

MR DAVID CHEUNG

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Cosmetic Eyelid Surgery & Blepharoplasty (Eye Bag Removal)

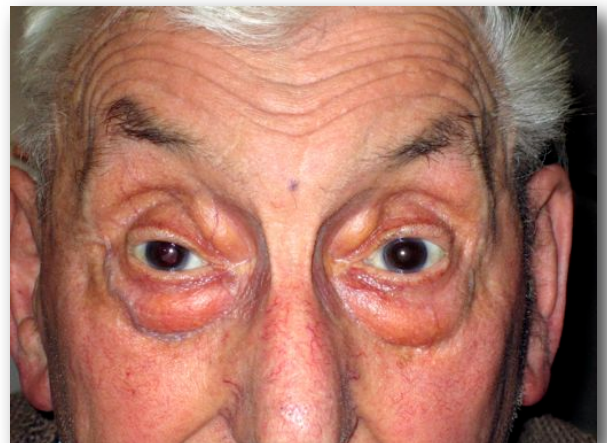
We hope this information will help answer any questions you may have regarding cosmetic eyelid surgery. Please feel free to ask any further questions when you see Mr Cheung when you attend the hospital next time. This information sheet is for your general information only and is not intended to be a substitute for a proper consultation by a trained medical professional.

Please feel free visit the website: www.mrdavidcheung.com, for further information.

Ageing Changes of the Eyelids

The eyes have a central role in facial expression. Two thirds of people when questioned say that their eyes are their most dominant facial feature. As we age, changes occur which become increasingly obvious with time. The tissues of the face start to lose their elasticity and tone. The forehead starts to sag, the eyebrows themselves start to descend and we start to develop excess skin in the upper lids leading to a 'hooded lid' appearance. The lower lids start to become increasingly lax, the tissues of the eyelids become weaker, allowing the fat within the eye socket to bulge forward. The tissues of the cheek start to descend, often resulting in a hollowed out appearance to the lower lid/ upper cheek. All these changes together lead to a characteristic expression, which other people misinterpret as tiredness or melancholy.

Eyelid bag removal, also known as blepharoplasty, can lead to dramatic improvements in appearance giving a more youthful appearance. For this reason, it is one of the most commonly performed procedures nowadays in facial rejuvenation surgery. Because of the central role of the eyes in facial expression, a well performed blepharoplasty can appear to "freshen up" not only the eyes but also the entire face. If the eyes look bright and alert, the effect of a sagging jaw line or neck becomes much less apparent. For this reason, people who undergo rejuvenation surgery, often undergo blepharoplasty first. In comparison with a



face lift, a blepharoplasty, on the whole produces a more substantial and longer lasting improvement with less risk, cost, pain, and inconvenience.

Why do people decide to undergo blepharoplasty surgery

Most people undergoing blepharoplasty do so because they complain of:

- Looking tired all the time
- Difficulty in applying make-up
- Looking and feeling more aged than they really are
- A sensation of heaviness or full blown frontal headaches
- Affected vision or appearance due to overhanging upper lids

Men and women undergoing blepharoplasty often gain dramatic benefits with increased overall self-confidence and self esteem. People often comment on them looking less tired and more youthful. Make-up can often look better since there is more lid 'show'. Patients often notice that the width of their visual field is larger after removal up hooded upper lids.

What type of blepharoplasty do I need?

The ageing changes of the face affect patients in different ways. For this reason, blepharoplasty surgery ideally should be customised for each individual patient. Each patient requires careful preoperative assessment to enable him/her to express exactly what he/she wants to change about their appearance, for the surgeon to explain what is realistically achievable and to plan exactly what surgery is required.

This will involve the surgeon assessing any anatomical variations particular to that patient which may need to be simultaneously addressed e.g. brow ptosis (droopiness of the brow), blepharoptosis (drooping upper lids), midface descent (sagging of the cheek), steatoblepharon (orbital fat prolapse), etc. For these reasons, blepharoplasty should not be considered to be a simple generic procedure which is the same for everybody. Often the media portrays blepharoplasty surgery as a simple removal of excess skin only, either of the upper lids or lower lids. Indeed, blepharoplasty surgery often does involve excess skin removal but this is by far not the only steps. For example, lower lid rejuvenation may require tightening of the ligaments of the lid to avoid the 'plastic, round eyed' look, which can often result from simple skin removal only. Similarly, to address eyelid bags properly may involve redistribution and sculpting of the delicate orbital fat of the socket. Common to all blepharoplasty surgery, however is the principle that a good operation is one where the patient is happy that there has been an improvement in a bothersome feature, *without the patient looking 'plastic' and artificial.*

Oculoplastic surgeons, that is eye surgeons who are specifically trained and solely practise in the delicate plastic surgery of the eyelid region, are therefore best equipped to offer blepharoplasty surgery. Since they devote more time to operating on the eyelids and the structures around the eye more than any other type of surgeon, they are best



Before (above) and only 4 days after (below) blepharoplasty surgery to both upper eyelids. This lady was delighted with the improvement in her appearance of her hooded upper lids, a facial feature which ran through her family



equipped to deal with the complex structural changes which can occur with age, any anatomical variations and any complications which may arise

What to Expect

Appointments before surgery

Since the eyelids have an integral part in the function and protection of the eye itself, it is imperative that full a eye exam is performed to look out for specific factors which may affect the success of surgery. The eyelids and eyebrows form an integral unit with the rest of upper face and midface, therefore their position and function are assessed e.g. measuring brow and cheek position. Mr Cheung will also go through your medication, past medical history, and discuss with you the risks and benefits of surgery. Mr Cheung will allow you to express exactly what you want out of surgery and explain to you what is realistically and safely achievable.

He will also discuss with you the options for anaesthesia and assess your suitability for each type. Blepharoplasty surgery can be done usually under **local anaesthesia** (patient awake but pain free) or **general anaesthesia** (patient asleep). To speed up recovery and make it safer and more comfortable for the patient, blepharoplasty is often performed under **local anaesthesia with sedation**. Here, the anaesthetist gives a small amount of medication through a small needle into the bloodstream to help the patient to feel more relaxed and comfortable during the operation. It is safer and quicker than general anaesthesia since the patient recovers quicker and breathes normally throughout the operation. If a general anaesthetic is the preferred option, you may have to undergo a further consultation with an anaesthetist, with blood tests and heart tracing (ECG) to assess whether or not it is safe for you.

What should I expect on the day of surgery?

Before the operation, Mr Cheung will discuss with you the aims, benefits and risks of surgery again. Only after he is satisfied that you are entirely happy and understand about the surgery, will you be asked to sign an operation consent form. This is a legal requirement for all surgery/procedures in the UK and is designed to ensure that procedures are performed with the informed consent of the patient. A photograph is often taken (with your consent) so that Mr Cheung will be able to compare your appearance before and after surgery.

The operation can take between 1 to 4 hours depending on how many lids are to be operated upon and what anatomical factors need to be addressed.

The surgery is performed so that any incision scars are hidden. e.g. in upper lid surgery the incision is often within the natural eyelid skin crease. In lower lid blepharoplasty surgery, the incision is often hidden just below the eye lash line or in the back surface of the eyelid (transconjunctival).

What should I expect after surgery?

- After surgery, the eyes are often bandaged to apply a small amount of pressure to minimise postoperative swelling. It is normal to expect a small amount of postoperative swelling/ bruising for the first fortnight following blepharoplasty.
 - Many patients return to work quite safely about a week after the operation. However, some patients prefer to stay off work for an entire fortnight for social reasons. You will need to rest and avoid bending down. Although it is often legal to drive following blepharoplasty, many patients prefer not whilst their eyes grow accustomed to the changes.
 - It is quite normal to expect some discomfort due to the post operative swelling and it is normally easily relieved with simple painkillers such as paracetamol.
 - Eye drops are often prescribed to help keep the eyes comfortable following surgery.
 - Mr Cheung will advise you about a regime of ice pack compresses which have the dramatic effect of reducing the amount of swelling/ bruising. Keep the scars dry and clean until the stitches are removed. Although dissolvable stitches can be used, Mr Cheung will often use non dissolvable stitches which allow more predictable wound healing. Do not apply eye makeup until your stitches have been removed.
 - You will be advised to rest with your head elevated on pillows or cushions for 4 nights after your surgery and to avoid rubbing or towelling your eyes, whilst the wounds are still fragile.
 - It is most important that you attend the postoperative outpatient appointments. Usually these are limited to 2 or 3 at one week, 6 weeks and 3 months post operatively.
 - If you do wear contact lenses normally, it is often advisable to avoid wearing them for the first fortnight following surgery.
- Blindness. This is extremely rare and is usually due to uncontrolled bleeding into the orbit following surgery. It is for this reason, that Mr Cheung and other oculoplastic surgeons feel that blepharoplasty surgery should only be performed by surgeons who are capable of handling this rare complication.
 - Swelling that pulls the lower lid away from the eye, which usually settles on its own after a couple of days, but occasionally another operation will be needed
 - Damage to the surface of the eyeball or the surrounding muscles
 - Unusually red or raised scars (called keloid scars) which some people have an inherited tendency to form
 - Sunken appearance if too much fatty tissue is removed
 - A difference in appearance of the two eyes - they may not be identical

The risk of complications from blepharoplasty are low but can be disastrous for the patient. These can range from mild, easily correctable problems such as undercorrection, to moderate problems such as surgery induced droopy eyelids (ptosis) and out-turning eyelids (ectropion), to major problems such as blindness from orbital haemorrhage. For these reasons, it is always recommended that the surgeon that you choose to perform your blepharoplasty, should ideally be an oculoplastic surgeon since he/ she can avoid these problems and be able to address them if they do rarely occur.

Risks of Blepharoplasty

- Bruising
- Wound infection

Frequently Asked Questions

Q: Are the scars very noticeable?

A: In the upper eyelid, the incision line is hidden in the crease. In most cases, the lower eyelid incision is placed along the back of the eyelid and leaves no external scar. While full thinning and whitening of any scar on the body may take six months or more, eyelid keloids are rare.

Q: Do many men undergo cosmetic eyelid surgery?

A: Yes, puffy eyelids look just as bad on a man as they do on a woman. Indeed, cosmetic eyelid surgery amongst men, is growing at a faster rate than that of women. Over the past 20 years in our western society, men have become increasingly aware of the importance of looking after one's appearance and the role of cosmetic surgery in achieving this goal

Q: I have dry eyes. Does this limit my options?

A: Yes, but only slightly.

Q: How exact is the result?

A: No surgeon is perfect, no wound heals perfectly, no patient possesses perfect pre-existing anatomy, and some operations work better on one patient than on the next. A realistic expectation is that you should achieve about a 90% improvement in the upper eyelids and a 80% improvement in the lower eyelids. Some slight asymmetry is the rule rather than the exception.

Q: How long does the improvement last?

A: In contrast to procedures designed to fight gravity (facelift, brow lift, etc.), blepharoplasty lasts a long time. In the large majority of patients, cosmetic eyelid surgery needs to be performed only once.

Q: What are the costs?

A: Only a small number of blepharoplasty operations are performed on the NHS and these are usually if the eyelids are causing a severe functional problem for the patient.

Most blepharoplasty operations, particularly if performed for cosmetic reasons alone, are not available on the NHS nor via private medical insurance schemes e.g. BUPA, and are therefore paid for by the patient.

On the whole, blepharoplasty operations range from £1000 up £5000 depending on numerous factors, e.g. the number of eyelids, type of anaesthesia, length of hospital stay, complexity of surgery, etc. While cost is obviously important, more crucial is the quality of the surgery.

Q: When it comes to surgery on the eyelids, aren't most good cosmetic surgeons more or less the same?

A: Put bluntly, no. Whilst blepharoplasty is perhaps the most exacting operation in the field of facial plastic surgery, the average plastic surgeon performs less than 40 such operations a year (Source: American Society of Aesthetic Plastic Surgery, 2005).

Q: Is Mr Cheung a cosmetic plastic surgeon?

A: No. Mr Cheung is one of less than 150 fellowship trained ophthalmologists in the United Kingdom who practises in the advanced subspecialty of ophthalmic plastic and reconstructive surgery (also known as "oculoplastic surgery"). Oculoplastic surgeons unlike general plastic surgeons do not perform general plastic surgery e.g. breast augmentation, rhinoplasty.

Mr Cheung, like all oculoplastic surgeons, devotes the vast majority of his time both in the NHS and in private sector to operating on the structures of the eye and around the eye, performing over 600 eyelid operations per year.