

WEST COUNTY

PLASTIC SURGEONS
of Washington University

Patient Information for :

LOWER EYELID BLEPHAROPLASTY

Dr. Terence Myckatyn &
Dr. Marissa Tenenbaum



Surgery Scheduling Secretary/Dr. Tenenbaum – Carol – 314-996-3040
Surgery Scheduling Secretary/Dr. Myckatyn – Michelle – 314-996-3028
Plastic and Reconstructive Surgery Nursing Staff – 314-996-3201
Marilyn Bennett and Patty McCune

OR DAY/TIME: _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at 314-996-8800. During off hours, please call Barnes hospital at 314-362-5000 and ask for the “Plastic Surgery Resident on call.”

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures. This form is available from our website by navigating to: Patient Resources > Patient Forms.

BEFORE SURGERY

SIX WEEKS BEFORE SURGERY:

1. **Smoking affects healing.** Please try to stop smoking or ANY nicotine products for at least 6 weeks before surgery and one month after. If needed, we can prescribe Chantix to help you quit.
2. **Good nutrition can help optimize wound healing and speed your recovery from plastic surgery.** To reduce the risk of problems, please be sure to consume a high protein diet and appropriately supplement any vitamin or dietary deficiencies that you may have.

TWO WEEKS BEFORE SURGERY:

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed “**Medication and Supplement Alert List**” and let us know if you take any of them. For example, **garlic** and **ginseng can cause bleeding** even though they are homeopathic remedies and not true medicines. So please stop taking these, and any other non-prescription herbal medicines for two weeks before surgery. Also, **Aspirin** or **Plavix** should not be taken for 2 weeks before or for 2 days after surgery.
If you take these medicines for a pre-existing history of cardiac stents, stroke, clotting disorder, or other risk factors please let us know so we can work with your cardiologist or internist to ensure that eyelid surgery can be conducted safely. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.

2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.
3. After surgery, your eyes may be swollen, sensitive to light, bruised, and tearing. So, you should:
 - a) make sure in advance that you have taken care of any urgent personal matters like banking, and groceries
 - b) have either a recliner, or a stack of comfortable pillows that you can rest on to keep your head elevated about 30° while you sleep
 - c) have a bag of cold peas, or a “*swiss therapy eye mask compress*” to sooth and reduce swelling of the eyelids after surgery.

EVENING BEFORE SURGERY:

1. Get a good night’s rest.
2. Do not eat or drink anything if your surgery is scheduled before noon. If your surgery is scheduled after noon, you may have coffee or tea and dry toast no later than 8 hours before your scheduled surgery time. **DO NOT SMOKE.**

DAY OF SURGERY

Be at the Hospital at: _____

1. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops and remove all body piercing jewelry from all locations.
2. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

AFTER SURGERY

1. **Positioning.** After surgery, it is best to lie in a reclining chair. Alternatively, you may lie in bed with your shoulders elevated by pillows while keeping your neck straight. Avoid bending forward or turning side-to-side at the neck for the first week.
2. **Reduce swelling.** “Swiss therapy eye mask compress” or, alternatively, a cool compress that can be kept cold with a bag of cold peas or a bag of crushed eye cubes can be placed on your closed eyelids to reduce swelling.
3. **Antibiotic ointment for your incisions.** We will often use an antibiotic ointment like “Polysporin Ophthalmic” on any skin incisions near the eyes to prevent them from getting too dry.
4. **Preventing dry eyes.** You may not be able to fully close your eyes due to swelling for a few days after surgery. Typically, we will use eye drops and ointments to prevent your eyes from drying out. During the day, this may include *Refresh Dry Eye Therapy (Sensitive Eyes, Preservative Free soothing eye drops)*, and while you sleep, *Refresh P.M.* ointment. On rare occasions, eyelids are sutured to protect and keep the eye closed for a day or two as an additional measure.

5. **Downward or altered position of the lower eyelid.** The lower eyelid position can be down compared to preoperatively for several weeks or even months after lower eyelid surgery. This is much more likely to occur if skin is removed through an external eyelid incision. To minimize this, we will frequently perform a procedure called a **canthopexy** or a **canthoplasty** to reposition the lower eyelid in a higher position. Occasionally, you may be able to feel a bump in the outside corner of the eye socket that is the knot from this stitch. It will dissolve in time. This procedure is sometimes combined with **taping** of the lower eyelid and in some instances, placement of a stitch in the lower eyelid to help pull it up for a few days. In the uncommon even where this temporary lower eyelid stitch is used, please be prepared that your eye will be closed for the day or two that it is in. This temporary stitch is called a **Frost** or **tarsorrhaphy** stitch.

With time, swelling is reduced, and the nerves to the muscles that help close the lower eyelid regain their function. This will naturally improve lower eyelid position. If after several months the lower eyelid position is still low, another canthopexy or canthoplasty procedure may be recommended.

6. **Inflammation of the eyes after surgery is referred to as chemosis.** It can cause the outer layer of the eyeball and eyelid (conjunctiva) to become boggy, or red and angry looking (conjunctival injection). This will improve over time, but can sometimes be controlled with a drug called Tobradex (tobramycin antibiotic + dexamethasone corticosteroid). However, this drug should not be used in patients with a history of glaucoma as it can increase pressures inside the eye unless it is approved and monitored independently by an ophthalmologist.
7. **Early activity.** For the first two weeks after surgery, please avoid any type of straining. You should get out of bed with assistance if this causes you to strain. Easy walking after surgery is a good thing, and while you are in bed, flex your feet and legs a couple of times every hour while you are awake to improve circulation and reduce the risk of blood clots from immobility.
8. **Strenuous activities** should be avoided for 2 weeks. After that, gradually increase your activities so you are back to normal by the end of the third week.
9. **Pain control.** If you have pain or discomfort take the pain medication every 4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.
10. **Diet.** A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You can start a regular diet the next day.
11. **Contact lenses** can be worn when the eyes start feeling normal and the majority of the swelling has subsided. Generally, if there are no issues with dry eyes, you can start wearing contact lenses after 3 weeks. Otherwise, continue to use the lubrication and avoid contacts until the dry eyes have been resolved for at least 10 days. Glasses can be worn until then.

RETURNING TO WORK

1. Working from home: Less than 1 week.
2. Desk job : 1-3 weeks
 - a. **transconjunctival blepharoplasty** (incision is made on the inside of the eyelid) : 1 week
 - b. **subciliary blepharoplasty** (incision is made underneath the eyelashes, skin is removed, and a lower eyelid support procedure like **canthopexy** or **canthoplasty** are performed) : 3 weeks
3. Up on your feet a lot : 2-3 weeks
 - a. **transconjunctival blepharoplasty** (incision is made on the inside of the eyelid) : 1 week
 - b. **subciliary blepharoplasty** (incision is made underneath the eyelashes, skin is removed, and a lower eyelid support procedure like **canthopexy** or **canthoplasty** are performed) : 3 weeks

4. Manual labor : 2-4 weeks
 - a. **transconjunctival blepharoplasty** (*incision is made on the inside of the eyelid*) : 2 weeks
 - b. **subciliary blepharoplasty** (*incision is made underneath the eyelashes, skin is removed, and a lower eyelid support procedure like **canthopexy** or **canthoplasty** are performed*) : 4 weeks

GENERAL INFORMATION

1. **Cosmetics:**
 - a. **transconjunctival blepharoplasty** : If the incision is made on the inside of the eyelid, the stitches will be dissolvable and do not need to be removed. In that case, eyelid and eyelash cosmetics can be worn starting 10 days after surgery. There may be a feeling of numbness of the eyelids that will subside with time.
 - b. **subciliary blepharoplasty** : If the blepharoplasty is performed through an incision under the lower eyelash line, eyelid or eyelash cosmetics should not be worn until 7 days after all the eyelid sutures have been removed. In some cases these sutures will be dissolvable, and you should refrain from the application of eyelid and eyelash cosmetics until 7 days after these stitches have dissolved.
2. **Strenuous activity/heavy lifting** of objects greater than 10 lbs should be avoided for 2-3 weeks.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101°F), redness or increased pain at the surgical incisions, please call us immediately.
6. Some individuals will have persistently dry eyes or sensitivity to bright lights for several weeks after surgery. Pre-existing dry eyes and some other eye conditions can increase the likelihood of a prolonged recovery from blepharoplasty surgery.

FOLLOW-UP

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication.

For many patients follow-up includes:

- a) Follow-up 5 days after surgery with registered nurse or physician's assistant and/or physician to check wounds, remove sutures, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, 3 months and 1 year and to address any concerns

PRESCRIPTIONS

We will try to provide you with prescriptions for medicines prior to your surgical procedure. Usually this will include Refresh eyedrops, lubrication, polysporin ophthalmic, a pain medicine and sometimes an antibiotic or Tobradex to relieve chemosis.

TMM:MMT/mb
1.4.2016 kg