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INFORMATION BROCHURE BLEPHAROPLASTY



DEFINITION, OBJECTIVES AND PRINCIPLES

"Blepharoplasty" is a cosmetic surgical eyelid procedure that aims to correct aesthetic or functional imperfections, which can be either hereditary or secondary to age. Surgery can be performed on the upper lids, the lower lids or on both. Surgery can also be done on both eyes at the same time.

The most common imperfections that are addressed and improved by blepharoplasty are the following:

-Heavy and drooping upper eyelids with excess skin that forms a more or less pronounced fold

-Lower eyelid sagging with small horizontal wrinkles resulting from skin distension

-Fat herniations, responsible for "eye bags" in the lower eyelids or "puffy eyes" in the upper eyelids.

These imperfections often produce a tired, angry or aged appearance and a blepharoplasty aims to correct these to give a more rejuvenated and rested appearance to your gaze and surrounding eye area. This is accomplished by surgically removing or remodelling tissue, all while preserving the natural and essential functions of the eyelids.

Blepharoplasty can be performed on its own or in combination with other cosmetic procedures that address different fascial concerns. Other fascial alterations that you may experience and may wish to correct include forehead sagging, eyebrow drooping, "lion wrinkles" between eyebrows, "crow's feet" at eye corners, "hollow eyes", "sad eyes" with drooping eye corners or even skin surface imperfections (superficial wrinkles, scars, pigmentation). Treatment of these will call for procedures such as a forehead lift, temporal lift, cervicofacial lift, injections, lipostructure, fat grafting, canthoplasty or other medico-surgical therapies (lasers, peels, dermabrasion). These additional interventions can be either performed at the same time as your blepharoplasty, which is usually the case, or during a second visit.

Blepharoplasty can be performed in both women and men. Although patients usually do it when they are in their 40s, the procedure can be carried out at a younger age if the imperfections are due to constitutional (hereditary) factors, which is the case for some eye bags.

This cosmetic surgery cannot be covered by health insurance, except if your visual field is impaired by the excess skin, limiting peripheral vision. In the latter case, a visual field examination will be necessary in order to request reimbursement from your health insurance.

BEFORE THE INTERVENTION

Consultation

A consultation and a careful physical examination will be carried out by your surgeon to note all the important parameters before the operation. This will include evaluating your health, medical and surgical history and discussing your expectations. Your surgeon will then thoroughly evaluate the anatomy of your face, eyes and eyelids and dynamically analyse your gaze. He will also search for any abnormalities that could complicate or contraindicate the operation. A specialized ophthalmological examination is also frequently requested in order to detect any ocular pathologies, such as insufficient tears.

After having fully understood your request and having performed his or her assessment, your surgeon will guide you in choosing the best, safest and fastest treatment for your case and desired result. Note that your surgeon may suggest a different treatment than what you initially thought, for example, filling dark circles with injections of hyaluronic acid or your own fat, in association with an upper eyelid procedure.

Your surgeon will then provide a detailed description of the procedure and its risks and benefits. At the end of the consultation, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

Preparation

In preparation for the intervention, you will also have a consultation with an anesthesiologist at the latest 48 hours before the operation.

It is important to avoid taking aspirin within 10 days of the operation because it can increase bleeding. You will also be strongly advised to stop smoking, at least one month before and one month after the operation, because tobacco can cause delayed healing.

Finally, depending on the type of anesthesia, you will be advised to have an empty stomach (do not eat or drink anything) 6 hours before the procedure.

Smoking: Scientific data is currently unanimous on the harmful effects of smoking in the weeks surrounding surgery. These effects are multiple and can lead to major scarring complications, surgical failures and promote implant infection. For procedures involving skin manipulation such as abdominoplasty, breast surgeries or neck and face lifts, tobacco can also be the cause of serious skin complications. Apart from the risks directly related to the surgical procedure, tobacco can be responsible for respiratory or cardiac complications during anesthesia. The community of plastic surgeons therefore requests complete smoking cessation at least one month before the operation and during the healing phase (usually 15 days after the operation). This also applies to electronic cigarettes.

THE OPERATION

Type of anesthesia and hospitalisation modality

Three methods of anesthesia are possible:

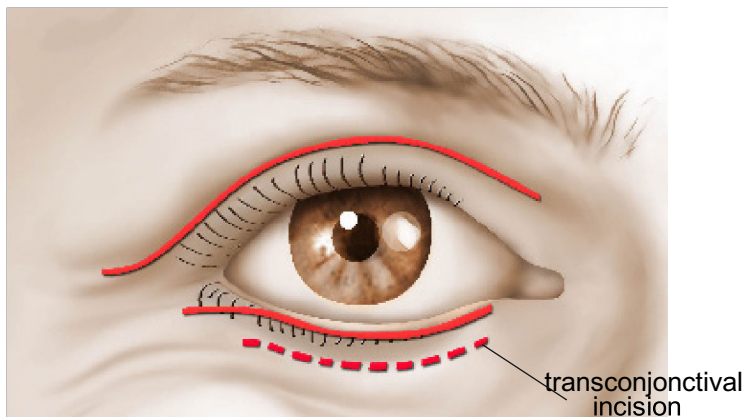
- Local anesthesia, where an anesthetic product is injected locally to ensure loss of sensation of the eyelids
- Local anesthesia deepened by intravenous tranquilizers ("watch" anesthesia or sedation)
- General anesthesia, during which you sleep completely

The choice between these different techniques will be the result of a discussion between you, your surgeon and the anesthesiologist.

Concerning the modality of hospitalisation, blepharoplasty is usually performed on an outpatient basis, where discharge is the same day as the surgery, after a few hours of monitoring. However, a short hospital stay may be preferred in some cases, depending on the surgery performed or patient characteristics (e.g., a hypertensive patient). In this

latter case, entry is in the morning (or sometimes the day before) and discharge is authorized the next day.

Surgical technique



Each surgeon adopts his own technique, which he adapts to each case to obtain the best results. Nevertheless, some common surgical principles and steps are retained:

Skin incisions

The incision lines correspond to the location of future scars and are designed so the resultant scars will be hidden within your natural folds.

- Upper eyelids: the incisions are hidden in the fold located halfway up the eyelid, between the mobile part and the fixed part
- Lower eyelids: incisions are placed 1 to 2 mm under the eyelashes and may extend a little outward

In the event of exclusively treating “eye bags” (without excess skin to be removed), a blepharoplasty can be performed through the trans-

conjunctival route, i.e., using incisions placed inside the eyelids and therefore leaving no scar on the skin.

Corrections

After the incisions, your surgeon will then remove or reposition fat deposits, tighten the muscles and remove any excess skin.

At this stage, many technical refinements can be made by your surgeon: canthopexy (fixation of the external angle of the eye, making it possible to treat laxity of the lower eyelid) or lipofilling to treat dark circles.

Sutures

Sutures will be made with very fine threads and will most likely be non-absorbable (and therefore removed after a few days).

Duration

Depending on the surgeon, the number of eyelids to be operated on, the extent of the improvements to be made and the possible need for additional procedures, the operation will last from 1 to 1.5 hours.

AFTER THE INTERVENTION

For the first few postoperative days, will have to rest as much as possible and avoid any strenuous exercise.

There will not be any real pain, but you may possibly feel some discomfort and tightness in your eyelids as well as slight irritation and visual disturbances. This period will mainly be marked by edema (swelling), bruises and tearing, the extent and duration of which vary greatly from one individual to another.

During the first days, some patients may also experience an inability to completely close their eyelids or a slight detachment of the external

angle of the eyelid that no longer perfectly sticks to the globe. These signs should not worry you, as they are quickly reversible.

The sutures will be removed between the 3rd and the 7th day after the operation.

The stigmas of the intervention will gradually diminish, allowing you to return to your normal socio-professional life after a few days (6 to 20 days depending on the case).

The scars may remain a little pink during the first few weeks but easily covered by makeup during this time.

A slight induration of the treated areas may persist for a few months but is not noticeable by others.

THE RESULT

A period of 3 to 6 months is necessary before being able to appreciate the final result. This is the time it takes for the tissues to regain their flexibility and for the scars to fade.

The intervention most often successfully corrects the initial concerns, leaving a rejuvenated appearance. Additionally, the results of a blepharoplasty are generally among the most lasting of cosmetic surgeries, eye bags, for example, are removed almost permanently, and usually never reoccur.

Result imperfections

Unsatisfaction with the result can be due to a misunderstanding of what can reasonably be expected after a blepharoplasty. This is the case with accompanying alterations such as forehead sagging and drooping eyebrows (which can only be corrected by a frontotemporal lift), fine lines or hollow eyes.

Result imperfections can occur due to unexpected tissue reactions or unusual scarring. These can cause slight downward retraction of the lower eyelids, small asymmetries or scars that are a little too white compared to the surrounding skin. If these imperfections do not disappear over time, they can be corrected by a touch-up procedure usually under local anesthesia but not before 6th months after the initial operation.

Moreover, as the skin continues to age, the resulting laxity can, over time, reproduce eyelid wrinkling. However, the need for a new intervention is rare for at least a dozen years.

The goal of this surgery is to bring improvement, not to achieve perfection. If your wishes are realistic, the result will give you great satisfaction

POSSIBLE COMPLICATIONS

Blepharoplasty, although performed for primarily aesthetic reasons, is nonetheless a true surgical intervention. Therefore, like all operations, whether major or minor, this intervention involves risks and potential complications which remain unavoidable. Surgery remains particularly subject to the hazards associated with living tissue, the reactions of which are never entirely predictable. Fortunately, serious complications remain rare and the postoperative effects are generally straightforward. Complications may be related to the anesthesia or to the surgical procedure.

Complications related to anesthesia

You will be informed on the anesthetic risks during the compulsory preoperative consultation with the anesthesiologist. You should be aware that anesthesia induces certain reactions in the body that are sometimes unpredictable and more or less easy to control. However, having a competent anesthesiologist in hand and a qualified surgical context, the risks of complications are statistically very low. It should be

kept in mind that the techniques, anesthetics and monitoring methods have made immense progress over the last thirty years, offering optimal safety, especially when the intervention is performed in an elective setting and in a healthy person.

Complications related to the surgical procedure

These risks are limited when your plastic surgeon is qualified and competent and has had adequate training for the specific operation. In practice, the vast majority of blepharoplasties do not experience complications, the postoperative effects are elementary, and patients are fully satisfied with their results. However, every surgical procedure is never completely free from possible complications, and despite their low frequency, you should still be aware of them:

- Hematoma (bleeding): Most of the time are mild, but must be removed if they become too large.
- Infection: Exceptional during a blepharoplasty apart from micro-abscesses that may develop on a suture point which are easily treated with local treatments, but that remain rare. Simple conjunctivitis will be prevented by the usual prescription of eye drops the first few days.
- Scarring abnormalities: Very rare on eyelid skin where the skin is very thin and usually heals very well. However, it is possible that the scars will not be as discreet as expected.
- Epidermal cysts: These can appear along the scars. They often disappear spontaneously or are easily removed during a check-up if necessary. They do not compromise the quality of the end result.
- Disorders of tear secretion: Persistent tearing is rarer than "dry eye syndrome" which sometimes decompensates a pre-existing tear deficit.
- Ptosis (difficulty in fully opening the upper eyelid): Very rare, except in patients over the age of 70 where a pre-existing deficit can sometimes be increased by the intervention.

- Lagophthalmos (inability to completely close the upper eyelid): Possible during the first few days after the operation. Its persistence beyond a few weeks should not occur.
- Ectropion (downward retraction of the lower eyelid): The major form of ectropion is extremely rare after a correctly performed blepharoplasty. The minor form ("round eye") sometimes occurs on poorly toned eyelids subjected to untimely scar retraction; however, it ends up fading most of the time after a few weeks of daily massages intended to soften the eyelid.
- Finally, quite exceptional cases of diplopia (double vision), glaucoma (ocular hypertension) and even blindness (whose mechanism is complex) have been reported in the international scientific literature after blepharoplasties.

All in all, we should not overestimate the risks but simply be aware that even a seemingly simple surgical procedure always involves some amount of risk. Choosing a qualified plastic surgeon ensures you that your doctor has the competence required to manage complications if they arise.

The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If any questions arise, we are available to discuss them during another consultation, by telephone, or even on the day of the intervention.



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