Blepharoplasty

Grand Rounds Presentation
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Anatomy

- Skin
- Orbicularis Oculi
- Septum
- Levator and Lower Lid Aponeurosis
- Muller’s/Horner’s Muscle
- Tarsal Plate
- Orbital Fat
Indications

▲ Functional
  – Impaired vision
  – Asthenopia

▲ Cosmetic
  – Blepharochalasis
  – Dermachalasis
  – Excess fat or orbicularis muscle
Precautions

- Ocular anatomy - Proptosis, Dry eyes
- Systemic - Coagulopathy, Shingles, MI
- Meds - NSAIDS, Anticoagulants
- Social - Tobacco
Preoperative Evaluation

- Complete H & P
- Systematic Evaluation of fat, skin, muscle, eyelid position, puncta
- Ophthalmologic Exam - visual acuity, visual field, shirmer test, EOM’s, ocular pressures, scleral show
Preoperative Evaluation

▲ Concomitant Cosmetic Deformities
  – Eyelid or Brow Ptosis
▲ Generalized Skin Conditions
  – Acne or Keloids
▲ Photographs
▲ Realistic Expectations
Operative Techniques

▲ Upper Lid Blepharoplasty
Operative Techniques

▲ Lower Lid Blepharoplasty
– Transconjunctival Approach
Operative Techniques

▲ Lower Lid Blepharoplasty
  – Transcutaneous Approach
Postoperative Considerations

- Ice, elevate HOB, ointment
- Watch for hematoma
- Postoperative diplopia, lower lid dysfunction
- Remove sutures in 3-4 days
Complications

- Dissatisfied Patient
- Corneal Injury
- Subcutaneous/Submuscular Hematoma
- Retrobulbar Hematoma
- Blindness
- Lagophthalmos
Complications

- Ptosis
- Epiphora
- Entropion
- Ectropion
- Dry eye syndrome
- Enophthalmos
Complications

▲ EOM Muscle Imbalance
▲ Conjunctival Granuloma
▲ Prolonged Chemosis
▲ Conjunctival Inclusion Cysts
▲ Lower Lid Retraction