

# **NEW TRENDS IN AESTHETIC BLEPHAROPLASTY**

## **Essay**

*Submitted for Partial Fulfillment of M.Sc. Degree in  
Ophthalmology*

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قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا  
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ  
الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم  
سورة البقرة الآية

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## **Introduction**

The eyes, or more precisely, periorbital tissues, are paramount in facial beauty, exhibiting youth and a plethora of expressions. Unfortunately, this area is also one of the first to show aging from the effects of gravity, ultraviolet radiation, and animation.<sup>(1)</sup>

The hallmarks of the upper third facial aging are: dermatochalasis, lateral hooding, and fat pseudoherniation in the medial aspect of upper eyelids. In the lower eyelids, there may be tear drop deformity, pseudoherniation of the three fat compartments, and rhytides. These changes lead to the so called “double bubble” irregularity, a telltale sign of the aging face.<sup>(2)</sup>

Blepharoplasty (in Greek, blepharon, meaning eyelid, and plastos, meaning formed) was originally used by Von Graefe in 1881 to describe a case of eyelid reconstruction that he had performed in 1879. This meaning prevailed for the next 50 years.<sup>(3)</sup>

Blepharoplasty can be performed solely on the upper lids or lower lids or on both. Upper lid blepharoplasty is usually approached from the

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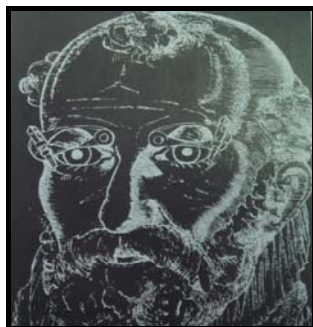
anterior or skin surface. This procedure concentrates on removal of excess skin and orbicularis muscle with secondary removal of fat if indicated. Lower lid blepharoplasty is nearly always performed for cosmetic purposes and emphasizes removal of herniated fat. Excision of skin and orbicularis muscle is usually secondary. The lower lid may be approached through either an anterior (subciliary) or a transconjunctival incision.<sup>(٤)</sup>

The goals of blepharoplasty should be to restore a rested appearance to the eyes with a wider palpebral aperture and greater smoothness and symmetry.<sup>(٥)</sup>

## **Aim of the work**

The aim of this work is to review the literature about recent advances and complications of aesthetic blepharoplasty as regards the different approaches and techniques.

## **HISTORY OF BLEPHAROPLASTY**



**Fig. (١):**Early technique of excision of excess skin of the upper eye lid.<sup>(٧)</sup>

Gather a fold of lid skin between a couple of fingers, or raise it up with a hook, and lay the fold between two small wooden bars or rods as long as the lid and as broad as a lancet. Bind their ends very tight together. The skin between these small pieces of wood, deprived of nutrient, dies in about ten days, the enclosed skin falls off, leaving no scar (Fig. ١).

Cosmetic eyelid surgery today has the benefit of ٢٠٠٠ years of development and refinement of surgical techniques and instruments. Ali ibn Isa (A.D.٩٤٠-١٠١٠) described this procedure more than ١٠٠٠ years ago, that he used to treat excess eyelid skin.<sup>(٧)</sup>



**Fig. (۲):** Aulus Cornelius Celsus.<sup>(۱)</sup>

Aulus Cornelius Celsus (Fig. ۲), the first-century Roman encyclopedist and philosopher, was probably the first to comment on the excision of skin of the upper eyelids when he described the treatment of "relaxed eye lid" in his *De re Medica* (A.D.۲۵-۳۵). *De re Medica* was not published until ۱۴۷۸, following its rediscovery by Pope Nicholas V.<sup>(۲)</sup>

The first accurate description of "herniated orbital fat" written in ۱۸۴۴ by Sichel did not create a wave of surgical excisions, because surgery at that time was performed only for functional reasons and not for cosmetic reasons.<sup>(۳)</sup>

In 1907, Conrad Miller wrote the first book on cosmetic surgery (Cosmetic Surgery: The Correction of Featural Imperfections). This edition, which covered many aspects of plastic surgery, contained the first photograph in medical history to illustrate the lower eyelid incision for removing a crescent of excess skin.

In 1911, Frederick Kolle wrote text on plastic and cosmetic surgery about wrinkled eyelids. He probably was the first to recognize and note the safety and value of marking the skin preoperatively to determine the amount of excess skin to excise. <sup>(1)</sup>

In 1913, American Encyclopedia of Ophthalmology defined blepharoplasty as the reformation, replacement, readjustment, or transplantation of any of the eyelid tissues. In contemporary usage, blepharoplasty refers to the excision of excessive eyelid skin, with or without the excision of orbital fat, for either functional or cosmetic indications. <sup>(2)</sup>

In 1924, Julian Bourguet was probably the first to describe transconjunctival resection of the pockets of herniated orbital fat. In the following year, he published the first before-and-after

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