



Your blepharoplasty surgery

Blepharoplasty is the surgery to remove excess upper or lower eyelid skin (dermatochalasis). Dermatochalasis is caused by loss of elasticity of the skin, leading to ‘baggy eyes’. The most common form can start from around age 40 and can affect any ethnicity or gender. Dermatochalasis may cause upper lid droopiness, which could then lead to blocking of your visual field. This is why you might need blepharoplasty surgery. This leaflet aims to help answer some frequently asked questions patients may have about the surgery.

What will happen when I come to the hospital?

When you come for your first appointment, you will see a doctor or nurse practitioner. Once the diagnosis of dermatochalasis is made, you may be offered blepharoplasty surgery. If, after discussion with the doctor you decide to have the procedure, you will be given an appointment date for the surgery.

Treatment of dermatochalasis

Prior to surgery, you will be asked to stop taking any anticoagulants such as aspirin or clopidogrel for 14 days (if your GP or anticoagulant specialist advises you it is safe to do so).

The procedure is usually done under local anesthesia using anesthetic drops and an injection. You might also be offered sedation, as a day case procedure.

Following the operation, antibiotic ointment will be administered and the eye will be covered with a tight patch to decrease swelling, which you may take off yourself the following day.

Before removing the pad, please wash your hands. Dispose of the removed pad and bathe the eye gently, using gauze and the saline solution that will have been given to you by the nurse before your discharge from hospital. Apply approximately 1 cm of the eye ointment (which will also have been given to you before discharge) on a clean fingertip, or directly on the wound and gently apply to the area where the stitches are. Apply the ointment into the eye(s) that has been operated on.

If both eyes are operated on at the same time, a looser eye pad will be placed on the eye with the better vision. This will be taken off before you leave the hospital so you can see to get home. However, we advise you not to drive after this procedure – please bring a friend or family member with you to help you get home safely.



The stitches administered during the procedure are usually removed around two weeks after surgery, at a separate follow-up appointment.

Discharge medication

As mentioned previously, you will be given chloramphenicol eye ointment which needs to be started the day after surgery. This should be applied four times daily (during waking hours) for two weeks. Administer the ointment into the eye and on the area where the stitches are. If you experience pain, you can use over the counter pain relief medication such as paracetamol or ibuprofen.

Discharge advice

- Your eye will be bruised and inflamed for one to two weeks after surgery. We advise you to rest and keep your head propped up with pillows when you are lying down for the first few days after surgery.
- To decrease swelling during the first two to three days, we suggest using ice packs or a bag of frozen peas hourly for 10-15 minutes on the operated eyelid.
- Do not wear contact lenses for two weeks to avoid irritation of the eye.
- Wearing dark glasses when you are outside may reduce your sensitivity to sunlight, wind, and other irritants.
- You can start driving and go back to work once the swelling has

gone down and your vision is clear.

Further check ups

You will be seen two weeks after the surgery for removal of the stitches and if appropriate, advised to continue the chloramphenicol ointment four times a day for a few more days.

Possible minor complications

The following minor complications may occur:

- Bruising and inflammation are common after the operation, which should clear up one to two weeks after the surgery.
- Rarely, the operated area can become infected. If this happens, you may need further treatment with antibiotics.
- Scarring may occur after surgery, but this will usually be hidden under the crease of your upper eyelid.
- Overall, the results of this type of surgery are usually successful. Nonetheless, with ageing further loss of elasticity may occur and sometimes further surgery may be needed to achieve the best result. However, the skin excess may not be as much as it was before the first surgery.

Serious complications can include orbital haemorrhage (ranging from 1 in 2,000 to 1 in 25,000) and diplopia. However, it is important to keep in mind that these serious complications are rare.





When to seek further advice

If your eye becomes increasingly red or painful, your sight becomes more blurred or you develop very noticeable and spreading redness together with a lot of eyelid swelling, you should call Moorfields Direct for advice (see details opposite) or attend your local A&E department. Alternatively, you can attend Moorfields A&E department in City Road for a further examination (open 24/7 for emergency eye problems only).

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Moorfields Eye Hospital NHS Foundation Trust
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have

about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

