INTRODUCTION

A telltale sign of the aging face is upper eyelid skin redundancy and lower eyelid bags, these changes can contribute to a "tired" appearance ***(Gladston, 2005)***.

The aging process affects the periorbital region may include the underlying structural integrity of the eyelids including the skin, muscle and fat, which leads to dermatochalasis and herniation of the orbital fat ***(Bryan, 2001)***.

These changes are quite evident in some people and constitute an aesthetic problems to many patients ***(Sung et al., 2003)***.

There is an increasing trend to combine functional and aesthetic goals in eyelid surgery, and many advanced techniques are being used in routine aesthetic eyelid surgery ***(Russel et al., 2006)***.

Blepharoplasty refers to an operation in which skin, muscle, and herniated fat are removed ***(Gladston, 2005)***.

For the upper eyelid, skin resection and fat resection from fat pockets have been performed which will achieve good results. In advanced blepharoplasty the conventional blepharoplasty is done with supratarsal fixation method to produce more permanent and predictable soft fold and well defined hidden crease ***(Gregory, 2005)***.

For the lower eyelid, blepharoplasty can be done by transcutanoeus approach through subciliary skin incision improving the appearance of the lower eyelids ***(Kitzmiller 2006)***, or through transconjunctival approach as an alternate technique to avoid many of the lower lid malpositions ***(Bolitho, 2006)***.

The transcutaneous blepharoplasty remains the most classic popular technique for lower eyelid rejuvenation ***(Netscher et al., 1995)***. This approach is preferred for patients with fat herniation and significant dermatochalasis or in the presence of lower eyelid laxity ***(Abdel – Lateef, 2001)***.

The transconjunctival approach to lower blepharoplasty is the appropriate standard for patients presenting with herniated fat without excess skin ***(Yachouh et al., 2006)***.

Laser Blepharoplasty is safe, low risk procedure with excellent cosmetic results, and effective resurgical technique in patients with prior conventional surgery, but has some disadvantages to be considered as: expensive equipment, more difficult handling, laser safety condition, erythema with skin resurfacing and long learning curve for surgeon and staff ***(Kin et al., 2003)***.