

BASIC & CUSTOMIZED UL Blepharoplasty

Erfan El-Gazayerli, M.D.

A. Professor, RIO

Magrabi Eye Hospitals & Centers

Cairo, Egypt

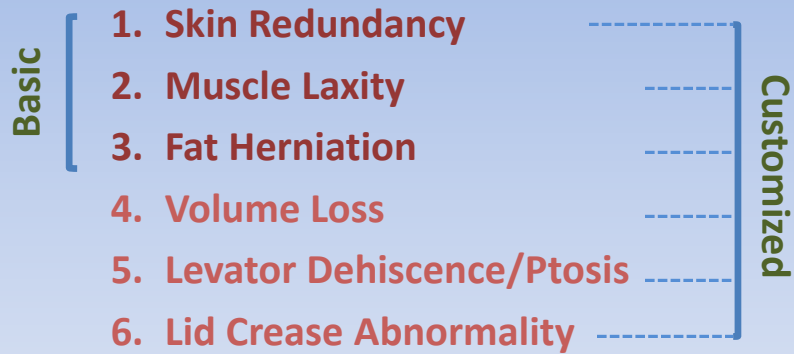
CLINICO PATHOLOGICAL ASPECTS Addressed in Blepharoplasty

**Classic
C.P Triad**

- 1. Skin Redundancy**
- 2. Muscle Laxity**
- 3. Fat Herniation**

- 4. Volume Loss**
- 5. Levator Dehiscence / Ptosis**
- 6. Lid Crease Abnormality**

BASIC & CUSTOMIZED UL Blepharoplasty



BASIC UL BLEPHAROPLASTY

Address Triad: skin – muscle - fat

BASIC GUIDELINES – PRACTICAL TIPS

BASIC BLEPHAROPLASTY

Lid Crease Incision Placement

Basic Guidelines
at existing lid crease

Practical Tips

- F: 10 to 12 mm - M: 8 to 10 mm
- Upper border of tarsus

BASIC BLEPHAROPLASTY

Extent of Skin Muscle Removal

Basic Guidelines

Skin Pinching Test by Forceps



BASIC BLEPHAROPLASTY

Extent of Skin Muscle Removal

Practical Tips

- Avoid reaching **brow** skin
- Respect **BCD/CMD** ratio



Avoid Reaching Brow Skin

Respect BCD/CMD Ratio (acceptable range 2/1 to 1/1)



PreOp

PostOp

BASIC BLEPHAROPLASTY

Amount of Fat Excision

Basic Guidelines

Excise fat prolapsing
beyond orbital rim



BASIC BLEPHAROPLASTY

Amount of Fat Excision

Practical Tips

- **Excision guided by:**
 - Preop assessment
 - Intraoperative findings
- **Avoid over resection**

CUSTOMIZED UL BLEPHAROPLASTY

Additional Aspects Addressed

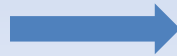
1. **Volume Loss**
2. **Levator dehiscence/ptosis**
3. **Lid crease abnormality**

Volume Loss with Age



• FAT &
SUBCUTANEOUS
TISSUES

LOSS

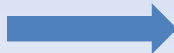


• DEFLATION
LAXITY

Volume Loss with Age



DERMATOCHALASIS

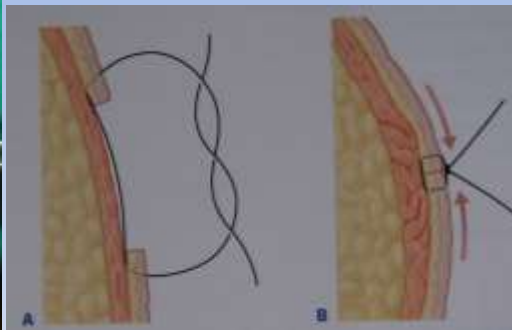


DEFLATION LAXITY

CUSTOMIZED BLEPHAROPLASTY

1- Volume Loss Restoration Strategies

- Orbicularis preservation
- Fat preservation/redistribution
- Fat grafting



1. Orbicularis
preservation



VOLUME
ENHANCEMENT

CUSTOMIZED BLEPHAROPLASTY



Preop

Postop

Bleph. with **orbicularis Preserv.**

CUSTOMIZED BLEPHAROPLASTY



Preop

Postop

Bleph. with **orbicularis Preserv.**



Fat redistribution/ mobilization of nasal pocket

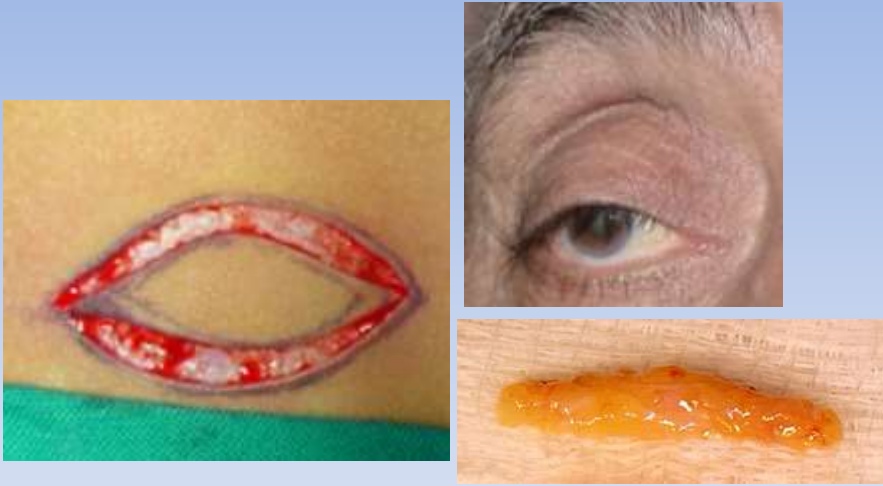
CUSTOMIZED BLEPHAROPLASTY



Pre op

Post op

Bleph. with fat mobilization



Strip fat grafting

CUSTOMIZED BLEPHAROPLASTY



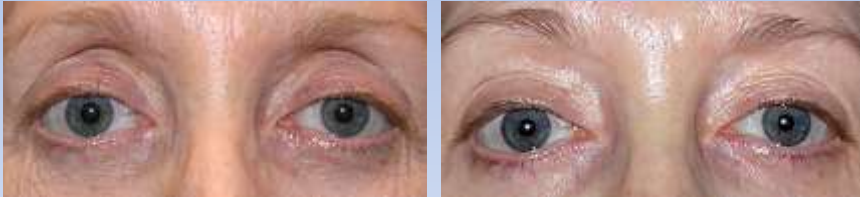
Preop



Postop

Results of strip fat grafting

CUSTOMIZED BLEPHAROPLASTY



Preop

Postop

Results of strip fat grafting

CUSTOMIZED BLEPHAROPLASTY

**2- Levator Dehiscence/Ptosis
Correction**



BLEPHAROPLASTY COMBINED WITH PTOSIS CORRECTION

TIPS

1. Any ptosis detected is better fixed during blepharoplasty
2. Aponeurotic tuck is often enough
3. Better plan for undercorrection



Aponeurotic tuck

CUSTOMIZED BLEPHAROPLASTY



PreOp

**Bleph. with
levator tuck**



PostOp

CUSTOMIZED BLEPHAROPLASTY



PreOp

PostOp

**Bleph. with
levator tuck**

CUSTOMIZED BLEPHAROPLASTY

3- Lid Crease Abnormality

Relocation – Recreation

Indications:

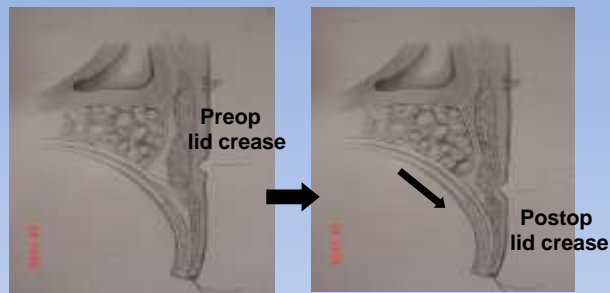
- Too low/absent
- Too high
- Assymetrical

CUSTOMIZED BLEPHAROPLASTY

Lid Crease Too High

Lid Crease Lowering Strategies

1. Ptosis correction (levator reinsertion)
2. Volume restoration



Preop

Post op



Lid crease lowering with levator
resection/reinsertion

CUSTOMIZED BLEPHAROPLASTY



Preop

Postop

Lid crease lowering
with levator advancement / tuck

CUSTOMIZED BLEPHAROPLASTY



Lid crease lowering with
fat grafting

CUSTOMIZED BLEPHAROPLASTY

Lid Crease Too Low

Lid crease recreation / raising strategies

- 1- Volume depletion (fat shrinkage)
- 2- Lid crease relocation suture



Relocation (Single Meeting Point) Suture

CUSTOMIZED BLEPHAROPLASTY



Lid crease recreation / raising

CUSTOMIZED BLEPHAROPLASTY



Lid crease recreation / raising



Thank you