

# Information for patients

## Blepharoplasty surgery

### [surgery to correct excess eyelid skin]

Dermatochalasis is the medical term given to excessive or loose eyelid skin.

This leaflet gives you information that will help you decide whether or not to have surgery to correct your dermatochalasis. You might want to discuss it with a relative or carer. Before you have any operation, you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

#### **The condition**

Your eye surgeon has suggested that a blepharoplasty [operation to correct excess eyelid skin] may be of benefit to you. This may be because the skin of your eyelid is obscuring your vision or causing a feeling of tiredness or ache from your eyelids. Sometimes the operation may be performed because the appearance of the eyelid is not satisfactory.

If the operation is not performed the dermatochalasis will probably remain about the same but it may get slightly worse in the long-term.

Waiting for a longer period of time for surgery should not affect either the type of operation needed nor the outcome of that surgery.

#### **The operation**

The purpose of the operation is to remove the excess eyelid skin so that you can see more easily and / or improve the appearance of your eyelids.

As it is very important to remove just the right amount of skin from your eyelids the surgeon may mark your upper eyelids with a pen prior to the operation starting.

The operation is usually performed under local anaesthetic. With a local anaesthetic you will be awake during the operation. Before the operation, you will be given eye drops followed by an injection of local anaesthetic into your eyelid(s). The anaesthetic stings but this only lasts about 30 seconds.

During the operation only your face will be exposed, the rest of your body will be covered with drapes. You will be asked to keep your head still but you may talk. You will be aware of bright lights and the operating theatre staff. You may also be aware of some pressure and pulling sensations during the operation. If you feel any discomfort, tell the surgeon who will then give you a little more local anaesthetic.

The operation normally takes 20-30 minutes per eyelid, but may take longer.

A nurse will hold your hand the whole time to make sure that you are okay.

During the operation the surgeon will make a shallow cut in your eyelid. You will probably be asked to look up and down, and close your eye periodically. The surgeon will remove the excess skin before suturing the edges back together.

### **After the operation**

After the operation is completed your eye will normally be left open and without a dressing. Some ointment will be put on the eyelids and in your eye. This may make your vision a little blurred. The eyelid may ooze a little blood from time to time and this can be gently dabbed away. Sometimes your eyelid may be padded closed after the operation. This is more likely if the surgeon feels that your eye is not closing completely after the operation is finished and if the operation is performed on your lower eyelids.

If you have discomfort, we suggest that you take a pain reliever such as paracetamol every 4-6 hours (but not aspirin - this can cause bleeding). It is also helpful to place an ice-pack [or pack of frozen peas or sweetcorn] over the eyelids to reduce the swelling when you get home within the first 24 hours.

It is normal to feel bruised and a little discomfort for a while after surgery and some bleeding is not uncommon.

In most cases, healing is complete within 3-6 weeks.

Whilst your eye is healing it is advisable to avoid the following activities; strenuous exertion and hot baths. You should also do your best to keep out of dirty environments and please don't rub your eye.

You will be given ointment to place on the stitches on the eyelid 3 times a day. You are also asked to put some of the same ointment into your eye at night and whenever you are likely to fall asleep during the day. The hospital staff will explain how to use the ointment.

### **Most likely outcome of surgery**

The most likely outcome of the surgery is that your excess eyelid skin will have been completely removed without adverse event.

However, due to the nature of surgery, sometimes the amount of correction [excess skin removed] is too little and other times the amount of correction too much. If too little skin has been removed then the original problems related to the excess eyelid skin may persist. If this is the case a further blepharoplasty may be needed to correct the problem. If too much skin has

been removed it is possible that the eyelids may not close properly. This is usually only a transient problem that settles spontaneously but occasionally further surgery may be needed to allow the eyes to close. As you will now appreciate, the surgeon's skill is in determining just how much skin can safely be removed.

If you have had a blepharoplasty on one side only it is possible that the eyelids may look a little asymmetrical following the surgery. However, the surgeon will advise you if this is likely to be the case and will attempt to preserve symmetry where possible and appropriate to do so.

### **Benefits and risks of blepharoplasty**

The most obvious benefits are that the excess skin in your eyelids will have been removed with the result that your vision is no longer obscured and that the feeling of tiredness or ache from your eyelids, if previously present, will be relieved. If the operation has been performed because the appearance of the eyelid was not satisfactory the eyelid appearance should now be improved.

However, you should be aware that there is a small risk of complications, either during or after the operation.

### **Some possible complications during the operation**

- Bleeding
- Technical failure

### **Some possible complications after the operation**

- Bleeding
- Infection
- Eyelid scar – very unusual as eyelids heal very well
- Bruising of the eye or eyelids
- Eye develops dry eye
- Eye does not close – too much skin removed [usually transient and will settle]
- Excess eyelid skin persists – too little skin removed
- Allergy to the medication used
- Occasionally further surgery may be required

Minor complications are not uncommon but in most cases can be treated effectively.

In a small proportion of cases, further surgery may be needed.

Very rarely some complications can result in blindness.

We hope this information is sufficient to help you decide whether to go ahead with surgery.

Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.

GNS 2020