

SUMMARY AND CONCLUSION

Blepharoplasty refers to a surgical procedure in which excess tissue of the upper or lower eyelids is removed. It is indicated for patients who have herniated fat pads in the upper or lower eyelids as well as those with redundant skin which may constitute an aesthetic problems to many patients.

To evaluate the efficacy of different surgical techniques for cosmetic upper/ lower blepharoplasty, 80 eyes of 40 patients were included in this study, 40 eyes with upper eyelid blepharochalasis and another 40 eyes with lower eyelid blepharochalasis.

Local infiltrative anesthesia is adequate for different procedures of blepharoplasty.

In the group of patients with upper eyelid blepharochalasis, conventional blepharoplasty was performed for 20 eyes and blepharoplasty with supratarsal fixation for crease formation was performed for the remaining 20 eyes. Similarly for the patients with lower eyelid blepharochalasis, transconjunctival blepharoplasty was performed for 20 eyes and transcutaneous blepharoplasty was performed for the remaining 20 eyes.

The results of this study showed that in upper eyelid blepharoplasty, the conventional method without recreation of lid crease gives high rate of good results as the complications related to crease formation are avoided. When supratarsal fixation is performed for creation of lid crease, multiple interrupted sutures are

passed through the skin and orbicularis oculi muscle to the preaponeuratic fascia which gives gentle and definite lid crease.

Fat excision should be done in a conservative manner, as it is easier to do another blepharoplasty to remove residual fat than to graft a missed fat compartment.

No difference in wound healing or postoperative appearance as regard to the method of skin closure.

In lower eyelid blepharoplasty the transcutaneous route allows easy exposure and excision of fat. Good preoperative evaluation, and proper incision and closure techniques will give good result without visible excessive scar. This procedure is mainly indicated for old patients with herniation of orbital fat with significant dermatochalasis.

While transconjunctival approach is best indicated for young patients who present with herniated orbital fat without dermatochalasis. It is more direct than the transcutaneous route but with tighter exposure of fat compartments. It is suitable for under-corrected cases as a second operation.

Cosmetic Bleplaroplasty gives a good result in a good proper preoperative diagnosis and planning with attention to good selection of patients, adherence of strict preoperative, intraoperative and postoperative protocols are important to avoid the complications that may be serious.