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Blepharoplasty

As we mature, the delicate skin around the eyes can appear puffy, saggy, or droopy. Eyelid skin stretches, muscles weaken, and the normal deposits of protective fat around the eye settle and become more prominent. The surgical procedure to remove excess eyelid tissues (skin, muscle, or fat) is called **blepharoplasty**.

Blepharoplasty can be performed on the upper eyelid, lower eyelid, or both. The surgery is performed for either cosmetic or functional reasons. Sometimes excess upper eyelid tissue obstructs the upper visual field or can weigh down the eyelid and cause the eyes to feel tired. Most often, people choose blepharoplasty to improve their appearance by making the area around their eyes firmer. When blepharoplasty is performed to improve vision rather than for cosmetic reasons only, the costs may be covered by your health insurance plan.

Blepharoplasty for the lower eyelid removes the large bags under the eyes. It is unusual for third-party payers to cover lower-lid blepharoplasty.

The surgery is usually performed on an outpatient basis and can take one to three hours. Upper-eyelid incisions are made in the natural crease of the lid, and lower-lid incisions are made just below the lash line. A procedure for lower-lid blepharoplasty, known as **transconjunctival lower-lid blepharoplasty**, removes or redistributes excess fat through an incision inside the lower lid. The incisions are closed with fine sutures.

Swelling, bruising, and blurry vision are common after blepharoplasty. Stitches are removed three to five days after surgery, except in the case of transconjunctival blepharoplasty, where the self-dissolving sutures require no removal.

Possible complications associated with blepharoplasty include bleeding and swelling, delayed healing, infection, drooping of the upper or lower eyelid, asymmetry, double vision, and dry eye, to name a few. It is important to note that the puffiness of the fat pockets may not return, but normal wrinkling and aging of the eye area will continue.