
New Trends in Aesthetic Blepharoplasty

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Dermatochalasis and herniated orbital fat are the most common signs of the aging process that originated around the eyes. These changes can give the appearance of "tired or sad" looking. It also may cause impairment of the superior and/or lateral visual field of the patient. Blepharoplasty commonly refers to the excision of excessive eyelid skin with or without the excision of orbital fat for either functional or cosmetic indications; however, the cosmetic reasons are the most common indication for performing blepharoplasty nowadays. Careful physical and ophthalmic preoperative evaluation is mandatory in all patients undergoing blepharoplasty, because it helps the surgeon to avoid the predictable complications and also enable him to perform an operative strategy for each patient. Pre and postoperative photographing are also of extreme importance for both patient and surgeon because it provides a record of both functional and aesthetic changes following the operation, which is particularly useful in patients who are excessively anxious. Techniques of surgical blepharoplasty are variable including upper and lower blepharoplasty. Upper blepharoplasty can be done either transcutaneous or transconjunctival, the later is a relatively new procedure with limited number of indications. Lower eyelid blepharoplasty can be performed either through transcutaneous (an infra lashes incision with a skin or skin-muscle flap approach), or transconjunctival techniques. Regarding the herniated orbital fat, instead of its excision and removal, new reports suggest that it could be preserved and mobilized to recontour the lower eyelid shape. The lateral tarsal strip procedure is the accepted standard for the correction of or prevention of most malpositional occurrences of the lower eye lid due to laxity. Lower lid blepharoplasty can be accompanied with chemical peeling or CO2 laser resurfacing which is a new and adjunctive procedures to the traditional surgical blepharoplasty in mild cases of dermatochalasis and periorbital rhytides with a more controlled methodology and much less complications.