 minutes 3 or 4 times a day to reduce any bruising or swelling. It is common to have watery eyes and to feel grittiness in your eyes for 1 to 2 days. Your surgeon will give you lubricating eye drops to help to ease the discomfort.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

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Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- You should be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Do not do strenuous exercise or bend down for the first week. Sleep with extra pillows to keep your head raised. Be gentle with your eyelids for at least another month. You can gently clean your eyes using wet gauze (a thin fabric dressing).

Do not wear eye make-up or drink alcohol for a few weeks, and keep your face out of the sun.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress.

It usually takes a few weeks for your eyelids to look and feel more natural, and for the swelling to go down.

Less than 4 in 100 people need to have another blepharoplasty (revision surgery) to produce a satisfactory result.

The results of a blepharoplasty can last for 5 to 10 years and sometimes can be permanent.

Summary

A blepharoplasty is an operation to remove excess skin and fat from your eyelids and to tighten your skin and soft tissues around your eyes.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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