**SURGICAL/PROCEDURE NAME**
Blepharoplasty

**COMMON NAME**
Eyelid surgery

**INTRODUCTION**
Blepharoplasty is the procedure used to correct conditions like baggy lower eyelid, lower eyelid wrinkle and the so-called tear-trough deformity. Firstly, the mechanism of deformity, the baggy lower eyelid is the senile change in the peri-orbital fat prominence that is caused by laxity of the fat contents which is the fascia (orbital septum) & the muscle (orbicularis oculi) layer. The amount of peri-orbital fat cannot increase with age and pay much less responsibility to the baggy eyelid as previously understood. Secondly is about the lower eyelid skin excess that expands with age. Thirdly, laxity of the lower eyelid sphincter muscle. Lastly, the tear-trough deformity is the separating invaginating skin zone between 2 bulging areas of peri-orbital fat and cheek (malar) fat pad.

**SURGICAL PROCEDURE**
The surgeon will, according to how a patient presents, remove the excess fat of a baggy eyelid and possibly tighten the muscles. The surgeon may also remove the excess skin.

**HOSPITAL ADMISSION**
Outpatient procedure. No admission necessary

**DURATION OF OPERATION**
2-3 hours

**ANESTHETIC**
Normally, it is done under local anesthetic injection. The procedure can also be done under general anesthesia.

**PRE-OPERATIVE CARE**
Inform your surgeon of any drug allergies, all medical conditions and any medication that you are taking both prescription and non-prescription. Patients who suffer from hypertension must control blood pressure to the normal level before getting the surgery.
BLEPHAROPLASTY
(EYELID SURGERY)

2 WEEKS PRIOR TO SURGERY:
To prevent the occurrence of abnormal bleeding that will cause many adverse consequences such as difficult surgery which can prolong operative time, post-operative hematoma that will worsen the surgical result (ectropion, infection), prolonged post-operative pain and swelling, you should avoid consumption of any bleeding promoting medications (Aspirin, Ibuprofen, anticoagulants, Vitamin E, Estrogen hormonal derivatives).

6 HOURS PRIOR TO SURGERY
• No food and liquid intake if general anesthesia is planned.
• No eye make-up, mascara and ensure the face is clean of any cosmetics.

POST-OPERATIVE CARE
DRESSING: A compressive adhesive tape over the lower eyelid will usually be applied for 3 days. Clean the sutured area daily, twice with non-irritating substance like saline solution or medication provided by your surgeon.

MEDICATION: You will be provided with oral antibiotics, anti-swelling and pain reliever tablets. Take the medications as directed by your surgeon. Note that it is important to complete the full course of antibiotic therapy.

COLD COMPRESSION: Can be applied for the first 3 days to prevent further bleeding from the wound and to minimize swelling.

WARM COMPRESSION: Can be applied after 3 days to assist healing. Warm compression should not be used for the first 3 days unless instructed by your surgeon.

SUTURE REMOVAL: Will be done on the 5th or 7th day post-op.

FOLLOW-UP APPOINTMENTS: Scheduled on the 7th day following your surgery. Your surgeon may also schedule other follow-up appointments if necessary.

SHOWERING: Keep the suture site dry and away from any sweat and dirt until your stitches are removed. You may apply Chloramphenicol ointment over the suture line before taking a shower.

ACTIVITY: It is advised to have bed rest in a cool and dry room and to limit your activities for a few days following surgery. You should also avoid all activities that are strenuous for the first 3 days.

LYING POSITION: In the first few days and when sleeping, it is best to lay with your head elevated.
BLEPHAROPLASTY
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RECOVERY
In the first 2 days following the procedure, pain may be intense and bruising and swelling will be evident. This will start to subside after approximately 3 days, with 80% recovery most likely in 3 weeks. The scar will be hidden very close to the lower eyelash.

WHEN TO CALL
It is important that you know the signs of infection. This includes fever temperature over 37.8 °C, pain not relieved by medication, increased redness along the incision, yellowish or greenish fluid collection on the wound edge, excessive swelling or excessive tenderness. When signs and symptoms of infection are noted or there is bleeding from the incision that is difficult to control with light pressure, contact your surgeon.

RISKS AND COMPLICATIONS
Risks are inherent to any surgical procedure. The most common risks are swelling, bruising, bleeding, infection, excess fluid and scarring. Ectropion or the eversion of the lower eyelid rim may happen in some patients that have very weak eyelid. You can reduce your risks by closely following your surgeon’s instructions both before and after surgery.