

Eyelid Blepharoplasty Surgery Consent Information

This information will help you to understand the risks and complications associated with Eyelid Blepharoplasty Surgery. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

2 General Risks

Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

3 Specific Risks During Surgery

Bleeding, Injury to the eye globe, Need for extra tissue

4 Specific Risks - Short Term

Bleeding, Loss of vision, Changes to tear secretion Conjunctival oedema and chemosis, Infection, Sensation Change, Firmness, Exposed sutures, Dressings, Delayed healing and Tissue death

6 Specific Risks - Long Term

Asymmetry, Scars, Upper eyelid malposition, Difficulty closing your upper eyelid and corneal exposure, Lower eyelid malposition, Eyelash loss, Unsatisfactory result



All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at higher risk as the waste products clog the airways and damage the airway lining preventing cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will discuss this with our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.



Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.

Awareness

Most patients give away signs such as increased blood pressure or heart rate that will alert anaesthetists that they are feeling pain. Modern monitoring will alert anaesthetists that patients are not asleep earlier than heart rate and blood pressure indicators.

Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior to surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to/from the hospital.

Specific Risks During Surgery

Bleeding

There is always a small amount of bleeding with a blepharoplasty. The anatomy of the blood vessels around the eyes is quite variable, and it is not always possible to know the exact position of these vessels. Very rarely, the bleeding can be catastrophic, requiring measures to stop the bleeding through additional incisions and extra manoeuvres to ensure vision in the eyes. Most plastic surgeons report this as a once in a decade to once in a lifetime event. A large study of over 250,000 blepharoplasties reported a 1 in 2000 risk of bleeding within the eye socket, and a 1 in 10,000 risk that this will progress to blindness.



Injury to the eye globe

Any structure in close proximity to a surgical site is at some risk of damage. We aim to prevent this by using small shields placed within the eyelids to protect the eye from damage during procedures.

Need for extra tissue

The need for extra tissue should be able to be predicted before surgery and harvesting. These will require additional incisions and small risks, which will be discussed if the need is likely.

Specific Risks - Short Term

Bleeding

There will be a small amount of bleeding or red discharge from your eyelids in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), tilting your head backwards and applying constant gentle pressure to your eyes. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. If bleeding or ooze from your eyelid incisions occurs at the same time as extreme pain or pressure in your eye, this could indicate a haematoma (clot) and you should go to an emergency department immediately.

Loss of vision

This occurs very rarely and is usually due to bleeding within the eye socket (see above), abrasions of the cornea or damage to structures deep within the orbit. The most likely cause is corneal abrasion, from drying out of the cornea during the operation. Common symptoms are gritty sensation in the eye, light sensitivity and decreased/blurry vision. Please call us to arrange a review. After diagnosis, these settle quite quickly with antibiotic eye ointment for a few days. Double vision may also occur after eyelid surgery. This is usually due to swelling around the muscles within the eye socket that move the eye. This settles over the course of a few weeks. If it persists past a month, review by an ophthalmologist is recommended.



Changes to tear secretion

After eyelid surgery, there can be altered amounts of tear secretions. More commonly, there is a decrease in tear secretion leaving the eye feeling dry. This can be relieved with artificial tear drops (such as Systane) until the eye recovers. If you have a tendency towards dry eyes before the operation, your risk of having dry eyes after the operation is much higher than the average patient. Occasionally the dry sensation in the eye can cause the eye to produce too many tears and results in a teary eye. This settles over the course of a few weeks.

Conjunctival oedema and chemosis (swelling)

Just as eyelids may have some swelling after an operation, the inner linings of the eyelids may also have some swelling and redness. This swelling can contribute to the feeling of heavy eyelids and irritation, resulting in changed tear secretion. This can be treated with a variety of eye drops to assist in tear production, decrease swelling and fight low grade infections.

Infection

Infection is uncommon after elective facial surgery. You will be given antibiotics through the drip during the operation and if there are any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 10th post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

Sensation change

You should expect some numbness around your eyelids after the operation. This is to be expected and should resolve over the course of around 6 months.



Firmness

After any operation, as tissues heal there is some swelling/firmness. The majority will resolve within 4-6 weeks, but the last small amounts can take up to a year to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues.

Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office.

Dressings

Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Delayed Healing & Tissue death

The expected time frame of healing within the face is; skin should heal within a week, bones within 4 weeks and soft tissues around about 6 weeks. Diabetics, smokers/vapers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery.

Specific Risks - Long Term

Asymmetry

Small asymmetries should be expected. You should allow at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Scars from blepharoplasty are hidden within normal skin folds, and generally heal well.



Upper eyelid malposition

Damage to some of the deeper muscles within the upper eyelid can cause the upper eyelid to become droopy. More commonly it is due to swelling within the upper eyelid that prevents the eyelid from moving normally. This can be temporarily managed with eye drops but may require further surgery.

Difficulty closing your upper eyelid & corneal exposure

Commonly after upper eyelid surgery, it can be difficult to completely close your eyes. This will relax over the course of a few weeks. Whilst the upper eyelid is not closing properly you may notice either excessively watering eyes or the feeling of a dry eye. Should your eye feel dry, we will advise you to use drops and ointments in your eyes to protect your eye, and to tape your eyes shut at night, whilst the tissues relax. It is uncommon to require further surgery to correct this problem.

Lower eyelid malposition

Occasionally after lower eyelid surgery (about 1%), the eyelid may not sit at the correct height or may be pulled away from the eye globe. Although some causes of this can be diagnosed before an operation, not all cases can be predicted. Most cases will settle with upward and outward massage of the lower eyelid for a few weeks. Should this not correct the lower eyelid position within 3 months, further surgery may be necessary to release any scar tissue and mechanically suspend the eyelid into a better position.

Eyelash loss

Hair loss may occur in the lower eyelash area where the skin has been elevated and may be temporary or permanent. The occurrence of this is rare and unpredictable.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months we can discuss further surgery.

Questions

If you would like clarification on any of the information here please contact the office.

