

EYE

DETAIL

SURGICAL PROCEDURES

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Do you remember what your eyes looked like when you were 20?

Try to find a picture. It's startling isn't it? Your once taut skin and perfectly shaped eyes have turned wrinkly, baggy and have little resemblance to the way they once were. The first sign of aging affects the eyelids more than any part of the body. The eyelids are probably the most unique aesthetic unit in the human body as any sign of aging, happiness and fatigue affects them the most. Blepharoplasty and cosmetic eye surgery can return the signs of vitality and youth to this delicate part of the face. ➤

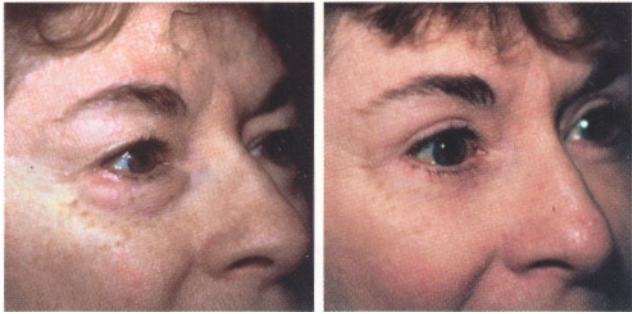


Figure 1 68-year-old white female, who had excess skin and fat of upper and lower eyelids removed.



Figure 2 37-year-old white female who had prominent eyes and flat cheekbones. The excess skin and fat in her upper eyelids and muscles between eyebrows (causing frown lines) were removed. Fat of lower eyelid was removed from inside of the eyelid and tightening of lower eyelids was done (canthopexy). She also had a lower eyelid peel.



Figure 3 52-year-old white female patient had severely droopy upper eyelid. Excess skin and fat were removed. The upper eyelid muscles were tightened and excess fat in lower eyelids was removed from inside the eye. The lower lid skin was peeled. She also had a face and neck lift.



Figure 4 55-year-old white female had eyelid, face and neck surgery. She also had the frown line muscles removed and her facial and neck muscles were tightened.

Sometimes no matter how many eye creams, cucumber slices or other products are used, a person's eyes will still look tired or heavy.

There are many surgical techniques that are used for the eyelids and the surrounding areas. The patient's desires, expectations and pre-operative evaluation and findings will help guide a patient and plastic surgeon to select the appropriate procedure.

Evaluating what's there

Like any surgical procedure, preoperative evaluation starts with the medical and ophthalmological history and physical examination. Particular attention is paid to a patient's allergy history, previous eye surgery or periorbital surgery, and eye dryness. The surgeon also checks to see whether the patient uses any eye drops, has a history of glaucoma, thyroid problems, hypertension or diabetes and the history of the use of contact lenses and/or glasses. All of these conditions may affect results or complicate healing of eye surgery.

On physical examination, evaluation of the eyebrow position is done. The excess skin and the puffiness of the upper and lower eyelids are evaluated and recorded. Herniated fat in each pocket is marked and recorded. Range of motion of the eyes is examined. The outside corner of the eye should be higher than the inside corner. Opening of the eyes should be about 1 cm wide. Ptosis, an abnormal drooping of the eyelid, is noted. Also Distraction and Snap Tests are done for the evaluation of the tone of the lower eyelid. In a normal eyelid, one should not be able to pull the eyelid more than 8mm from the eyeball. Also, the eyelid should return and snap against the eyeball in less than three seconds without blinking.

Cosmetic eyelid surgery

The Schirmer's test is done to evaluate the dryness of the eye. Finally, with all of the information collected, the physician summarizes the most common surgical procedure that can be performed to rejuvenate the patient's eye area.

Sometimes no matter how many eye creams, cucumber slices or makeup products are used, a person's eyes will still look tired or heavy. In this case, surgery is required to achieve the youthful look.

A plastic surgeon will be able to recommend the specific procedures that will remove excess skin that obscures the natural fold of the upper eyelids; tighten the loose skin that hangs from the upper eyelids, which

may be impairing vision; and smoothen the puffiness that occurs in the upper eyelids.

In order to mark excess skin in the eyelid, the patient's eyebrow is lifted to a high position, and then the physician marks off the area to be excised. Local anesthesia is injected. Excess skin of the upper eyelid is removed. Also, a rim of the orbicularis muscle is removed along the length of the incision. Fat is removed from the inner and central pockets of the upper eyelid. Special attention is paid to the inner pocket in order to remove both superficial and deep fat at this location. Once healed, the incision will be well hidden as it will follow the natural contour of the upper eyelid. (Figure 1)

Esthetic eyelid surgery is generally done on an outpatient basis. A patient may stay overnight, or may only stay as

General eye surgery information

little as three hours after surgery. Either way, the patient will need someone to drive him or her home. Vision will be blurry because of ointments used to protect the eye. The doctor may recommend the use of cold compresses. During the two-week period after surgery, the eye area may be swollen and bruise. Contact lenses should not be worn. Stitches are removed about 10 days after surgery. Patients can expect to resume normal, non-physical activity the next day, and physical activity within two to three weeks. Makeup applications may be resumed within a week after surgery. Results will last years for many patients; however, skin aging will continue and patients must take proper care of their eyes. Use of sunglasses is indicated to avoid squinting and to filter out the harmful sun rays. Every patient is different, but most patients will be able to resume working after at least 10 days, however they are advised not to lift heavy objects or strain their eyes. Some patients will also swell more than others. With a basic upper cosmetic eyelid surgery, the general rule of thumb for complete healing from the swelling and redness is one week.

Drooping upper eyelid

Correction of the ptosis of the upper eyelid can be done at the same time when you are performing an upper blepharoplasty. The muscle responsible for lifting the upper eyelid becomes separated and this should be sutured back to the proper position to correct the droopiness of the eyelid. This is mostly seen in patients who wear hard contact lenses. (Figures 3 and 7)

Between the brows

Sometimes Botox isn't enough to stop the lines from being noticed between the brows. In this case, a person may want to consider having the muscle responsible for their scowling crease removed.

continues



Figure 5 72-year-old white female with dryness of the eyes and decreased tone of the lower eyelids. She had eyelid surgery, a facelift, neck lift and the muscles that cause frown lines were removed.



Figure 6 67-year-old white female who did not like puffiness of her lower eyelids. Her lower eyelids lacked tone. She had the fat removed from her lower eyelids with an incision from inside of eyelids. The lower eyelids were also tightened (canthopexy) and she had a peel on her lower eyelids.



Figure 7 57-year-old white male who had droopy upper eyelids. He had the excess skin on his upper eyelids removed and the muscle sutured to open the eyes. The lower eyelids and an eyebrow lift were done.



Figure 8 40-year-old white female patient had Botox in her forehead, crow's-feet and between brows.

In a patient with prominent lines between the eyebrows, the muscles are removed while performing the upper eyelid surgery. The nerves responsible for sensation of the forehead and the scalp are protected. This procedure improves the frown lines. (Figure 2)

Tightening the lower eyelid

Candidates for this procedure include patients who exhibit fine, crepey wrinkles and excess skin in the lower eyelids; dark under-eye circles and bags, which are often coupled with a depression along the bony edge of the lower eyelids; droopy lower eyelids, or eyelids that show white below the iris (colored portion of the eye). For these indications, a plastic surgeon may suggest a canthopexy, which is done to tighten the lower eyelid. After upper eyelid surgery, the outside corner of the lower eyelid is sutured to the bone to establish youthful tone of the lower eyelid. This procedure prevents excess removal of the skin of the lower eyelids. (Fig. 4 and 5)

Lower eyelid surgery can be done either through an outside approach or through the inside of the lower eyelid. The outside stitches are concealed below the eyelashes. Excess fat is removed conservatively to correct the lower eyelid's puffiness. Excessive removal of the lower eyelid skin should be avoided at any cost. (Figure 6)

With help from an esthetician, who can insist on proper skin care, a cosmetic eye surgery patient will enjoy the results for many years.

Limited incision foreheadplasty

Forehead and lateral eyebrow lift is performed through a small incision in the scalp just above the ears. After mobilizing the forehead and the lateral eyebrow, no removal of the skin of the scalp is done in order to have an invisible scar and prevent loss of hair. (Figure 7)

The use of Botox is helpful for the elevation of the eyebrows,

Botox, peel and laser

forehead lines, wrinkles and crow's-feet. Selective injection of Botox can improve lines in the forehead, glabellar area and adjust the height and elevation of the eyebrows. (Figures 7 and 8)

TCA peel, croton oil peel and laser can be used for resurfacing of lower and upper eyelids. (Figures 2, 3 and 6)

Wide open

In summary, periorbital rejuvenation and eyelid surgery can improve the appearance of this critical part of the face and give the individual more self-confidence and tremendous improvement.

The eyes show our age. No matter what we do, we will begin to see the years of strain on this delicate area. Fortunately, there are medical procedures that cosmetic surgeons may perform to rejuvenate a patient's face. With help from an esthetician, who can insist on proper skin care and preventative measures, a cosmetic eye surgery patient will enjoy the results for many years. ■

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