



As you age, the skin and muscles of your eyelids and eyebrows may sag and droop. You may get a lump in the eyelid due to normal fat around your eye that begins to show under the skin. These changes can lead to other problems. For example:

- Excess skin on your upper eyelid can block your central vision (what you see in the middle when you look straight ahead) and your peripheral vision (what you see on the sides when you look straight ahead). Your forehead might get tired from trying to keep your eyelids open. The skin on your upper eyelid may get irritated.
- Loose skin and fat in the lower lid can create "bags" under the eyes that are accentuated by drooping of your cheeks with age. Many people think these bags look unattractive and make them seem older or chronically tired.

Upper and/or Lower Blepharoplasty (eyelid surgery) can help correct these problems. Patients often refer to this surgery as an "eyelid tuck" or "eyelid lift." Please know that the eyelid itself may not be lifted during this type of surgery, but instead the heaviness of the upper eyelids and/or puffiness of the lower eyelids are usually improved.

Ophthalmologists (eye surgeons) call this surgery "blepharoplasty." The ophthalmologist may remove or change the position of skin, muscle, and fat. Surgery may be on your upper eyelid, lower eyelid, or both eyelids. The ophthalmologist will put sutures (stitches) in your eyelid to close the incision (cut).

- For the upper lid, the doctor makes an incision in your eyelid's natural crease.
- For the lower lid, the doctor makes an incision either through the skin just below your lashes, or in the conjunctiva (moist inside surface of your lid) where you can't see it, or in both.

There are several options for anesthesia to make you comfortable during surgery. Blepharoplasty is sometimes done with just local anesthesia (medicine injected around your eye to numb the area). You may also be sedated (relaxed or put to sleep) by medicine from a needle in your arm or pills taken before surgery. Less commonly, or if eyelid surgery is combined with other surgery, you may be given a deeper type of anesthesia that makes you unconscious for the surgery (general anesthesia). Your ophthalmologist will discuss which type of anesthesia seems right for you, and an anesthesia specialist may be involved.

Many people find that blepharoplasty helps correct their eyelid problems. But how much it helps depends on factors that include your symptoms, eyelid structure, appearance, goals, and ability to adapt to changes. Here are some common ways that blepharoplasty can help:

- Improved peripheral vision (to the sides) and when looking up. You may be able to relax your forehead since you will not rely as much on those muscles to keep your eyes open.
- Many people with bags under their eyes feel that blepharoplasty of the lower eyelid improves how they look and makes them feel younger or less tired. But this is cosmetic surgery and some people are disappointed. Talk with your ophthalmologist about what you can expect from blepharoplasty.
- Blepharoplasty does not correct all vision problems. For instance, you will not be able to read printed words more clearly just because you had blepharoplasty. Talk with your ophthalmologist about other ways to improve vision such as with eyeglasses, contact lenses, cataract surgery, or LASIK surgery.
- Occasionally when a lower lid blepharoplasty is performed a mid facelift may be recommended. A mid facelift consists of going through the lower lid blepharoplasty incision and dissecting the lateral portion of the eyelid



and the cheek prominence, known as the malar eminence, and lifting this during the procedure. This typically does not involve additional incisions but does involve additional dissection and mobilization of the soft tissues through the mid face or mid cheek area. The risks associated with this procedure are similar to those with a bilateral lower lid blepharoplasty, however as there is more dissection and more tissue involved there are more areas that may be exposed to scarring, infection, nerve damage or injury, or the need for additional surgery. These risks are exceptionally rare.

It is your choice whether to have blepharoplasty. Here are some other options:

- You may decide to do nothing. Excess skin, muscle, and fat around your eye will not go away, but might not bother you enough to do something about it.
- You may be able to have a different type of surgery that will lift your eyebrows. Talk with your ophthalmologist about other surgery options.
- There are other treatments and procedures to improve the appearance of lower eyelids. For instance, you could have Botox injections, filler injections, laser treatment, or a chemical peel. Talk with your ophthalmologist about these and other choices.

As with all surgery, there are risks (problems that can happen) with blepharoplasty. Here are some of the most common or serious:

- Bleeding, infection, or numbness. Temporary numbness of the eyelashes is common for the first month or two. Even death is a possibility, although highly unlikely.
- Changes in how you look such as bruising, scarring, or asymmetric appearance (one side of your face not matching the other). For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions. There may be additional costs if the surgery needs to be repeated or if revisions are required.
- Eye problems. These can include trouble closing your eyes (which can damage the cornea--the part of your eye where a contact lens sits), inability to wear contact lenses, tearing, or dry eye. Temporary dryness is common for the first few weeks.
- Vision changes such as double vision, vision loss, or in very rare cases, blindness.
- Anesthesia problems. Local anesthesia injections can damage the eye, area around the eye, or cause vision loss. General anesthesia has its own risks that you would discuss with an anesthesiology specialist.
- Your eyelids may not look or feel as perfect after surgery as you had hoped. There are no guarantees about how your eyes will look, how good your peripheral vision will be, or how you will feel after blepharoplasty surgery. This is because people differ in eyelid structure, response to surgery, how well they heal, and expectations about how surgery will help. Gradual improvement in minor issues usually occurs with continued healing over the first six months after blepharoplasty.
- You may need more treatment or surgery to take care of problems that happen after blepharoplasty. You may have to pay more since this extra treatment or surgery might not be included in the fee for blepharoplasty.

Consent. By signing below, you consent (agree) that:

- You read this informed consent form, or someone read it to you.
- You understand the information in this informed consent form.



- The ophthalmologist or staff answered your questions about blepharoplasty surgery.
- The ophthalmologist or staff offered you a copy of this informed consent form.
- You accept that blepharoplasty can change how your eyes or eyelids look.
 - You understand that there may be additional costs if you need more surgery or other treatment.