BEFORE YOUR OPERATION

Eyelid surgery — *upper and lower lids*

Blepharoplasty removes the excess skin and the small pads of fat that make the eyelids heavy. The incisions sit in the natural folds of the lid, and recovery is measured in days rather than months.

What it changes

A clearer field of view

When heavy upper lid skin rests on the lashes it narrows what you can see, particularly upwards. Removing it opens the eye again.

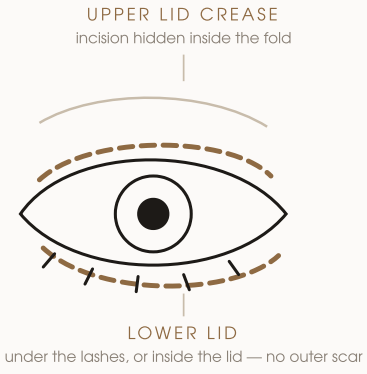
A rested appearance

Hooded lids and under-eye bags read as tiredness even when you are not tired. The aim is to look like yourself, rested — not altered.

A smoother lid contour

On the lower lid the fat is repositioned or reduced so the step between lid and cheek is softened rather than hollowed.

How the operation is done



Where the incisions are placed

01 Anaesthetic

Local anaesthetic with light sedation. A general anaesthetic only for larger combined procedures.

02 The incision

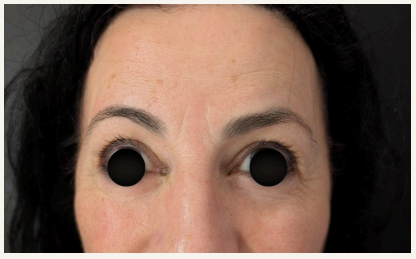
On the upper lid it follows the natural crease, so once the eye is open the line is not visible. On the lower lid it sits just beneath the lashes, or inside the lid when only fat is treated.

03 What is removed

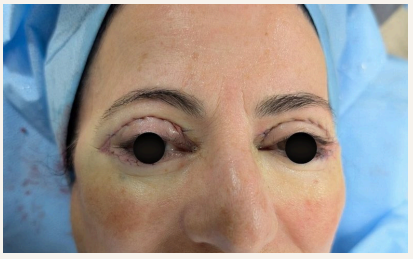
A measured strip of excess skin and only the fat that bulges. On the lower lid the fat is usually repositioned rather than removed.

04 Closure

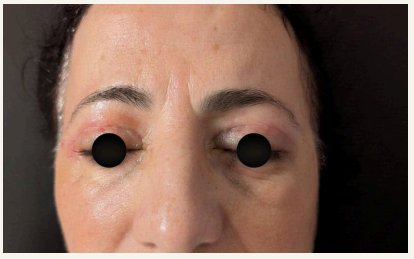
Fine sutures, removed at five to seven days. About 45 minutes for the upper lids; one and a half to two hours for all four.



Before



Day of surgery



After

A patient of the practice, photographed at each stage and published with her consent. Results vary.

AFTER YOUR OPERATION

The first six weeks

Recovery is quicker than most people expect. Swelling and bruising are at their worst on the second and third day and then fall away steadily. Almost everyone is presentable within two weeks.

DAY 0–2
Ice and rest
Cold compresses over closed lids, twenty minutes at a time. Sleep with two pillows. Ointment to the incisions twice a day. Expect blurred vision from the ointment.

DAY 3–7
Bruising fades
Swelling peaks and starts to settle. Walking is encouraged. Sutures are removed between day five and seven. Reading and screens are fine in short spells.

WEEK 2
Back in public
Most patients return to work and to light social life. Residual bruising covers easily with makeup once the incisions have sealed.

WEEK 3–6
Back to normal
Full exercise, swimming and lifting resume from around three to four weeks. The scar line passes through a pink phase before it pales.

MONTH 3+
The final result
The last of the fine swelling resolves and the scars become difficult to find. This is when the result is judged.

Before the day of surgery

- ○ Stop aspirin, anti-inflammatories and any blood-thinning medication one week before — but only after checking with the doctor who prescribed them.
- ○ Tell us about every supplement you take. Fish oil, vitamin E, ginkgo and garlic all increase bruising.
- ○ Stop smoking at least two weeks before and after. Nicotine is the single biggest obstacle to healing.
- ○ Arrange for someone to drive you home and stay with you the first night.
- ○ Come with a clean face — no makeup, no contact lenses. Bring sunglasses.

In the first two weeks

- Do not rub or press the eyes, and do not lift anything heavy or bend your head below your heart.
- No makeup on the incisions until the sutures are out and the line is closed.
- No swimming pools, saunas or hot baths for two weeks.
- Protect the scars from sun for three months — sunglasses and a high-factor cream. Sun is what turns a fine scar into a visible one.
- Use artificial tears freely. Temporary dryness and grittiness are normal and settle.

Call the clinic straight away if you have

These are uncommon, but they need to be seen the same day rather than at your next appointment.

— Sudden or severe pain behind the eye
— Any change or loss of vision
— Bleeding that does not stop with gentle pressure
— Rapidly increasing swelling on one side
— Fever, spreading redness or discharge
— An eyelid that will not close

This sheet is a summary written for patients of the practice and is not a substitute for your consultation. Every eyelid is different, and the plan discussed with you takes precedence over anything written here. Blepharoplasty, like any operation, carries risks — bleeding, infection, dry eye, asymmetry, scarring, changes in lid position and, very rarely, changes in vision. These are discussed in full and consented before surgery. · Clinic: _____
Telephone: _____

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