

## WHAT IS BLEPHAROPLASTY?

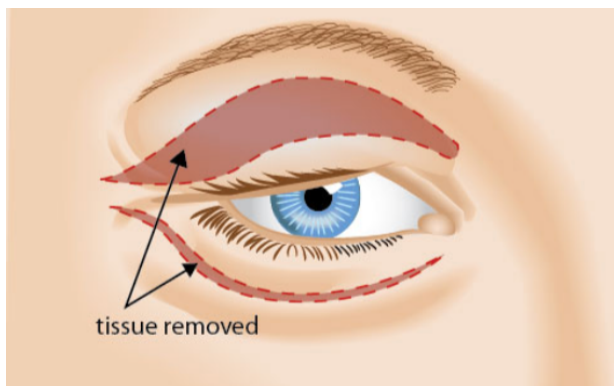
Blepharoplasty is a surgical procedure indicated for both the upper and/or lower eyelids to achieve:

- A decrease in 'hooding' and improved appearance of your upper eyelids
- An improved appearance of your eye 'bags' and wrinkling of the skin of the lower eyelids
- Improved peripheral vision and reduced headaches resulting from prolonged and exaggerated brow compensation.

Upper Blepharoplasty is performed via a small incision hidden within the natural crease of the eyelid. Redundant skin and muscle are trimmed and a small pocket of excessive fat may be removed. Loose muscle may also be tightened.

Lower Blepharoplasty is performed through an incision made directly under the lower eye lashes and may involve either the removal or repositioning of skin and muscle. Fat from the lower eyelid may be re-draped to improve contour of eyelid cheek junction.

Upper and lower Blepharoplasty may be performed together or separately. Blepharoplasty may also be combined with other procedures such as brow lift and mid face-lift. The procedure recommended for you will be individualised to ensure that you obtain the best possible result.



## WHAT TO EXPECT?

Blepharoplasty is usually performed under general anaesthetic. Blepharoplasty is a day procedure unless upper and lower eyelid surgery is combined in which case an overnight stay is recommended.

Swelling and bruising are to be expected following blepharoplasty and you will be asked to apply a cold compress regularly in the first 72 hours. It is recommended you sleep with your head elevated to reduce swelling. Discomfort should be minimal and controlled well with over the counter pain medication such as paracetamol. Eye drops may be required post procedure for 1-2 weeks.

You can expect to return to work at approximately 1 week post-operatively. You should avoid exercise for 1 week to allow swelling to settle.

## WOUND CARE

Post-operatively the wound on the upper eyelid will be covered with a dressing that is holding a suture in position while your skin heals. Lower eyelids may have minimal or no dressings applied. A nurse at WPRS 5 to 7 days post-operative will remove the suture from your eyelids. In most instances you will not require any further dressings after this.

# POTENTIAL RISKS OF SURGERY

**Bleeding:** any bleeding after surgery is usually minor. However, you may rarely bleed enough to require a return to theatre.

**Infection:** uncommon, if it occurs you may be required to commence antibiotics.

**Wound separation:** small areas of your scar may break down and require dressing or revision surgery.

**Scar widening or hypertrophy:** rare following eyelid surgery. At WPRS we will provide careful follow-up and implement management as required.

**Excess skin removal:** may result in inability to close the eyes. This will improve with time, However you experience dry eyes requiring eye drops.

**Lower eyelid drag (ectropion):** excess removal of lower eyelid skin resulting in increased visibility of the sclera (white part of eye) and dry eyes. This may require eye drops or revision surgery.

**Asymmetrical eyelids:** resulting from removal of more/less skin from an eyelid. Upmost care is taken to avoid this rare complication.

**Blindness:** due to an orbital bleed or corneal damage is a very rare but devastating complication.

**Anaesthetic complications:** sore throat, nausea/vomiting, other rare complications (e.g. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

**Deep Venous Thrombosis (DVT)/Pulmonary Embolism (PE):** Every effort is made to avoid these complications with early mobilisation and blood thinners in longer cases.

Whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

I .....  
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

I consent to WPRS using my images for presentations and educational purposes.

Yes ..... No .....

Signed:.....