

# Surgery For Saggy-Baggy Eyelids

*Note: Prior to reading this chapter, you should have read Parts I and II of this book and—afterwards—read the other sections in Chapter 4.*



Drooping, heavy tissues around the eyes can be removed with the upper and lower lid plastic procedure (Blepharoplasty) and remove the “tired look”.

## Blepharoplasty

Humans have four eyelids—two upper lids and two lower lids. The upper and lower eyelids may contain wrinkles, loose skin, and bulges due either to hereditary factors or the aging process. Pouches or bags of the upper and lower lids are generally due to herniations of the fat normally localized within the eye socket. These fatty hernias may be removed in the lid plastic procedure. Fatty pouches are often seen in the 20-30 year age group, sometimes younger, and can often be corrected at that time. There is little rationale to wait for some arbitrary age before having surgery. When the problem exists, it should be corrected. (See page 142.)

**Upper** lid surgery is usually done at the same time as the lower lid surgery but either can be done as an isolated procedure. Upper and lower eyelid plastic surgery may be done with or without a face lift, brow lift or other surgery. (See page 140.)

In the upper lid Blepharoplasty a determination is made about the excess or overlapping skin which frequently obliterates the natural crease above the lashes. After the area has been anesthetized the excess skin and fat are removed and the incision sites are closed with delicate sutures. (See top page 149.)

### **No-Scar Lower Lid Surgery: Trans conjunctival Blepharoplasty**

In some patients the fatty bulges in the lower lid can be removed *without making an incision in the skin*. The incision is made behind the lower lid thereby eliminating a visible scar.

It is not possible to remove loose skin or sagging wrinkles when this method is used but skin resurfacing (laser, peeling or dermabrasion) can be performed at the same time in order to minimize many of the fine wrinkles.

We will discuss this option with you during your consultation if we feel it might be an appropriate alternative in your case.

### **Classical Lower Lid Surgery:**

The lower lid procedure may also be performed by making an incision in the skin below the lower lashes at a level determined by the surgeon and elevating the skin so that the fatty pouches or “hernias” can be identified. Once fat is removed **the excess skin is trimmed**. Small delicate absorbable sutures are used to close the lower lid incisions. When loose skin needs to be removed it is *necessary* to make the incision on the *outside* of the lid.

Because the skin at the outer corners of the eye is thicker than the skin adjacent to the lashes, it takes a little longer for that area to soften and flatten

after surgery. Sometimes, cortisone injections speed the process along.

With the passage of time, the incision lines of the upper and lower lids are usually camouflaged.

As a rule, eyelid procedures are associated with minor disability and allow one to return to routine living after a few days using cosmetics and sunglasses.

Most patients tell us that there is little or no pain in the postoperative period. Each operation is followed by varying degrees of swelling and/or discoloration, most of which usually subsides within 7-10 days. By this time, too, the scars can be camouflaged by makeup; these scars gradually blend in with the surrounding skin. After several months have passed and, in most cases, scars become perceptible only upon close scrutiny.

When wrinkling of the lower lid is pronounced, we frequently recommend skin resurfacing to cause further tightening of the skin and improve fine wrinkles or "crow's feet." This is done in the Clinic and causes minimal physical incapacitation. The healing period, however, is two to three weeks as it is with any peeling procedure. (See Chapter 5.)

Insurance may not cover surgical fees and hospitalization expenses for cosmetic surgery. However, in patients who have extreme amounts of overhanging tissues producing "hooding," we may request a consultation from an eye specialist. If the examination demonstrates any visual impairment from such a problem, *a portion of the fees for "functional" upper lid surgery may be covered by medical insurance, but, in our experience, it is getting more and more difficult to convince insurance companies to defray costs.*

We have yet to encounter a case where excess skin and fat in the lower lid impaired one's vision; however, if we

need to do a procedure to support a lax or **drooping lower lid**, insurance may pay some of the costs for this portion of the lower lid operation.

Please advise us of any history of eye diseases or history of visual problems so that we may have them evaluated.

**We recommend you have an eye examination prior to eyelid surgery.** Ask your eye doctor to send us a report of his findings. We can help you obtain an appointment if you should have a problem.

NOTE: At times the curtain of skin hanging from the upper eyelid may be partially due to **sagging of the eyebrows**. In such cases, it may be necessary to advise elevation and support to the brows and forehead at the same time the upper lid plastic surgery is performed (see next section on "The Eyebrow Lift"). Examine your eyelids and brows prior to consultation in front of a mirror at home.

### **The Other "Bulge" . . . .**

Blepharoplasty is designed to correct conditions found *within* the confines of the bony rims of the eye socket.

Many people ask if lower lid surgery removes or improves the **swollen, puffy areas that sometimes develop beneath the lower lid and over the cheek bones**. The answer is *no*. These bulges are thought to be caused by uncontrolled fluid accumulation in the tissues. They are, in essence, "bags of water." Direct excision may remove these unwanted tissues, but, is not indicated unless they become quite large; the resultant scar may be imperceptible, but often requires dermabrasion at a later time.

**Make sure you have read Parts I and II of this book and "Surgery To Reverse The Undesirable Signs of Aging" beginning on page 130 prior to your consultation.**

## THE McCOLLOUGH CLASSIFICATION SYSTEM FOR PLASTIC SURGERY OF THE EYELIDS

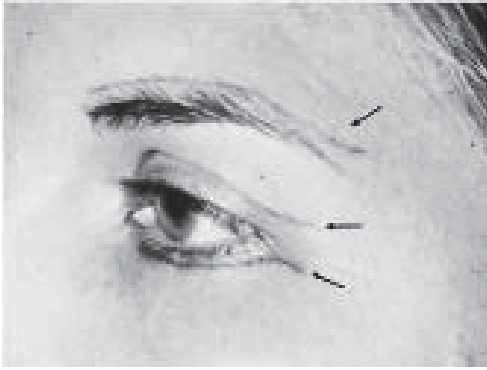
Dr. McCollough has also developed a scientific system to address sagging and bulging skin around the eye regions. In medical circles, the proper name of eyelid plastic surgery is "*Blepharoplasty*". The following classifications are designed to provide guidance for patients and surgeons considering plastic surgery of the upper and lower eyelids. **Keep in mind that there are four (4) eyelids: two uppers and two lowers.**

**STAGE I (The Thirty-Something Eyelid Lift)** – for *early* sags and bulges of the eyelids. When little – or no – loose skin is present, lower eyelid bulges (caused by protruding fat) can often be removed from behind the lower eyelid, avoiding external incisions and scars). If excessive skin is beginning to develop in the upper lids, only overlapping portions are removed. Costs of Stage I Blepharoplasty surgery ranges from \$1000-\$1200 *per lid*.

**STAGE II (The Forty-Something Eyelid Lift)** – for moderate amounts of loose or hanging skin and bulging fat, creating the appearance of "dark circles" under eyes and hooding of the upper eyelids. Costs for Stage II Blepharoplasty range from \$1200-\$1400 *per eyelid*.

**STAGE III (The Fifty-Something Eyelid Lift)** – for treating excessive upper lid skin that droops to the level of the eye lashes, eliminating the natural crease and for lower lid skin and fat that create the appearance of a "tired" look. Costs for Stage III Blepharoplasty range from \$1400-\$1600 *per eyelid* (see photos on page 150).

**STAGE IV (The Sixty-Plus Eyelid Lift)** - for *extreme* drooping of upper and lower eyelid skin and enlarging fat pockets in both the upper and lower lid regions. In such cases *upper* eyelid skin begins to push the eyelashes downward (or overlap them) blocking the individual's field of vision and causing the eyes to feel "tired" toward day's end. In severe cases, health insurance often covers part of the costs of correction. And, when aging causes the *lower* eyelid to pull away from the eyeball, it is possible to include correction of this problem at the same time fat and loose skin is addressed. Costs for Stage IV blepharoplasties range from \$1600-\$1900 *per eyelid*.



The incisions and/or resulting scar lines for upper and lower lid Blepharoplasty and the "direct" brow lift are demonstrated by the marks in the two photographs above (see arrows). Variations do exist, so ask the surgeon to demonstrate where yours might be placed.



On rare occasions young women under the age of twenty can undergo a Stage I correction of heavy upper lid tissues which interfere with their ability to properly apply eyelid makeup.



After the age of forty, some people develop excess skin around their eyes which produces a "tired look." Excising the excess with a Stage III Blepharoplasty re-establishes the crease in the upper lid which had been obliterated by that redundancy.



When the skin of the upper lid touches the lashes, it completely obliterates the crease of the upper lid region and the patient becomes increasingly aware of the excessive weight of his/her lids. Their eyes experience fatigue toward the end of the day. In such cases, not only does a Stage III Blepharoplasty improve their appearance but often adds a "functional" improvement.



Approximately 25% of cosmetic surgery is performed on men. Excess upper lid tissues and fatty pouches in the lower eyelid region in this man were corrected with a Stage III upper and lower eyelid plastic operation (Blepharoplasty).



This patient exhibits an extreme example of "hooding" or overlapping eyelid skin. With a Stage IV Blepharoplasty not only does the patient have a more pleasing and youthful appearance, there is an improvement in both the function of the upper lids and her peripheral vision. **Note: Medical insurance may cover some of the cost when the upper eyelid skin obstructs a patients vision ... such was the case in this patient.**