



ASIAN BLEPHAROPLASTY Double EyeLid Surgery

Notes for Guidance

Asian blepharoplasty, commonly termed double-eyelid surgery, refers to surgery designed to place a pretarsal crease in Asian eyes that are absent a fold. Patients typically desire to look more bright-eyed and want to make applying eyeliner easier. Patients also seek to remove the puffy and tired look associated with a fatty upper lid. In current American society, Asian patients almost never seek to westernize their appearance, and surgeons should be wary of modifying a patient's ethnic appearance, even in the rare case when it is requested.

Asian patients with a puffy upper lid and an absent crease may dislike such an appearance. The patient may report difficulty applying eyeliner because of the overhanging fat and may wish to have a crease similar in appearance to Asian friends who were born with such a crease. Patients generally do not want to change their ethnic appearance.

The operation is usually performed under twilight anaesthesia and you would be treated as a day patient. The procedure itself takes an hour or more for either upper or lower eyes depending on the individual case. As we use carbon-dioxide laser to cut instead of surgical knife, the operating field is almost bloodless, hence faster recovery time can be expected, as well as less swelling and bruising. Instead of using stitches to close up the wound, we use tissue glue. This ensures an aesthetically more-pleasing result. Between four to seven days post-operatively the surgical tape which covers the wound will be removed. There may be some discomfort and swelling, tenderness and bruising of the eye area must be expected, but this is only temporary. Patients usually return to work after one week. Make-up is allowed after the tape has been removed and most of the swelling has subsided.

Dark glasses are allowed immediately so one can proceed with one's normal routine as soon as possible. Post-operative care instructions are given by the surgeon and these must be carefully followed to ensure best results. The position of the incisions for this procedure vary, and this point should be discussed with the surgeon. They are inconspicuous in location, usually in a natural crease line of the upper eyelid, or just below the lash line for the lower lid, and sometimes in mild cases from inside the eyelid (transconjunctival). Tissue glue is used, so usually post-operative incision marks become virtually undetectable after a short period of time. Occasionally prolonged postoperative pigmentation might occur.



Complications of Surgery

Asymmetry

One of the most common causes of asymmetry is failure to compensate for the asymmetric brow. Most people have one brow lower than the other; in most cases, the right brow is lower. The 2 creases should compensate for the asymmetry by removing additional upper lid skin from the lower brow. Alternatively, the crease can be set slightly higher on the side with the lower brow.

Unrecognized preoperative ptosis is another frequent cause of postoperative ptosis. In such cases, immediate ptosis repair may be warranted.

Reoperation to correct asymmetry is usually performed after 3-6 months.

Loss of crease

The most common cause of crease loss with a suture technique is the cheese-wiring effect of the suture through the soft tissues.

The most common cause of crease failure in the incisional technique is the lack of adequate fixation between the dermis and the underlying structures. Fold failure is more common in surgical techniques designed to preserve the pretarsal soft tissue structures.

Ptosis

The most common cause of postoperative ptosis is failure to recognize a preexisting ptotic condition. In the Asian eyelid, this can sometimes be difficult to assess because of overhanging skin that creates a pseudoptosis. The lid margin must be carefully assessed preoperatively. In the Asian eyelid, ptosis is defined as a lid margin that is lower than halfway between the limbus and the pupil. This is approximately 1 mm lower than in a non-Asian eyelid.

If the patient has preexisting ptosis, the open approach should be used to correct this condition simultaneously with the creation of a pretarsal crease.

Retraction

If the suture method was used, retraction is almost always a self-limited condition that corrects over time. If an open approach was used, the surgeon should verify that the patient is not compensating for a ptosis of the other eye, which is more common. If the patient does have retraction, the incision is reentered and any offending sutures are adjusted.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.