



A STUDY ON RESULTS OF LOWER EYELID BLEPHAROPLASTY IN A TERTIARY CARE HOSPITAL

Plastic Surgery

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ABSTRACT

Background: The commonly occurring aging changes in the lower eyelid are a natural consequence of the anatomic attachments and age-related changes in the periorbital tissues. Several procedures have evolved to address the aesthetic concerns in the lower eyelid such as - reduction blepharoplasty techniques, elevation of ptotic eyelid and midface tissues, and the injection of autologous or alloplastic materials to diminish lower eyelid "bags." The decline in purely subtractive surgical techniques in blepharoplasty surgery and the advent of fat repositioning and other volume replacement techniques has improved surgical outcomes. Of the two common techniques of lower blepharoplasty, the transconjunctival approach is limited to young patients with prominent herniation of lower fat pad without skin excess and the transcutaneous approach to patients requiring skin excision. **Study design:** Prospective, interventional, institution based, conducted at Apollo Multispeciality Hospitals, Kolkata, India. **Method:** Our study includes 10 patients operated over a period of 1 year; all patients underwent subciliary/transcutaneous approach of lower eyelid blepharoplasty and were followed up for 1 year, without any significant complications. **Conclusion:** Lower eyelid blepharoplasty is an effective procedure with reasonably minimal complications despite its technical demands.

KEYWORDS

lower eyelid, blepharoplasty, transcutaneous approach, periorbital tissues

INTRODUCTION

Lower eyelid blepharoplasty has evolved since the early 1900s when Charles Conrad Miller published the first photograph showing the resection of excess skin from the lower eyelids in an approach very similar to that sometimes used today.[1] In 1924, Julien Bourguet of France first described a transconjunctival approach to the resection of herniated periorbital fat.[2] This combination of skin and fat resection has been an integral part of cosmetic lower eyelid surgery. Changes in the eyelids and periorbital region have a significant impact on the signs of aging and often account for major concern for those seeking facial rejuvenation.

An aging eyelid manifests various changes that include laxity of skin, orbital septum (OS), canthal tendons, and the orbicularis muscles. Prolapse of the orbital fat, development of malar festoons, crow's feet like radiations, and periocular wrinkles are associated changes. Lower eyelid blepharoplasty has been customary for addressing the undesirable progression of the aging lower eyelids. This is a time-tested technique that achieves satisfactory cosmetic results and positive changes in the restoration of the aging periorbital tissues concerning the brow and the cheek for a youthful facial look.

Currently, lower eyelid blepharoplasty is performed either by the transcutaneous approach or by the transconjunctival approach. Of the two surgical approaches, the transconjunctival approach is being preferred over the transcutaneous approach as it is a simpler and faster surgical technique with possibly less postoperative scarring and ectropion, though the transconjunctival approach is not a substitute for the transcutaneous approach. While fat and skin excision are still carried out with current lower lid blepharoplasty, present trends follow a tissue-preserving philosophy that may include orbital and sub orbicularis oculi fat (SOOF) relocation and fat transposition to restore apparent volume loss associated with facial aging.

Eyelid surgery dates back to 2000 years ago when it was first described by Susruta in the Susruta-tantra, but it was Bourget who first described the separate compartments in the eyelids and the transconjunctival approach of lower lid surgery for excision of lower lid fat.[3,4]

METHODOLOGY:

This prospective, interventional, institution based study was conducted at Apollo Multispeciality Hospitals, Kolkata, and included 10 patients in the age group of 30-80 years operated over a period of 1 year - during January 2021-December 2021 and were followed up for 1 year without any serious complications. The incision was marked preoperatively for optimal skin excision, about 1-2 mm inferior to the eyelash line or within a preexisting subciliary crease, extending to a lateral eyelid crease. The orbital fat pads were debulked or mobilized as pedicles for repositioning to areas of concavity inferior to the orbital rim. A conservative amount of skin was removed to avoid ectropion. All the patients were recorded for early and late surgical complications and satisfaction.

RESULTS

All patients were discharged the same day. No major complications were noted in any of the patients during the one year follow up period and all patients were satisfied with the final appearance.

TABLE 1 – General Details

SERIAL NO	AGE IN YEARS	SEX	COMPLICATION	PATIENT SATISFACTION
1	37	F	NIL	GOOD
2	39	F		VERY GOOD
3	43	M		VERY GOOD
4	58	F		GOOD
5	41	F		VERY GOOD
6	52	F		GOOD
7	57	M		FAIR
8	44	F		GOOD
9	73	F		VERY GOOD
10	55	F		FAIR



Figure 1a – pre operative markings, 1b – resection of fat pads, 1c – 2 weeks post operative.

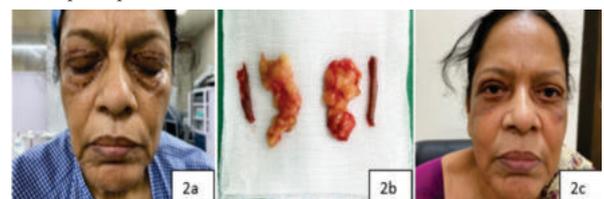


Figure 2a - pre operative markings, 2b - resected fat pads and skin, 2c - 1 month post operative.

CONCLUSION

Although numerous techniques of lower eyelid blepharoplasty have been described and continue to evolve, no single technique has proven superior. A conservative approach to skin excision prevents ectropion and the transcutaneous approach appears to be a safe procedure with minimal morbidity.

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