

TOP, BOTTOM OR BOTH?

UPPER

This procedure targets upper eyelid hooding—"the excess tissue that protrudes over the eyelid's crease," says Atlanta plastic surgeon Mark Codner, MD. Depending on one's anatomy, ethnicity and extent of aging, the surgery may also address surplus fat at the inner corners of the lids near the nose, as well as slack skin and possibly muscle. Techniques vary: Some surgeons preserve muscle and central lid fat "to maintain or enhance volume in the upper lid," says Dr. Fagien.

Others choose to remove equal amounts of skin and muscle.

Average Treatment Cost \$1,750-\$5,000

LOWER

Lower eyelifts remove distended fat (bags), resuspend sagging muscle and pare loose, crepey skin. In patients with firmer skin, the procedure is quite simple: Through an incision hidden inside the eyelid, surgeons can obliterate the fat bulge and the shadow it casts. For those in their late 40s and 50s, the operation generally becomes more involved, necessitating an incision along the lower lashes. "With the subciliary approach, we not only remove extra skin and tighten the lower lid skin, but also tighten the muscle underneath," explains New York plastic surgeon Mokhtar Asaadi, MD.

Average Treatment Cost \$2,500-\$5,000

COMBINATION

Upper and lower blepharoplasty together addresses the top and bottom lids to varying degrees for an overall refresh. The procedure may also incorporate an endoscopic browlift (more on that ahead) and/or autologous fat sculpting—"free microfat grafts directly placed with forceps below the orbital rim to blend the lid-cheek junction for a smooth, natural result," says New York plastic surgeon Glenn W. Jelks, MD. The fat is the patient's own, typically the excess taken from the lids or, when necessary, a modicum harvested from the abdomen.



SHOULD I GET A BROWLIFT TOO?

While the heft of a fallen brow can weigh on the top lids, plastic surgeons are split on the usefulness of a surgical browlift. Here, all sides of the issue.

NO

Some have all but abandoned the browlift, citing unacceptable side effects (hair loss, numbness, scarring) and the procedure's relative impermanence ("brows notoriously do not stay where you put them." Dr. Jelks laments). According to Dr. Fagien, browlifts of the past were often misguided and overprescribed: "Many patients are absolutely fine with upper blepharoplasty alone." However, he concedes, certain low-browed women may still need a lift to notice a real change in their upper lids. Minor improvement of the brows can be achieved by elevating them through an upper blepharoplasty incision, but La Jolla, CA plastic surgeon Robert Singer, MD notes this is not as longstanding or reliable as a limited temporal lift (to elevate the lateral aspect of the brow) or an endoscopic lift.

YFS

Dr. Codner, who pairs browlifts with upper blepharoplasty in 20 percent of his eye cases, says he considers brow position and stability during every eyelid consult. "If the brow is low and loose, it exacerbates redundant skin and muscle on the upper lids," he explains. "If you do a blepharoplasty without first lifting and stabilizing the brow, you can make the problem worse." He performs all brow lifts endoscopically, creating three quarter-inch incisions behind the hairline, and says, "I've had results last well over 10 years, and am absolutely convinced that an endoscopic browlift, when performed correctly on the right patient, is an effective procedure for elevating the brow and improving the result of an upper blepharoplasty surgery."

Rules of the Modern-Day Eyelift

DON'T DELAY

"Everyone develops heavier upper eyelids with age as the skin loses elasticity," says Dr. Jelks. But many folks, in a move to delay surgery, will "use compensation methods to try to raise that excess skin off their lids so they can see better, thereby causing secondary problems—horizontal forehead lines, deep furrows between the brows and high brows."

LESS IS MORE

"Back 20 or 30 years ago, we basically took everything 'excessive' out of the lids—skin, muscle, fat—and created a big change. At the time, some believed it was amazing. But really, we debulked the lids and left people with a hollow look," recalls Dr. Fagien. "Eyelifts of today should fix the problem without removing anything that doesn't need to be."

RECYCLE FAT

"We can now take fat that's been removed from the lids, mince it into a pastelike substance and use it to smooth the area between the lower lid and cheek," says Dr. Codner.

YOUTH MOVEMENT

In Los Angeles, Dr. Sunder is actually seeing a spike in browlifts among younger patients seeking a subtle but lasting boost to their eye area. "Some want just the lateral part of the brows lifted to create a cat-eye effect, like Bella Hadid, others want the middle portion of their brows raised along with the sides for more of an Ariana Grande look," she says. Both can be achieved with a conservative endoscopic browlift.

3 SURGERY-FREE SOLUTIONS FOR AGING EYES

A CHEMICAL BROWLIFT

Neurotoxins work by weakening muscles. And, relaxing certain muscles can cause opposing ones to perk up. "If you're very precise in injecting the brow depressors [or downward-pulling muscles] in isolation, you will get a compensatory, reflexive strengthening of the brow elevators, which give a lifting effect," explains Dr. Fagien. (This injection technique requires a strong understanding of facial anatomy and is best left to board-certified plastic surgeons or dermatologists.) Doctors will sometimes incorporate hyaluronic acid filler, as well, using it to build up the aging brow, so it can better support the overlying tissue and keep it from falling into the eyes, notes Dr. Sunder.

FILLER IN THE TEAR TROUGHS

"There's no reason why we can't obliterate a tear trough with careful injections of a low-viscosity hyaluronic acid filler, like Belotero or Restylane Lyft. The problem is, fillers are expensive, and they don't last forever," says Dr. Jelks. What's more, they're not a universal fix, and generally work best on young patients with thicker skin that can conceal the product. In any case, whether altering the under-eye with surgery or injectables, "we want to preserve the natural shape of the lower eyelid," says Dr. Fagien. "From the lower lashes to the cheek is not a bulge or convexity—it's a gentle slope that is slightly concave and blends in with the ogee curve of the cheek."

SKIN-TIGHTENING TREATMENTS

"Radio-frequency treatments shrink and tighten the skin on the eyelids, and also on the face, neck, arms, abdomen and legs," says New York dermatologist Ellen Marmur, MD. One device in particular, Thermage, is approved for up to a five millimeter eyelid lift, she adds, and can help with lid laxity, hooding, bags and wrinkles. Results are best seen after six months of new collagen growth. "Delivering ultrasound energy to the forehead region via Ultherapy treatments is another effective, noninvasive treatment to minimally lift the brows," says Dr. Jewell.

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A NEW OUTLOOK

"After fighting Stage 3 breast cancer twice in the past 18 years, the effects of chemotherapy, radiation and emotional trauma left me looking and feeling years older. I was tired of hiding behind extra-large sunglasses, and that's when I decided to do something about it. I consulted with countless surgeons regarding my nose and under-eye area, and while some provided appropriate approaches, no one really understood my needs like Dr. Asaadi. He gave me several options with all varying degrees





New York plastic surgeon Mokhtar Asaadi, MD performed a rhinoplasty and bilateral lower blepharoplasty on patient Ann Nappi.

of cost, downtime and long-term effects. He and I agreed a rhinoplasty and blepharoplasty was the best choice. My recovery was easy. Once the bandaging was removed, I was able to resume all of my normal activities within six weeks. Since then, I have felt absolutely amazing! The results look so natural, that people always comment on how well rested I look. Beating cancer twice made me a stronger person, but my experiences with Dr. Asaadi helped me to look and feel like myself again...my younger self!"

—Ann Nappi, Former Patient

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B + A EYELIFT GALLERY

Whether it's a lower or upper blepharoplasty, or a combination of both procedures, eyelid surgery can dramatically rejuvenate the face for a younger, fresher, wide-awake appearance.





This 69-year-old patient was bothered by her droopy eyelids, so she sought Short Hills, NJ oculoplastic surgeon, Baljeet K. Purewal, MD for an upper and lower blepharoplasty and ptosis repair.





Sugar Land, TX plastic surgeon Peter Chang, MD performed an upper and lower blepharoplasty, browlift and laser pearl fractional skin resurfacing to give this 62-year-old patient an eye rejuvenation.





This 50-year-old patient sought New York plastic surgeon Mokhtar Asaadi, MD to revive her look with an upper and lower blepharoplasty, which addressed upper lid hooding and under-eye fullness.





To better match her eyes to her true age, Palo Alto, CA facial plastic surgeon Jill L. Hessler, MD performed a lower blepharoplasty with fractional laser resurfacing on this 29-year-old patient.





New York facial plastic surgeon John Kang, MD performed an Asian double eyelid surgery on this 45-year-old patient to make her eyes look bigger and brighter without altering her unique ethnic features.

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After 12 weeks of twice-daily use, this subject showed a reduction in dark circles, puffiness and crepey skin texture.





This subject showed reduced under-eye puffiness and a brighter under-eye area after 12 weeks of twice-daily use.