



TIPS FOR ACHIEVING THE BEST RESULTS IN EYELID APPEARANCE

PERFORM A BROWLIFT FIRST IF REQUIRED

If you look in the mirror and lift your eyebrows with your fingers, you will see that most if not all the bagginess of the upper eyelid is removed. In figure 1, this lady has baggy eyelids however it would be a mistake to remove these bags. By lifting her brow I have removed 95% of her eyelids bagginess as seen in figure 2.

It is vitally important to reposition a slumped brow before removing "excess" upper eyelid skin. If eyelid skin is removed in the presence of brow sagging (ptosis), it will not then be possible to elevate the brow later without pulling the upper eyelid too high.

CONSIDER THE MIDFACE

The lower eyelid is part of the midface and one cannot be considered without the other. In improving the lower eyelid aesthetics I try to concurrently rejuvenate the upper midface through the same incision. "Malar bags" or dark rings around the eyes are caused by the muscle that closes the eye (orbicularis oris) as seen in figure 3. Shadows are also created as the cheek fat pads slump. The muscle can be tightened and the upper cheek fat pads lifted to fill eyelid hollows and minimize deep shadows.

NEGATIVE VECTOR ORBIT

The cheekbone tissue normally protrudes forward of the eye. For various reasons the reverse is sometimes true with the eye protruding forward of the cheek, a so-called "negative vector orbit" as shown in figure 4. If this is not recognized by the surgeon the lower eyelid may be left lying excessively low following blepharoplasty. This exposes the white of the eye (scleral show) beneath the iris which is not normally seen in people who are looking straight ahead. There are a number of manoeuvres that can prevent this happening.

REPOSITION RATHER THAN REMOVE FAT

Ten years ago, any excess orbital fat was removed by the surgeon. However this often left a cachetic "hollow eyed" look. The fat that supports the eyeball within the eye socket bulges forward as the eye socket ligaments become lax with age. A much more pleasing appearance is obtained by tightening these ligaments and lifting fatty tissue around the cheek so that it fills eyelid hollows.

AVOID A CONTRACTED LOWER EYELID

When removing lower eyelid skin, the skin must be gently swept across to the side. Most of the skin is removed at the side and very little skin is removed beneath the eyelid. Ectropion is due to contraction of the lower eyelid skin and is seen if too much lower eyelid tissue is removed as seen in figure 5. I stitch the deep eyelid layers onto the bone around the eye socket to prevent this happening.

XANTHELASMA (EYELID FAT DEPOSITS)

If cholesterol levels are too high, fat deposits occur around the eye as demonstrated in figure 6. Cholesterol levels must be normalised before removing this tissue otherwise they will recur. Extensive fat deposits may require several surgeries to avoid causing ectropion.

SUMMARY

I believe the best eyelid appearance is achieved by considering the regional aesthetics and not just the eyelids themselves. Whilst excess skin should be removed, the deeper tissues should generally be repositioned and tightened rather than removed.

Ensure that your surgeon is a registered specialist by checking the New Zealand Medical Council website www.mcnz.org.nz

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FIGURE 1. Baggy eyelids secondary to a slumped brow. FIGURE 2. Eyelid elevation following browlift alone. FIGURE 3. Sagging orbicularis muscle is contributing to the "malar bag" beneath the eye and it is critical to tighten this muscle rather than simply remove skin alone. FIGURE 4. "Scleral show" in person with a negative vector orbit. FIGURE 5. Ectropion caused by excessive lower eyelid skin removal. FIGURE 6. Xanthelasma. If cholesterol levels are high, fat deposits occur around the eye.