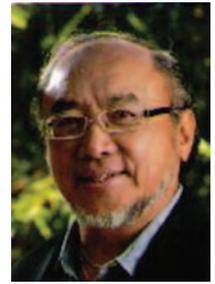




Upper Blepharoplasty

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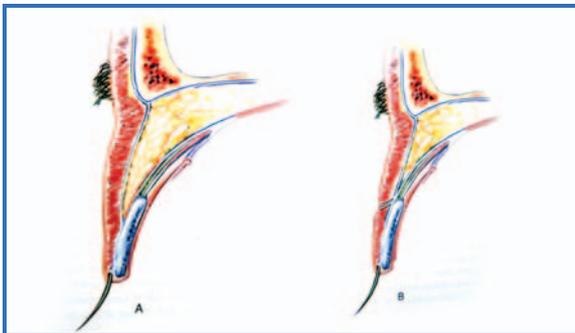


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In the world of Plastic and Cosmetic Surgery in Asia, upper blepharoplasty must rank as the commonest operation for a plastic surgeon.

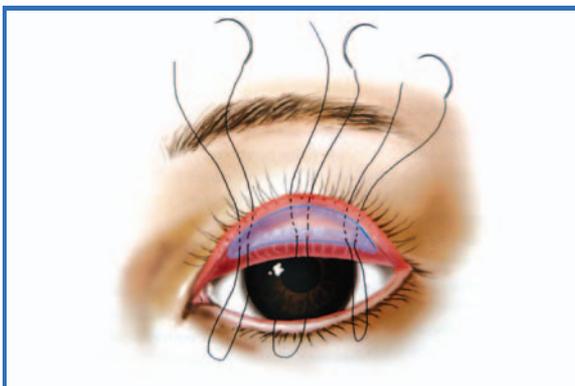
When we speak about this, the majority of the operations are for the creation of a "double Lid". I shall concentrate on this particular aspect of upper lid surgery in this issue of the Medical Diary.

Most Asians are not born with a double eye-lid and most of that is hereditary. The reason for the lack of a double lid crease is due to the orbital septum fusing with the levator aponeurosis below the superior tarsal border. This prevents the levator end-fibres to get an attachment to the overlying skin and it is this skin attachment that produces the double lid skin crease.



For those who want that fold (thus making the eyes look larger), our job is to create this attachment.

The operation for the creation of a double lid goes back to 1896 when a Japanese surgeon, named Mikamo, described a suture method.



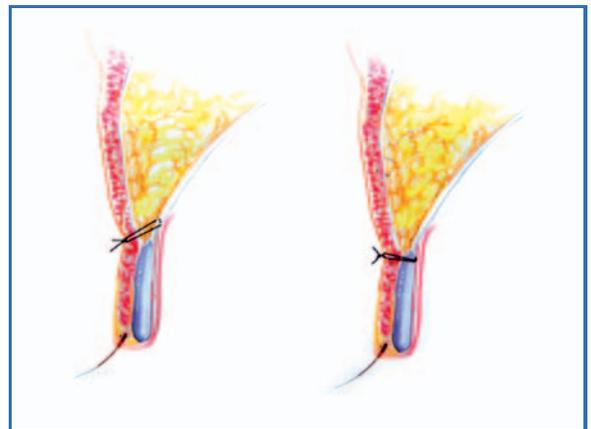
After that, ways to produce similar results have been published by many and most of them use an incisional method with tissue excision.

Their radical methods, over the years, are getting less favoured. Nowadays most patients prefer the close or suture methods. They usually give similar results but patients have the benefit of less down time, an important factor to consider in the present career-orientated commercial world.

Blepharoplasty in the Younger Population

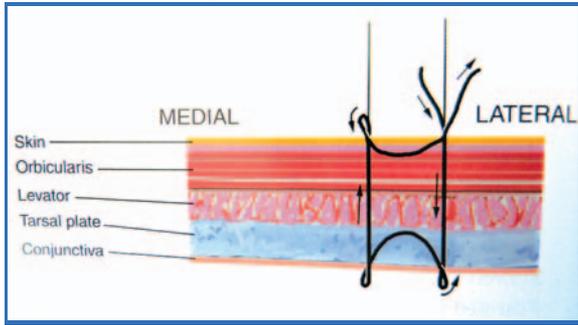
The creation of an adhesion between the skin and the underlying tissue is the plastic surgeon's primary concern. Most patients prefer the suturing method.

One can have a fixation of the skin to the tarsal plate or to the levator aponeurosis. The method of fixation, therefore, depends on the operator's preference. As there are so many types of suturing method, there is no rule saying which is better. The diversity of operations speaks for itself. An individual surgeon has his own pick as it usually works best for him.



The operation of suturing is mostly preferred by the younger generation and most of them are suitable as they do not have the added problem of skin redundancy. We will encounter this when patients in their 50s come in for advice.

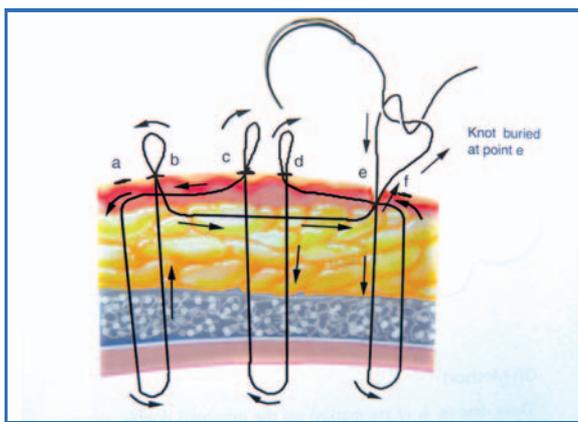
Suturing can be simple: Like the single suture technique



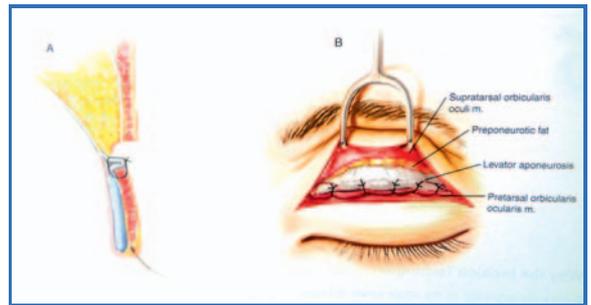
Some upper lid fat may be removed at the same time as well if required.



Multiple sutures may be used and they can be most complicated.



For a small percentage of cases the open method still has its place. Some plastic surgeons still use it as their mainstay because in experienced hands, the results are just as good if not better than the suturing method. Even the post-operation recovery period can be just as short and uneventful. This type of procedure sometime does better when there are some skin laxities or in patients with significant supra-tarsal fat.



Blepharoplasty in the Older Age Group

The older age group of patients present to us with a different problem. They usually see us because of drooping eye-lids that cause them to look old. Their previously present double fold disappears or has become less obvious. The lateral hooding, associated with the excessive skin, gives them a sad look. The way to tackle the problem is the removal of this excessive skin, and sometimes the excessive fat as well. This is where the suturing technique cannot tackle the problem of skin redundancy.

The primary cause must be removed, and for that, the open method should be used.



The amount of skin removal must be proportional to the individual and it is here that experiences in assessment are of primary importance.

Excessive skin removal would mean a persistent 'startled-look'. Inadequate trimming, on the other hand, will not give patients the result that they want.

Conclusion

To give the best results in Upper Blepharoplasty, the pre-operation assessment and the advice on possible results that one can achieve are the two most important duties the surgeon must do. They are just as important as his skill and knowledge of the procedure.



A well trained plastic surgeon can notice developmental asymmetry, which is far commoner than one thinks, in patients at consultation. With that information, he can advise the patients what can or cannot be changed. The eye-lid is such a small area that, during surgery, a slightly mis-placed incision or suture, even with the best of planning and marking, can produce results which are, on detailed scrutiny, slightly out of balance. Patients must be fore-warned. Acceptance will be needed. Luckily, minor flaws do settle with time.

The initial communication is of the utmost importance. There must be adequate understanding of the patient's wants. If the request is far from usual and you do not feel suitable for the patient, a refusal would be the better part of valour.

Upper Blepharoplasty operation is full of pitfalls and only time and experience can prevent you from falling into the obvious. My teacher always reminds me the following words "the more eye-lids you do, the more you will find yourself fascinated by the complexity and diversity of problems that you may face".

Adequate training and working on enough cases should be the prerequisite before one embarks on one's own.
