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# **BLEPHAROPLASTY** *CONTEMPORARY THOUGHTS*

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*REGISTRARS CONFERENCE*  
*Australian Society of Plastic Surgeons*  
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# Blepharoplasty

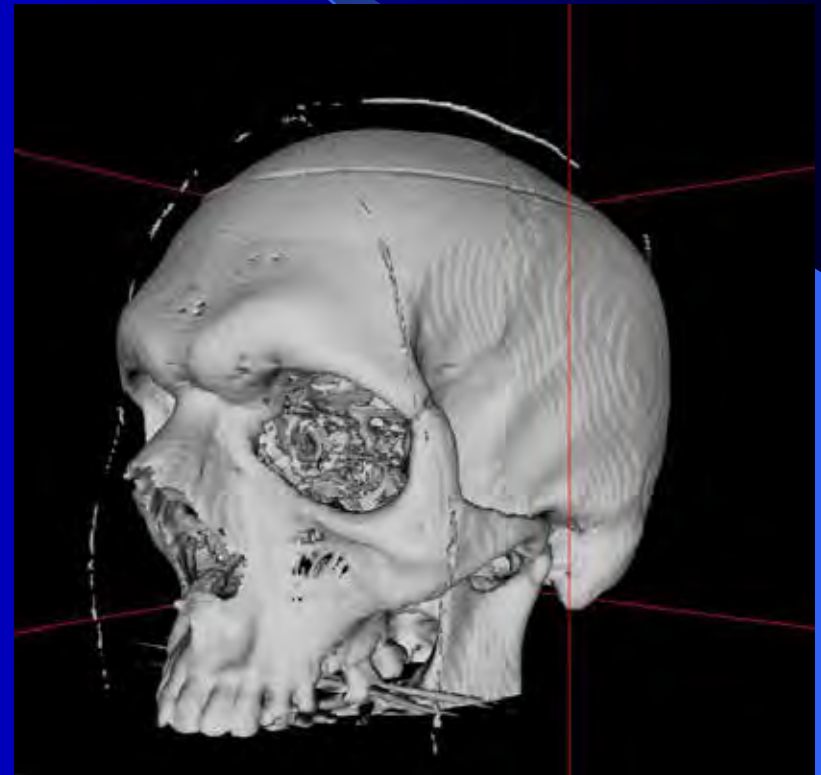
- **Male versus Female differences**
- **Techniques I currently employ**
- **What I do differently now versus 20 years ago**
- **Conservative surgery**

# **Blepharoplasty in the male and female are different operations**

- **Anatomy of the skull**
- **Anatomy of the brow**
- **Patient expectations**

# MALE BONE ANATOMY

- **Supraorbital rim is lower and more prominent**
- **Depression above supraorbital rim**
- **Greater midline depression**



# MALE EYEBROW ANATOMY

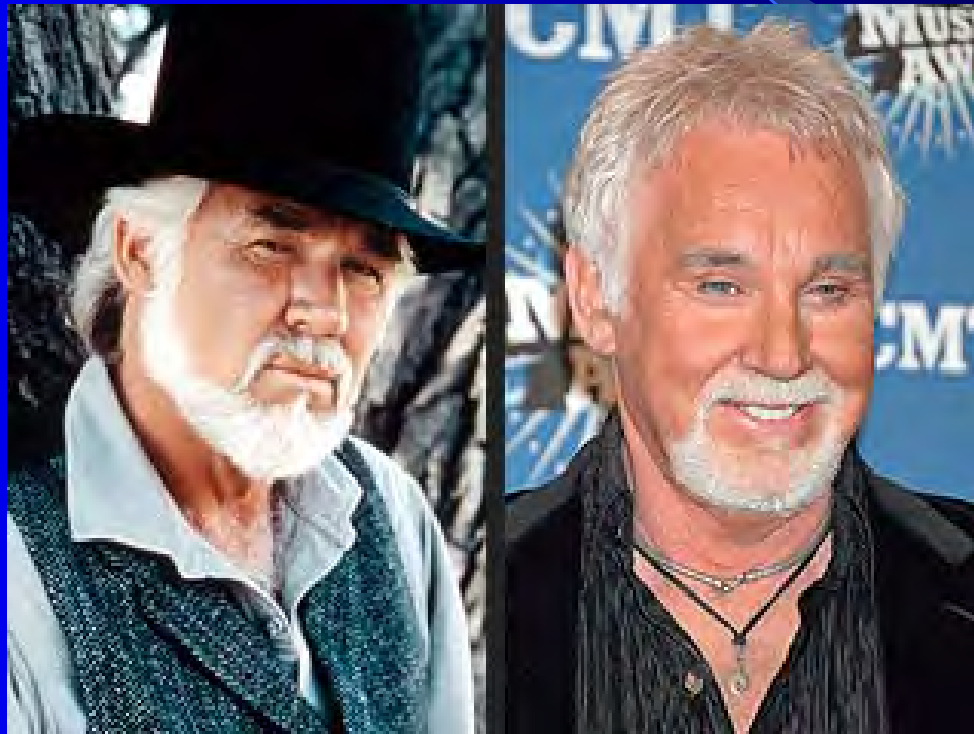
- **Rests lower over orbit**
- **Flatter horizontal contour**
- **Smaller vertical distance between lashes and brow**
- **More inferior upper lid crease**
- **Skin covers crease**



# MALE EXPECTATIONS

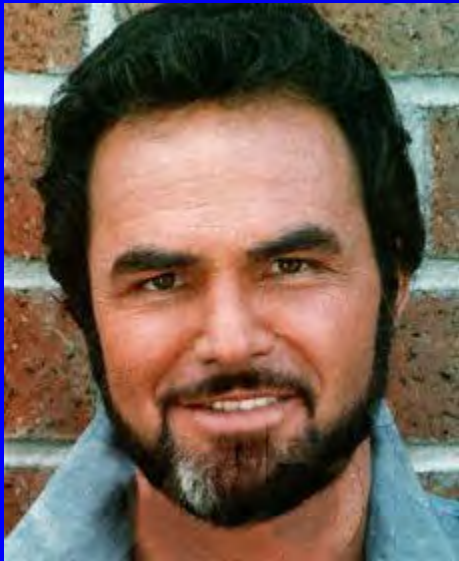
- **Wants to eliminate tired or angry look**
- **Most concerned by bulging tissues in lower eyelids**
- **Upper eyelids generally of less concern**
- **Wants to avoid the undesirable “surgical look”**

**Most Men do not want to  
look like this!**





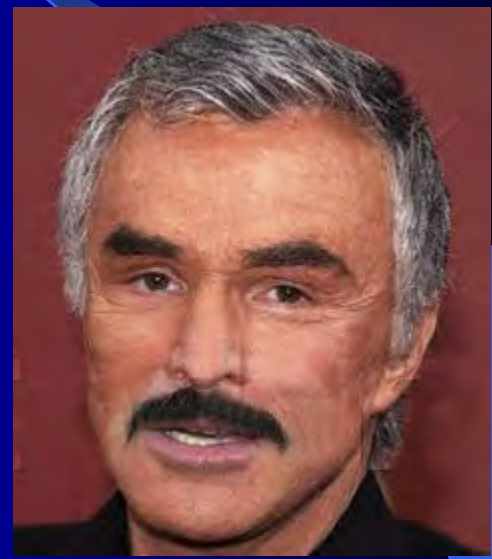
# Or This



1980's



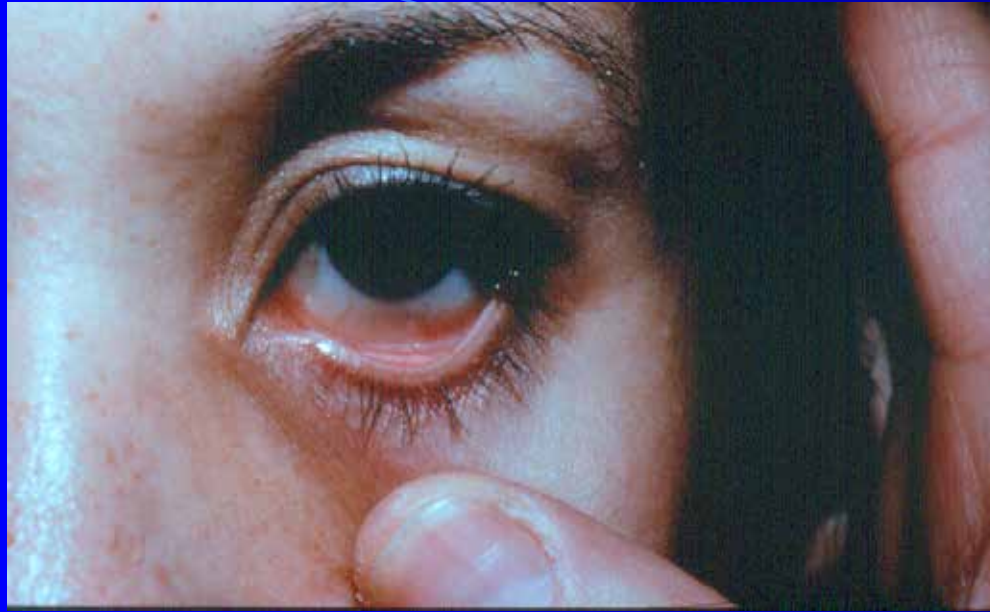
1997



2003

# PREOPERATIVE EVALUATION

- **Evaluate eyebrow position**
- **Evaluate lower eyelid support**
- **Evaluate lower eyelid laxity “snap test”**
- **Visual acuity examination**
- **Tear production “Schirmer’s test”**
- **Identify asymmetry**

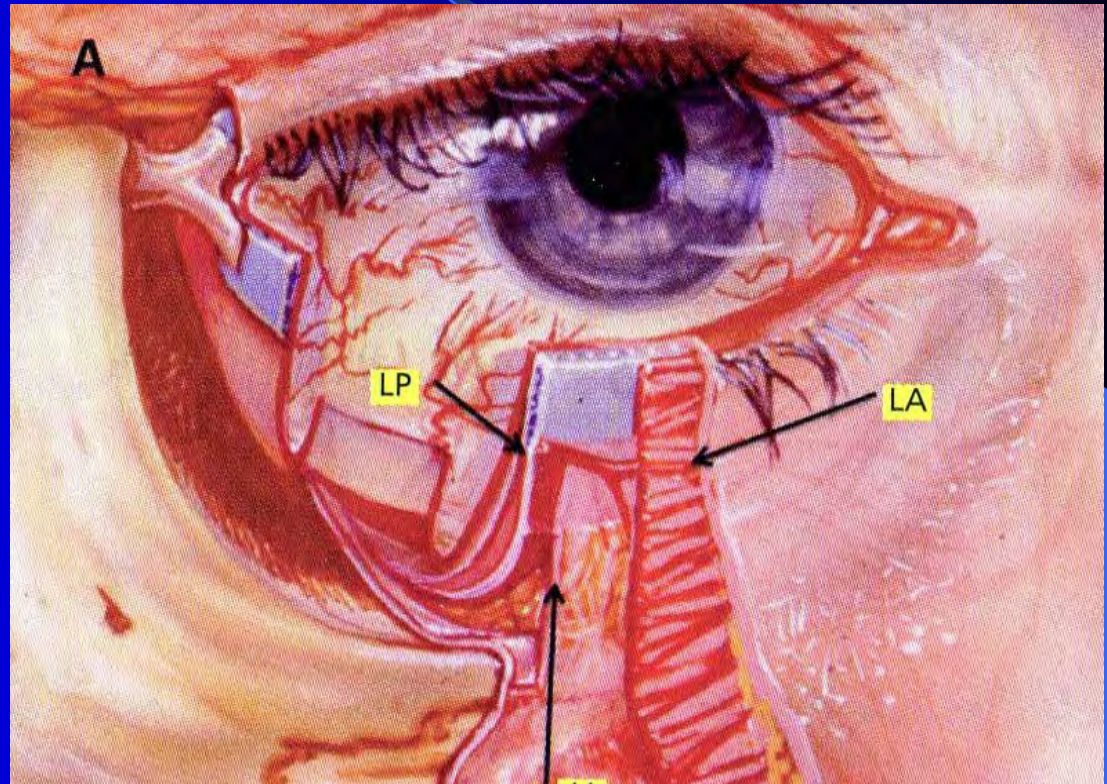


**Snap test**



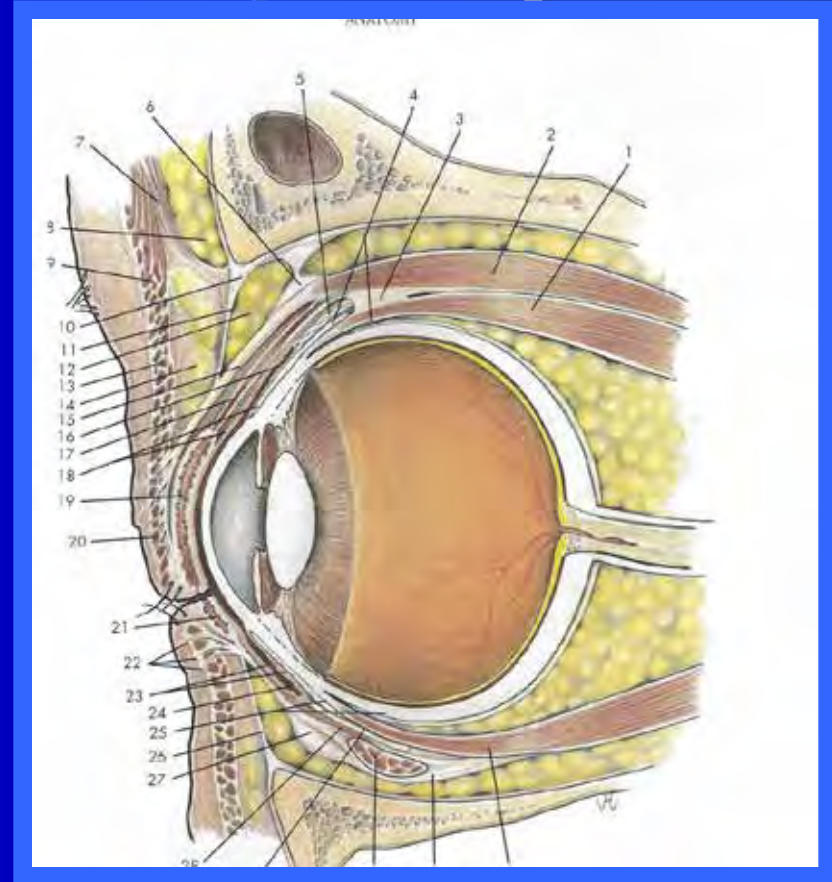
# Anterior and Posterior Lamella

- | Anterior (LA)
  - Skin
  - Orbicularis oris
- | Posterior (LP)
  - Tarsus
  - Conjunctiva
  - Lid retractors



# Identify if there is an anatomical deficiency

- | Anterior Lamella
- | Posterior Lamella
- | Horizontal
- | Vertical
- | Infrastructure (either bony or soft tissue)



# **Surgical procedure depends on the amount of:**

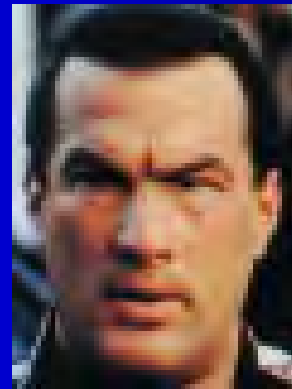
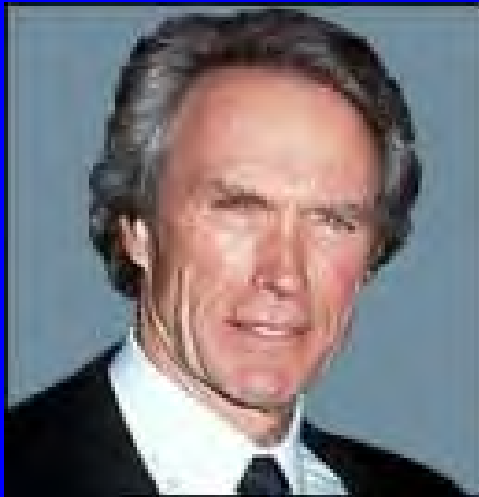
- **Fat**
- **Excess skin**
- **Lower lid laxity**
- **Proptosis**
- **Brow ptosis**
- **Bony support**
- **Periocular wrinkling**

**Each surgical procedure  
should be tailored to the  
problem at hand**

**Not every patient receives the same  
surgical procedure**



# ***REAL MEN HAVE PTOTIC BROWS***





# **THE BROW HAS A MAJOR IMPACT ON THE APPEARANCE OF THE UPPER LID**

**Most men are not desirous of a  
concomitant brow lift**

# UPPER EYELID

## Pearls and Pitfalls

- **Brow position is critical**
- **Precise skin markings in upright position**
- **Keep eyelid crease low 8-10 mm from eyelashes**
- **Redundant orbital fat is predominantly medial**
- **Identify lacrimal gland**

# UPPER EYELID SURGERY



**Precise surgical  
markings with the  
patient upright prior to  
administration of local  
anaesthesia**



**Intraoperative  
adjustment of upper  
eyelid skin**

# **LOWER EYELID SURGERY**

## **Surgical Options**

- **Transconjunctival approach**
- **Subciliary approach**
- **Fat conservation**
- **Fat translocation**
- **Canthopexy vs. canthoplasty**

# **LOWER EYELID**

## **Management of Eyelid Fat**

- | **Preserve**
- | **Remove**
- | **Distribute**
- | **Add to it**

# **HISTORICALLY**

## **We have traditionally:**

- **Excessively overresected orbital fat resulting in skeletalization**
- **Overresected lower lid skin**
- **Not tightened the lower lid in a preventive fashion**

# **CURRENTLY**

## **We must:**

- **Conserve lower eyelid fat whenever possible**
- **Identify and address lower lid laxity**
- **Correct the tear-trough deformity**
- **Do not over resect lower lid skin**



# Contemporary Blepharoplasty

Do More *then you* Get More

Do Less *then you* Get Less

**COMPLICATIONS**

# **LOWER EYELID Transconjunctival Approach**

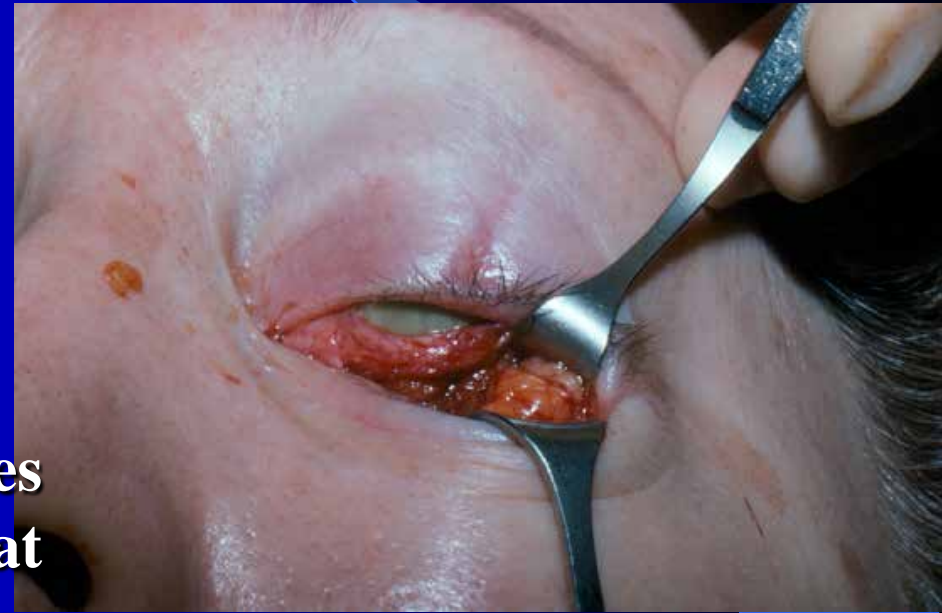
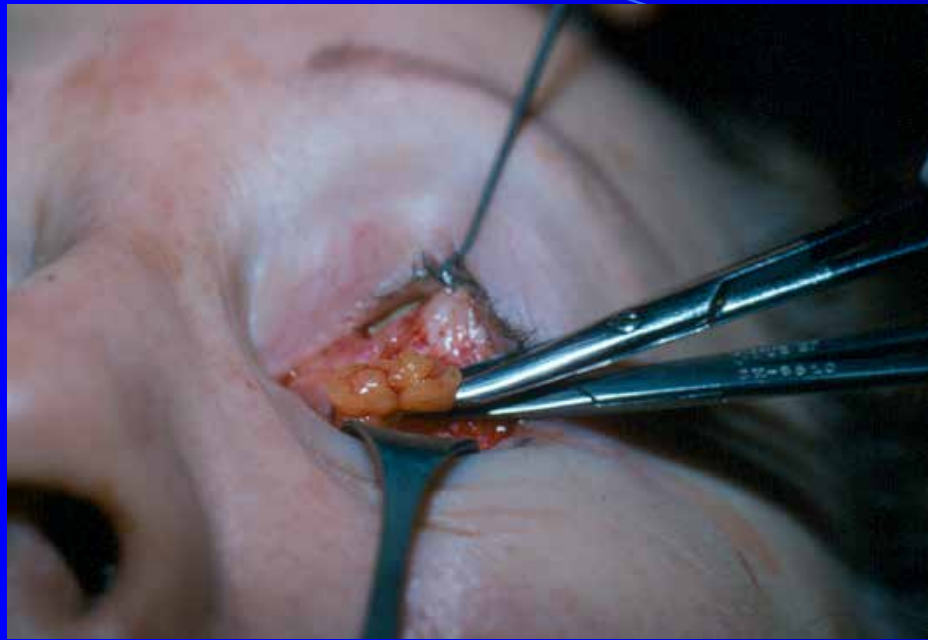
- **4% tetracaine**
- **Corneal protection**
- **Needle tip cautery**
- **Stabilization of upper border**
- **Desmarre's retractor**

# **Transconjunctival Lower Lid** *pre-septal vs. post-septal*

**For the preseptal approach  
you make your incision just under the tarsus**

# **Transconjunctival Incision**

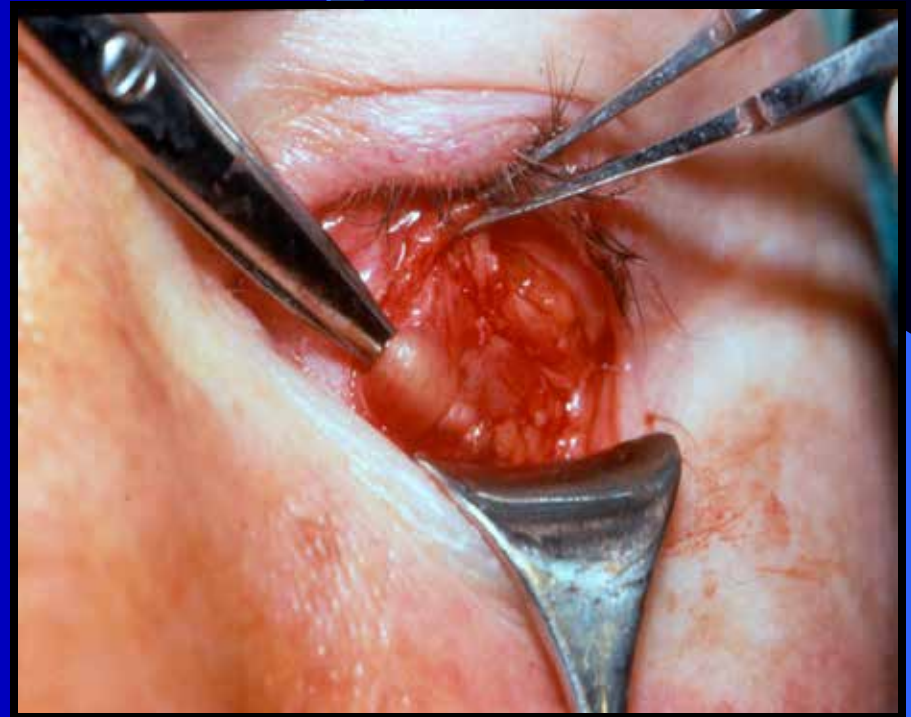
- **Medial to lateral**
- **1-2 mm posterior to inferior orbital rim**
- **4 mm inferior to inferior punctum**



**Skin hook on conjunctiva provides traction and delivers lower eyelid fat**

# Surgical pearls

- **Identify and be aware of the inferior oblique muscle**
- **Conservative excision of fat when necessary**



# **Transconjunctival approach and CO2 Laser**

- **Laser is excellent for fine wrinkles**
- **No advantage in making incision with the laser**
- **Less well tolerated by men**
- **Does not eliminate need for canthopexy**



**preoperative**



**one year**





**preoperative**



**one year**

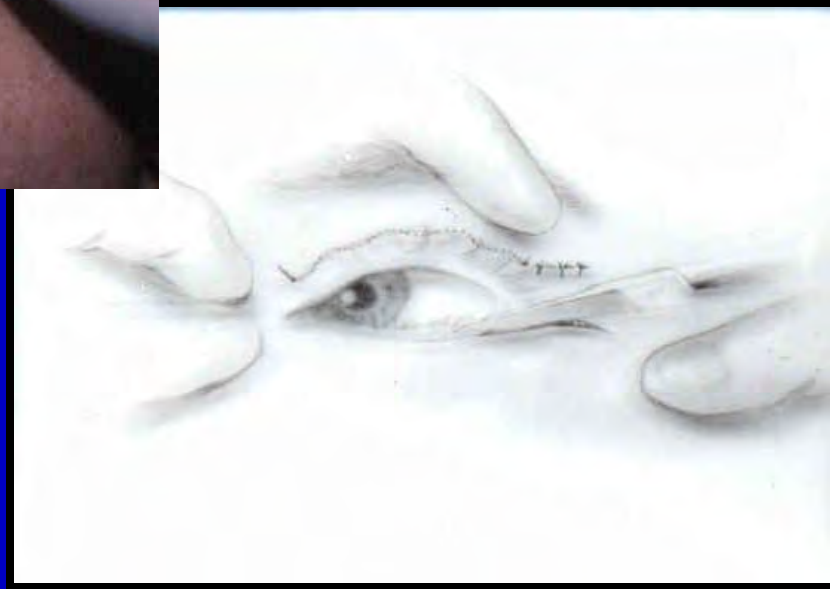
# **Lower Eyelid Subciliary Approach**

- **Muscle/skin flap with pretarsal orbicularis left in place vs. skin flap**
- **Direct conservative fat excision**
- **Lid tightening**
- **Triangle flap adjustment**

# LOWER EYELID SURGERY

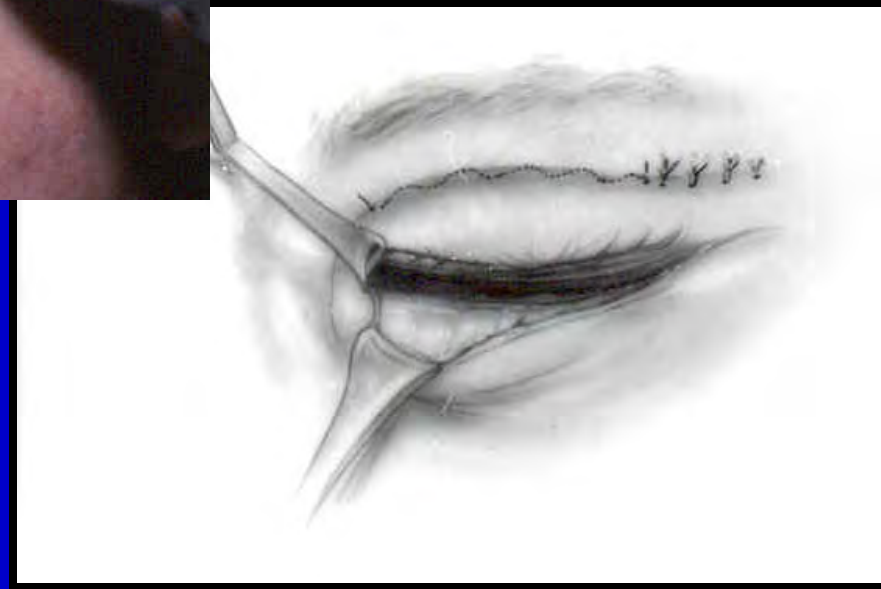


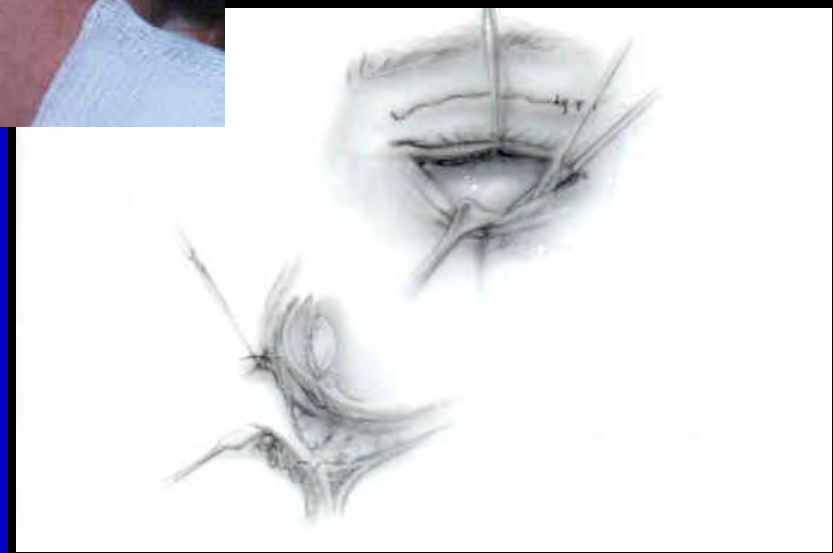
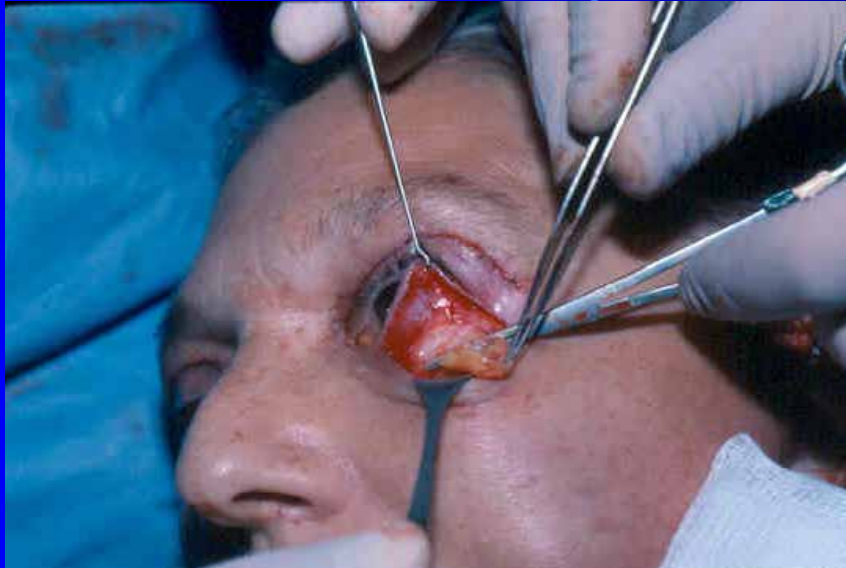
**Incision at the lash line**



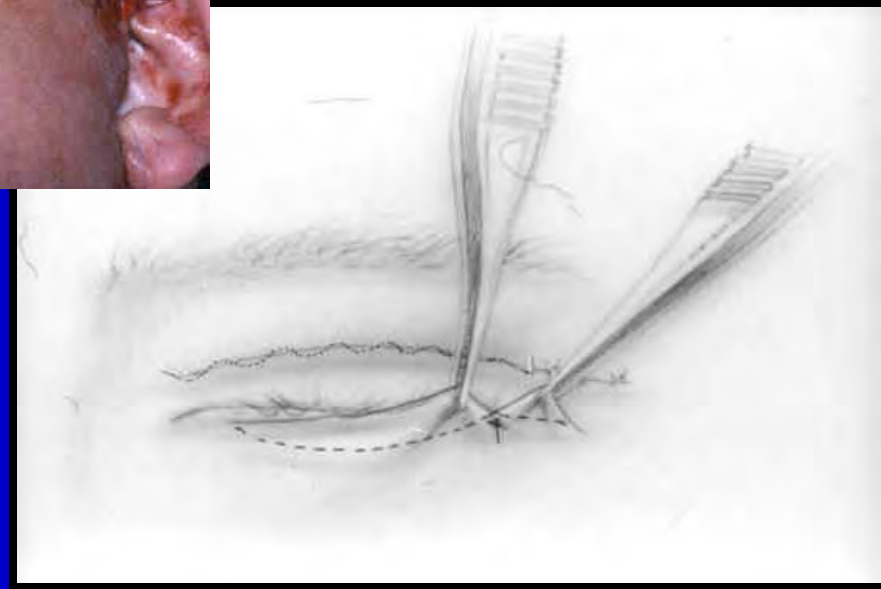


**Desmarre's  
retractors providing  
exposure**





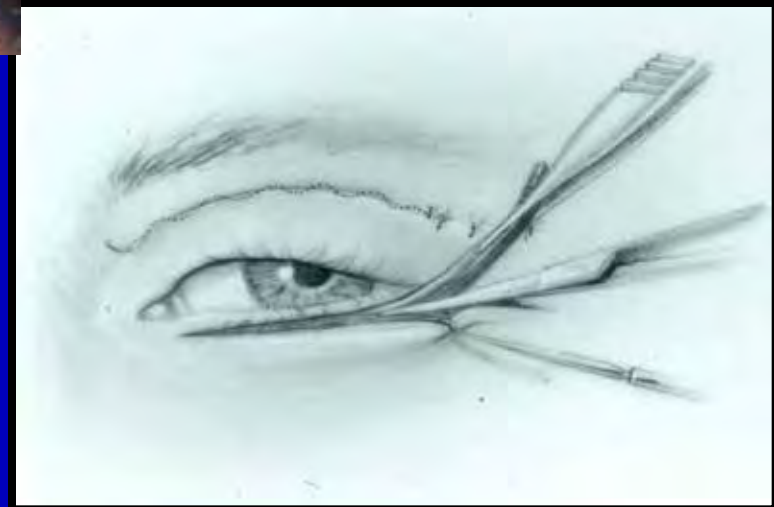
**Conservative fat excision  
IF ANY FAT EXCISION**



**Fix corner stitch and  
triangulate both skin flaps**



**Skin/muscle trim to avoid orbicularis bulge at lash line**





**Preoperative**



**One year  
Postoperative**





**Preoperative**



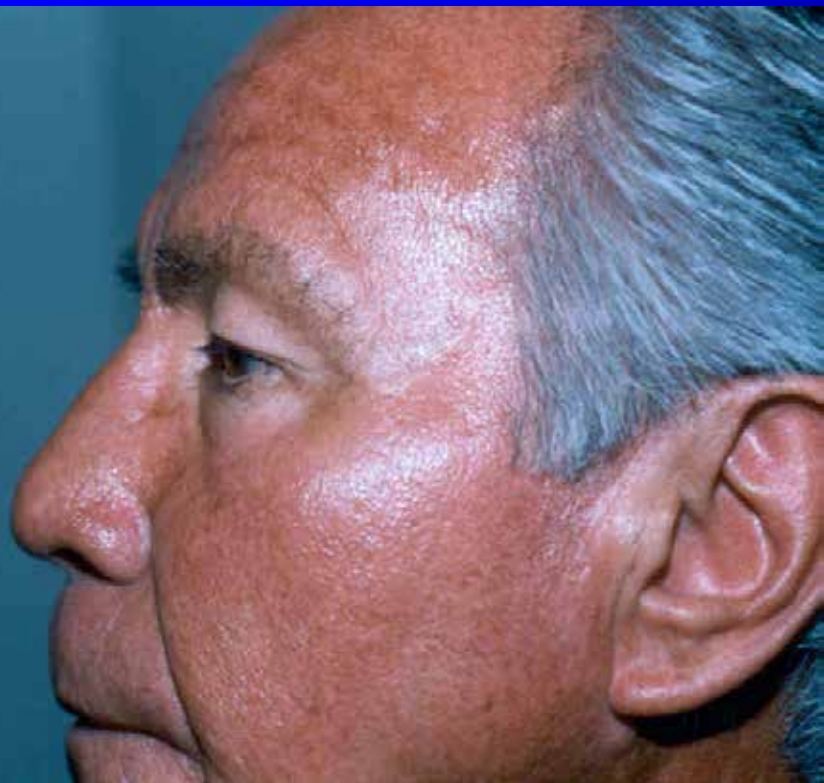
**One year  
Postoperative**



**preoperative**



**one year**



**preoperative**



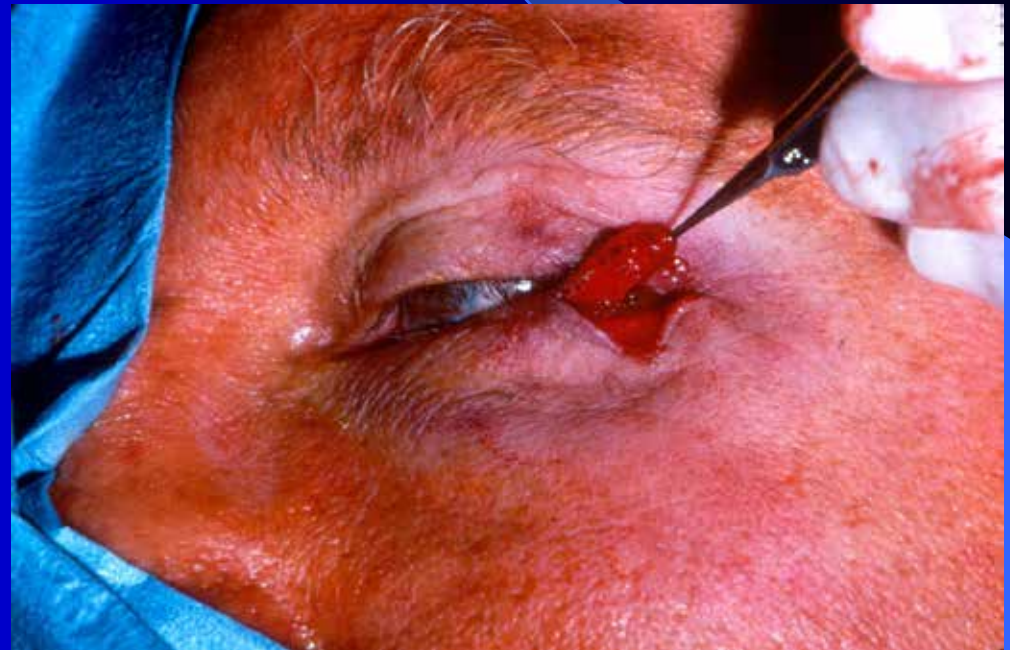
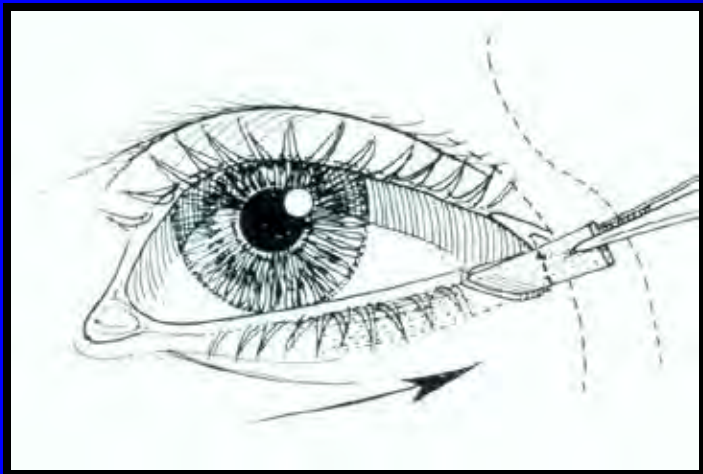
**one year**

# Canthopexy vs. Canthoplasty

- **One needs a low threshold to tighten the lower lid**
- **Whenever possible do not disrupt the lateral angle of the eye**
- **5-0 Opthalon with a D-1 needle is an ideal suture choice**
- **Fix canthus to periosteum of lateral orbital wall, inside the orbit**
- **Can be done through an upper lid incision**

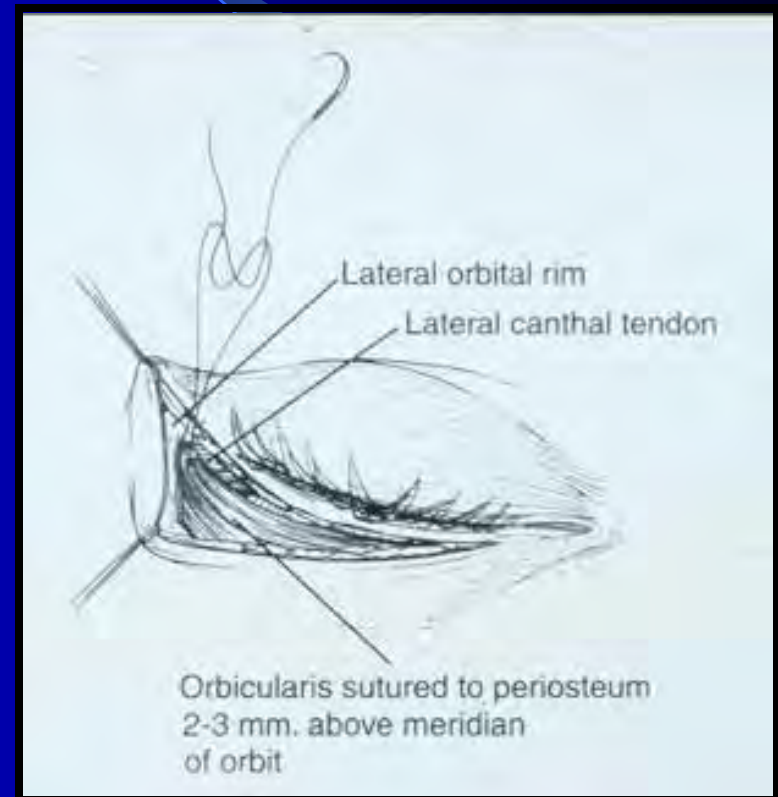
# Lateral canthoplasty

## Tarsal strip procedure



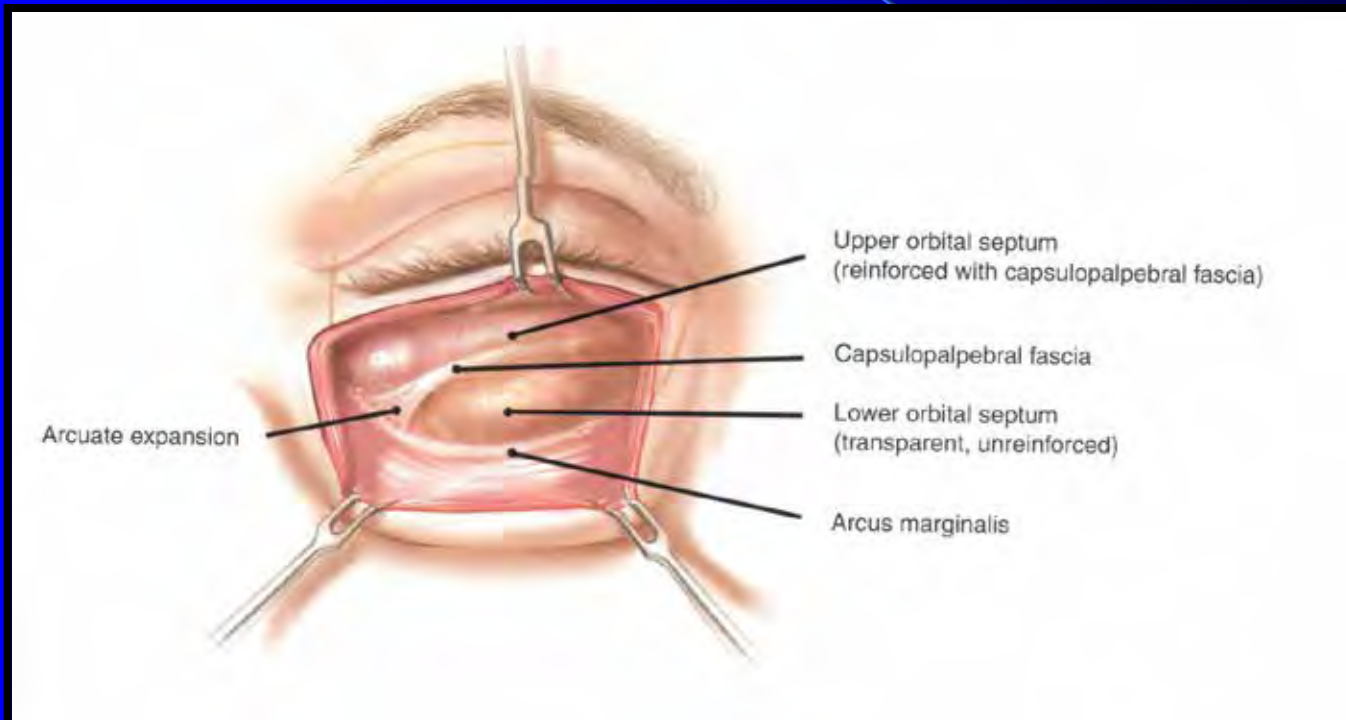
# Lateral Canthopexy

- Lateral canthus is sewn to the periosteum of the orbital rim
- Placed above the meridian of the lid
- Avoids distortion of the eye



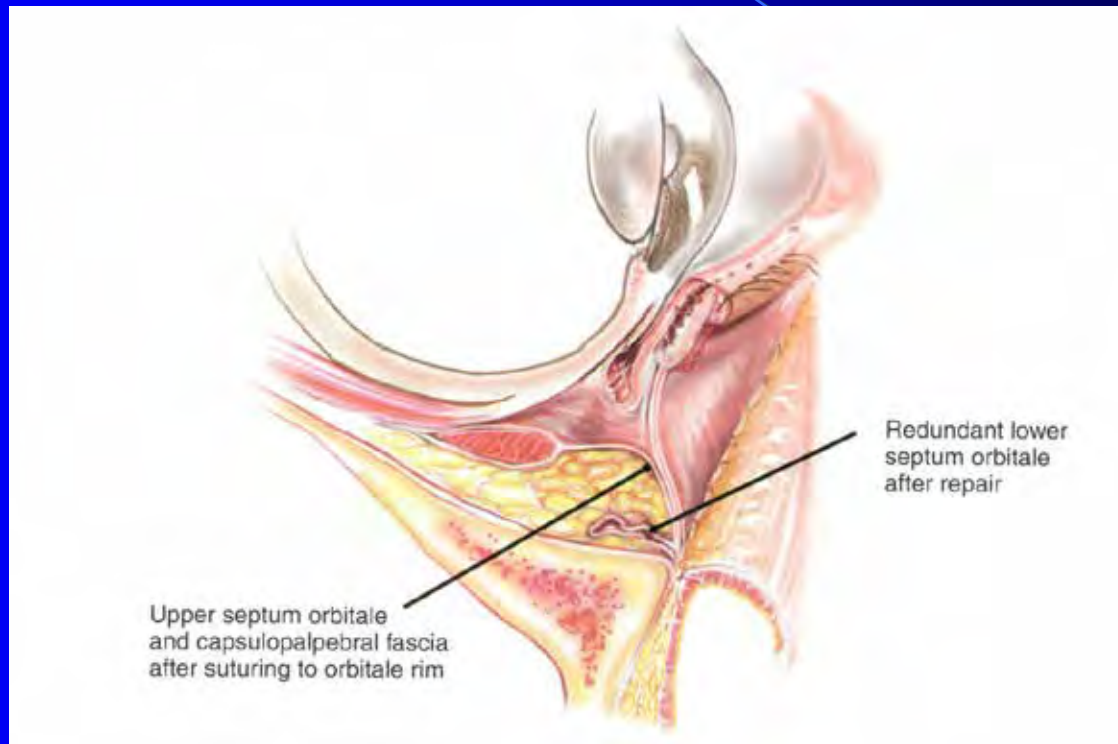
# **LOWER EYELID fat preservation technique**

- **Fat replacement or repositioning is technically straightforward**
- **Restores youthful ideal by reversing the structural changes of aging**
- **Capsulopapebral fascial suturing(de la Plaza) vs. Surgical dam(Little)**
- **Arcus marginalis release and repositioning(Hamra)**

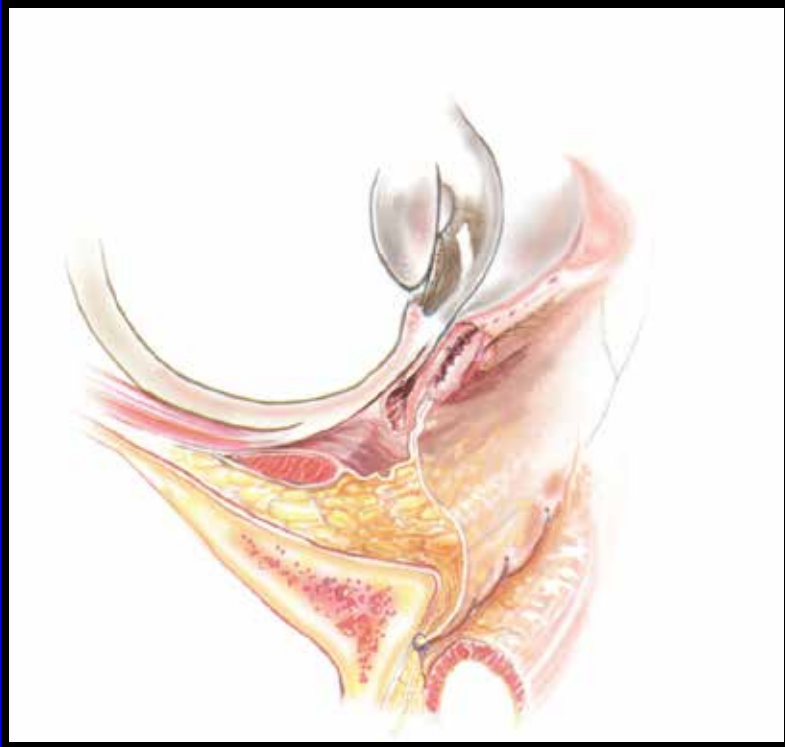


## ANATOMY OF THE LOWER EYELID



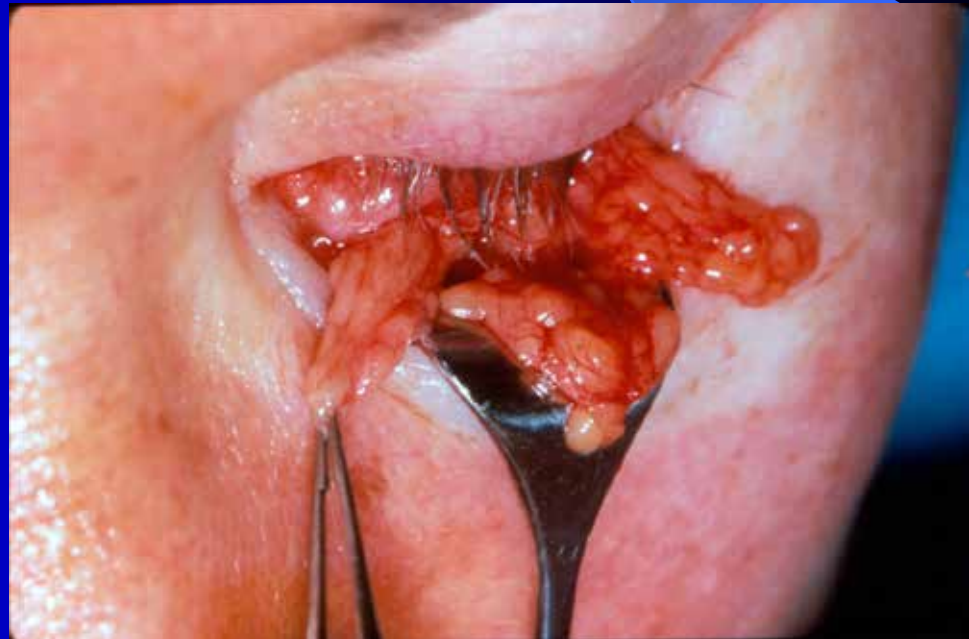


**Reefing of the capsulopalpebral fascia(after de la Plaza, Mendelson, etc. )**



**Arcus marginalis release**

**Fat transposition in the  
lower eyelid**





## **Arcus Marginalis release and Fat Transposition**







# Potential complications

- **Retraction**
- **Ectropion**
- **Entropion**
- **Inferior oblique palsy**
- **Skeletalization(over excision of fat)**
- **Hemorrhage**

# BLEPHAROPLASTY

## *Summary*

- Blepharoplasty *may* represent the best example of aesthetic surgery
- Its purpose is to remove the “tired look”
- Although brow ptosis is common, brow lift is less frequently done in the male

# **BLEPHAROPLASTY**

## *Summary*

- **Lower eyelid surgery should be conservative—scleral show is unacceptable**
- **Transconjunctival approach, fat repositioning or replacement should be considered**
- **Low threshold for lower lid tightening**





***THANK YOU***