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## UPPER EYELID BLEPHAROPLASTY

### PATIENT INFORMATION GUIDE AND CONSENT LEAFLET

#### About this leaflet

This leaflet is an overview of the aims, methods, risks, and complications of blepharoplasty by our surgeons. There is more information available online, from both patients and other surgeons, who themselves may be general plastic surgeons, or specialist oculo-plastic surgeons, as in our practice.

Every patient's experience of surgery, particularly aesthetic surgery, is different. We want you to feel comfortable and confident about what your own medical expectations are from this surgery. We are very happy to discuss these with you, as expectations may not always be accurate or realistic.

We hope that during the in-person consultation with your surgeon, and from the information in this leaflet, your questions are answered and your expectations understood.

Please don't hesitate to get in touch with our team at any time if you would like further information or have unanswered questions. They may be able to help you directly, or they will pass on your queries to your surgeon to answer.

## About blepharoplasty surgery

The effects of ageing and sun damage can make the eyelids look tired, droopy, or heavy-lidded. They may also cause bulging of the fat tissues through weakening of the eye socket (orbit) internal structures, leading to a 'puffy' appearance of the upper eyelid and underneath the eyebrow.

You may have noticed that your eyebrow position has also changed with time. If the eyebrows are lower due to ageing changes, this can mean that the skin beneath the eyebrow drops, rather like a roller blind, onto the eyelid. Therefore, sometimes a brow lift, either instead of or in addition to blepharoplasty surgery, is indicated. However, even if there has been some lowering of the eyebrows, blepharoplasty may give a desired result, and this will be assessed in your consultation.

### **Upper lid blepharoplasty – what is involved**

Upper lid blepharoplasty, sometimes known as an eyelid tuck, involves excision of the excess skin in the upper eyelids, with or without removal or repositioning of any fat from the eye socket. The shape of the skin removed is approximately a crescent, with variations according to each individual's eyelid anatomy. The lower border sits within the eyelid crease, which is usually somewhere between 8 and 10 mm above the eyelashes. The upper border follows a line which is carefully measured to remove excess skin without excising too much. The exact shape and amount of skin excised will vary from person to person, and indeed, the pattern of the incision at the inner and outer edges of the skin on each eyelid will depend on the extent and shape of the hooding of the eyelid.

Every attempt is made to hide all the scars within a natural fold or wrinkle line around your eye. While the aim of the surgery is that other people will not be able to see your scars in day-to-day life, you will be able to detect scarring yourself if you look carefully at the incision areas.

Botox injections (or equivalent) can be used very effectively to augment the results of eyelid surgery by gently lifting the brow. This may be discussed with your surgeon.

### **How long does blepharoplasty surgery last?**

While the aim of upper eyelid surgery is to rejuvenate your appearance, it will not prevent ageing changes continuing to take place! As we age, the position of the eyebrows may drop, and excess skin on the upper eyelid may once again start to appear. In this circumstance, blepharoplasty surgery can be repeated, or, of course, a brow lift may be considered. Since ageing changes affect everybody differently, it is hard to predict who will either want or require further surgery in the future. Once again, this is something that you can discuss with the surgeon.

### **Drooping of the upper eyelid**

Whilst removing the weight of excess skin from the upper eyelid may mean that the upper lid then sits slightly higher, it is also possible that the upper eyelid has been working harder than normal to keep the lid open in a normal position due to the weight of the excess skin. In this latter situation, removing the excess skin also removes the internal feedback system which was working the muscles hard to keep the lid open. If these muscles then relax, the position of the upper eyelid may actually be lowered. This is an unmasking of a pre-existing condition and may mean that you want surgery to correct the ptosis itself. It is usually possible to detect this pre-operatively.

## Risks and complications of eyelid surgery/ blepharoplasty

As with all cosmetic and aesthetic surgical procedures, the success of the surgery depends in large part on meeting realistic expectations of both the patient and the surgeon. These should be fully explored between you and your surgeon.

In addition, no surgical procedure is without some element of risk and is susceptible to a range of possible complications. The internet and social media contain many examples of both exceptionally good outcomes and also of some very poor outcomes from various cosmetic procedures. The list below aims to give you a realistic set of risks and complications. It is not possible to predict, far less list, every potential complication, but we would like you to feel comfortable and confident that you are making an informed decision about the risks and benefits of your surgery.

### **Bruising and swelling**

Bruising and swelling are to be expected following any surgical procedure. The skin around the operation site will be red for some days, and there may be darker bruising. You will be given instructions as to how to minimise swelling and bruising post-operatively. Following these instructions carefully makes a significant difference to the postoperative swelling and recovery. You may be aware that you tend to experience swelling and bruising to a greater extent than others, and you should expect that to be true following this surgery as well. We would expect the swelling to be significant for the first 2 weeks following the surgery and to be detectable for up to 2 to 4 months following surgery. The final result should be assessable at about 6 months post-operatively. These time periods are generalisations, and your surgeon will be able to discuss expectations individually with you at the end of the operation.

### **Scarring**

As mentioned above, the scars from this procedure are usually not visible to other people once the full healing period has passed. In a small number of cases, scars may remain discoloured, may pucker, may be asymmetrical, may become tethered to underlying structures, may become abnormally pigmented, and in any of these situations may need further treatment or scar revision.

### **Post-operative infection**

This is unusual after planned aesthetic surgery. It may require oral antibiotics or, if more severe, hospitalisation and intravenous antibiotics. Very occasionally, additional surgery may be necessary. In very rare cases, orbital cellulitis, which is an infection of the tissues within the eye socket, can occur, and this can itself be sight- and life-threatening.

## **Bleeding**

During the operation, the surgeon will control any bleeding that occurs using cautery. Post-operative bleeding is limited by using regular ice pack application, as will be discussed later. More serious post-operative bleeding may need draining surgically. If a bruise collects in the upper eyelid (haematoma), it may cause skin discolouration and very rarely skin necrosis. In very rare extreme cases, a collection of blood in the eye socket results in pressure on the optic nerve, resulting in blindness. Eyelid or orbital haematomas need to be managed urgently to avoid these complications, and this involves returning to theatre to drain the haematoma.

## **Dry eyes**

Following blepharoplasty surgery, the eyelids will be relatively swollen and stiff. This might result in the eyes feeling dry. We recommend the regular use of over-the-counter lubricating eye drops for at least the first 4 weeks following blepharoplasty surgery. If it has been found that you have a tendency towards dry eye prior to your surgery, you may be more susceptible to this complication, and your surgeon will recommend a more rigorous routine of lubricating drops and ointments to keep you comfortable while the eyelids heal.

## **Seroma**

Rarely, a collection of fluid occurs beneath the skin or within the tissue of the surgical site and may need to be drained surgically.

## **Delayed healing**

As with all surgical events, patients with diabetes, or people who smoke, are at greater risk of delayed healing. To limit this, optimal control of blood sugar levels and cessation of smoking will be strongly encouraged prior to and after any elective surgical procedure.

## **Allergic reactions**

Local allergic reactions to suture material, local anaesthetic, or surgical tape for the dressing may occur. These are usually minor and resolve quickly, although they have the potential to result in serious systemic reactions, including anaphylactic shock.

## **Suture problems**

Occasionally, a patient may be sensitive to the type of suture used. This may appear as redness in the skin around the sutures and usually resolves rapidly when those sutures are removed.

## **Nerve damage**

When a surgical incision is made at any site in the body, small nerve branches will be cut. This can lead to patches of numbness around the surgical site, which may result in a pins and needles sensation or even pain in response to normal touch post-operatively. The numbness following surgery usually resolves after some months. Very rarely, the nerves that supply the muscles around the eyelid can be injured. The deficit arising from this would be expected to be temporary.

## **Skin or fat necrosis**

In very rare situations, the skin around the operative site or the fat cells beneath or around the operative site may die. In the case of skin death, a scab forms. In the case of fatty tissue death, some lumps or liquid collections may form. These may require treatment with antibiotics or surgery.

## **Inability to close the eyelid**

In the early days post-operatively, the eyelids will feel stiff and a little restricted in movement. This usually settles within a few weeks of the surgery. In very rare circumstances, too much skin may be removed, and it may not be possible to fully shut the eye. In this situation, further surgery would be needed to graft skin onto the eyelid.

## **Corneal abrasion**

The superficial skin layer of the eyeball may be disturbed during surgery by contact with a swab or other surgical instrument. These abrasions usually heal very quickly by themselves in the first two days. In more serious cases, which are very rare, regular eye drops may be needed until the corneal surface has healed.

## **Asymmetry**

In human faces, symmetry is rare. There may be asymmetry in the facial bone, including uneven plates or tilt of the eye socket, and much more commonly, skin fold and wrinkle asymmetry. The eyelids and the excess skin that you are interested in having removed may themselves be asymmetrical. This may include shape, contour, and volume of the eyelids themselves. When planning the surgery, your surgeon will discuss with you realistic aims and expectations for symmetry in the post-operative result. The post-operative scars may themselves not be symmetrical.

## **Unsatisfactory result**

It is possible that the result of the surgery will be unsatisfactory to the patient and/or the surgeon. We want our patients to be happy with their outcomes, and we take their opinions very seriously. In most cases, areas of concern settle very well with time, and patience is all that is required. In all cases, your surgeon and indeed all the team at Sapphire will work closely with you to ensure your satisfaction. In situations where further treatment and/or surgery is required, the financial responsibility for this will be discussed with the individuals concerned.

## Consent for upper lid blepharoplasty

Patient ID sticker

I have read and understood the contents of the information leaflet attached to this consent form.

Initials \_\_\_\_\_

I have been given the opportunity to ask my surgeon any questions I may have had.

Initials \_\_\_\_\_

In the event of unforeseen complications during the operation, I consent to any procedure necessary to keep me safe and to optimise outcome.

Initials \_\_\_\_\_

I consent to the administration of topical (skin cream and /or eye drops) and local anaesthetics (injected) as well as oral sedation as discussed with me pre-operatively.

Initials \_\_\_\_\_

I consent to the administration of general anaesthetic and understand that this involves risks with the possibility of complications, injury, and rarely death arising. This will be discussed with me by the anaesthetist responsible for me during the surgery.

Not applicable/ Initials \_\_\_\_\_

I consent to be photographed before, during, and after the operation for medical or educational purposes provided that my identity is not revealed by the pictures.

Initials \_\_\_\_\_

I consent to the disposal of redundant eyelid tissue, which is excised as part of the surgical procedure.

Initials \_\_\_\_\_

I have read and understood the risks and complications that are laid out in the attached information leaflet. I understand that this list is not exhaustive. I understand that other risks and complications may arise in unforeseen circumstances during the surgery. I understand that my surgeon operates with my best interests as their priority.

Initials \_\_\_\_\_

I consent for Miss Heather Baldwin and her assistant(s) to perform

### **BILATERAL / RIGHT / LEFT UPPER EYELID BLEPHAROPLASTY**

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Consultant surgeon signature \_\_\_\_\_ Date \_\_\_\_\_