



Patient Information Guide

Eyelid Surgery

(Blepharoplasty)

Eyelid Surgery

Topics to be discussed with your Surgeon - Things you need to know

1. SURGICAL CONSULTATION

Anatomy

After a history and examination your surgeon will discuss the anatomical areas that need to be addressed in surgery. This may be either one or a combination of excess skin, fatty deposits, and lid tightening procedures.

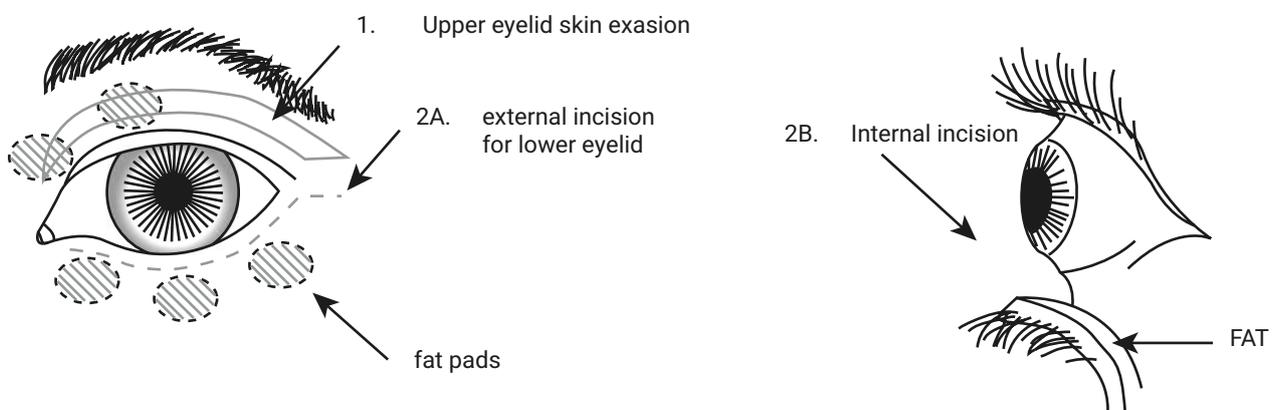
How the operation is performed:

This can be performed under local anaesthetic (upper eyelids only) or more usually under a general anaesthetic. Depending on your circumstances, you have the option of having this done as a day case or with a planned overnight stay, especially if combined with other procedures.

The site of the Incision:

For upper eyelid surgery the incision is designed to sit within a natural fold, the length of this incision depend on the amount of excess skin, and on occasion can run laterally beyond the outer edge of the eyelid.

With lower eyelid surgery, your surgeon will discuss your anatomy of the lower eyelid and what tissues need to be treated. If you have predominantly excess skin the incision may be placed just below the lower eyelashes, or alternatively if there is good lower eyelid skin and more bulging of fat, an incision on the inner aspect of the lower eyelid may be used. This is called trans-conjunctiva incision. See images below.



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The types of Stitches/sutures:

Sutures are placed just under the skin, and supported in place with steristrips® (a paper suture). These are removed 1 week following surgery in the dressing clinic.

Asymmetry:

We all have some form of asymmetry in any paired structure in the body, and the eyes are no different. These differences will be pointed out to you pre-operatively. Your surgery will attempt to correct these differences, but small amount of asymmetry may remain after the operation. We accept that it is within normal limits.

Potential risks of the operation:

- 1) **Swelling and bruising** – This is not uncommon to have some amount of swelling/bruising, as the eyelid tissues are very delicate, it may take a few weeks to settle.
- 2) **Pain** – mild discomfort is what is expected after surgery, which is usually treated with simple analgesia. If you are in severe pain you need to tell your surgeon.
- 3) **Infection** – Extremely rare after eyelid surgery, but if the eye becomes swollen and painful a course of oral and topical antibiotics may be prescribed by your surgeon.
- 4) **Bleeding** –small amount of oozing from the wound edge may occur, but simple gentle pressure will make this stop. Bleeding within the eye is an extremely rare occurrence and can lead to increased pressure within the eye socket and permanent blindness. This risk is extremely rare in the order of 1:800 000.
- 5) **Scarring** – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually at the start will be red and then will fade.
- 6) **Cornea abrasion** – this is also rare, but occurs if you have had a scratch to the cornea during the operation or afterwards during the early post-operative period. Simple eye drops and antibiotics may be prescribed.
- 7) **Blurred vision/double vision** –rare occurrence where the muscles moving the eye can be damaged. Surgical correction may be needed.

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8) **Removing too much skin** – this occurs if too much skin, upper eyelid mainly, is removed and the eyelid cannot close adequately. This may lead to a dry, requiring simple eye drops. In extreme circumstances a skin graft may be needed.

2. PREPARATION BEFORE SURGERY

You will require a pre-assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

We routinely give you medication to help bruising and swelling so, I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

Food and drink

No food for 6 hours before your operation/admission. After that time you may drink only small sips of clear fluid (i.e. water only) up to 2 hours prior to your admission.

3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown. All of your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed. You must also remove all nail varnish and acrylic nails.

What will happen when I wake up?

You will wake up in recovery sitting upright, with some eye pads/cooling facemask over the eyes for comfort and to help with swelling. It is important that you remain in this position to help reduce the swelling

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unless indicated otherwise Your surgeon may put some ointment and or drops in the eye creating a hazy or blurred vision. Depending on the type of operation you may be sent home with topical eye drops and eye pads for the first few days.

What about pain relief and antibiotics?

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers and a course of oral antibiotics as part of our standard package of care.

4. AFTER YOUR OPERATION

Travelling – home and afterwards

You will not be allowed to drive home after the operation. It is recommended that you **do not drive for 14 days** after the surgery. Please check your car insurance company as each has their own specific rules.

Follow up care

Before you are discharged a nursing appointment will be made for 1 for removal of sutures and or a wound check.

I will ask you to contact my secretary to arrange a convenient time follow up appointment in approximately 4-6months.

At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting.

5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. You can drive and start lifting light objects. **Gym activities, aerobics or sports that involve using your arms should be avoided for three weeks.**

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6. GENERAL INFO /FAQ'S

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling. If you want to lie on your side after the second week, use a pillow, hugged at the front and one between the knees, this helps to stop you rolling and aids comfort.

Will I be in much pain?

It will be uncomfortable over the first few days; this varies from person to person. Analgesia (painkillers) will be prescribed to take home.

Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited

How soon after my procedure can I fly?

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying.