



PIPS *Steps*

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The Eyes Have It

A cosmetic surgical procedure which seems to be equally popular among men and women is **Blepharoplasty** or surgical reshaping/rejuvenation of the eyelid. (**Bilateral Upper and Lower Blepharoplasty** refers to surgical reshaping/rejuvenation of both upper and both lower eyelids.)

The eyes not only allow each of us to view the world, but are viewed by others as a window into our inner selves, our “souls”, and therefore contribute greatly to the perception of us by others.

What impart various qualities (alert, deep and penetrating, etc.) to eyes are not the eyes themselves (except for size and color, the eye of one person really is not that much different from the eye of another) but, instead, the surrounding structures, or what are known as ocular adnexa, such as eyelids, bony orbital rims, eyebrows, etc. These structures, particularly the eyelids and the eyebrows and their relationship to each other, are what the plastic surgeon seeks to alter when undertaking a Blepharoplasty.

As we progress through life our eyes assume a fatigued, even sleepy appearance as the skin of our eyelids, particularly that of our lower eyelids, becomes lax and periocular fat (which functions as a “shock absorber” between the eyes and the surrounding bony orbits) herniates or protrudes forward, resulting in “puffy” lower eyelids. In some individuals the skin of the upper eyelids becomes so lax and consequently so redundant that it imparts a hooded look to the upper eyelids and can obscure an individual’s “visual field”, in other words the “picture” an individual ordinarily sees when his/her eyes are open. While the changes I have described are usually a result of aging, gravity and the like, occasionally a more mature appearance of the eyelids is apparent in young people, even children, owing to a genetic or familial tendency toward such an appearance.

When confronted with an individual interested in eyelid surgery, first I determine what that individual’s concerns relative to his/her eyes are. Many individuals may think that a problem is correctable by eyelid surgery when, in fact, it may require another surgical procedure. For example, individuals concerned about the appearance of that area of their cheeks immediately below their lower eyelids often mistakenly assume that surgery of the lower eyelids will improve the appearance of that area when, in fact, a more extensive procedure such as a “Facelift” may be more appropriate to the task. In like manner, very droopy eyebrows secondary to relaxation of

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the skin and muscles of the forehead may produce a hooded appearance to the upper eyelids which an individual may interpret to be solely an upper eyelid problem, correctable by upper eyelid surgery, when, in fact, a Forehead Lift may be the ideal solution to his/her problem.

Next follows a thorough evaluation of the individual, beginning with an assessment of his/her entire facial appearance, again to determine if surgical procedures other than Blepharoplasty are necessary to address his/her concerns. Then I assess the relationship of the eyeball to the bony orbit in which it sits. A protruding eyeball (exophthalmos) may be indicative of Thyroid Disease while a recessed eyeball (enophthalmos) may be indicative of problems affecting the bony orbit. Surgery undertaken upon the eyelids of an exophthalmic or enophthalmic individual, if not undertaken judiciously, may accentuate the exophthalmos or enophthalmos resulting in an unpleasant post-operative appearance of the eyes. Finally I assess the eyelid proper. Will the laxity of eyelid skin improve with nothing more than a “Chemical Peel”? Or is it significant, requiring surgical exci-

sion and a redraping or repositioning of the remaining eyelid skin? Is the hooded appearance or droopiness of the upper eyelid solely a result of excess eyelid skin or is it a function as well of weakness of the muscle primarily responsible for elevation of the upper eyelid known, not surprisingly, as the Levator (as in elevator) Palpebre Muscle? If so, then shortening that muscle may be necessary to address fully a droopy upper eyelid. Is herniated or protruding periocular fat present? If so, will the appearance of the eye be improved by removal or by repositioning of that fat? And so on.

In short, the assessment of the appearance of the eyes and treatment of the problems identified by that assessment are not quite as simple and straightforward as the average person might think. Fortunately, though, virtually all of the surgical procedures employed to address problems related to the eyelids, the bony orbital rims, the eyebrows, etc. can be undertaken on an outpatient basis and result in a minimum of postoperative discomfort and disability. In fact, an overwhelming number of my Blepharoplasty patients report freedom from post-operative discomfort in a matter of hours and are able to return to non-strenuous day-to-day activities in a matter of days. Discoloration of the eyelids following Blepharoplasty normally resolves fully in ten days and certainly can be camouflaged by appropriate makeup and sunglasses.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.

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