

MATTHEW POTTER

LOWER BLEPHAROPLASTY

Benefits

To rejuvenate the lower eye lid by tightening skin and or the fat behind the lower eye lid skin. This can be undertaken in conjunction with procedures to elevate the outer corner of the eye to give a more youthful "feline" appearance.

Risks

1. Infection/wound break down. This is exceptionally rare within this operative area due to the beneficial large blood supply.
2. Scarring. These scars run across the lower eye lid and into a crease to the outer aspect of the lower lid onto a temple crease These are planned to lie within normal skin folds to minimise noticeable scarring. Abnormal lumpy or raised scarring can occur in some patients. This is rare.
3. Pain (Mr Potter injects the area during the procedure with local anaesthetic to limit the post operative pain). You will be given oral pain killers for 3 days after the procedure.
4. Swelling/bruising - all post surgical wounds and sites will swell after the procedure - this will worsen at two days and should settle within a week if not less. Once the swelling has subsided the bruising about the eye may well give the appearance of a black eye. You should avoid any coughing or straining during the early post operative course to minimise this.
5. Bleeding / haematoma - this is a collection of blood that can occur within the operative site that may well mean a return to theatre to remove the blood and stop any bleeding sites. This complication is rare. Bleeding that occurs behind the eye ball is exceptionally rare but has been reported to cause blindness.
6. Ectropion. This is a weakening of the lower lid that causes it to droop below its desired position and potentially cause the eye to become red. Mr Potter tightens the structures within the eye to, as best as possible, limit this complication.
7. Asymmetry.
8. Muscle weakness of the eye socket causing blurred vision. This is exceptionally rare. Occasionally swelling about the eye causes the muscles within the eye socket to temporarily weaken and giving mild double vision. This settles with the inflammation after a few days to a week.
9. Clots in the legs and or lungs (Deep vein thrombosis, DVT and Pulmonary embolus, PE). Any operation runs the risk of such clots. You will be given specialist stockings to wear over the course of your inpatient stay and injections to thin the blood to decrease this risk. This is a rare complication.
10. Over/ under resection. With all aesthetic surgery Mr Potter is more likely to under-resect than over-resect the abdominal tissue. If underdone this is far more straight forward to correct than an over-resected area.
11. Further procedures - if there are any imperfections or adjustments to be made Mr Potter and the hospitals in which he practices are more than happy to facilitate (where appropriate) any further surgery to be sure you are happy with your final result.

The procedure

You will be admitted to the ward the day of your procedure where you will be seen by the anaesthetist and Mr Potter. Your face will be marked and you will have the opportunity to discuss the operation further if needed.

The procedure takes approximately 2-3 hours and is under General Anaesthesia with you asleep for the whole process.

All wounds are closed with sutures. These are taped to the skin and are removed at a week in the out patient clinic.

Inpatient course

You will recover on the ward for the post operative day →

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and night.

You are likely to be discharged after one night's stay in hospital. On the first day following the procedure your wound sites will be checked.

You will be asked to shower the morning after the procedure.

All wound tapes should get thoroughly washed and allowed to air dry.

Postoperative course

You will be discharged with oral pain relief which on average is only needed for two - four days and are removed at a week in the out patient clinic.

All tapes are removed at a week after the procedure at the time the sutures are removed.

You will be given eye drops to apply to the eye every morning and night for the first two weeks after the procedure.

Return to work depends on your individual recovery and the work to you undertake. On average time off work varies from 2-4 weeks.

Contact lenses should be avoided for a month after the procedure.

Make up should be avoided until all wounds have been decided as fully healed in the out patient clinic.

Screens such as tablets and television cause the eye to blink less increasing the chance of the eye drying out. If possible spending time looking at screens in the immediate post operative setting should be avoided.

Post operative follow up

You will be reviewed at 7 days within your original hospital where the wounds and operative sites are checked and sutures removed.

Mr Potter will review you after three weeks to assess your

progress and he will give you regular reviews until all has fully settled and healed.

Do's and Don'ts

You should only return to driving when you have the strength to perform an emergency manoeuvre.

You should avoid straining being down and lifting for at least two weeks.

You should avoid strenuous exercise for 6 weeks.

You should avoid make up until fully healed.