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Blepharoplasty with External Mini-Incisions

Angelo Rebelo*

Plastic, Reconstructive and Aesthetic Surgery, Clínica Milénio, Rua Manuel Silva Leal, Lisboa, Portugal

***Corresponding author:** Angelo Rebelo, Plastic, Reconstructive and Aesthetic Surgery, Clínica Milenio, Rua Manuel Silva Leal, Lisboa, Portugal, Tel: + 351 21 7277265; **E-mail:** clinicamilenio@netcabo.pt

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Abstract

Background: This is a simple and almost risks free technique. Very efficient, improving the appearance of people with herniation of fat pad bags of the lower lids.

Objective: The author reports a series of 3239 blepharoplasty with external mini-incisions from September 1990 through July 2017.

Methods: All patients have a complete clinical history, preoperative routine examinations and photos pre and post-operative. Local anaesthesia is used.

Results: Fat pad bags of the lower lids were removed without major complications or recidive.

Conclusions: This is a simple and quick technique with minimal scars almost invisible, with very good results, quick recovery, few risks and complications.

Keywords: Blepharoplasty; Mini-incisions; Plastic Surgery

Introduction

It was Fontana, a Plastic Surgeon from Valenca, Spain, who invented this technique to remove the fat pad bags of the lower lids, through minimal transcutaneous incisions of 2-3 mm. It's a very simple technique, easy to perform, with indication in cases with excess or herniation of the fat pad bags. We also perform this procedure in patients with skin excess and/or wrinkles, [1-3] with good results. It's a good alternative to the conjuntival approach [4,5] because it's more comfortable and with fewer risks to the patients. We verified that the removal of the simple fat pad gives a much better appearance to patients with a good skin retraction and if necessary can be complemented with peeling's or laser procedures.

Methods

Patients

Since September of 1990, 3239 blepharoplasty were performed with external mini-incisions. Local anaesthesia was used. Patient ages ranged from 23 to 80 years old.

Patient selection

In our experience the age is not an important factor. We have concluded that the operated patients are very satisfied and with a good result. This technique is excellent in patients with herniation without excess of skin. However we have been performing it, with good results, in patient with certain excess of skin and some wrinkles.

Contraindications

Like other surgical procedures it has the same contraindications.

It is contraindicated when certain ocular diseases occur.

Anesthesia

Local anaesthesia, Lydocaine 2% with Adrenaline was used, 4-8 cc (Figures 1a and 1b).

Technique

It is performed under local anaesthesia, through a small 2-3 mm incision made with an 11 blade, in the lower lid at pupil level. It should be cut at once, downwards, skin, muscle and septum until the central bag (Figures 2 and 3); pressing, at the same time, the eye to facilitate the extrusion of the fat with the removal of the blade (Figure 4a).

With the help of forceps the fat is gently pushed and cut with a cautery high Temperature Loop Tip (Aaron Medical Industries, St. Petersburg, FL) (Figures 4b and 5). We can use electrocautery low intensity, radio surgery or laser.

Through the same small incision we have access to the internal and external fat pad bags. With gentle and directioned movements we should remove sufficient fat, never in excess (Figure 6). Incision closure is carried out with a 6/0 nylon, one or two stitches (Figure 7).

We also performed a similar procedure on the upper lid (Figures 8-13), but with very specific indications of herniation of the medial and internal fat pad bags, through a 2-3 mm incision in the inner portion of the upper

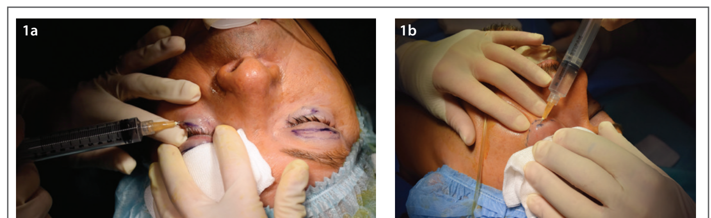

Figure 1: Local anaesthesia

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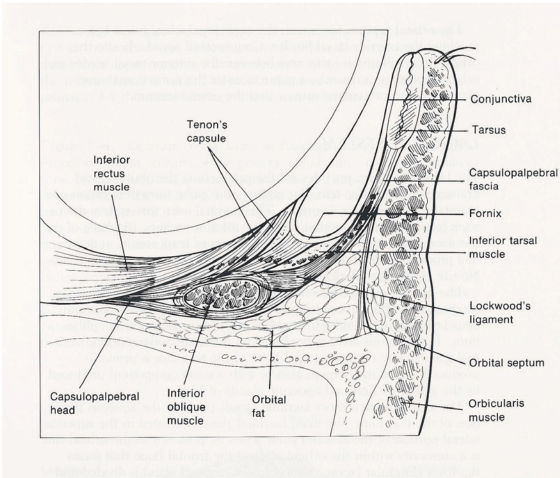

Figure 2: Incision localization

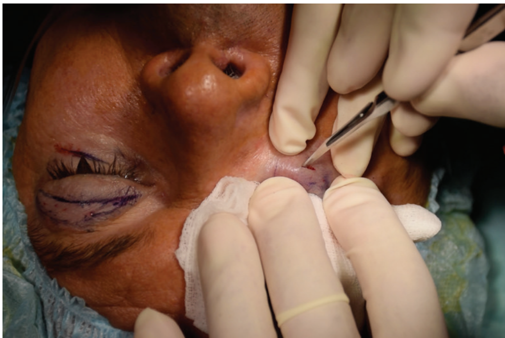

Figure 3: Incision

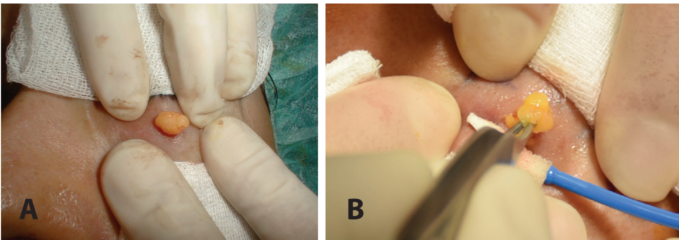

Figure 4: Fat extrusion

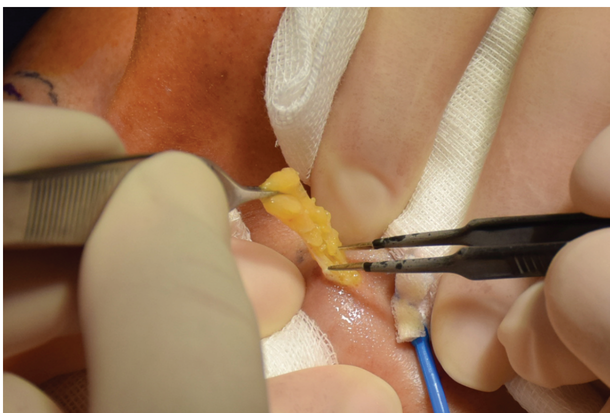

Figure 5: Fat cutting

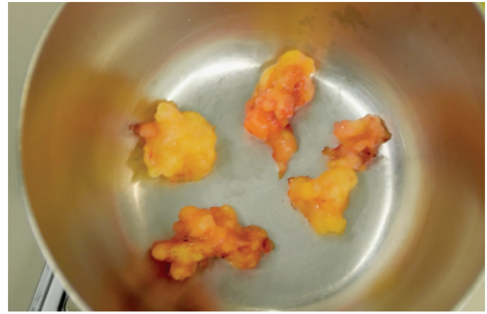

Figure 6: Fat

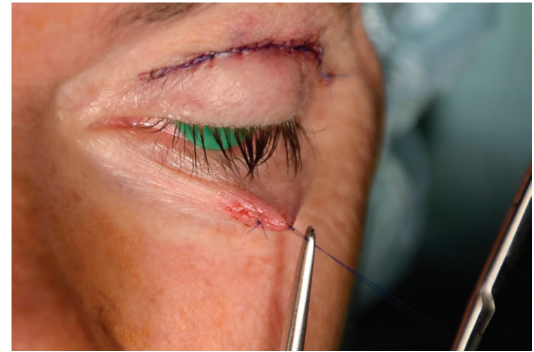

Figure 7: Incision closure

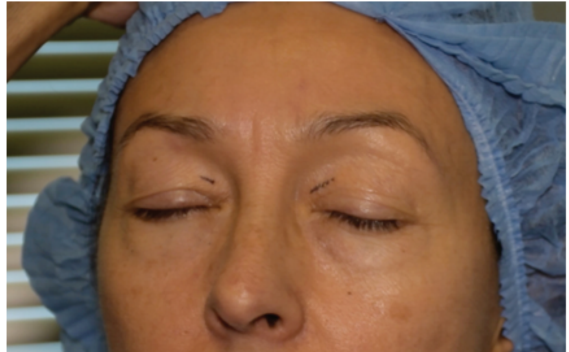

Figure 8: Upper lid localization Upper lid localization

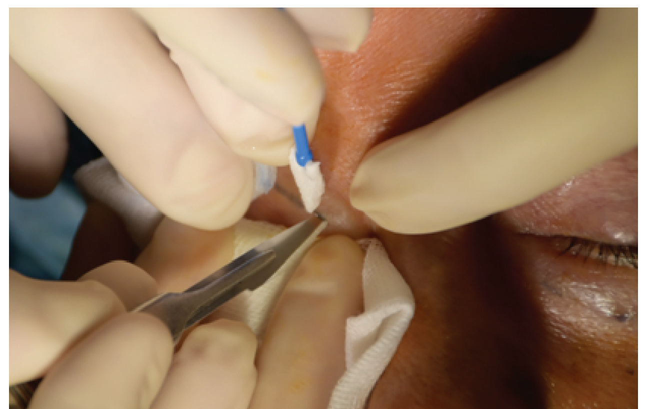

Figure 9: Upper lid incision

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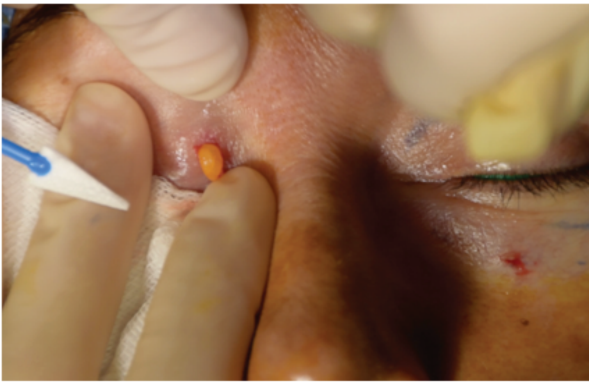
Figure 10: Upper lid fat extrusion

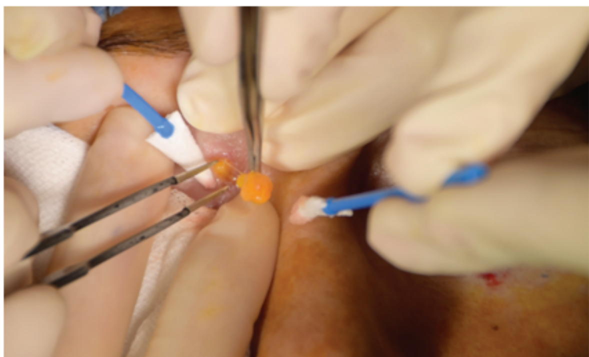
Figure 11: Upper lid fat cutting

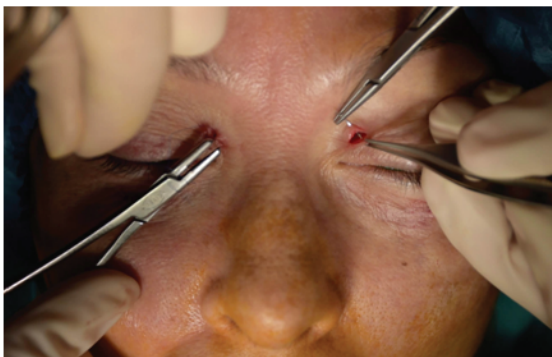
Figure 12: Upper lid incision closure

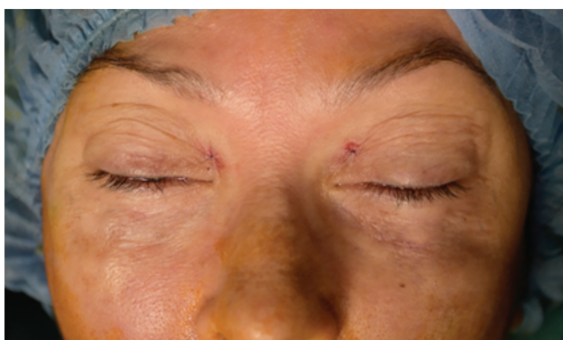
Figure 13: Upper lid final result

lid near the naso-frontal field in a wrinkle with the same steps as for the lower lid.

Postoperative care

No dressing is used. Patients should apply cold compresses several times in the 48-72 hours after the operation.

The stitches should be removed between the 3rd and 6th days. Edema and swelling are much less evident and a quicker recuperation is observed. Sun must be avoided until bruising disappears and they have to apply a sun block cream.

All patients are medicated with antibiotic, anti-inflammatory and analgesic (usually no needed).

Results

They are good to excellent and we can observe precocity in final results, 2-3 weeks. The very small scar disappears in 1-2 weeks.

Complications

Never happens complications of eye deformation like "sclera-show", "round eye" and ectropion.

No infections, visible or hypertrophic scars, seroma or deformities were observed.

Small haematomas may occur and were reported in 3 patients without sequels.

Conclusions

Since September of 1990 we have performed 2947 blepharoplasties with external mini-incisions, without complications. It is a very well tolerated surgery and post-operative, with quicker recovery, and good long term results.

Clinical Cases

Clinical case A

A patient with the age of 65 years old was treated and shown after 36 months (Figure 14-17).

A patient with the age of 48 years old was treated and shown after 6 months (Figure 18-21).

A patient with the age of 59 years old was treated and shown after 6 months (Figure 22-25).

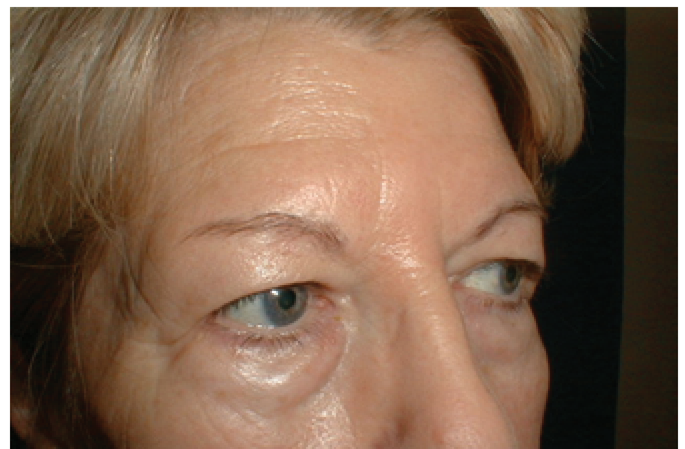
Figure 14: Clinical case A1 pre-operation

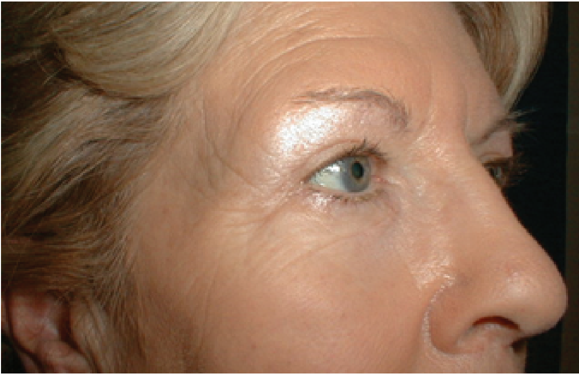
Figure 15: Clinical case A1 post-operation

Figure 16: Clinical case A2 pre-operation

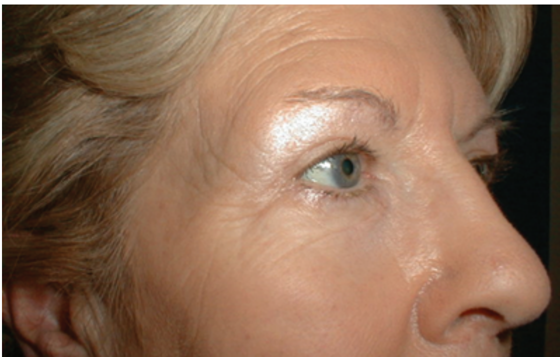
Figure 17: Clinical case A2 post-operation

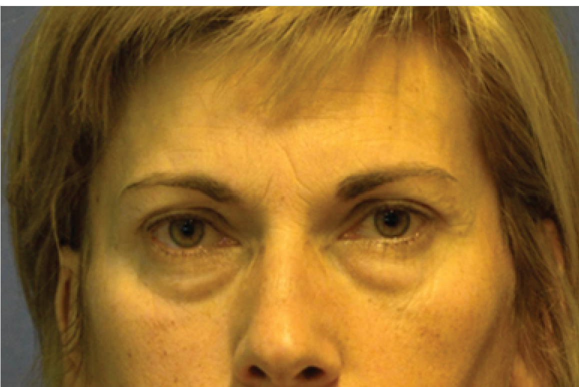
Figure 18: Clinical case B1 pre-operation

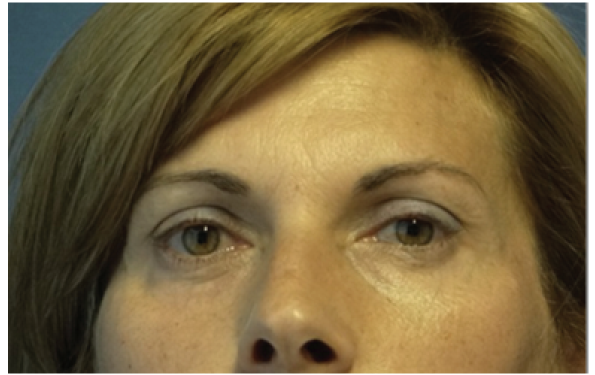
Figure 19: Clinical case B1 post-operation.

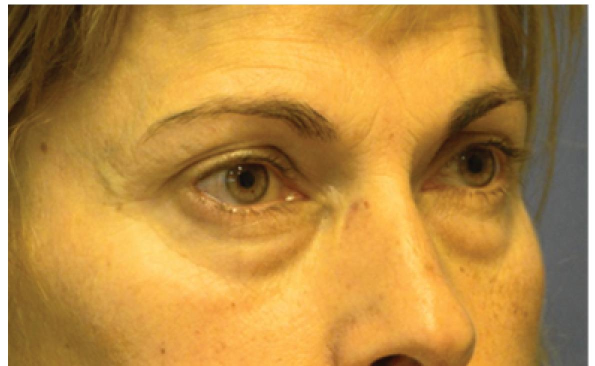
Figure 20: Clinical case B2 pre-operation

Figure 21: Clinical case B2 post-operation

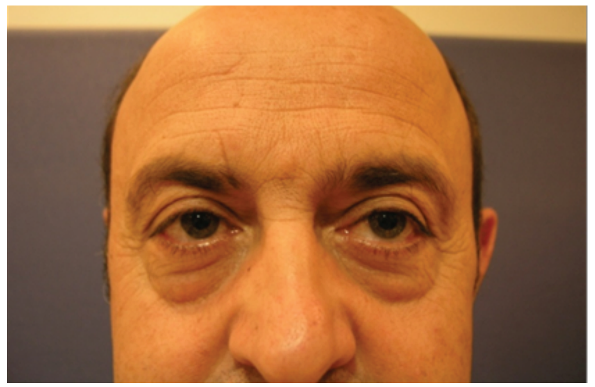
Figure 22: Clinical case C1 pre-operation

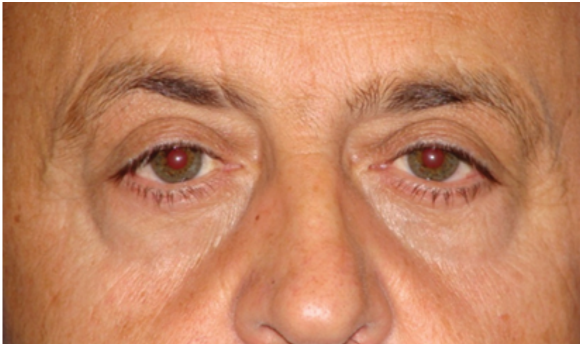

Figure 23: Clinical case C1 post-operation

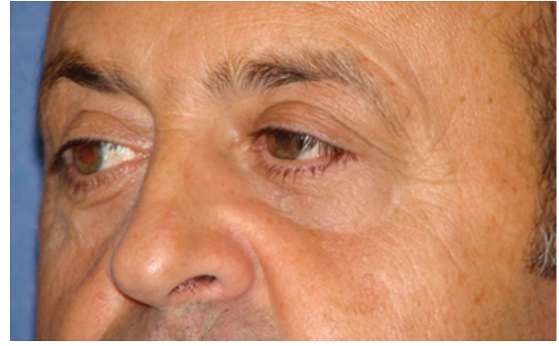

Figure 25: Clinical case C2 post-operation

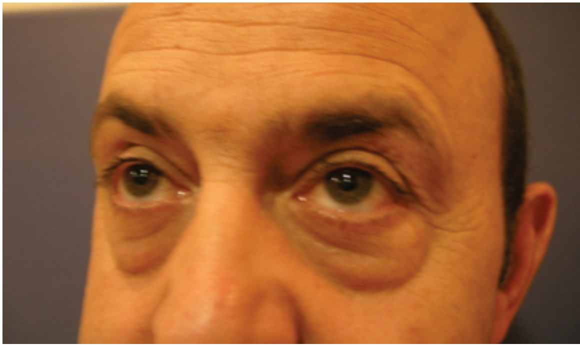

Figure 24: Clinical case C2 pre-operation

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