
Department of Oral and Maxillofacial Surgery

Frequently Asked Questions about Blepharoplasty

This leaflet has been written to help your understanding of eyelid surgery (Blepharoplasty) and answers many commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon. This leaflet has been taken from the British Association of Oral and Maxillofacial Surgeons.

What is the problem?

The skin tends to lose its elasticity with age. In the eyelids this results in excess skin which forms folds in the upper lids and deepening creases in the lower lids. There may also be a loosening of the muscles in the lower eyelid that allows fat from the eye socket to push forwards and produce bags. In some people, there is an inherited tendency for eye bags to develop in early adult life before any skin changes. Rarely problems can develop in and around the eyes because of medical complaints (for example: thyroid disease).

Most changes are worse in the morning and can be particularly bad during periods of stress or lack of sleep. If the forehead skin loses its elasticity the eyebrows may also droop and make the excess skin in the upper eyelid appear worse.

What can be done?

Eyelid surgery (blepharoplasty) can produce a more rested appearance. Depending on your problem, it may be necessary to remove excess skin, protruding fat or a combination of both.

What are the limitations?

It is important to understand that only the creases that are in the upper and lower eyelids are treated. Folds of excess skin extending on to the cheek will not normally be improved and laughter lines at the corner of the eyes will remain. Blepharoplasty has no effect on the dark colours which sometimes appear around the lower eyelids.

What does surgery involve?

Both upper and lower eyelid surgery can be carried out under local anaesthesia, intravenous sedation or general anaesthesia. The incisions follow the natural lines of your eyelids - in the skin creases of the upper eyelids and just below the lashes in the lower eyelids. Through these incisions excess skin and protruding fat is removed.

If you have bags in the lower eyelids without any excess skin then fat can be removed using a cut on the inside of the lower eyelid (transconjunctival blepharoplasty) that avoids an external scar.

Following surgery the incisions are put back together with fine stitches that are removed after around four days.

What can I expect immediately after surgery?

There is a variable amount of swelling and bruising in the skin around the eyelids. Occasionally the whites of the eyes may become bruised giving them a red appearance. All these changes are most noticeable in the first 24 hours after surgery. They will have greatly reduced by the end of the second week. Swelling and bruising can be improved by using cold compresses and sleeping propped upright for the first few days after surgery.

Do I need to take any time off work?

Depending on the nature of your work, it may be necessary to take about a fortnight off work and avoid strenuous exercise, including lifting, for this time. It is important to remember that you will not be able to drive or operate machinery for 48 hours after a general anaesthetic and 24 hours after intravenous sedation.

What are the potential problems?

- Infection is uncommon and can be minimised by the use of antibiotic eye drops or ointments
- Bleeding can occur but is usually slight and can be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab
- Closure of the eyelids may occasionally appear tight after surgery because of the swelling
- Any incisions made on the face will produce a scar but these should fade with time. After a couple of months they are usually almost invisible
- The eyelids may feel itchy and numb for several weeks after surgery
- Rarely the outside corner of the lower eyelid may pull down slightly (an ectropion). This tends to settle on its own but may need further surgery
- Changes in vision are very rare

For more information, please contact:

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<http://www.baoms.org.uk/>



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Cantonese

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Bengali

Document history

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