

AESTHETICA



Reveal your inner beauty

**Laser Surgery Center
Cosmetic and Plastic Surgery
Cosmetics and Skin Care**

Gregory G. Caputy, M.D., Ph.D.
chief surgeon
Joy A. Bliss, R.N., B.N., M.Sc., Ph.D.
clinic administrator

About your surgery

Eyelid Surgery

Surgery of the eyelids or *blepharoplasty* is a procedure to remove herniated fat, excess muscle and redundant skin from the upper and lower eyelid regions. With age and in the upper eyelids of many Asian patients, the structures of the supporting layers of the orbit stretch or attenuate and some are genetically predisposed to overhang. This allows the fat to spill out over the edge of the orbit or these retaining structures and makes the bags which tend to indicate to those who see us that we are tired, irate, sad or even ill. Most insurance companies do not cover this type of surgery unless drooping upper eyelids interfere with vision or a condition called *ectropion* (which we will discuss later) exists.

Let's discuss the upper eyelid first. The main consideration in the upper lid is that the eyebrow first be in its proper, youthful location. Please help yourself to the **AESTHETICA** brochure **About your surgery - Coronal Lift** for more information on this procedure. Suffice it to say that eyebrow position is of paramount importance in the rejuvenation of the upper eyelid. With age or sometime congenitally, the upper eyelid *lacrima glands* (the glands which make tears)

may also form a bag. This and fat from the upper two eyelid fat compartments are what forms the upper eyelid bags. The procedure of *invagination blepharoplasty* involves the making of a clean and crisp upper eyelid fold and is the procedure of choice in the making of the double eyelid fold for Asian patients as well as, in Dr. Caputy's opinion, to make the best looking eyelid crease possible in most patients. Adjunctive procedures such as lacrimal gland resuspension, lateral *canthopexy* (a resuspension of the outside corner of the eye to a more youthful or alluring position), *medial epicanthoplasty* (a procedure to lessen the prominent inner eyelid folds, usually done in conjunction with the double eyelid operation in the Asian patient) and laser or chemical treatments of pigment or wrinkles of the upper eyelid add to the aesthetic results achievable with the upper eyelid.

The lower eyelid is similarly complex. With age and also with some other conditions, the supporting structures of the lower eyelid can attenuate or stretch. This allows the lower eyelid to droop which can lead to a very dry and irritated eye which is unable to close properly. This condition, called *ectropion*, is one of the most serious affecting the eye. It has many different types of treatment depending upon its degree and cause. These can vary from a canthopexy, to a lid-shortening procedure (*Kuhnt-Szymanowski type*), to static or active support of the lower lid. Blepharoplasty is not useful in the treatment of this condition and is indeed contraindicated if this condition exists. Dr. Caputy has published articles pertaining to this condition and its treatment in the leading plastic surgery journals and he is known as an expert in this field. Similarly, crow's feet cannot be corrected by blepharoplasty. The

skin and fat of the lower eyelid can droop in a similar manner to that of the upper eyelid. This leads to the familiar "bags" in this area. If only the fat in the lower three eyelid compartments is drooping and there is little skin excess (or it can be taken up with a canthopexy) there is little reason to remove the precious skin in this region and a *transconjunctival blepharoplasty* may be performed. This is an operation through the inside portion of the lower eyelid which leaves no external scar. It is highly specialized and requires that the surgeon have proficiency and extra training in eyelid surgery in order to perform it well and safely. If skin is excessive, a more standard type of lower lid blepharoplasty with an external scar may need to be performed or minor skin redundancy may be reduced by chemical or laser means. The latter procedure allows tightening of the skin without an external scar. In the standard type of blepharoplasty, the scar is usually minimal and hidden behind the lower eyelashes. An area not often addressed by surgeons is that of the "dark circles under the eyes." These often lend the appearance of extreme fatigue and contribute a great deal to the tired look of the eyes. Laser depigmentation of the area is an excellent approach to the rejuvenation of this area. In extreme cases, use of a facial implant to round out the area that is sunken in combination with either chemical or laser treatment to remove the dark pigment improves the look of the area markedly. This correction is, again, highly specialized and Dr. Caputy has a great deal of experience through working with the originator of the implant and perfecting some of the surgical methodology in its placement.

The risks of operating in this area are manifold and is the reason that only a properly trained and qualified plastic surgeon and one who specializes in cosmetic/aesthetic surgery should operate in this region. There are very small risks of infection and bleeding common to most surgical procedures. You will be given preoperative instructions which outline ways of minimizing these risks. Risks specific to the blepharoplasty procedure are a minute risk of blindness (about 0.01%). This complication has not occurred in Dr. Caputy's practice. There is a small risk of damage to the eye and a tiny corneal abrasion can occur occasionally. This is treated conservatively and goes on to heal well in almost all cases. On occasion, an ophthalmologist will be consulted to help in the treatment of this complication. Bruising may occur around the eyes although it is usually only a slight discoloration lasting for 7 to 10 days. Other minor complications include double or blurred vision for a few days, temporary swelling at the corner of the eyelids, slight asymmetry in healing or scarring and the possibility of tiny whiteheads appearing at the incision line. These *milia* can be removed by Dr. Caputy very easily with a tiny needle. Other risks mainly involve the risk of anesthetic agents which make the procedure comfortable for you. These agents are delivered only by anesthesia professionals. Also, by having Dr. Caputy perform your procedure, you will have one of the world's most experienced and well trained surgeons conceiving and performing the procedures thereby reducing the risks greatly.

A few medical conditions make blepharoplasty more risky. These include thyroid problems such as hypothyroidism and Graves' disease, dry eye or lack of sufficient tears, high blood pressure or other circulatory disorders, cardiovascular disease and diabetes. A detached retina or glaucoma is also reason for caution; check with your ophthalmologist before your surgery should you have any of these conditions.

Canthopexy, which allows the lateral corner of the eye to be raised to give the eye opening a more alluring and less droopy or tired-looking posture needs a little more explanation. Canthopexy can readily be performed through the coronal incision at the time of the brow lift procedure. It can also be performed through the incision used in the upper eyelid blepharoplasty procedure and is one of the procedures which has advanced eye aesthetics more than many others in the last decade. The procedure consists of taking the structures which support the lateral portion of the eye and moving them to a new location in a more upward direction.

An uncomplicated blepharoplasty procedure may take one to three hours to complete depending upon the procedure needed to be performed and the number of eyelids involved. Normally, Dr. Caputy begins operating on the upper eyelids first and then proceeds to the other areas needing attention. Incisions generally follow the natural eyelid creases and may extend a small distance into the crow's feet or laugh lines at the corner of the eye. Through these incisions, supporting layers are defined and

tightened and tiny amounts of herniated fat are removed. Sagging skin and muscle may also be conservatively removed. The incisions are closed with very fine sutures. The eyes are usually bandaged for at least twelve hours following the surgery when the standard procedure is used. This time may be minimized or eliminated, if necessary or desired, by performing some portions of the operation with a laser which reduces the postoperative recovery period and the period of swelling which the bandaging combats. Your eyes will be lubricated with ointment and drops which you will be instructed on applying. Discomfort may appear when the anesthetic wears off but will be controlled with the pain medication prescribed. Any severe pain should be reported to Dr. Caputy or his staff immediately. You should keep your head elevated for a few days postoperatively and cold packs (water, not ice) will help with the swelling in the first few days after the bandages are removed. You will be instructed on cleaning your eyes which will be gummy for a week or so. You may also experience tearing or sensitivity to light which will improve rapidly. Sutures will be removed three to five days after the surgery. Most people are ready to return to work after seven to ten days. Sunglasses and sunblock are necessary for at least three months. Vigorous activities may be resumed after four to six weeks. Alcohol should be avoided around the time of the operation as it will prolong the swelling. Healing will continue for up to two years after the surgery but scars are usually very acceptable in this region a few months after surgery.

***One Kapiolani Building, 600 Kapiolani Boulevard
Suite 409, Honolulu, HI 96813
Phone: (808) 536-8866, (800) 488-9855
Facsimile: (808) 536-8867
e-mail: caputy_bliss@msn.com***

I hope that this short informational brochure answers some of the questions which you have about surgery around the eyes. Please ask either the staff of **AESTHETICA** or Dr. Caputy should you have any other questions about blepharoplasties, canthopexies or facial implant surgery.

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