



## Facial & Eyelid Surgery General Information

Facial and Eyelid surgery includes procedures like facelifts, browlifts, blepharoplasty, cheek lifts, eyelid reconstruction, facial reconstruction, facial fracture repairs, etc. This information module gives general outlines of what to expect. More specific details for your specific problem and procedure will be addressed separately as no two patients or procedures are exactly the same.



### Discomfort

You will probably experience mild irritation and discomfort for one to two days after surgery for smaller eyelid procedures like ptosis repair and blepharoplasty. For more extensive surgery, the discomfort may last for several days. Do not take aspirin or aspirin-containing medication for three days following your surgery. One or two Extra Strength Tylenol tablets every four hours should control this pain. Stronger pain killers will be prescribed for you if you should need them. Severe pain which is unrelenting is abnormal and you should notify Dr. Patel.

### Swelling

Keep your head elevated using about three pillows for the first 5 days. Avoid keeping your head down for long periods of time. The force of gravity tends to increase swelling. When bending, bend at the knees.

You will experience swelling after the surgery. Swelling is the accumulation of fluid which is the body's way of healing your tissues. The swelling will probably be worse on the second or third day after your surgery and then will gradually improve over subsequent weeks. Some residual swelling can last as long as a month or two in some patients. The swelling will also be at its worst in the mornings with gradual

improvement during the course of the day. It is not uncommon for swelling from upper eyelid or brow surgery to settle in the lower eyelids and lower down the face. This will resolve over a few days.

## **Discoloration**

There will be some black-and-blue discoloration of your eyelid and cheek skin. In the case of browlifts, the bruising and swelling spreads to the lower eyelids, cheeks and the neck. This is the body's way of healing. Because of gravity, the discoloration may settle down into your cheeks, chin and neck, even when no surgery has been performed in these areas. Do not let this alarm you. Everyone has a different response to surgery; in some patients, the black and blue is gone after several days, in others it can last as long as two or three weeks. When surgery has been performed on both sides, it is not uncommon for the swelling and discoloration to be different on the two sides. The side you sleep on will generally be more swollen and discolored. You should avoid sun exposure during the period that you have swelling and discoloration of your skin. If you do go out in the sun, protect the skin with dark glasses and sunscreen.

## **Vision**

It is normal to experience blurred vision, especially after using ointment. However, if you should experience a sudden decrease in your vision, you must notify the physician. The vision will change as you heal, and it is not uncommon to need to have a further refraction for glasses a few weeks after surgery.

## **Bleeding**

You should expect some oozing of blood from the incision site over the first day or two. This is part of the normal healing process. Small drainage sites are usually left along the incision so that a collection of blood does not form below the skin. Should there be extensive bleeding (for example, bleeding that soaks the entire washcloth) you should notify us.

## **Risks of Eyelid Surgery**

- Excessive bleeding is a risk.
- Patients may develop an infection, although this is uncommon.
- Asymmetry: most patients do not have absolutely symmetrical upper eyelids, lower eyelids or faces. We are different with regards to the upper lid skin fold, the lid height, the lid curve, our facial folds, fullness and jowls. Almost all patients will have some degree of asymmetry of the upper eyelids and face. This is partly because we often sleep on one side of the face. Other factors such as familial traits, previous sun damage, personal habits, etc, also have a bearing. On occasion, the asymmetry may be more marked, in which case an adjustment of the lid height may

be necessary. This may be done in the minor operating room or it may necessitate return to the surgical room, with or without sedation.

- Scarring of the upper eyelid incisions is rare but small bumps are often seen. Some degree of redness of the incision sites is very common for the first few months following surgery. The incision lines in the upper eyelids, whereas mostly hidden the upper eyelid skin crease, may be visible with the lids closed. It is necessary to extend the incision a little lateral to the upper eyelid corner and this aspect of the incision will be visible.
- Vision: all patients will notice a change in their vision when upper eyelids are operated on. In particular, refraction of the eyes will change and may necessitate a repeat refraction with possible prescription for new spectacles. This is usually not done until at least 6 weeks following surgery. Some patients will notice a permanent change in their vision, especially if they have any underlying conditions such as dry eyes, keratoconus, etc. This change in vision is usually correctable with appropriate spectacle correction. Blindness is a risk of all operations around the eyelids.

## Risks of Brow Lifts

- The incisions are usually placed behind the hairline in the scalp and although the incisions are usually not visible, some loss of hair will occur.
- All incisions carry the risk of scarring.
- Bleeding may occur externally or internally and may necessitate drainage of the blood.
- The brow positions are very unlikely to be exactly even. Some degree of unevenness is common in all patients.
- There is a risk of injury to the frontal branch of the facial nerve which is responsible for elevating the brow. Most patients will experience some degree of weakness in the forehead muscles because of the trauma of the surgery and edema from the dissection. The frontal nerve usually recovers over several months.
- There will be some degree of numbness of the forehead and scalp, often extending back to the posterior scalp. This may last weeks or months and is often accompanied by pins and needles. Recovery of sensation may be complete and take several months to more than a year or some numbness may remain.
- The sutures are usually removed a few weeks following surgery and there is a risk of infection of the sutured sites. Some of the deep sutures will spit out over several months to years and they will generally present themselves at the incision sites as a white thread. These spitting sutures are usually cut and pulled out.

## Risks of Ectropion Surgery

- The lower eyelid will feel somewhat tight for the first few days to weeks.
- The lateral part of the lower eyelid is held by a suture against the bone of the orbit and this suture can be tender to the touch for several weeks. Occasionally, the body will cause a reaction to this suture, in which case a bump will form. Usually, warm soaks will settle this, but occasionally the suture needs to be removed.

- The lower eyelid laxity, called ectropion is corrected by ectropion surgery, but some degree of weakness of the ligaments often persists. Therefore, when a patient has excessive tearing due to the ectropion, the tearing may only be partially improved.
- The corners of the eyelids are often itchy because of the use of sutures in this area. This can be helped with warm soaks.

## Risks of Entropion Surgery

- The lower eyelid will feel somewhat tight for the first few days to weeks.
- The lateral part of the lower eyelid is held by a suture against the bone of the orbit and this suture can be tender to the touch for several weeks. Occasionally, the body will cause a reaction to this suture, in which case a bump will form. Usually, warm soaks will settle this, but occasionally the suture needs to be removed. There will also be some sutures along the lower eyelid on the skin and these will dissolve in about 7-10 days.
- There is a small risk that the inturned eyelid may turn outwards after surgery. This is usually mild and the lower eyelid settles over a few weeks. However, in some patients, it is necessary to release sutures and perhaps to re-insert sutures if the out-turned lid does not settle.
- There is a risk that the lid may turn in again after some months or years, as, unfortunately, we continue to age!

## Further Questions

Please be sure to ask us any questions you may have whilst you are being seen in clinic so we can help you understand the procedures. Our team of Abraham, Mike, Diana, Patricia and others in clinic will be delighted to help you. You may also contact us: Dena Magallanes ([dena.magallanes@hsc.utah.edu](mailto:dena.magallanes@hsc.utah.edu) or 801 585 6646) or Jill Streeter ([jill.streeter@hsc.utah.edu](mailto:jill.streeter@hsc.utah.edu) or 801 585 6641).

Thank you for coming to see us.

Sincerely,

Prof. BCK Patel MD, FRCS

I certify that I have read and I understand what I should expect after surgery. All my questions and concerns have been answered.

Patient Signature / Date