Chapter 10

The Day of Surgery: The Upper Eyelids

On the day of surgery, it is entirely natural to feel a bit tense. Even the simplest of operations provoke anxiety, so do not let these feelings upset or unnerve you. Obviously, some individuals become more anxious than others and may require a medication for relaxation.

Make sure that you wear relaxed and loose-fitting clothes. Wear a button-down shirt. A turtleneck or any shirt that must be placed over the head is too cumbersome, particularly immediately after surgery, when the wounds may be exposed and there may be a small amount of drainage. Be comfortable.

It is also important to remember that you should not eat or drink on the day of surgery. If you are on medications for high blood pressure, diabetes, or any other medical condition, you should check with your family doctor beforehand. Most internists, surgeons, and anesthesiologists instruct their patients to take their patients to take their antihypertensive medicines or diabetic medications on the morning of surgery with a sip of water. This is, often-times, the only exception that is made regarding liquids.

Make sure that you have a friend or family member accompany you to the doctor's office or the outpatient surgical facility. It is nice to have a friendly, warm, familiar voice nearby. The individual will accompany you home. Once home you will need someone to help you, as you will be tired from anesthesia and the surgery. You will need someone to help you with food and some of the basics of life on the first postop evening.

On the day of surgery, you will be greeted by your surgeon and anesthesiologist. The anesthesiologist will bring you into the operating room, start intravenous fluids, and apply a blood pressure cuff to your arm. Electrocardiogram leads will be placed on your chest so that your heart rhythm can be monitored. A small device will be applied on your fingers to measure the amount of oxygen within your blood.

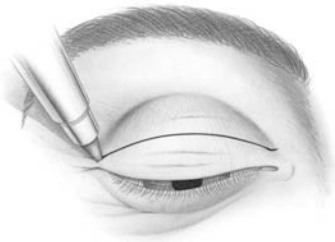

Figure 13A

At this point the surgeon will typically mark your upper and lower eyelids with a felt-tip pen. In the upper eyelids, a marking will be made in the preexistent lid crease (see Figure 13A). If you do not have a fold in the upper lid, the marking will be made approximately 8 mm from the end of the eyelid in the lid midportion. It will be curved from that point outward. Redundant upper eyelid skin is grasped and its upper extent marked with the pen (see Figure 13B-C). Most surgeons make the markings while you are lying flat and will then ask you to sit up. In the sitting position the effects of gravity can be determined and several adjustments to the markings may be made. Regarding the lower eyelids, markings are typically made in areas where there is a large amount of fat herniation and puffiness. These markings are made while you are sitting up. Again, remember, the operation is performed with you lying flat and it is important that the surgeon correct the effects of gravity as best as possible. These markings facilitate such.

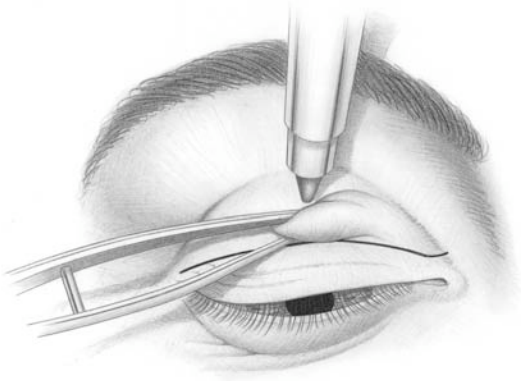

Figure 13B

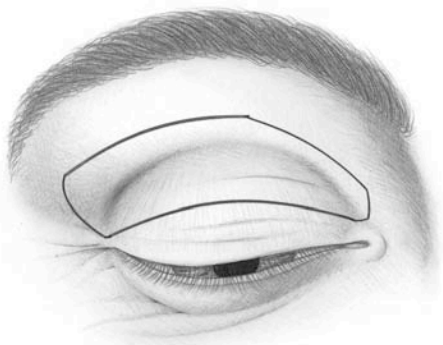

Figure 13C

The anesthesiologist will then administer medicine through your vein and you will gradually become sleepy. Your face will be washed with soap and water. Antibiotics may be given intravenously, although these are rarely required for any form of eyelid surgery, even if one has mitral valve prolapse, an artificial heart valve, a hip implant, or any type of hardware from orthopedic procedure. Once you are asleep, your eyelids will be injected with local anesthetic. Several minutes will be allowed to elapse, whereby the anesthetic achieves its effect. Anesthetic that constrict blood vessels so as to minimize bleeding and numb the surface area are used. A favorite anesthetic is lidocaine with epinephrine. It is a short-acting local that can be mixed with a longer-acting local anesthetic such as Marcaine or Carbocaine. A protective shell is placed beneath the eyelids and above the eye. This shell, which resembles a contact lens but is simply thicker, protects the eyeball during lid surgery. With the lids anesthetized a surgical blade, a sharp scissor, or a laser is used to incise the outlined skin. The advantage of using a laser is that is less bleeding from such an incision.

A laser incision, however, typically takes longer to heal than the incision made with a scalpel blade or sharp scissor. Once the excess skin has been removed, the surgeon opens

the orbital septum, the connective tissue landmark that lies in front of the fat. The fat is then anesthetized with local anesthesia and excised. There are a variety of means of excising fat. The precise methodology is not important so long as an adequate amount in the needed areas is removed. The excision of fat can be painful, and if you are awake during this portion of the operation and feel and discomfort or tugging, be certain to inform your surgeon. Additional local anesthetic will numb this area nicely. Once the fat is removed and the area is inspected and all fine blood vessels cauterized, the eyelid skin is sutured closed. The choice of suture placement is dependent upon the predilection of the operating physician. Many surgeons will place non-absorbable sutures such as nylon, silk, or prolene. These sutures need to be removed postoperatively. Other surgeons will place absorbable sutures, which, in the course of four to seven days, dissolve. Individuals who have had laser incisions will generally need non-absorbable sutures, and these stitches are left in place for seven to ten days to allow wound healing.

Blepharoplasty surgery removes skin and fat from an eyelid. There are patients, however, who require not only a blepharoplasty but also having their eyelids raised. These patients have a droopy eyelid, meaning that one eye looks much smaller that the other, or both eyelids have fallen so much that the eyeball itself is covered. *Ptosis* is the Greek word for a droopy eyelid. At the same time that a cosmetic blepharoplasty is performed, a droopy eyelid can be raised to a higher position. This involves more extensive dissection and more postoperative swelling than blepharoplasty. Ptosis surgery has a 10 percent failure rate, including overcorrection and undercorrection. It is frequently preformed in combination with a blepharoplasty, as it restores an eyelid to the proper height, improving both vision and aesthetics.