



Blepharoplasty (Eyelid Surgery)

Preoperative Instructions

- Please refer to general instructions
- You will have an opportunity to speak with the doctors in the morning before surgery. Last minute things may be addressed at that time.
- Notify Dr. Ayala in advance if you have a cold or a bad cough.
- Bring sunglasses with you

The First Night After Surgery

- Iced gauze pads can help in reducing swelling and should be used continuously until bedtime.
- Relax with your head elevated.
- A slight amount of oozing from the incisions is normal.
- Take medication as instructed.
- Try to eat a light meal.
- **If there is excessive swelling, pain, bleeding, or decreasing vision, particularly in one eye only, call the office immediately.**

Follow-up Care

- Keep Compresses on as much as possible during the day for the first 48 hrs.
- If you had the fat repositioned in your lower lids, do not get the tape securing the sutures wet.
- Avoid straining your eyes, but you may begin to read or watch television.
- Apply ointment to the eyelid incisions as directed.
- It is not unusual for one eye to be more swollen or discolored than the other.
- Occasionally your eyes may become hypersensitive to light. This will be transient.
- Tearing, burning, tightness, itching, puffiness and red, bumpy incision lines are all normal complaints and will go away with full healing.
- Full healing takes a number of months and a final check-up is advisable months after surgery.

BLEPHAROPLASTY – RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results.

You have the right to be informed that the surgery may involve risks of unsuccessful results, complications or injury from both known and unforeseen causes. Because individuals vary in their overall health and healing abilities, skin textures, anatomy, circulation, and the way they may react to medications and anesthesia, there can be no guarantee made as to the results of surgery. Furthermore, there always exists the potential for complications.

The following complications have been reported in the medical literature. They are listed here for your information, not frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

If you have any questions regarding the potential complications listed, please discuss them with the doctor prior to your procedure.

Scarring

The incisions will go through a period of healing that will take a minimum of three months until they look and feel as hoped for. Rarely (1-3%) a firm, visible scar may result. There are many things which can be done to improve such scars, but these depend on the healing abilities of the particular patient, which are not entirely predictable.

LAGOPHTHALMOS (Inability to close eyes)

Rare. If at all present initially it usually resolves in a matter of weeks to months. Persisting problem may require surgery.

DRY EYE

If pre-existing, this condition can worsen. Usually this condition is temporary, but it may persist indefinitely. Corneal exposure may require treatment.

SWELLING AND BRUISING

Normally lasts for 2 weeks, but may take longer. Occasionally people develop longstanding discoloration under the eyes which may be difficult to correct.

ECTROPION

Lower eyelids may be pulled downward, showing more of the eye than before surgery. This occurs from wound contracture as part of the healing process, and although it may correct itself, it may require surgery to repair.

LUMPINESS

May occur from the persistence of fat under the skin. This is extremely rare in standard cases where fat is removed; but may be more common when the fat is repositioned.

LOSS OF EYELASHES OR BROW HAIRS

Rare.

PAIN AND LIGHT SENSITIVITY

Usually is moderate for 24-36 hours then they go away entirely

INFECTION

Extremely rare in this surgery.

VISUAL CHANGE

Blurred vision may result from swelling of the conjunctiva, increased tear production, decreased tear drainage, ointment or weak muscles. All of these usually improve rapidly and vision should return to its normal pre-operative state.

BLINDNESS

Has been reported in literature as rare complication. Usually from unrecognized or untreated bleeding into the orbit (hematoma). Potentially avoidable complication even if bleeding occurs.