

Cosmetic Eyelid Surgery

Part 1

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Facial Cosmetic Surgeon

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 **TOC**
EYE AND FACE

No Financial Disclosures



AMERICAN ACADEMY
OF COSMETIC SURGERY



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EYE AND FACE

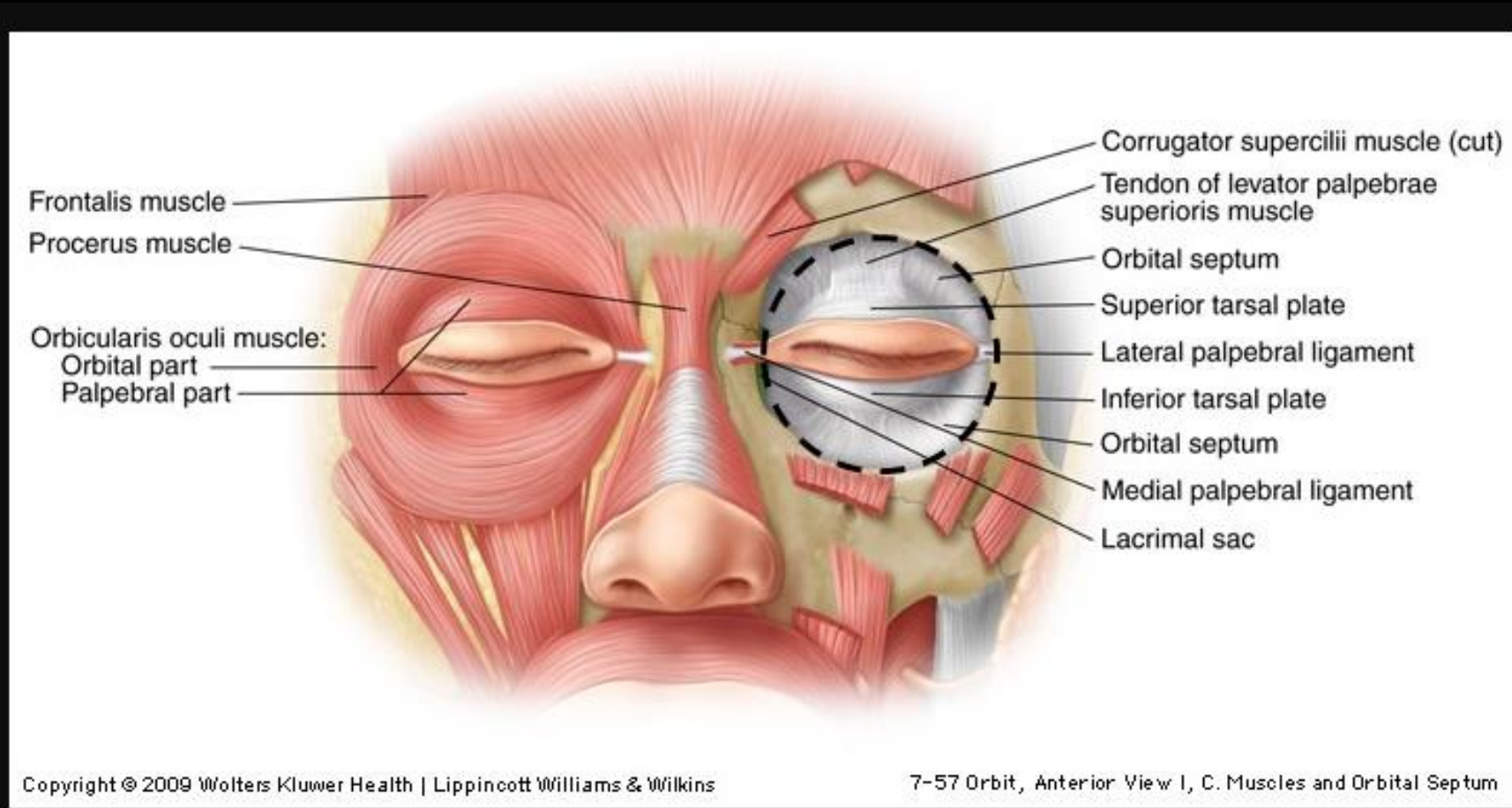
Outline

- Periorbital Anatomy
- Upper Blepharoplasty
- Eyebrow and Forehead Lift
- Lower Blepharoplasty
- HA Filler and Fat Transfer
- Case Studies

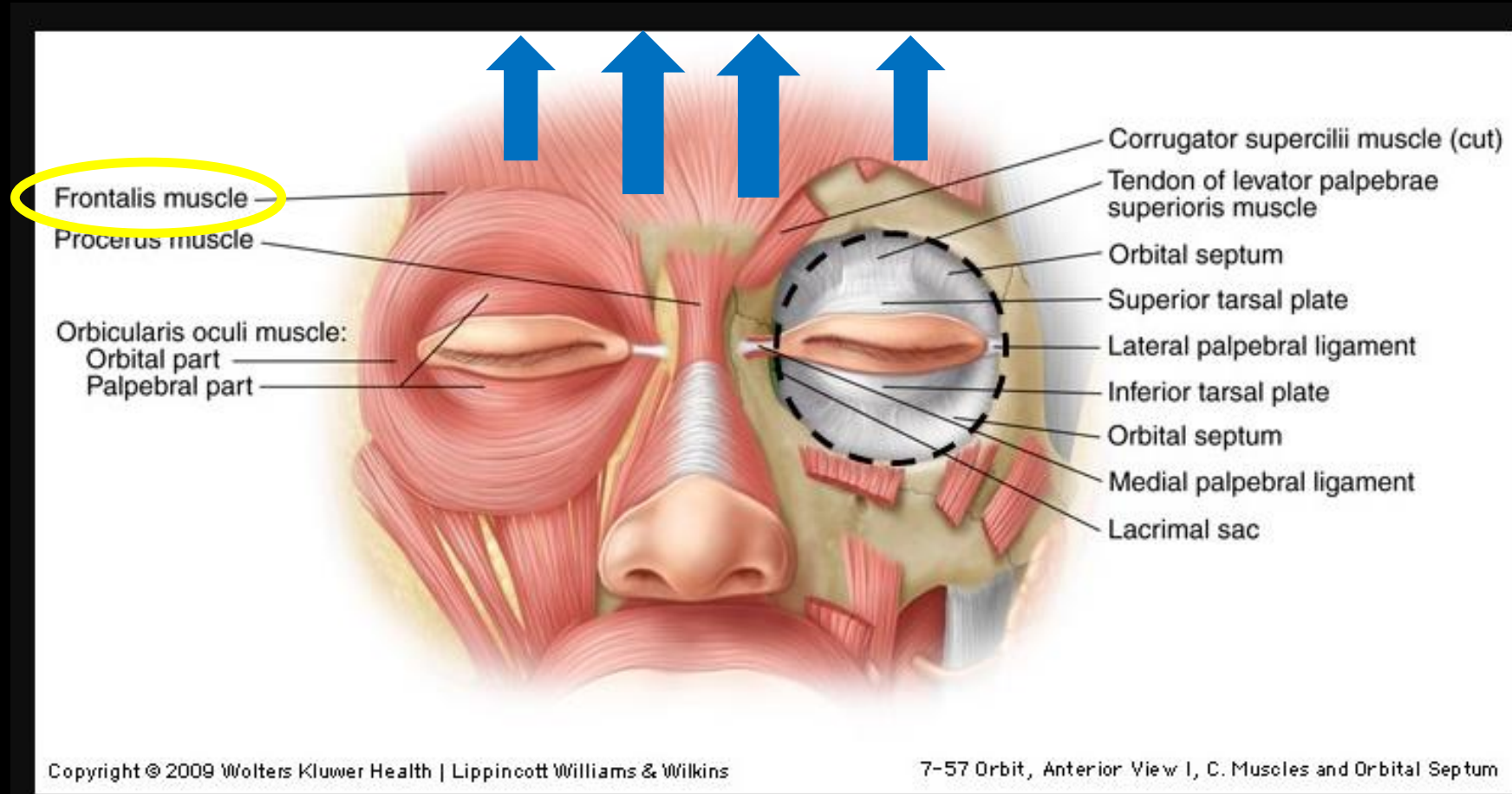
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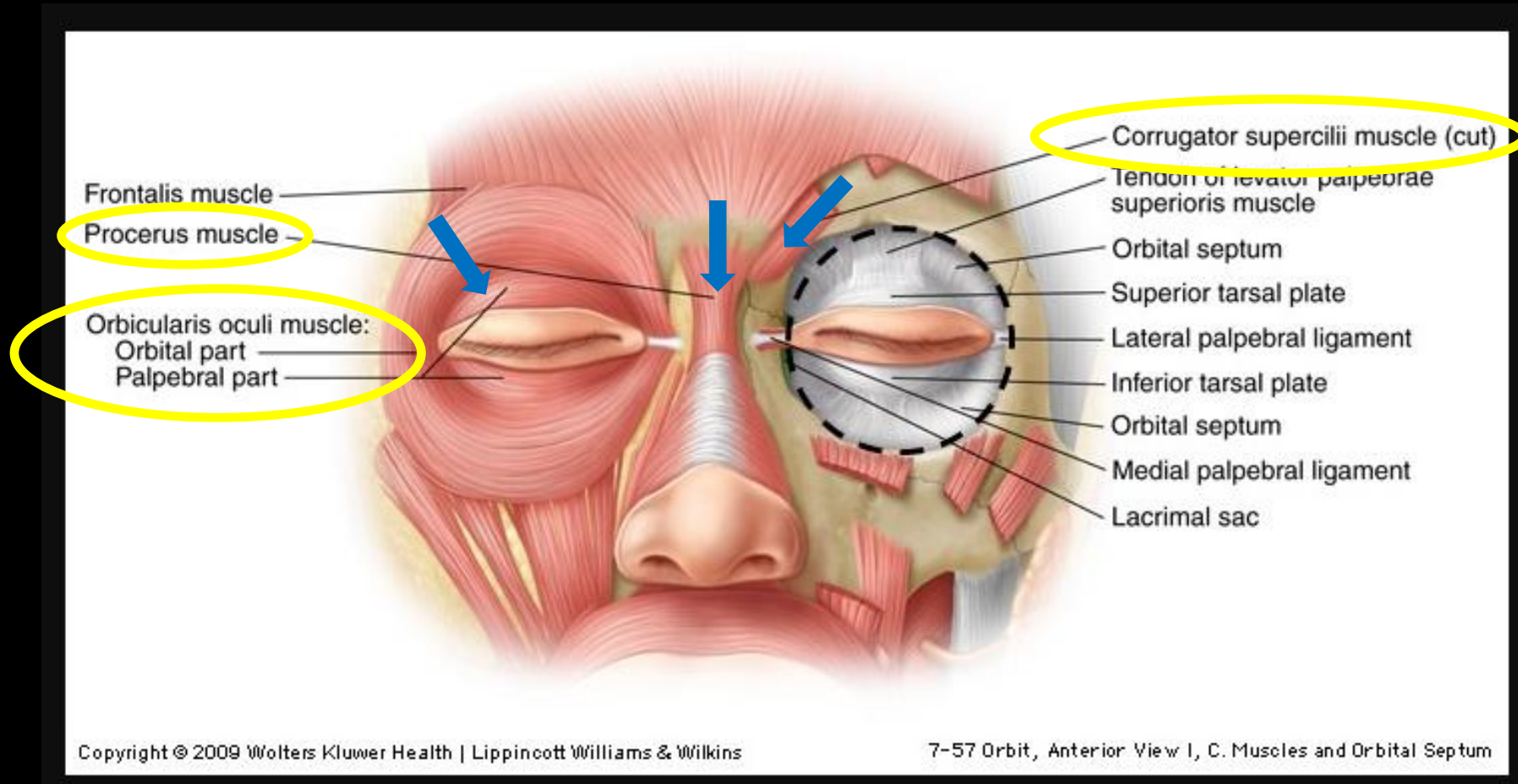
Periorbital Anatomy



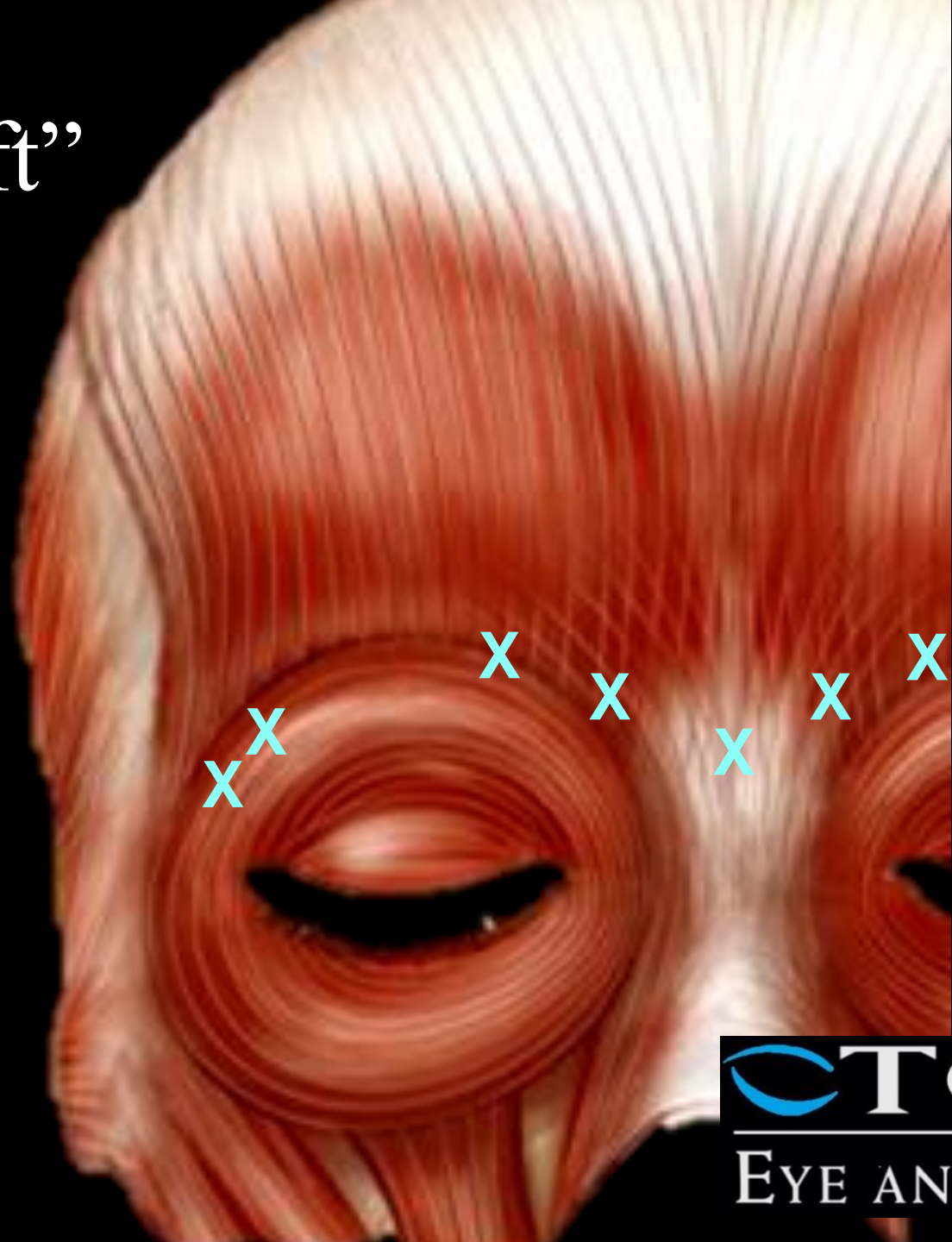
Brow Elevators



Brow Depressors



“Chemical Brow Lift”





Avoid **THIS!**



The "Spocked" Brow

CTOC
EYE AND FACE

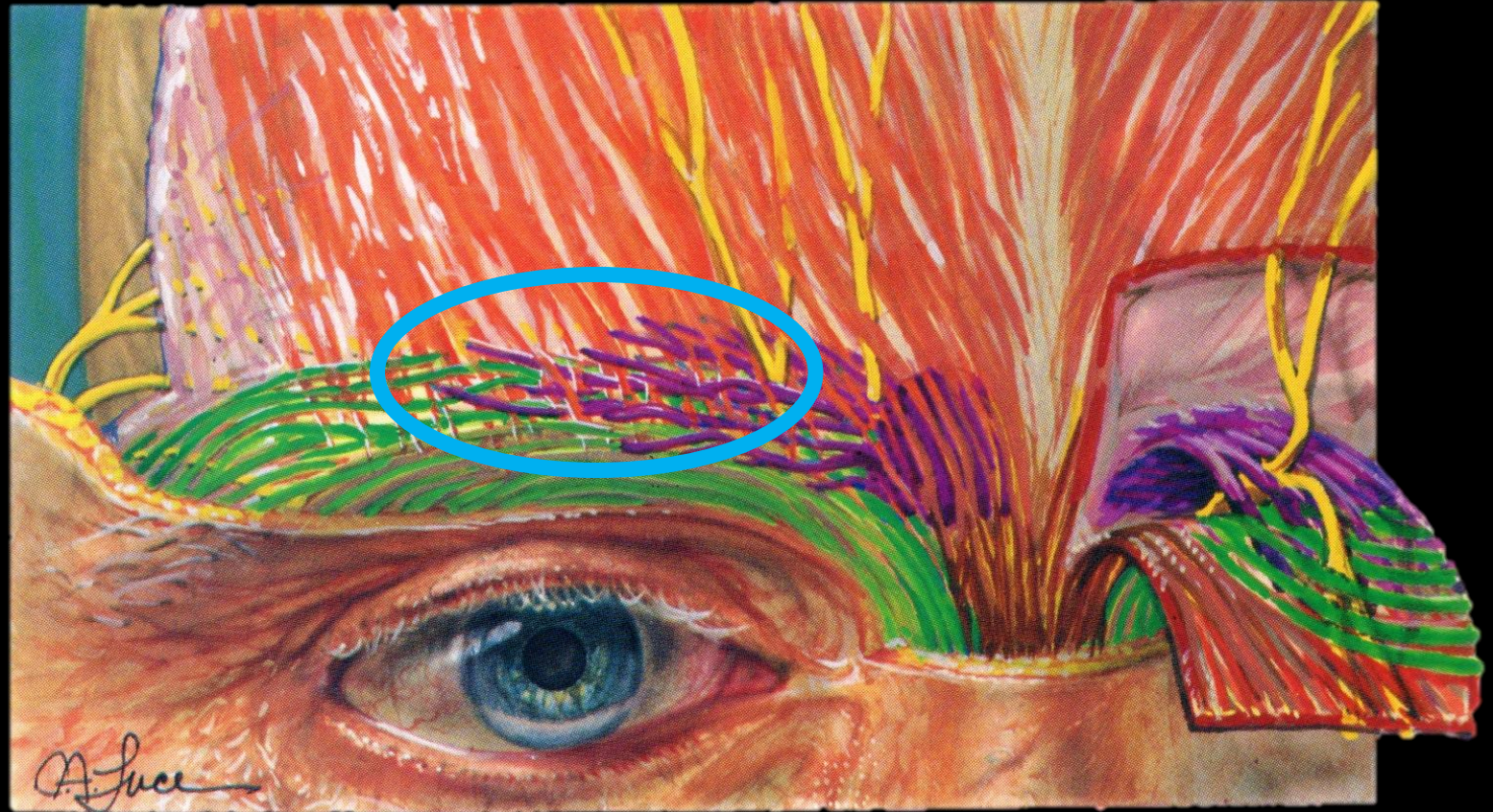
Medial Brow Anatomy

- Corrugator is **DEEP** to the frontalis medial
- Botox injected superficially in this area
→ frontalis
- Botox injected deep
→ corrugator



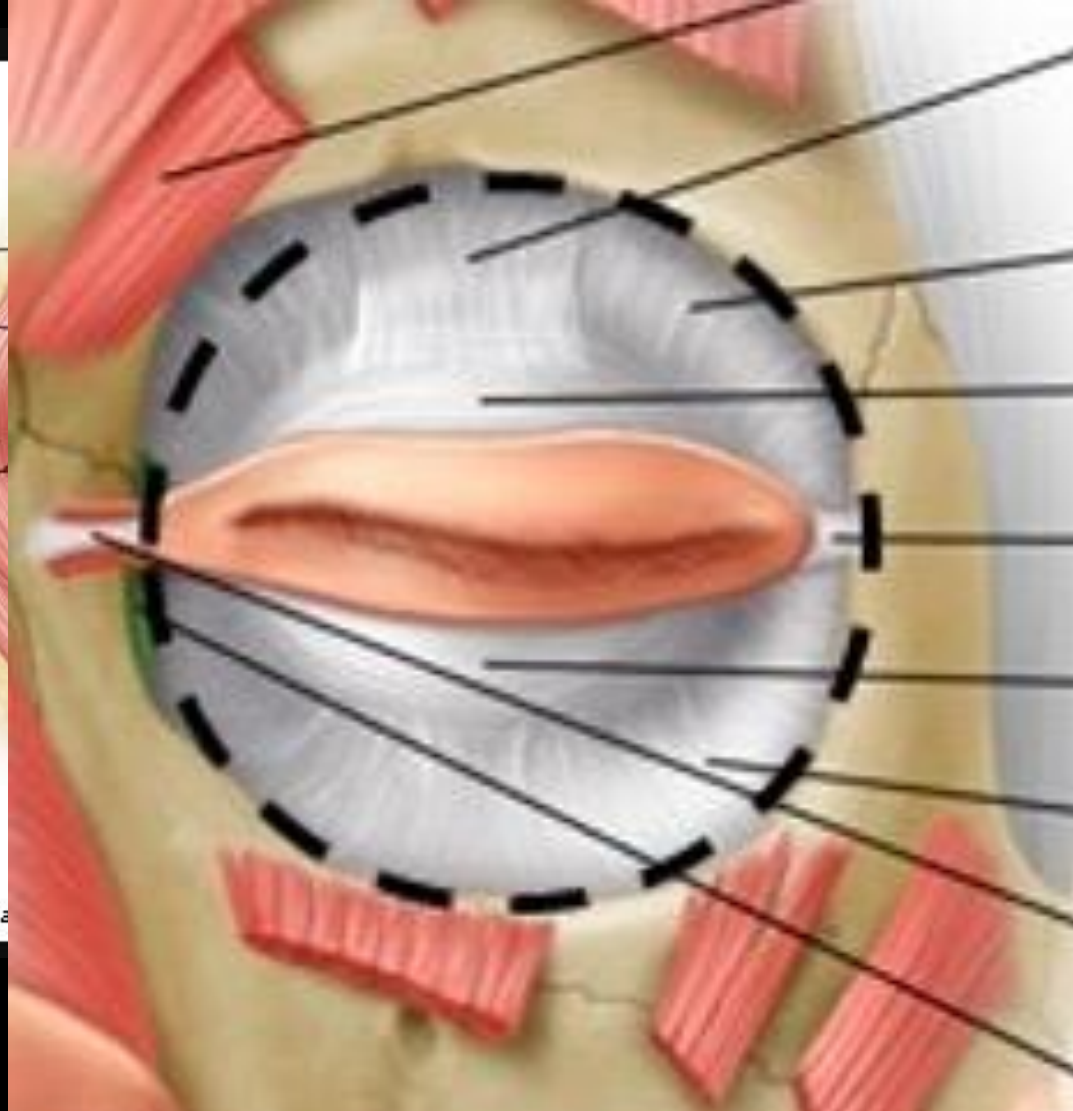
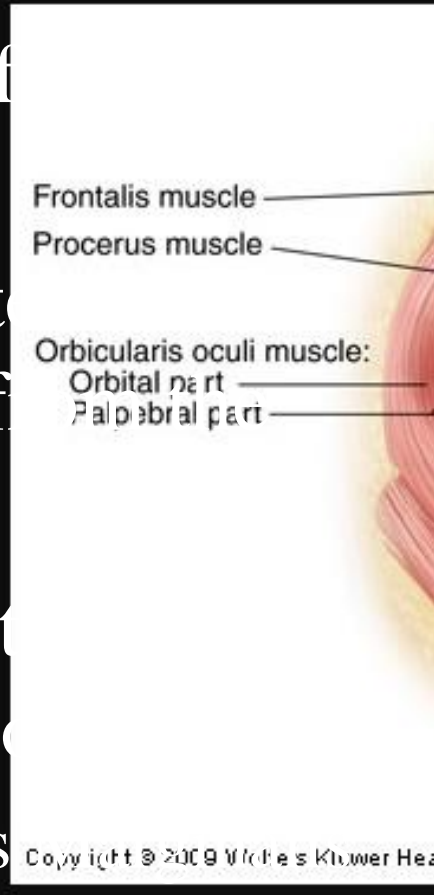
Anatomy – Lateral Corrugator

- Laterally, becomes more superficial
- Interdigitates with the frontalis muscle
- Botox can be injected more superficially → **BUT** also likely to weaken frontalis



Periorbital Anatomy – Orbital Septum

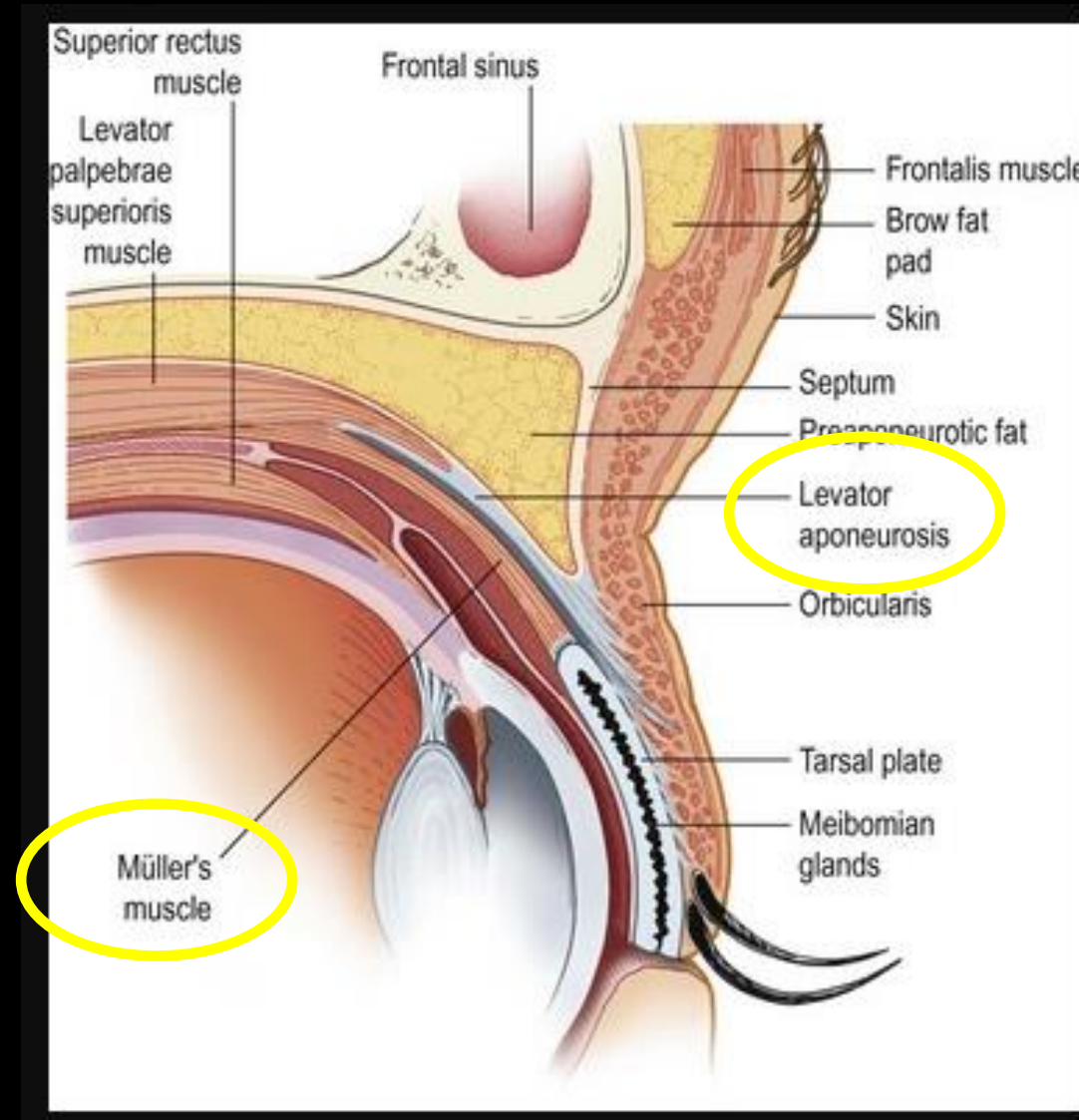
- Thick, fibrous sheet
- Separates eyelid from orbit
- Firm attachment at the bottom – Arcus



Upper Eyelid Anatomy

Levator

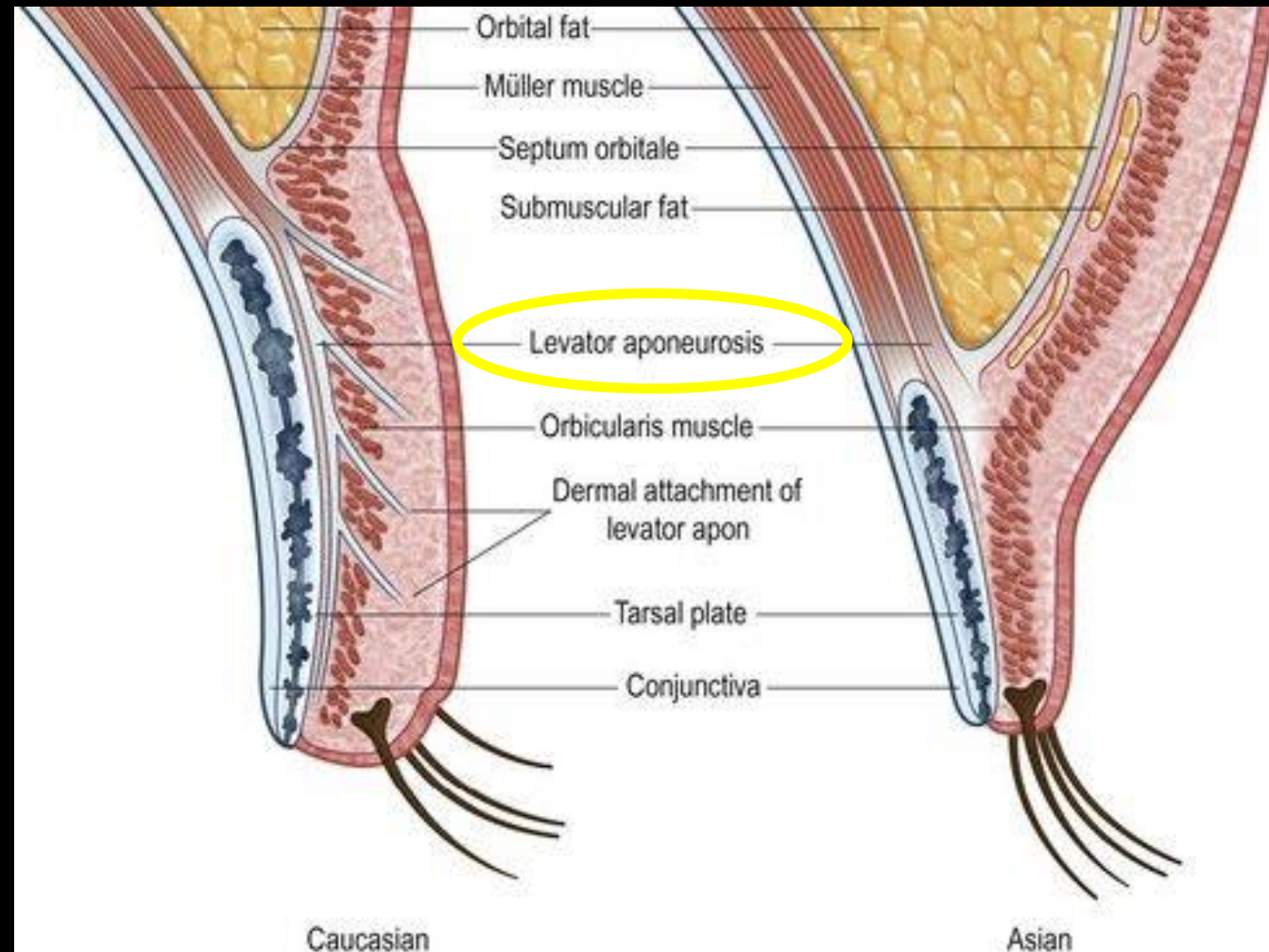
- Located beneath preaponeurotic fat behind the orbital septum
- Innervated by CN3



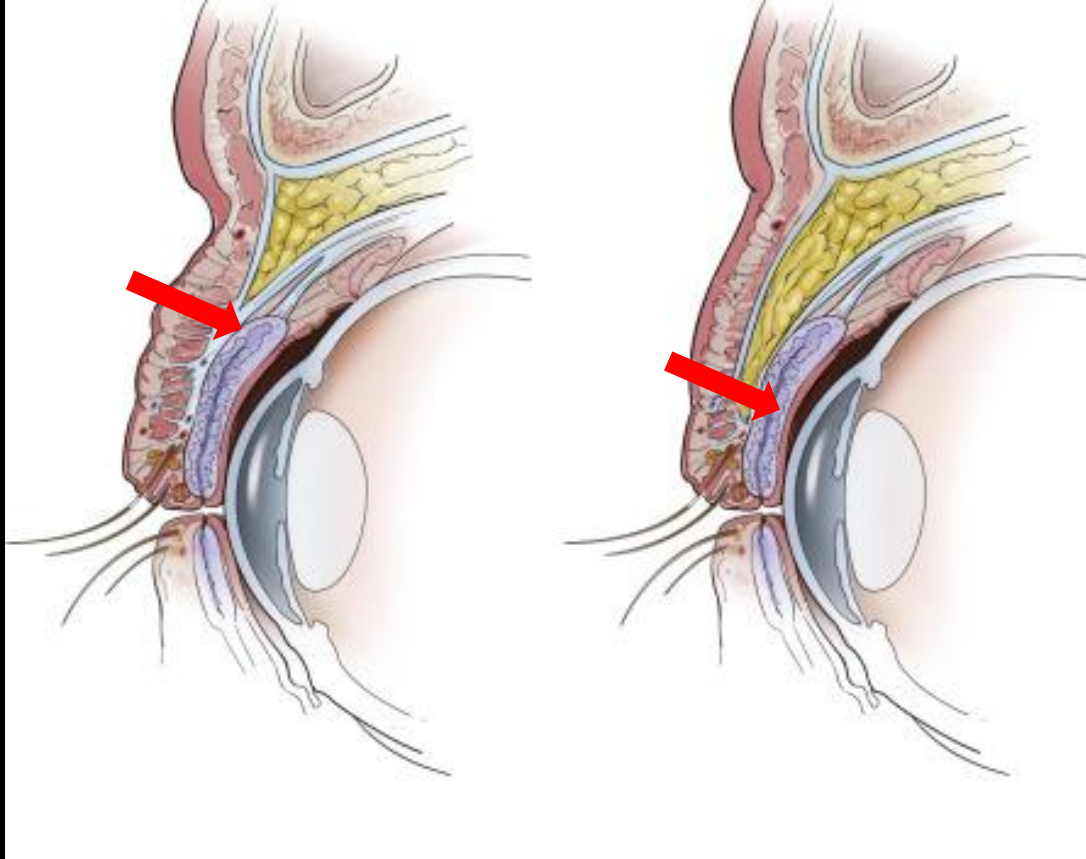
Müller's

- Located posteriorly adjacent to the conjunctiva
- Autonomically innervated

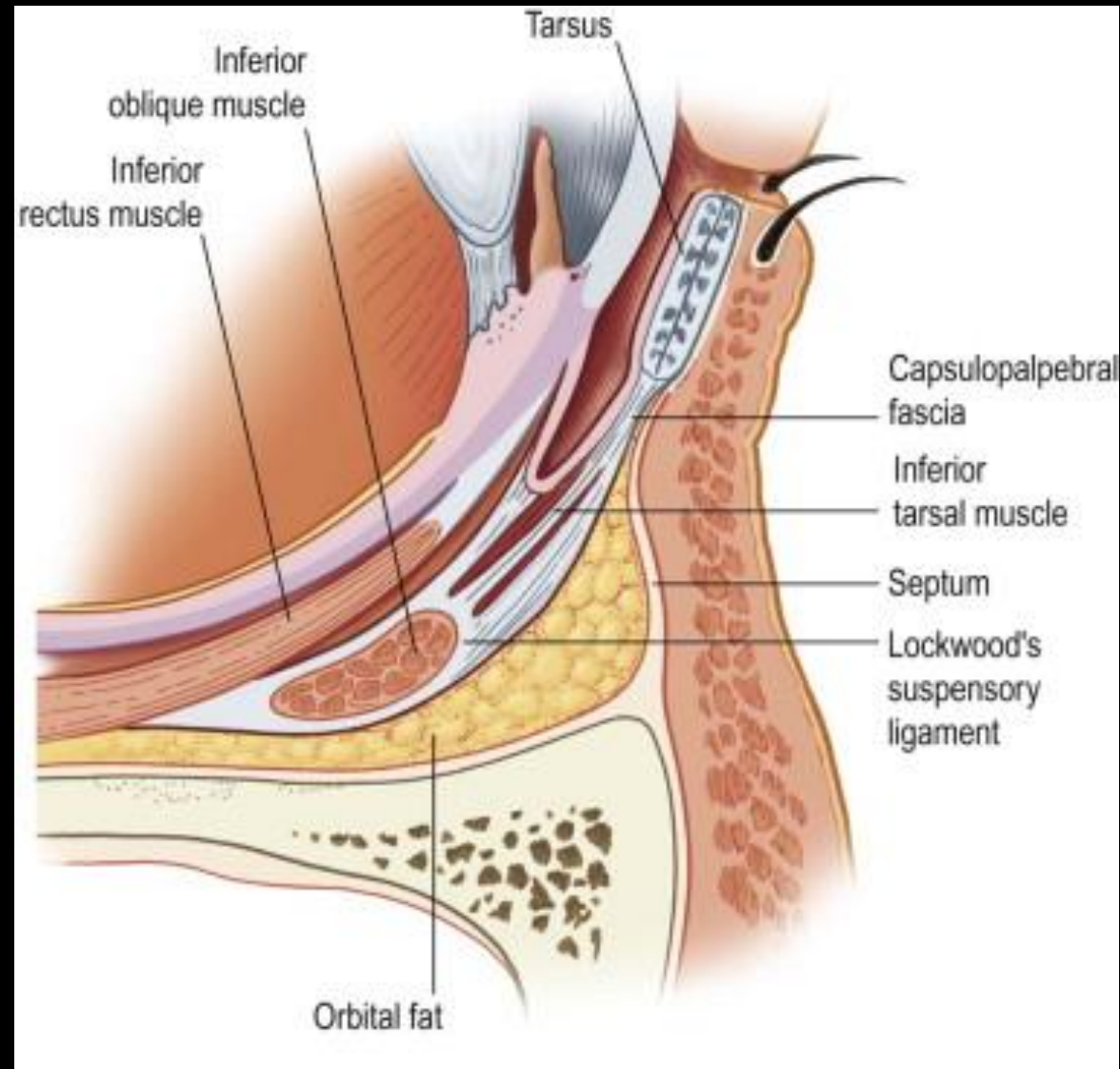
How does the eyelid crease form?



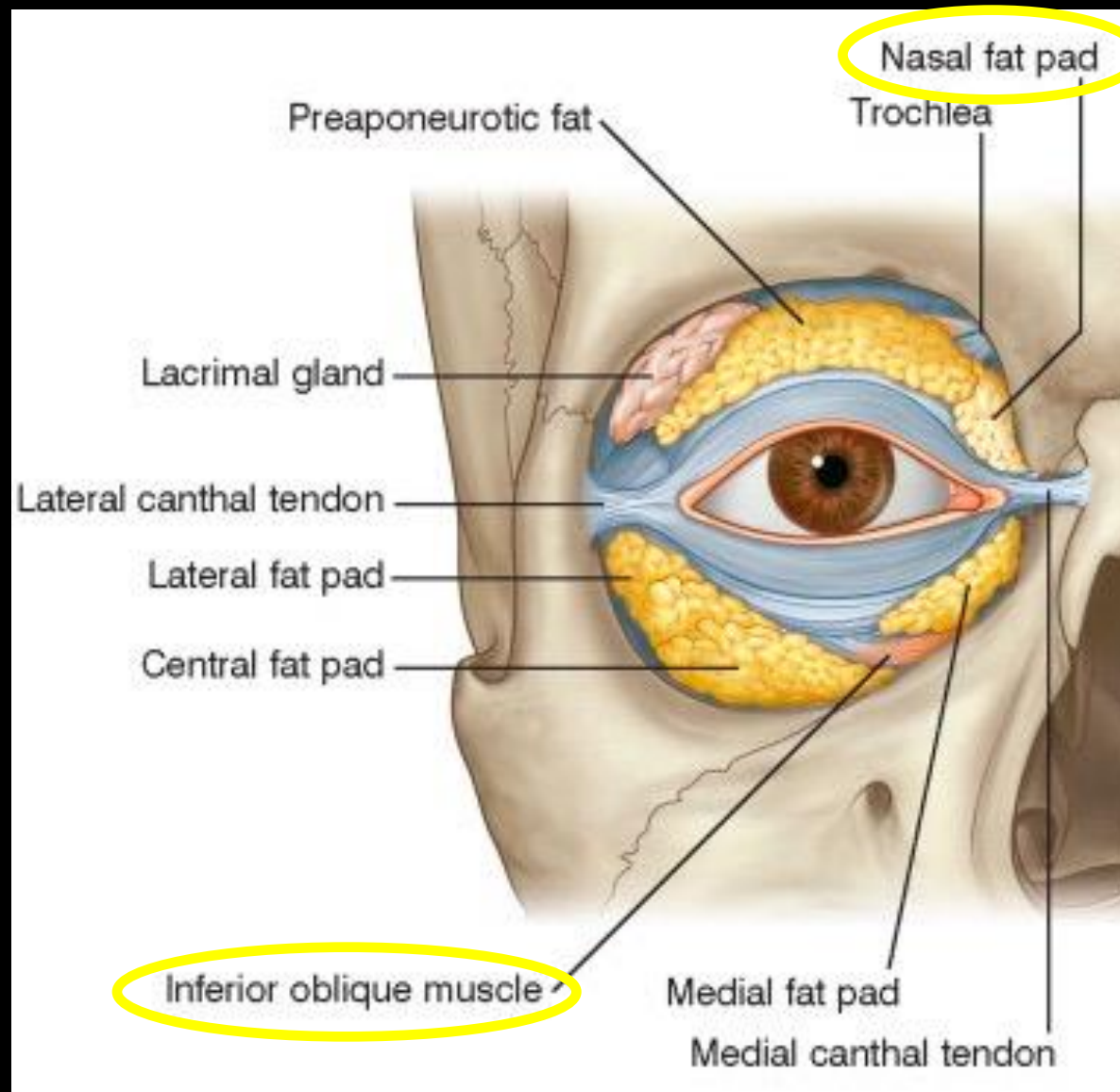
Variations in Upper Eyelid Crease



Lower Eyelid Anatomy



Orbital Fat Pads



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Pre-Operative Evaluation

- Medical history (thyroid dysfunction, myasthenia gravis, etc)
- Medications (aspirin, other anticoagulants/antiplatelet agents)
- Prior eye problems (*dry eye*)
 - Burning
 - Tearing
 - Foreign body sensation
- Prior eye surgery (ie LASIK – may be predisposed to dry eye)
- Prior eyelid surgery

Pre-Operative Dry Eye Screening



Test Vision



J. G. ROSENBAUM POCKET VISION SCREENER

95			distance equivalent
874			$\frac{20}{400}$
2843	Point	Jaeger	$\frac{20}{200}$
	26	16	
638 E W E X O O	14	10	$\frac{20}{100}$
8 7 4 5 E M W O X O	10	7	$\frac{20}{70}$
6 3 9 2 5 M E E X O X	8	5	$\frac{20}{50}$
4 2 8 3 6 5 W E M O X O	6	3	$\frac{20}{40}$
3 7 4 2 5 8 W W X X O	5	2	$\frac{20}{30}$
6 X X X X W W X O O	4	1	$\frac{20}{25}$
4 2 7 1 1 W W X O O	3	1+	$\frac{20}{20}$

Card is held in good light 14 inches from eye. Record vision for each eye separately with and without glasses. Presbyopic patients should read thru bifocal segment. Check myopes with glasses only.



The Triple Threat

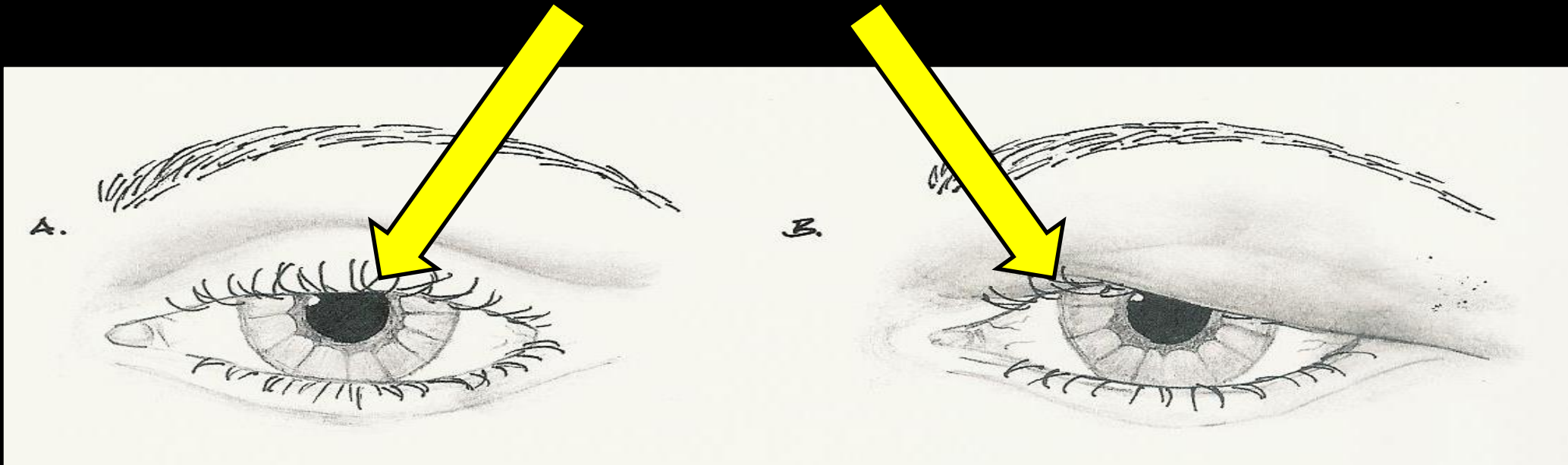
Dermatochalasis
= extra skin

Ptosis
= droopy muscle

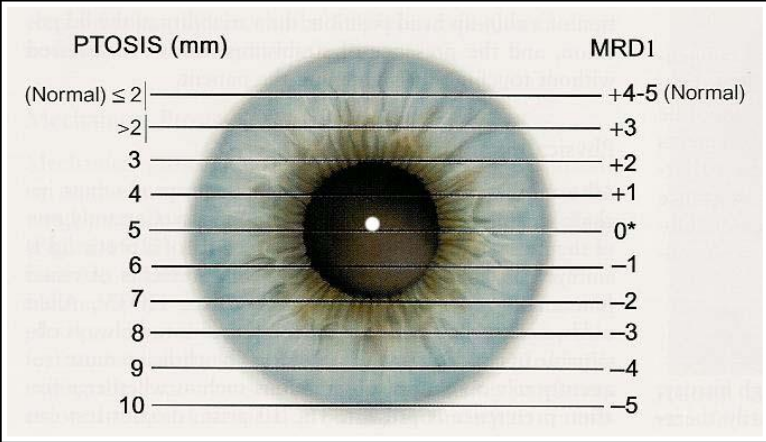
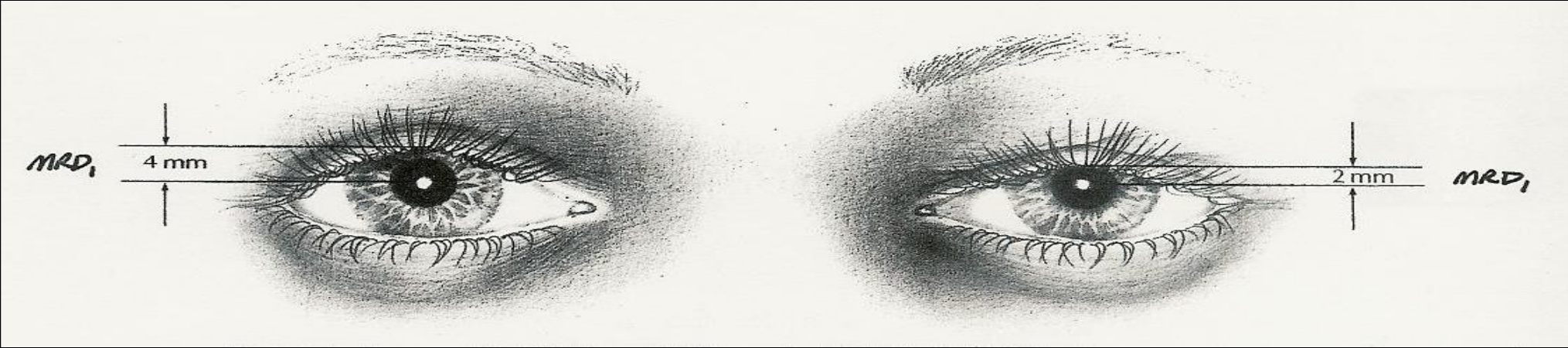
Brow Ptosis
= eyebrow droop

“I have droopy eyelids”

- Differentiate true ptosis from *pseudoptosis* due to dermatochalasis

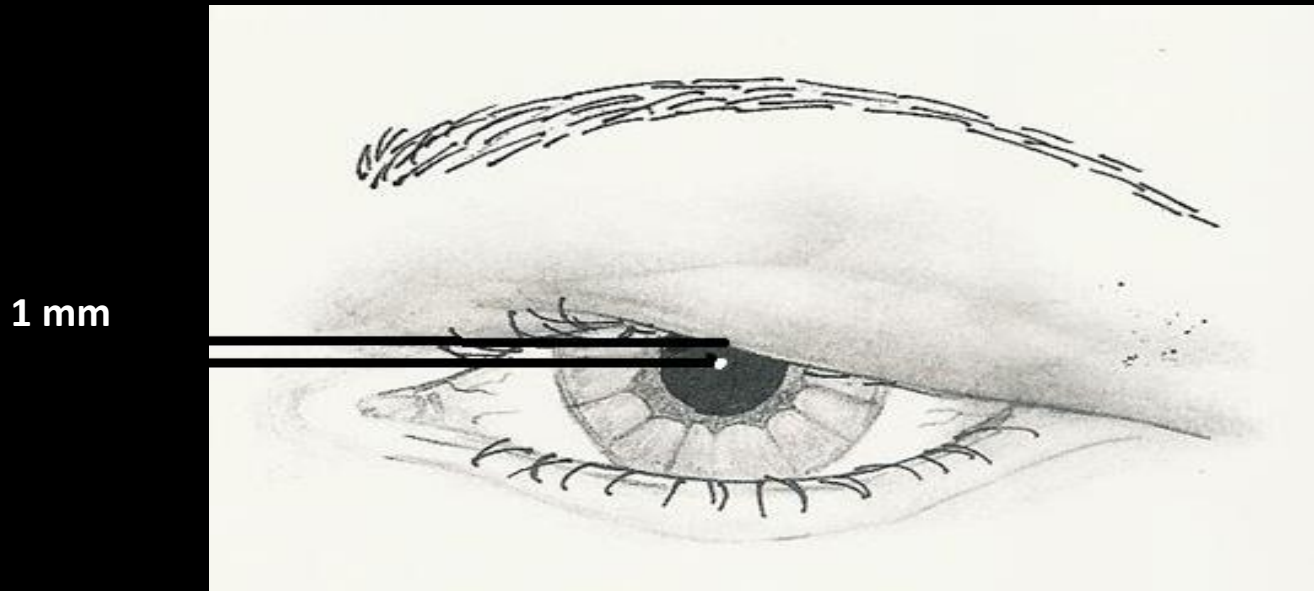


Margin Reflex Distance (MRD or MRD₁)



Why “MRD1” is Important...**INSURANCE!**

Medicare and Private Insurance Carriers
use MRD1 when determining approval for surgery



Photographs

Frontal

Oblique or $\frac{3}{4}$ View

“Awning Effect”



Marking



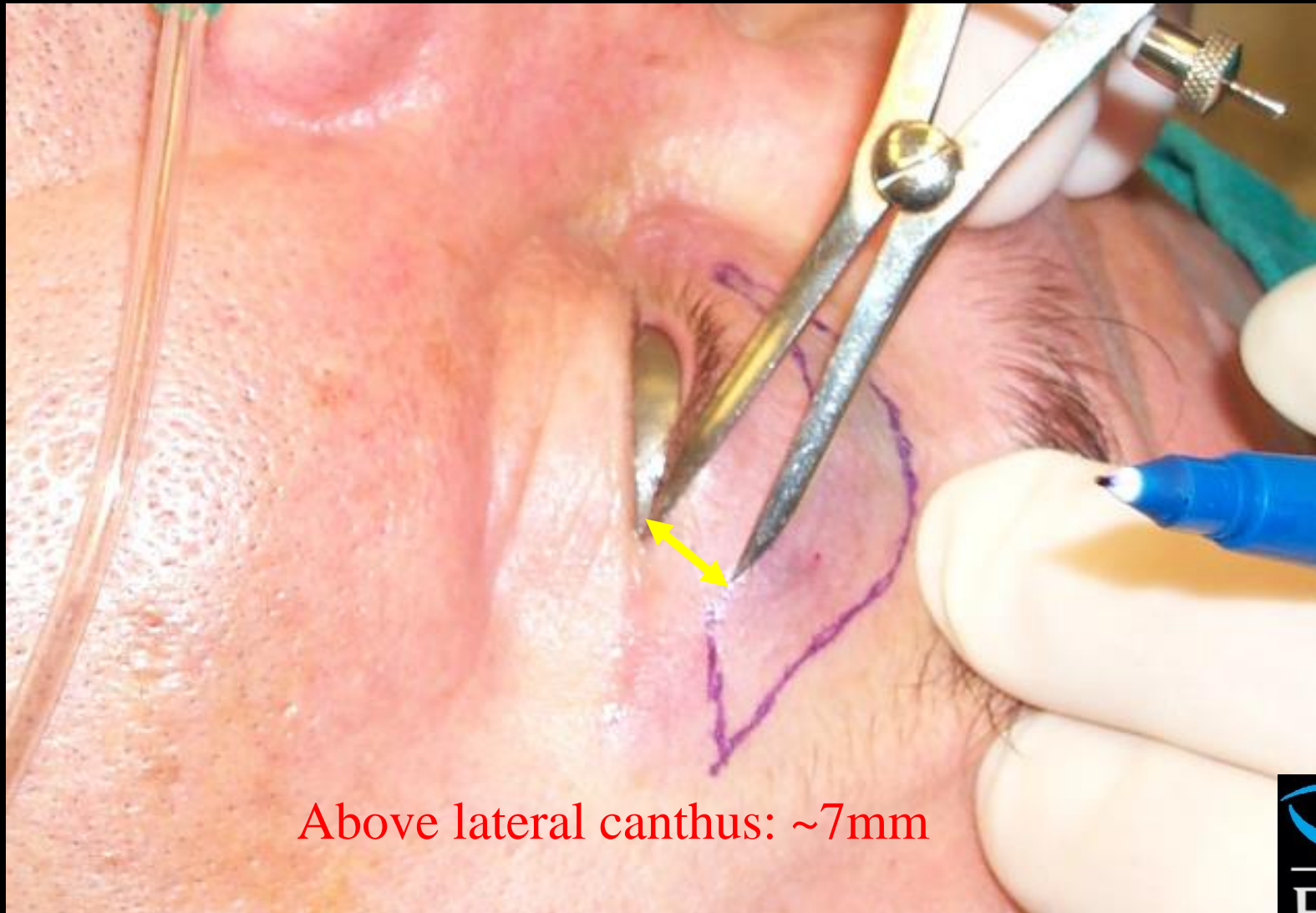
Natural crease: 8-10mm

Marking



Unknown: $20 - \text{crease height } (8-10) = X$

Marking



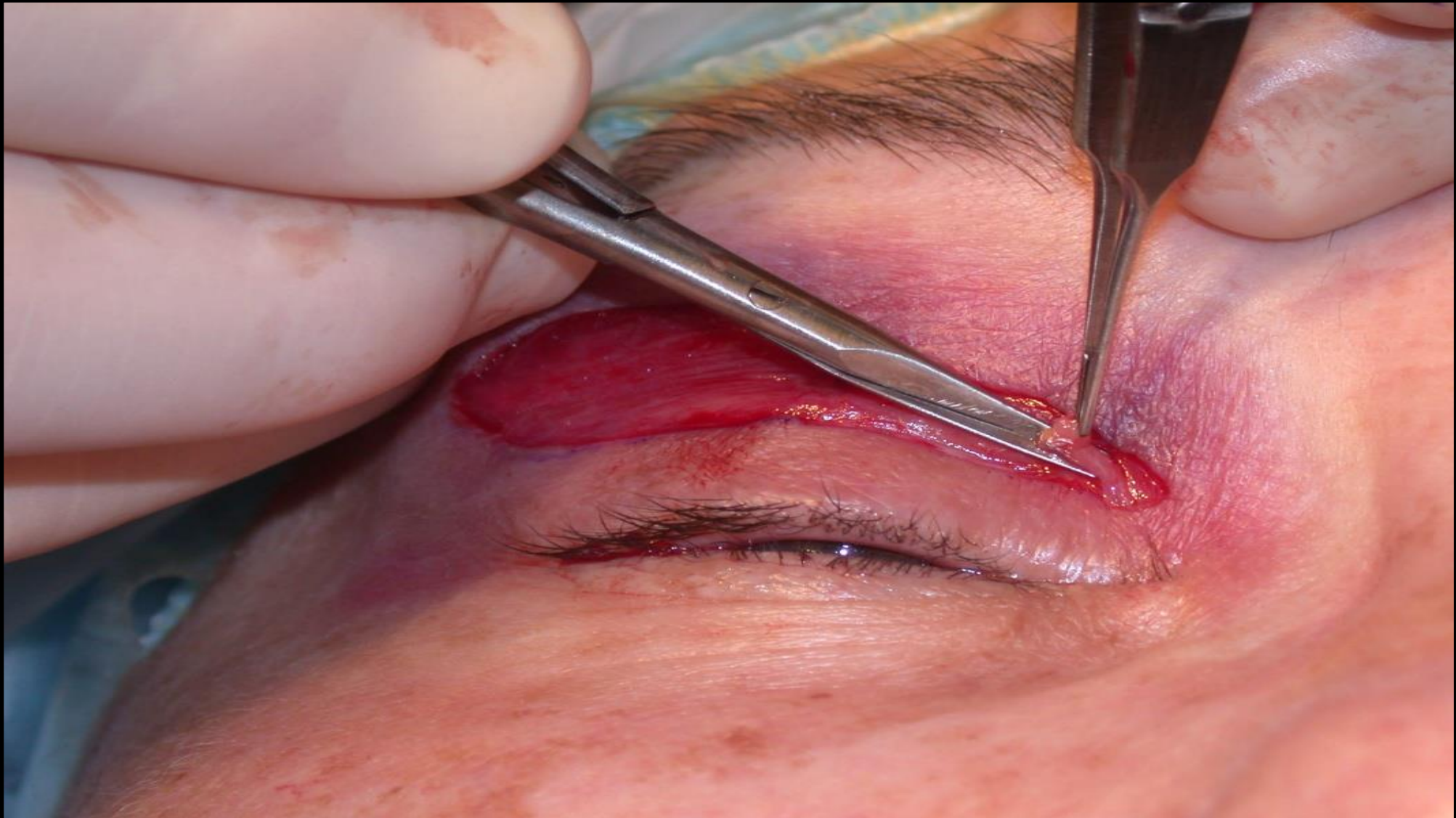
Above lateral canthus: ~7mm

Marking











Post Operative Lagophthalmos - Management

- Lubrication!!!
 - Artificial tears
 - Gel drops
 - Ointment
- Downward massage of the eyelid
- Consider release of upper eyelid retractors if ptosis performed
- Consider skin graft if true deficiency of anterior lamella

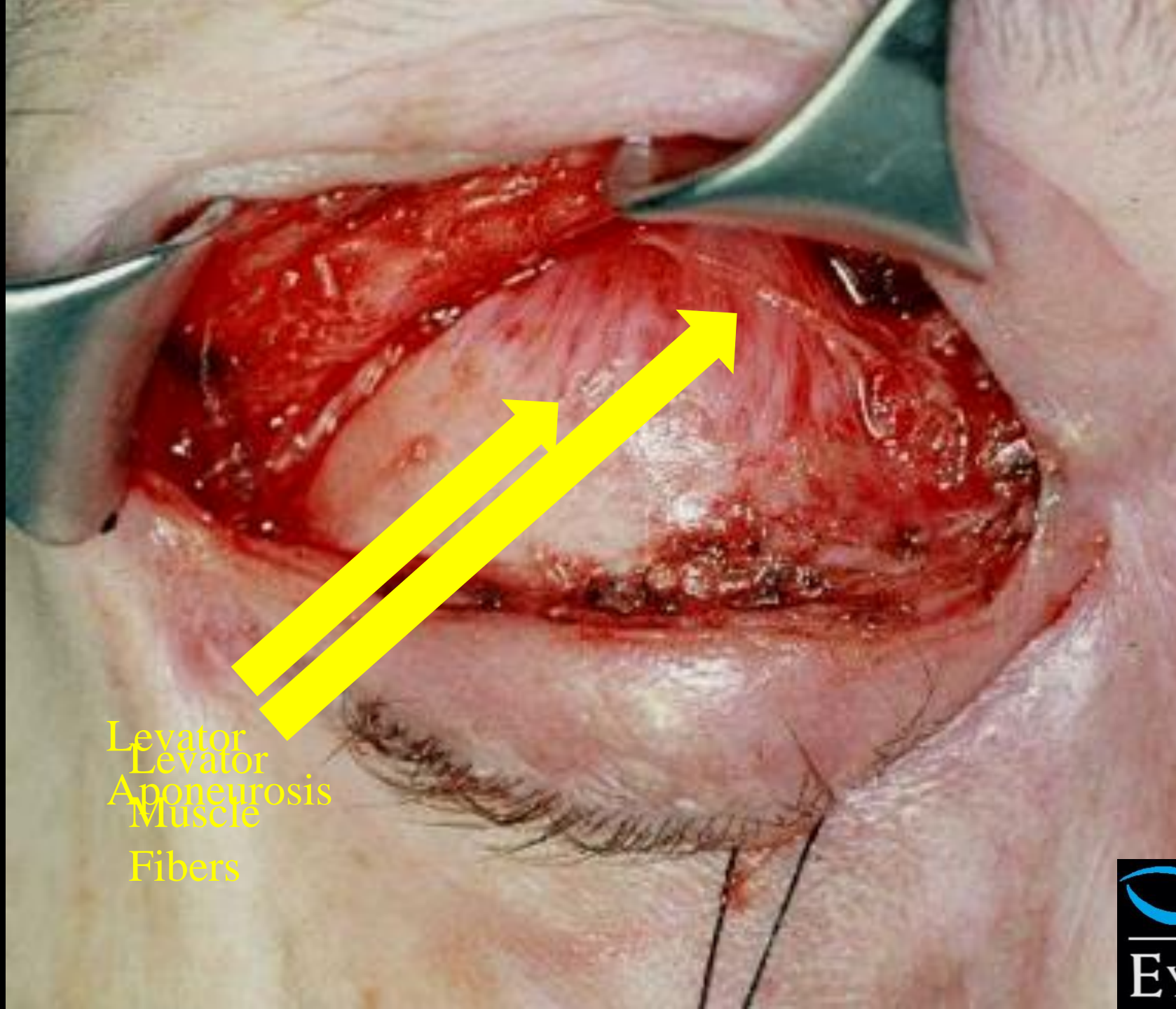
Unrecognized Ptosis

Anterior versus Posterior Approach to Ptosis Repair

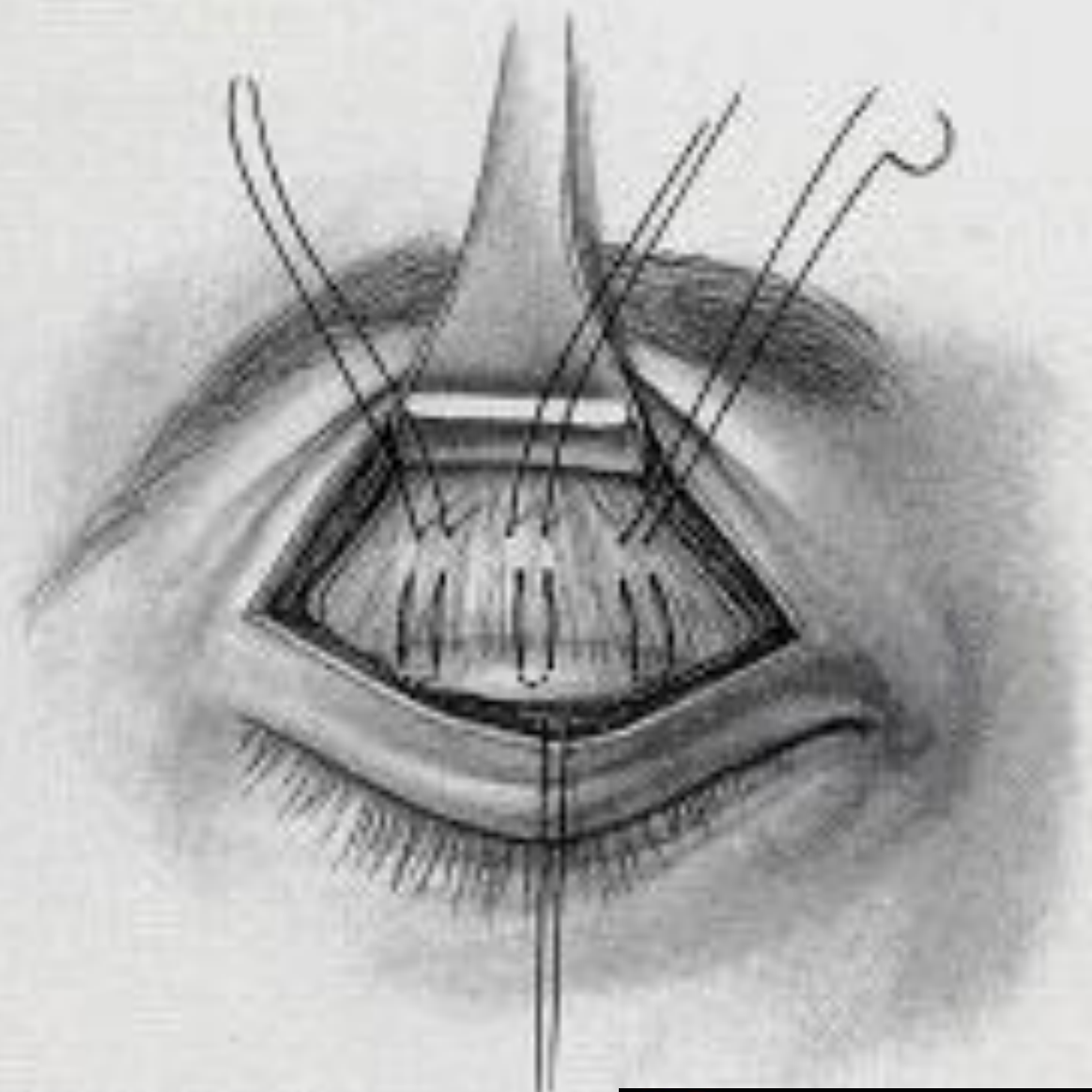
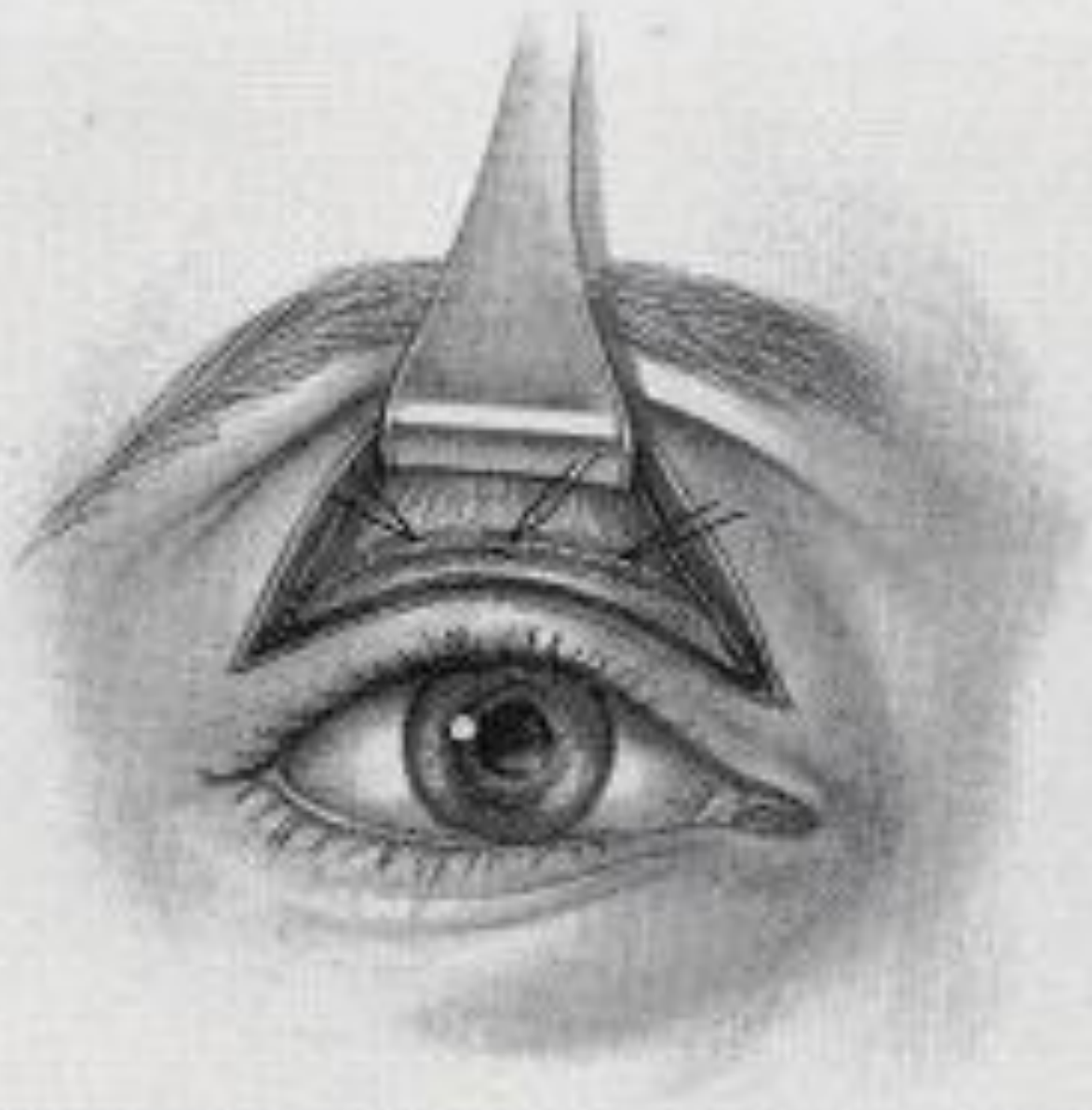
Anterior Approach



Levator
Aponeurosis



Levator
Levator
Aponeurosis
Muscle
Fibers



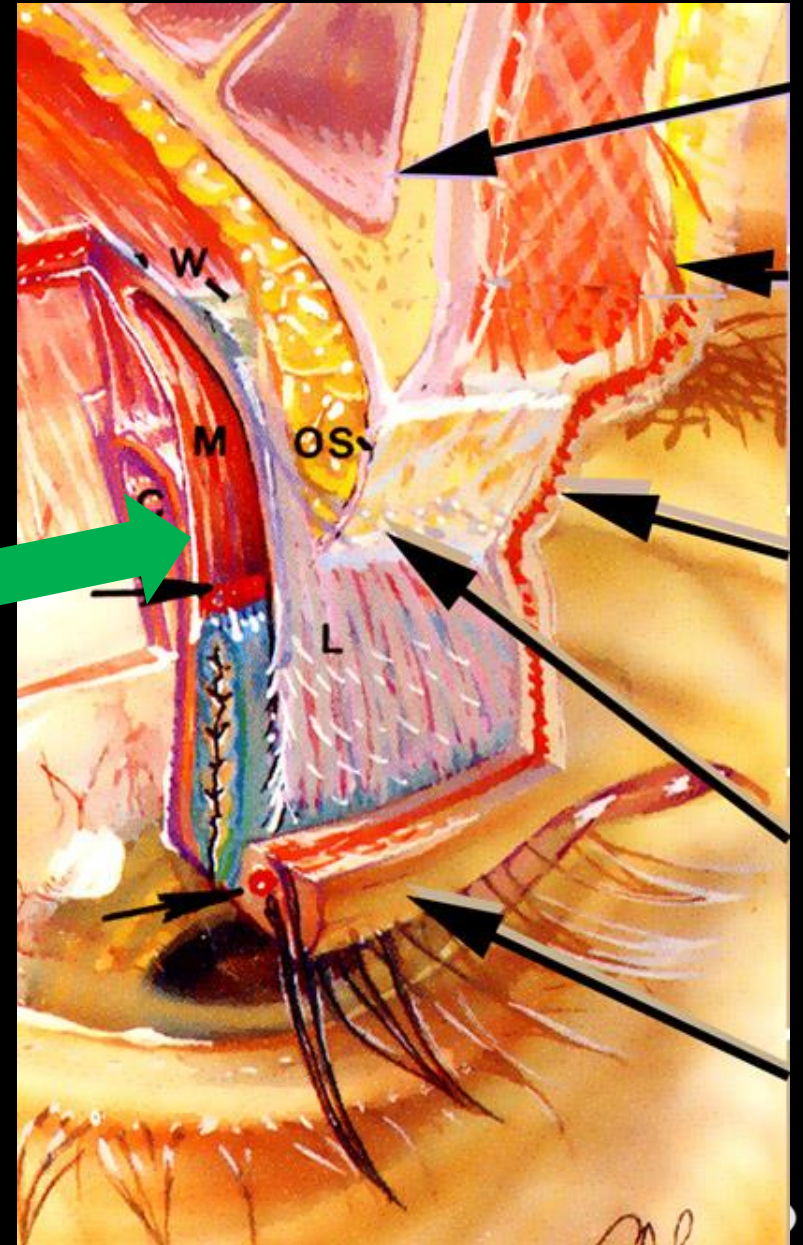
Posterior Approach

Muller's
Muscle



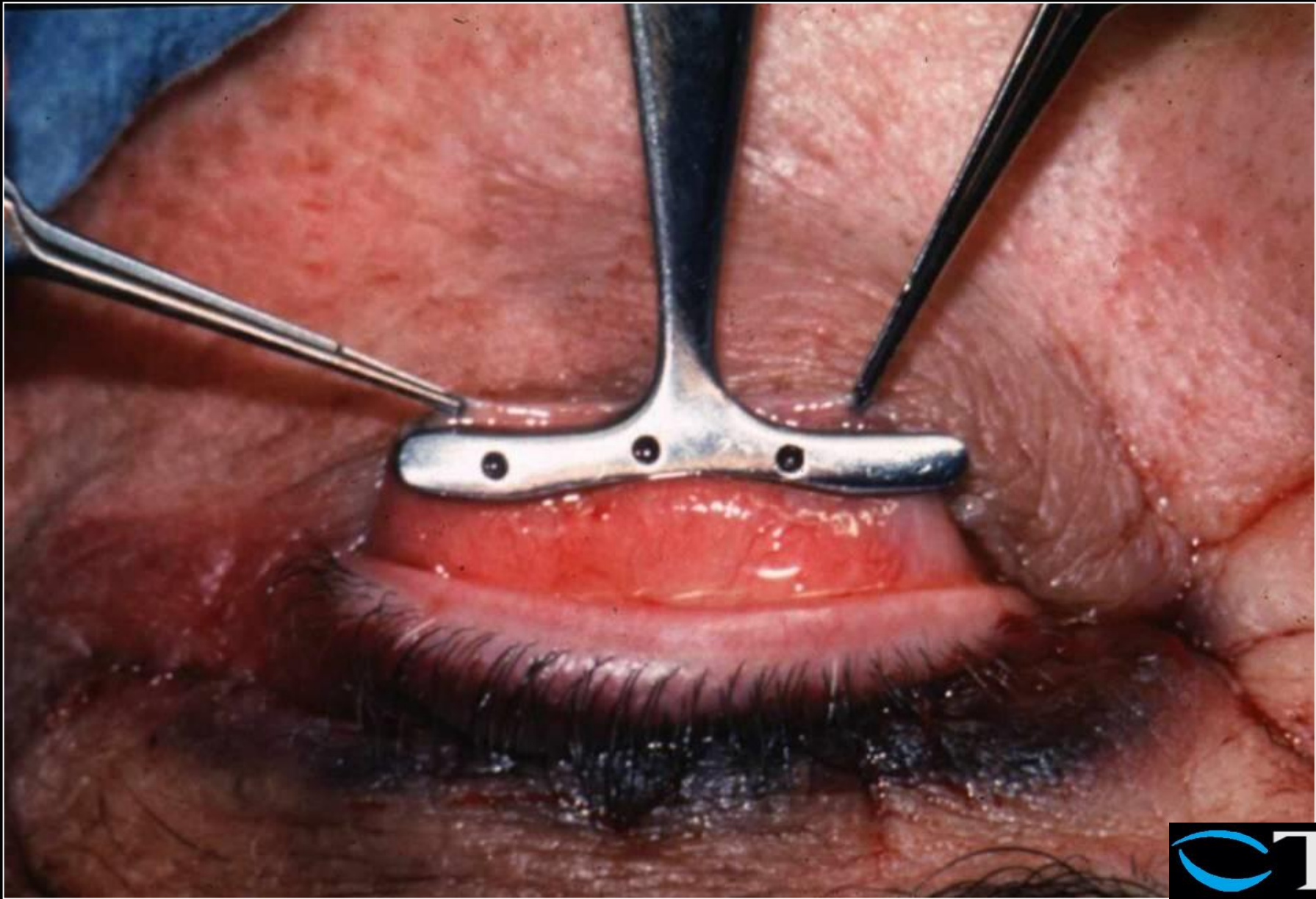


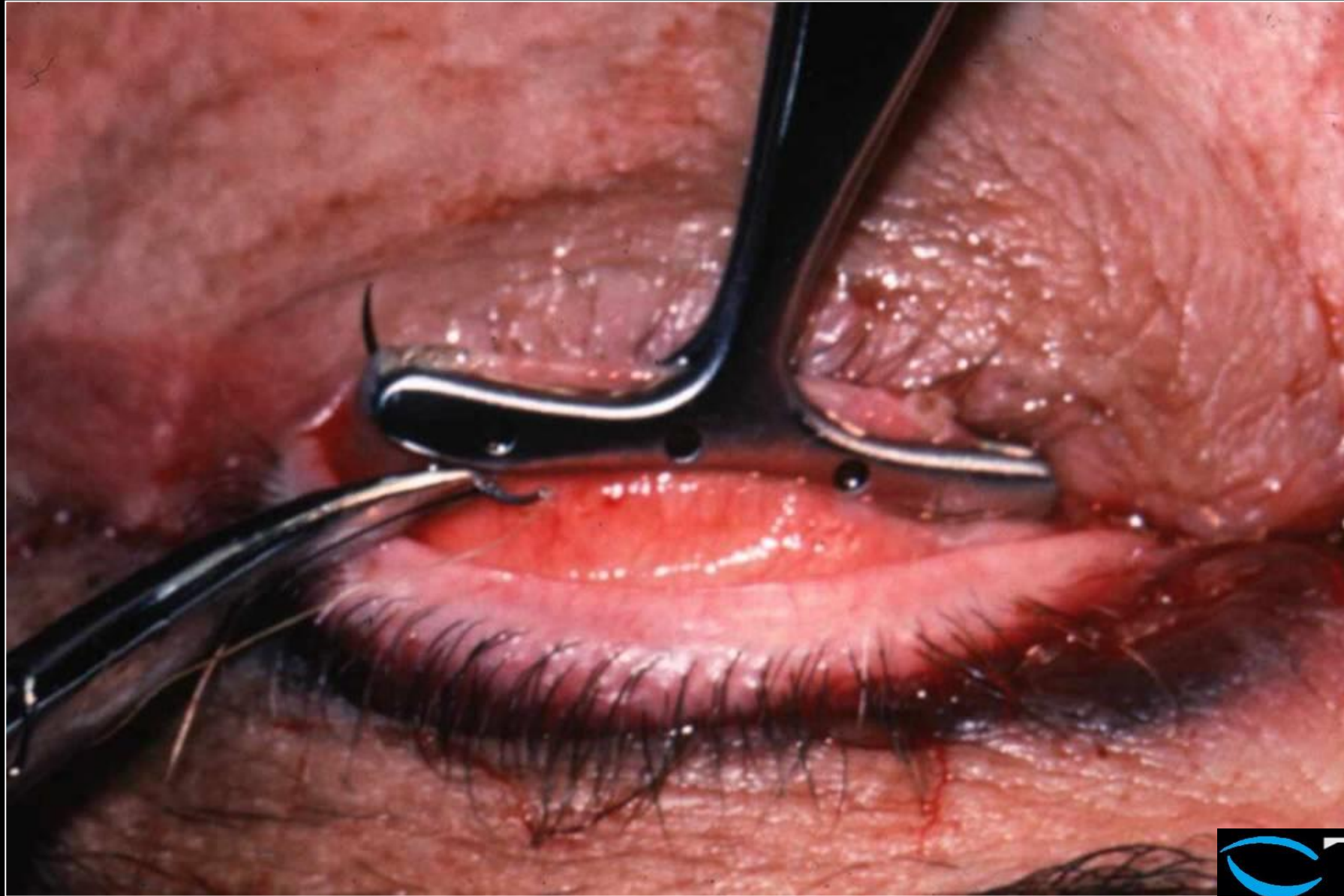
α adrenergic
agonist

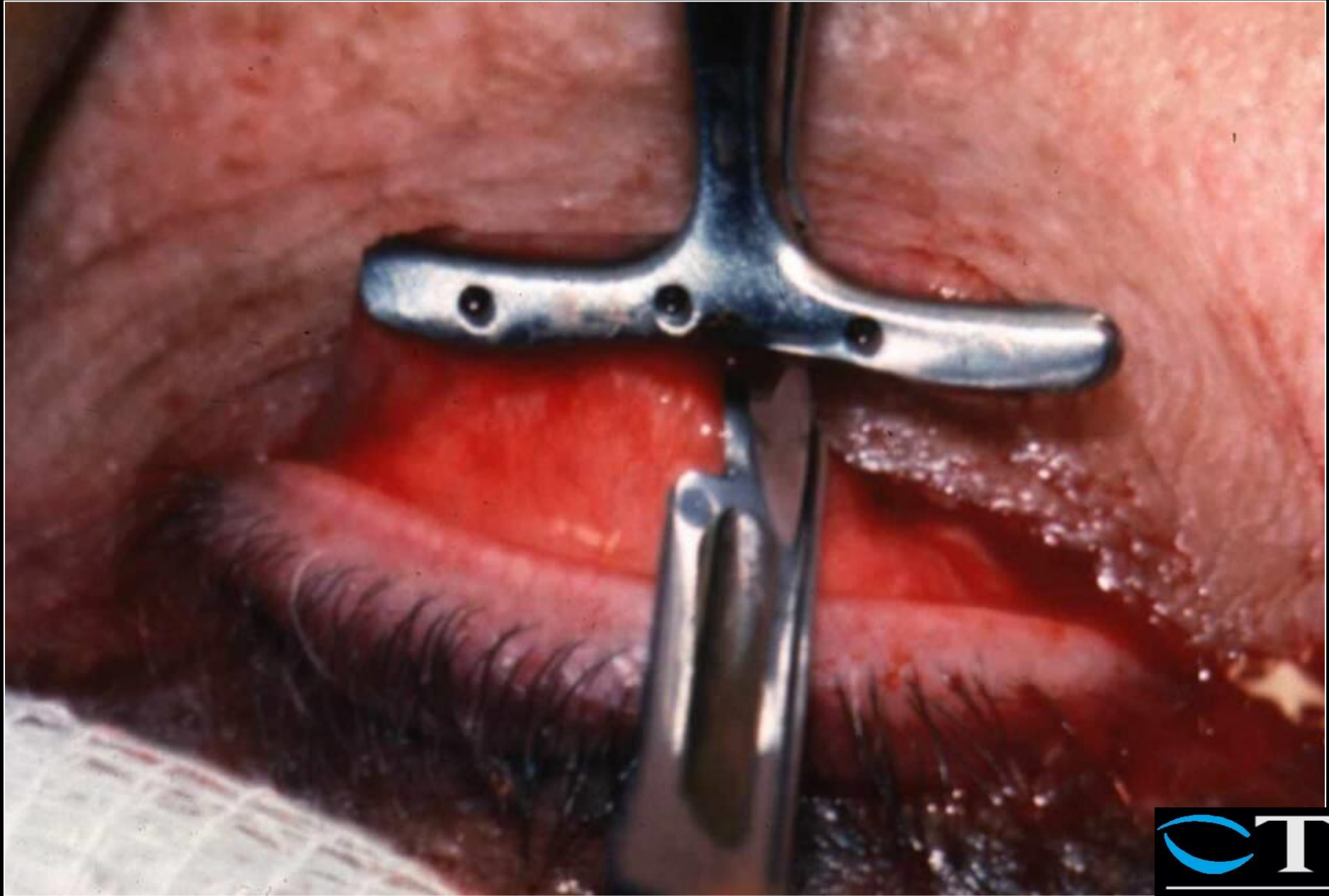


Putterman Ptosis Clamp









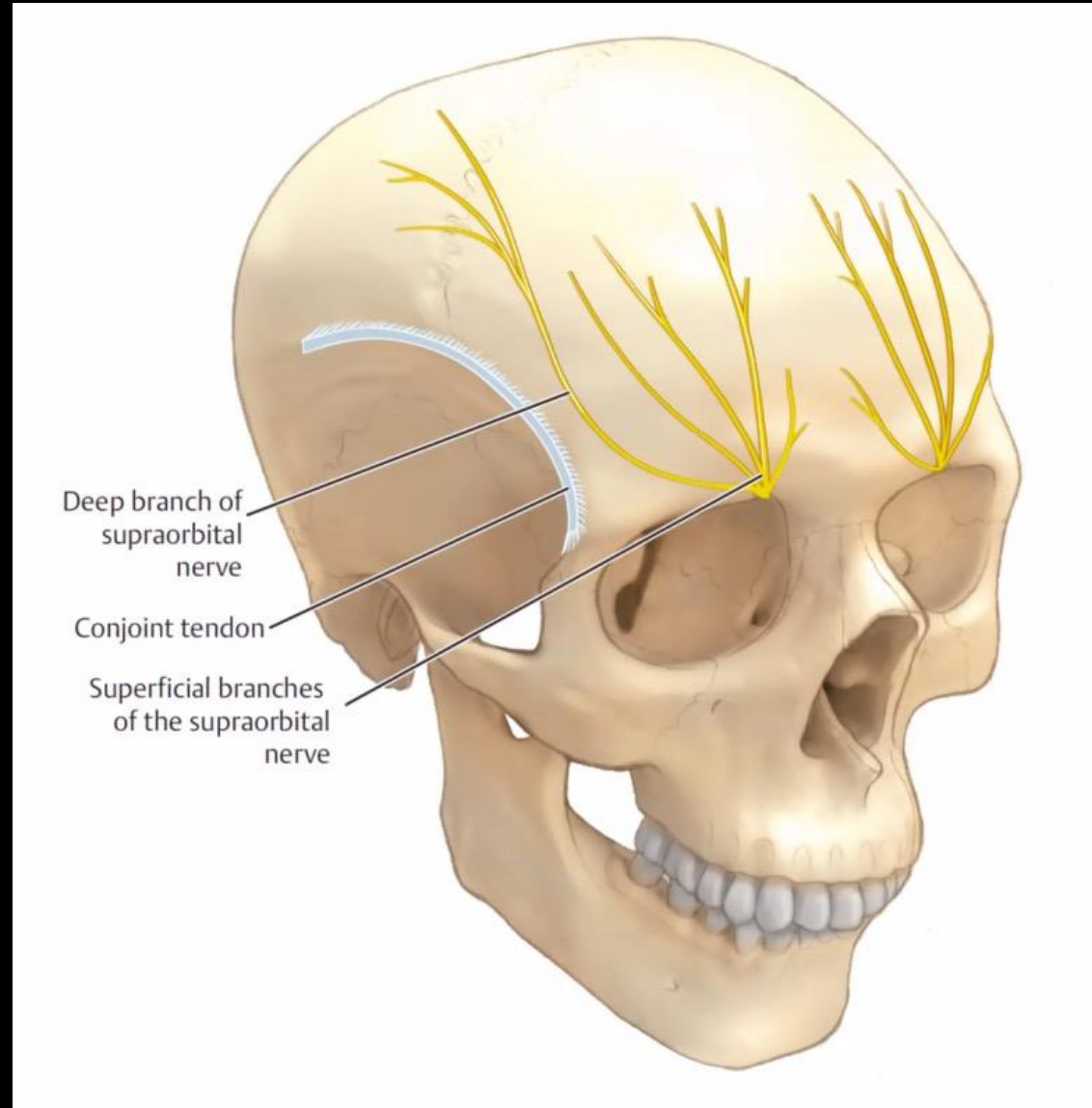
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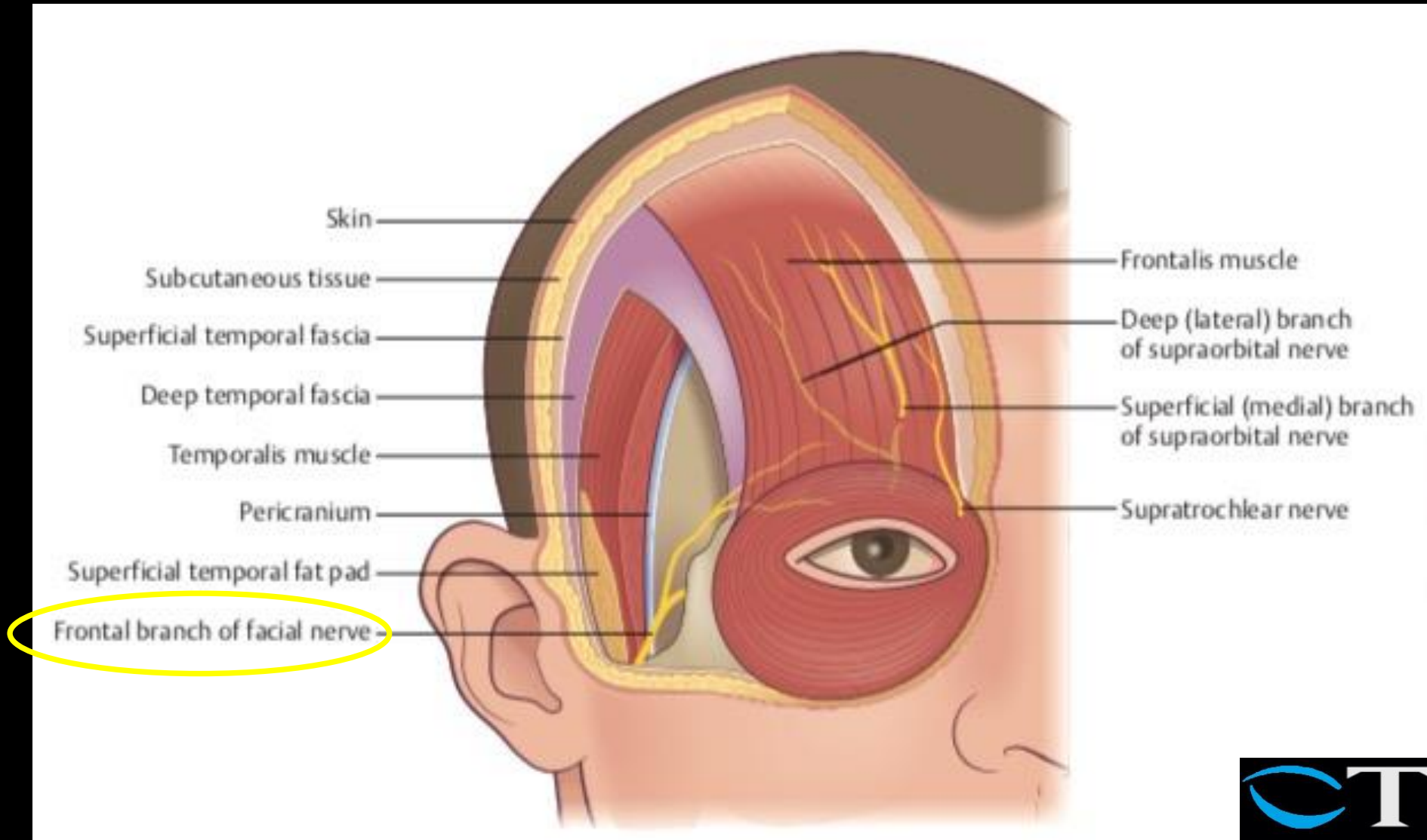
“I have droopy eyelids”

Brow Ptosis

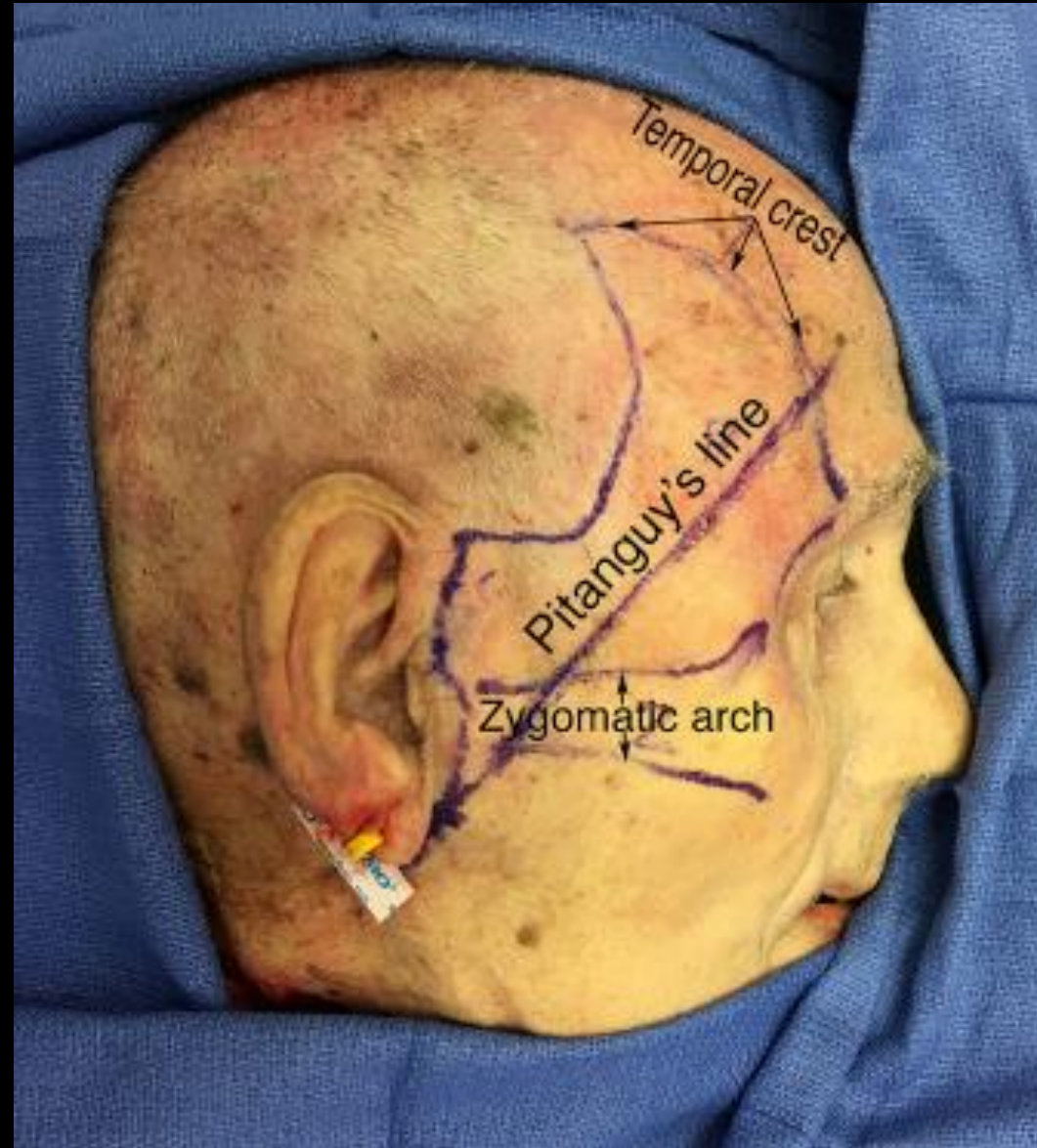
Forehead Anatomy



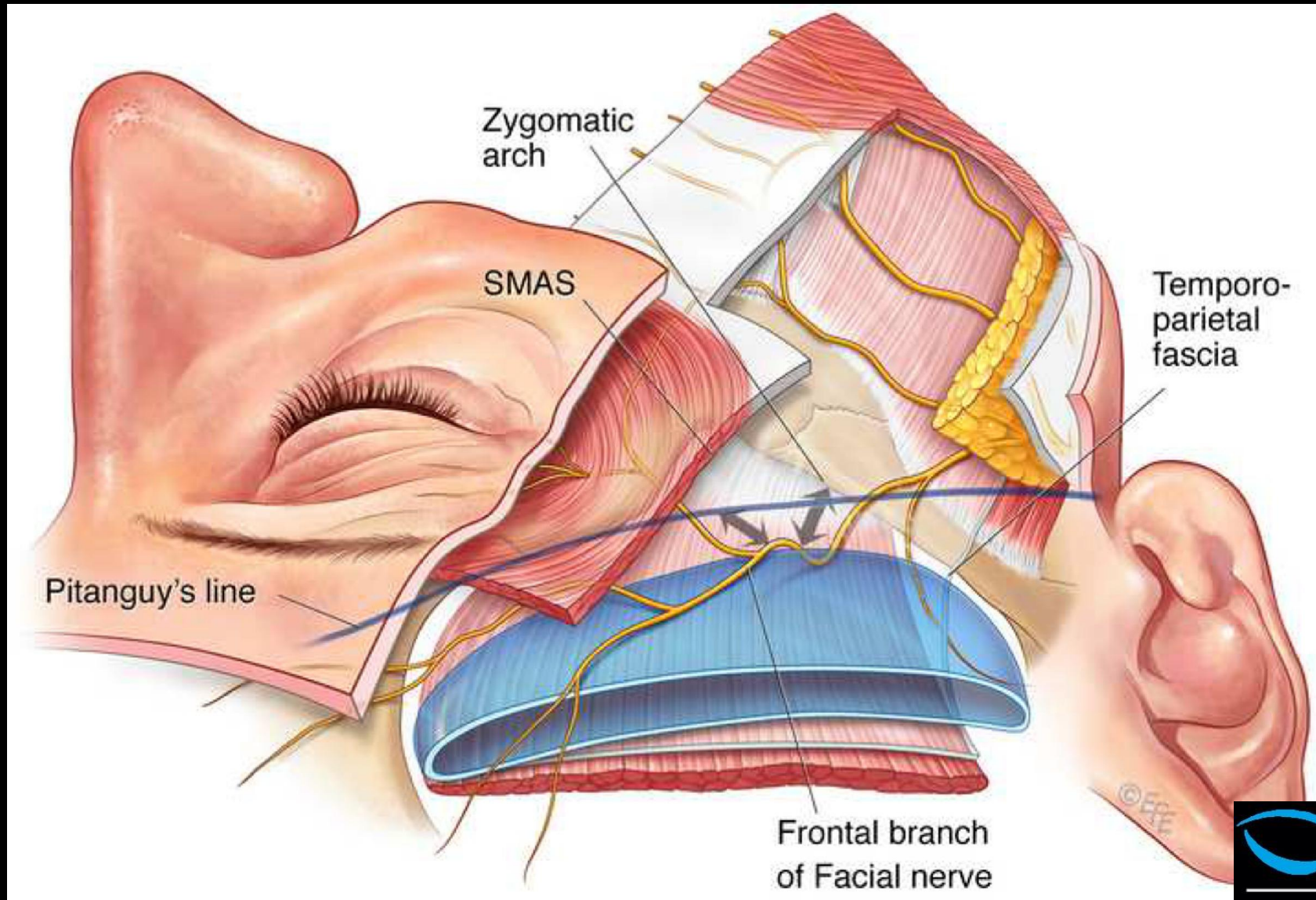
Forehead Anatomy



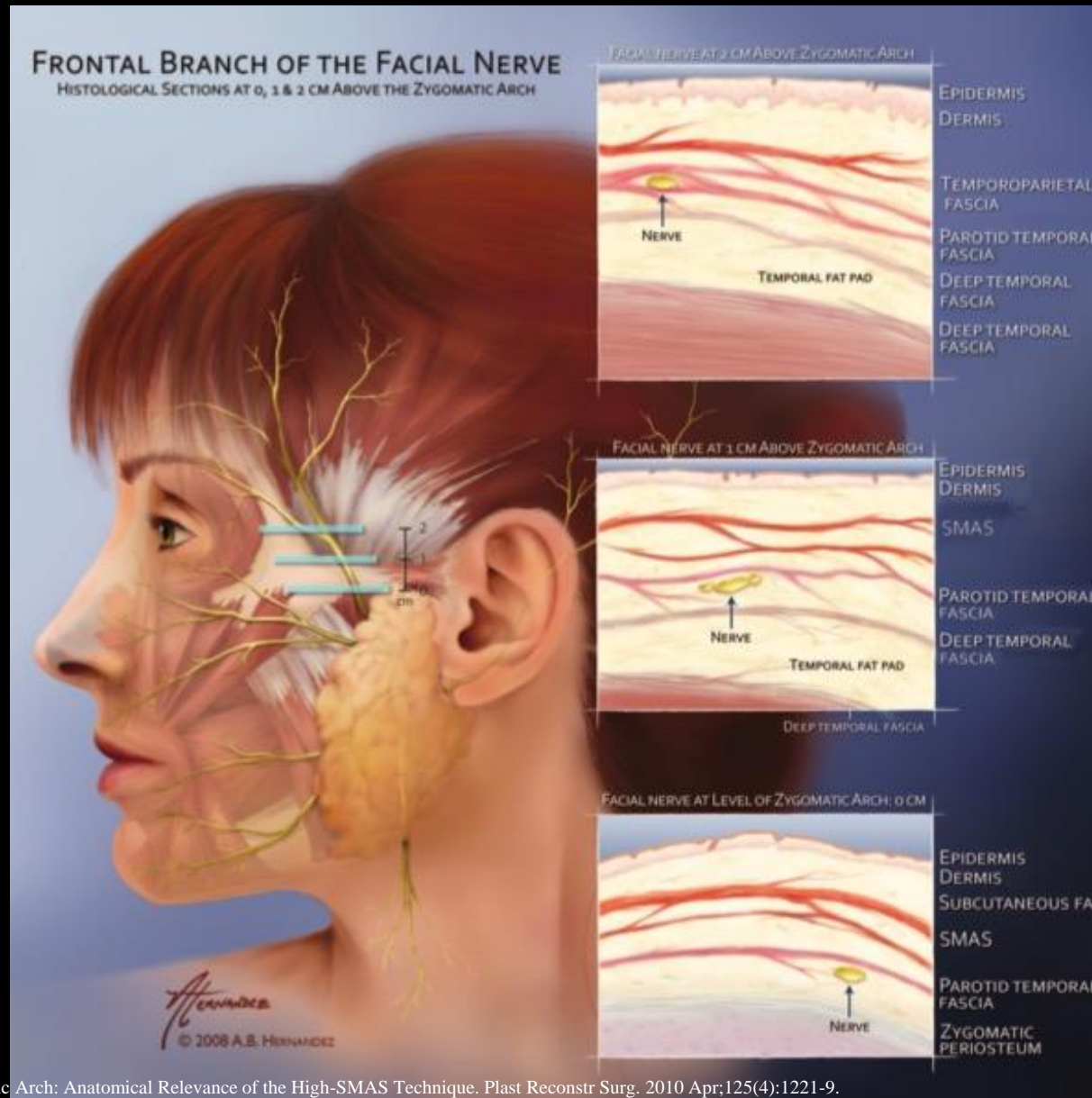
Pitanguy's Line



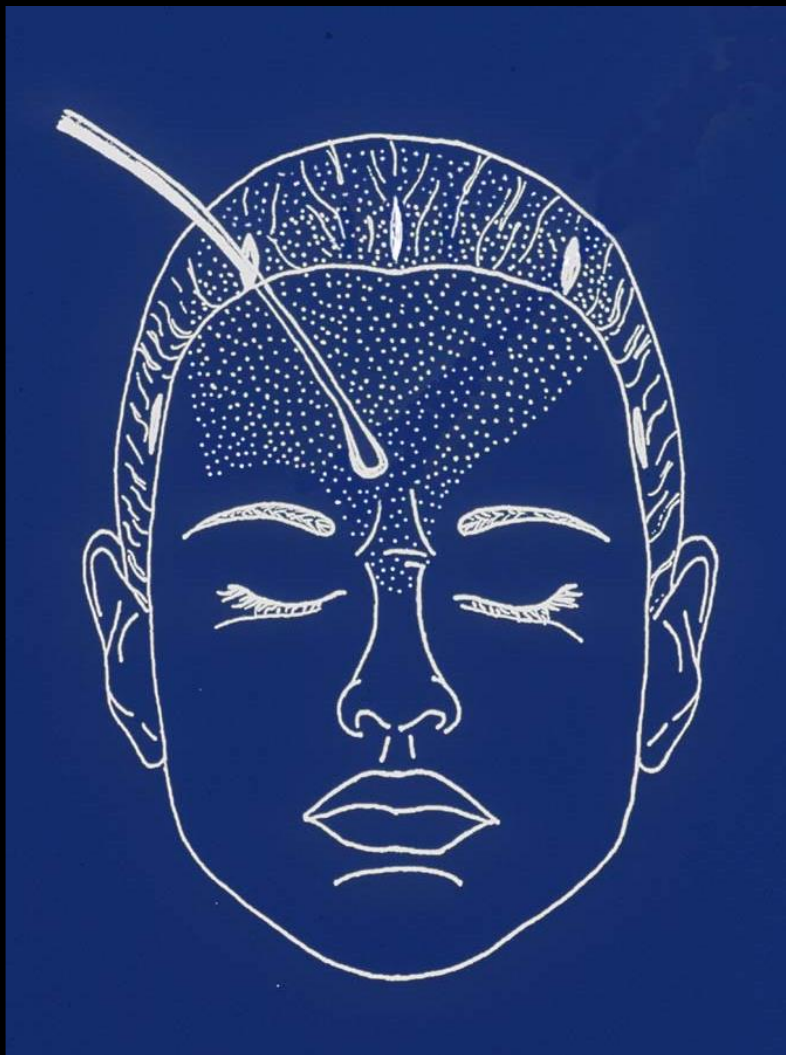
Pitanguy's Line



Temple Anatomy



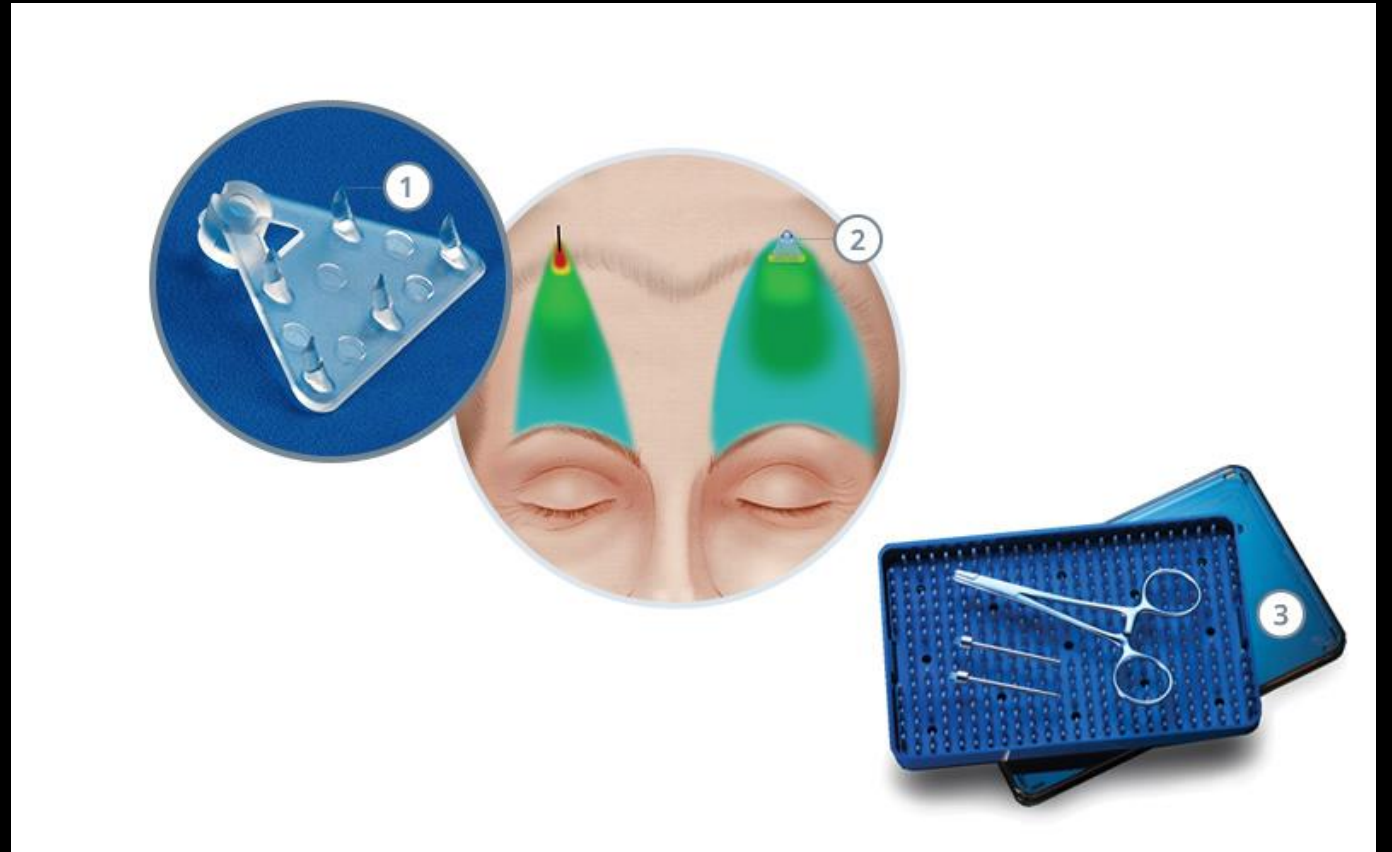
Central Dissection



Full Midface Release

Options for Fixation

- Endotine™
- Lactosorb Screws™
- Bone Tunnels



Bone Tunnel Fixation

Brow Lift Complications

- Etiology → Cautery, Traction, Dissection
- Alopecia
- Sensory – 6.2%
 - Dysesthesia
 - Neurogenic Itching
 - Consider: Elavil, Neurotin, Lyrica
- Motor - 1.5%
 - Typically, frontal branch of the facial nerve
 - Consider post-operative steroid (oral vs injection)

Questions?

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