

MR DAVID CHEUNG

Consultant Ophthalmic and Oculoplastic Surgeon

Contact Info

NHS: Sandwell General Hospital, Birmingham PA: Denise Kaur 0121 507 3165
Russells Hall Hospital, Dudley : PA Jo Gough: 01384 244811

Private Patients: The Edgbaston Hospital, Birmingham: General 0121 456 2000, Appointments 0121 452 2810
West Midlands Hospital, Halesowen: General 01384 560123, Appointments 01384 880174
PA Liz Carter 01384 632636

Website: www.mrdavidcheung.com

Cosmetic Eyelid Surgery & Blepharoplasty (Eye Bag Removal)

We hope this information will help answer any questions you may have regarding blepharoplasty surgery. Please feel free to ask any further questions when you see Mr Cheung when you attend the hospital next time. This information sheet is for your general information only and is not intended to be a substitute for a proper consultation by a trained medical professional.

Please feel free visit the website:

www.mrdavidcheung.com for further information.

WHAT IS BLEPHAROPLASTY/ COSMETIC EYELID SURGERY?

- Blepharoplasty surgery, commonly known by various synonyms such as eyelid lift surgery, eye plastic surgery, cosmetic eye surgery literally means 'refashioning of the eyelid' and is an operation commonly performed to improve the appearance of the skin around the eye.
- In the UK, most blepharoplasty operations are performed to reverse the changes of ageing (often removing excess loose folds of skin from the upper eyelids or eyelid 'bags' from the lower eyelids) and are either performed for cosmetic improvement or for functional reasons.
- A smaller proportion of patients, undergo different types of blepharoplasty surgery for other reasons e.g. Asian blepharoplasty/ double eyelid surgery, thyroid eye disease blepharoplasty, congenital problems etc.
- Although there are many types of operations to improve the appearance of eyelids, in general, the vast majority of patients who seek cosmetic eye surgery are usually enquiring about cosmetic blepharoplasty to reverse the signs of ageing.
- Contrary to popular belief, not all patients need to undergo surgery and indeed excellent results can often be achieved by non-surgical methods.



HOW DO THE EYELIDS AGE?

As we all get older, changes in the structural of the tissues of the face begin to occur. For example, tendons become lax, muscles lose their tone, fat starts to shrink and skin loses its elasticity.



In the upper eyelids:

- Excess skin develops leading to redundant droopy skin which can give rise to a melancholic appearance to the eyelid. Women often complain that they no longer have an eyelid on to which they can apply eye makeup. Patients remark that people comment on them looking angry, tired or frowning.
- Weakening of one of the middle layers of the eyelid allows for outward bulging of the fat of the eye socket leading to eyelid 'bags' known as steatoblepharon. Sometimes the fat behind the eyelid may start to descend leading to changing contour of the eyelid.
- Age related weakening of the main tendon involved in the lifting of the upper eyelid results in a skin crease that is less defined and sometimes a drooping upper eyelid (ptosis).
- Sometimes the tendons which keep the eyebrows in position may start to weaken leading to descent of the eyebrow itself, usually starting with the tail of the eyebrow (outer end)

In the lower eyelid, similar changes occur with age related stretching of the tendons of the eyelid.

- The lower eyelid instead of having a youthful sharp contour starts to become more concave with greater exposure of the lower half of eye.
- Weakening of the middle layer of the eyelid results outward bulging of orbital fat and the appearance of eyelid bags or 'festoons'.
- The skin loses its elasticity and the muscles weaken leading to excess skin and wrinkles. As the tissues start to descend and shrink around the junction between the lower eyelid and cheek, the tear 'trough' or hollow starts become increasingly obvious and often one of the first complaints is of both men and women is of deep shadows or hollowness under their eyes.

MODERN CONCEPTS OF COSMETIC OCULOFACIAL TREATMENT

- **Anatomical restoration of eyes and its surrounding structures:** The upper face (forehead and brow) and midface (cheeks) are in continuity with the eyes. Thus ageing changes of the upper face and midface can alter the appearance of the eyes indirectly. Modern cosmetic surgery reflects this philosophy and many surgeons now advocate correcting structural changes in these areas simultaneously. For example, the forehead and eyebrows often descend with age and this may lead to the appearance of excess skin of the eyelids. In this case, it may be preferable to correct the descended forehead first with a brow lift. This would restore the eyebrows back to their normal position and at the same time reduce the amount of excess upper eyelid skin. Any residual excess skin of the eyelids may then be treated with a blepharoplasty/ eyelid surgery. For some patients, simultaneous brow lifting as well as blepharoplasty surgery are commonly required and this can be done through the same skin incision (transblepharoplasty brow lifting).
- **Minimally invasive procedures:** Not all patients require surgery and indeed, many patients do very well with simple quick non-surgical techniques e.g. tear trough rejuvenation with injectable fillers, muscle relaxing injections or fillers to raise eyebrows. For the patients who do require surgery, most surgery now is performed through hidden minimal incisions with minimal dissection thus shortening recovery times and minimising the risk of scarring.
- **Anatomical restoration:** Other modern concepts include tissue volume replenishment e.g. fat grafts/ fillers to treat age related tissue deflation as opposed to standard excisional surgery.



Before (left) and after (right) pictures of blepharoplasty surgery to both upper eyelids. This lady's hooding was so severe that it was compromising her peripheral visual field. Thus upper eyelid blepharoplasty surgery was available on the NHS

WHAT ARE THE REASONS FOR UNDERGOING BLEPHAROPLASTY?

There are two main reasons why patients undergo blepharoplasty surgery:

- **Functional reasons:** In some patients the hooding of their eyelids is so severe that their peripheral vision becomes very compromised or cause frequent blinking. These patients commonly have to exert their forehead muscles in an attempt to lift their eyelids out of the way in order to see properly. In such severe cases, upper eyelid blepharoplasty surgery may be funded by the NHS or patient's private medical insurance schemes since it is deemed that their surgery is not for cosmetic improvement but purely for functional reasons. Similarly but less commonly, patients undergoing lower eyelid blepharoplasty/ plastic surgery may have their surgery also funded by the NHS or via private medical insurance if it is deemed that their surgery is necessary for rehabilitative purposes e.g for thyroid eye disease.

- **Cosmetic reasons:** The appearance of one's eyes are central to their facial expression. As one ages, one's upper eyelids become more hooded and droopy, the lower eyelids often develop 'bags', the fat within the eye socket may start to bulge forward and under eye hollows may start to develop. Unfortunately, many of these normal age related changes can be misinterpreted by others. Many patients who request blepharoplasty (cosmetic eyelid / eye plastic) surgery often do so because they are fed up of their peers commenting on them looking tired or angry. Cosmetic eyelid plastic surgery (cosmetic blepharoplasty) is therefore commonly performed to reverse these changes and is one of the most commonly performed cosmetic plastic surgery procedures worldwide. After blepharoplasty surgery, patients often remark that they look less tired, and even at times feel more energised in themselves. Although the majority of patients undergoing cosmetic eyelid surgery are women, increasingly men are also undergoing cosmetic eyelid surgery both for functional and cosmetic reasons. Indeed, cosmetic eyelid plastic surgery in men is one of the fastest growth sectors in cosmetic surgery currently in the UK and this may be due to the perceived importance of appearance in the workplace.



Before (left) and after (right) pictures of Bilateral Upper eyelid Blepharoplasty - commonly referred to as an eyelid lift

An **upper eyelid blepharoplasty** is performed for people with droopy, overhanging eyelids that look cause frequent blinking, impair vision or simply for cosmetic improvement. Upper eyelid blepharoplasty is sometimes performed at the same time as ptosis surgery or brow stabilisation/ lifting surgery via the same incision, thus reducing the need for unnecessary additional surgery.

A **lower eyelid blepharoplasty** is often requested by patients who are fed up with under eye 'bags' or puffiness. Similarly, lower eyelid cosmetic surgery can be combined with other procedures, sharing the same incision, thereby minimising the need for further surgery e.g. midface lifting.



Before (left) and after (right) pictures of blepharoplasty surgery to both lower eyelids

HOW IS BLEPHAROPLASTY PERFORMED?

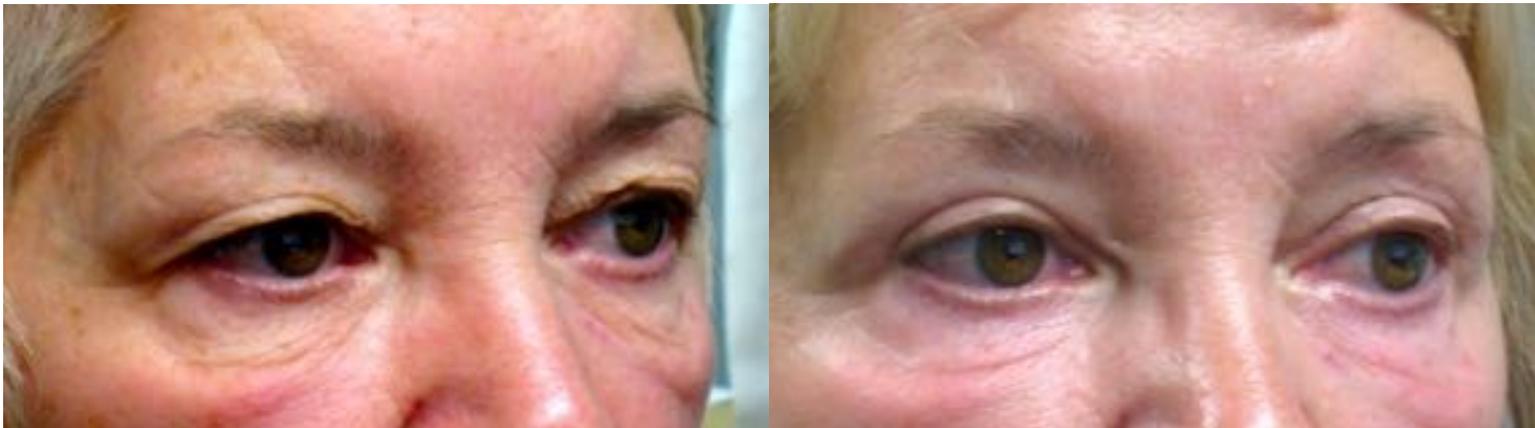
Prior to any surgery, the surgeon should discuss with you what you wish to achieve, what is safely achievable and the risks and benefits of surgery. At the end of the consultation, the surgeon should be able to develop a surgical plan for that particular patient. Each patient is an individual, and the surgical plan reflects this. Prior to any eyelid operation, it is usually recommended that every patient should ideally undergo a formal eye examination either by the surgeon who is going to be performing the procedure or an impartial ophthalmologist.

Upper eyelid blepharoplasty/ cosmetic surgery is performed commonly as a day case procedure. Much like the word 'haircut', the term blepharoplasty describes refashioning of the eyelid in general. The procedure itself will have slight variations depending on the patient. Because oculoplastic surgeons perform more eyelid operations than any other type of surgeon, they are more equipped to offer the full repertoire of techniques to address different variations in patient anatomy. Like all types of eyelid surgery, blepharoplasty surgery, either for cosmetic or functional reasons, can be performed under local anaesthesia, local anaesthesia with mild sedation, or general anaesthesia.

For upper eyelid blepharoplasty, the surgeons will draw some lines on the upper eyelid. Surgery can be performed using either general anaesthetic or local anaesthetic. The vast majority of patients opt for local anaesthesia since its is quicker and very acceptable. Sometimes the anaesthetist may administer some sedation through a vein in the back of the hand to make relax the patient further. Removal of the excess skin is then performed using either a scalpel, carbon dioxide laser, or radiofrequency cutting device. The incisions are situated within the normal skin crease of the eyelid so that afterwards, the incision scar is hidden and becomes invisible. For those patients with bulging fat in the upper eyelid, the fat is then either sculpted away or repositioned. An oculoplastic surgeon can then perform any additional procedures as necessary , for example, correcting a droopy eyelid with eyelid ptosis surgery, repositioning a prolapsed tear gland, debulking of any prolapsing orbital fat or lifting/ stabilising the eyebrow position. The wound is then closed with sutures. Although their removal is required, non-dissolvable sutures are sometimes used, because of their more predictable cosmetic result.

Lower eyelid blepharoplasty is performed slightly differently to upper eyelid blepharoplasty. Again, depending on the nature of the cosmetic defect, different techniques may be used. For example:

- For patients excess skin causing wrinkles, the incision can be made in the skin just below the eyelash line so that the excess skin can be removed after the excess fat is addressed first. The incision is so close to the eyelash line that it becomes invisible within a few weeks of surgery. If there are eye bags (which is usually caused by the normal orbital fat prolapsing forwards) this can be addressed at the same time through the same incision.
- In those patients where skin redundancy is not an issue and the only problem is eyelid bags due to bulging orbital fat, the incision can be made along the inside of the lower eyelid (transconjunctival approach) and the fat prolapse can be addressed resulting in sutureless scarless surgery. This results in a much quicker recovery time following surgery.
- There are various ways of addressing prolapsing fat in the lower eyelid and a good cosmetic surgeon should be able to discuss with you the most appropriate options. These include simple fat removal (debulking) to repositioning. In patients with a tear trough deformity, a popular technique which has gained popularity recently is to drape this fat over the edge of the socket and use it to replace the fat which has started to disappear on the rim of the orbit itself. Therefore, instead of simply disposing of the orbital fat, the surgeon is utilising it as a filler.
- Lower eyelid blepharoplasty is technically more challenging than upper eyelid blepharoplasty due to its slimmer margin for error and riskier potential complications. For this reason, many surgeons choose only only concentrate on upper eyelid blepharoplasty.
- The surgery performed will be individual to that patient. For example, eyelid tendons may need to be tightened, the bulging fat may be excised or redistributed, the midface/cheek may be lifted, some of the wrinkles may be removed, the hollows underneath the eyelids may be softened and filled. A good cosmetic surgeon should be able to discuss with the patient a personalised surgical plan: customised to the patient's anatomy, the patient's wishes and expectations.



Before (left) and after (right) pictures of blepharoplasty surgery to both upper and lower eyelids

How long do I need to stay in hospital following surgery?

Most cosmetic eyelid surgery can be performed quite safely as a day case procedure so that most patients go home the same day. It is advisable that someone you know can take you home and stay with you at least overnight just to be on the safe side. For some patients attending from outside the Midlands, particularly those undergoing complex surgery, Mr Cheung may advise staying overnight in the hospital or in a nearby hotel.

Recovery after cosmetic eyelid surgery/ blepharoplasty?

It is often advisable to have someone accompany you on the day of surgery, particularly if the surgery is performed as a day case procedure. Sometimes the eyes will be covered with pressure dressings, to help reduce the build up of any postoperative swelling. As the anaesthetic wears off, your eyelids may feel tight and sore, but this wears off quickly and is usually easily treated with simple painkillers. If the postoperative pain is severe, this may indicate a serious problem and patients should get in touch with their surgeon immediately.

You will be advised to sleep upright and apply regular compresses to the eyelids to reduce the postoperative swelling. It is especially important to keep your wounds clean and dry. Eye drops are commonly provided to help soothe the eyes which can feel slightly dry due to temporary impairment of the normal blink reflex following surgery.

Recovery time following cosmetic eyelid surgery/ blepharoplasty?

- Swelling and minor bruising is normal and peaks about 24-48 hours after the procedure.
- However 90% of the swelling usually disappears by 10 days but minor swelling may still persist for 10-12 weeks depending on the complexity of the procedure. For example, most of Mr Cheung's patients who return to work after 10-14 days often comment that their work colleagues remark that they look fresher but often do not realise that any surgery has been performed.
- Most patients return back to work about 10-14 days after blepharoplasty surgery.
- The first clinic visit following surgery is usually scheduled for 1 - 2 weeks following surgery. Mr Cheung often personally removes any skin sutures with the aid of an examination microscope to ensure there is no retention of the fine skin stitches.
- Make up can be safely used usually from the 10th postoperative day.
- Most patients are usually discharged at 3-6 months following surgery.

WHAT ARE THE POTENTIAL RISKS AND COMPLICATIONS OF BLEPHAROPLASTY

As with any cosmetic procedure, the patient's part in expecting a realistic outcome and understanding the potential complications is probably more important than the skill of the surgeon. Any good surgeon will take the time to chat with the patient so that they have a good understanding of what to expect and what is realistically achievable. Patients with unrealistic expectations are likely to be disappointed no matter how skilled the surgeon or good the postoperative result.

Complications are extremely rare and the vast majority of patients are extremely satisfied following surgery. The complications of blepharoplasty surgery include:

Eyelid Asymmetry: where one side does not match the other

Undercorrection where insufficient skin/ orbital fat has been removed. It is important to be realistic about how much skin can safely be removed.

Overcorrection-If too much skin is removed during upper eyelid blepharoplasty, the eyelid may not be able to close properly (termed **lagophthalmos**), which can be sight threatening. Lagophthalmos can be temporary from eyelid swelling,

or permanent if too much skin from the upper eyelid was removed. The cornea (clear window on the front of the eye) may start to dry out due to the incomplete closure of the eyelid. This may be sight threatening since the cornea may ulcerate as a result. For severe cases of lagophthalmos, a skin graft or flap to replace the upper eyelid skin shortage may be necessary to allow the eyelid to function normally again.

Temporary dry eye commonly occurs following upper eyelid blepharoplasty surgery and is commonly due to temporary impairment of the muscles involved in eyelid closure. Ocular lubricant drops are commonly prescribed for a few weeks following surgery for symptomatic relief. Less commonly though, **permanent dry eye** may result particularly following excessive skin removal (both in upper and lower eyelid blepharoplasty) and in patients who have pre-existing problems with dry eye, tear film problems, previous refractive surgery and ocular surface problems. It is for this reason that the [Dept of Health](#) recommends that all patients undergoing any type of blepharoplasty surgery undergo a formal assessment by an ophthalmologist including testing ocular motility, tear film production and quality assessment.

If too much lower eyelid skin is removed, the eyelid may look hollowed out, too concave or may cause the eyelid to turn outwards leading to **ectropion formation**. All oculoplastic surgeons are trained to avoid this by performing additional procedures if necessary e.g. eyelid tendon tightening such as lateral canthopexy.

Scarring can also occur post-operatively, leading to a poor cosmetic outcome. Scarring following lower eyelid blepharoplasty can result in the lower eyelid being pulled out and downwards, leading to an unnatural appearance and **ectropion**. Corrective surgery may be necessary to address this. It can usually be avoided by meticulous dissection in the correct surgical planes and is rare in the hands of oculoplastic surgeons.

Acute glaucoma is a rare but potentially blinding complication that can occur with any type of eyelid surgery and occurs when the internal pressure of the eye starts to rise as a result of some of the side effects of some of the [drugs and injections utilised during eyelid surgery](#). Oculoplastic surgeons are trained to recognise and manage this complication through their general ophthalmology training. It is recommended in the US, that a formal ophthalmological assessment be performed prior to eyelid surgery to look for the potential risk factors for this complication.

Bleeding into the skin, known as a skin haematoma, after the procedure is an uncommon complication and excessive bruising leading to a collection of blood within the tissue. It is critical to stop all tablets which may increase the risk of bleeding and your surgeon should advise you about this prior to surgery. In the first few days following surgery, you should avoid any vigorous activity such as lifting, bending, since this can worsen any bruising or swelling of the eyelids.

Corneal abrasion is when the corneal surface is damaged either due to the inadvertent trauma. This complication is extremely rare in the hands of oculoplastic surgeons.

Eyelid ptosis- Uncommonly the main tendon (levator aponeurosis) within the eyelid may be damaged during cosmetic eyelid surgery causing the actual eyelid itself to descend and stay permanently low. This complication is extremely rare for oculoplastic surgeons since they routinely operate on this structure anyway and the most experienced in recognising the complex anatomy. Indeed, oculoplastic surgeons routinely perform ptosis surgery anyway and may recommend simultaneous ptosis correction/ repair in patients who already have a compromised eyelid tendon.

Sunken eye (enophthalmos) and hollow eyelids- The fat within the socket (orbital fat) normally starts to shrink with age leading the the eyeball looking sunken over time. However, an artificially sunken eye can occur following excessive orbital fat removal. Similarly if excessive fat is removed the eyelids can look artificially hollow (sometimes known as

skeletonisation). This complication occurs less commonly now surgeons have learnt to avoid it by being very conservative with orbital fat removal and performing safer techniques e.g. orbital fat repositioning.

By far, the worst complication of blepharoplasty and thankfully the rarest, is an **orbital haematoma**. Uncontrolled bleeding, usually from a blood vessel from manipulation of some of the pockets of fat, results in compression on the optic nerve and its blood supply. If left untreated, permanent blindness can occur. Early diagnosis—recognised by severe eye pain or visual changes—is critical. Urgent reoperation may be necessary to stem the bleeding point and relieve the pressure on the optic nerve. It is for this reason, that eyelid plastic operations should ideally be performed by surgeons who are experienced in handling the fat of the eye socket to not only avoid this problem but also be able to manage it quickly and safely should it arise. Oculoplastic surgeons perform more operations within the orbit and around the eyelids than any other type of surgeon and are therefore best equipped to avoid and manage this rare but fearsome complication.

It is for all these reasons that Mr Cheung tends to err on the side of caution i.e. towards conservative blepharoplasty surgery to reduce the risk of complications and also give a more harmonious balance appearance, to try and avoid a 'plastic' unnatural look. Most complications can be avoided with careful preoperative examination, surgical planning and meticulous operative technique.

What to Expect

Appointments before surgery

Since the eyelids have an integral part in the function and protection of the eye itself, it is imperative that full eye exam is performed to look out for specific factors which may affect the success of surgery. The eyelids and eyebrows form an integral unit with the rest of upper face and midface, therefore their position and function are assessed e.g. measuring brow and cheek position. Mr Cheung will also go through your medication, past medical history, and discuss with you the risks and benefits of surgery. Mr Cheung will allow you to express exactly what you want out of surgery and explain to you what is realistically and safely achievable.

He will also discuss with you the options for anaesthesia and assess your suitability for each type. Blepharoplasty surgery can be done usually under **local anaesthesia** (patient awake but pain free) or **general anaesthesia** (patient asleep). To speed up recovery and make it safer and more comfortable for the patient, blepharoplasty is often performed under **local anaesthesia with sedation**. Here, the anaesthetist gives a small amount of medication through a small needle into the bloodstream to help the patient to feel more relaxed and comfortable during the operation. It is safer and quicker than general anaesthesia since the patient recovers quicker and breathes normally throughout the operation. If a general anaesthetic is the preferred option, you may have to undergo a further consultation with an anaesthetist, with blood tests and heart tracing (ECG) to assess whether or not it is safe for you.

What should I expect on the day of surgery?

Before the operation, Mr Cheung will discuss with you the aims, benefits and risks of surgery again. Only after he is satisfied that you are entirely happy and understand about the surgery, will you be asked to sign an operation consent form. This is a legal requirement for all surgery/procedures in the UK and is designed to ensure that

procedures are performed with the informed consent of the patient. A photograph is often taken (with your consent) so that Mr Cheung will be able to compare your appearance before and after surgery.

The operation can take between 1 to 4 hours depending on how many lids are to be operated upon and what anatomical factors need to be addressed.

The surgery is performed so that any incision scars are hidden. e.g. in upper lid surgery the incision is often within the natural eyelid skin crease. In lower lid blepharoplasty surgery, the incision is often hidden just below the eye lash line or in the back surface of the eyelid (transconjunctival).

What should I expect after surgery?

- After surgery, the eyes are often bandaged to apply a small amount of pressure to minimise postoperative swelling. It is normal to expect a small amount of postoperative swelling/ bruising for the first fortnight following blepharoplasty.
- Many patients return to work quite safely about a week after the operation. However, some patients prefer to stay off work for an entire fortnight for social reasons. You will need to rest and avoid bending down. Although it is often legal to drive following blepharoplasty, many patients prefer not whilst their eyes grow accustomed to the changes.
- It is quite normal to expect some discomfort due to the post operative swelling and it is normally easily relieved with simple painkillers such as paracetamol.
- Eye drops are often prescribed to help keep the eyes comfortable following surgery.
- Mr Cheung will advise you about a regimen of ice pack compresses which have the dramatic effect of reducing the amount of swelling/ bruising. Keep the scars dry and clean until the stitches are removed. Although dissolvable stitches can be used, Mr Cheung will often use non dissolvable stitches which allow more predictable wound healing. Do not apply eye makeup until your stitches have been removed.
- You will be advised to rest with your head elevated on pillows or cushions for 4 nights after your surgery and to avoid rubbing or towelling your eyes, whilst the wounds are still fragile.
- It is most important that you attend the postoperative outpatient appointments. Usually these are limited to 2 or 3 at one week, 6 weeks and 3 months post operatively.
- If you do wear contact lenses normally, it is often advisable to avoid wearing them for the first fortnight following surgery.

Frequently Asked Questions

Q: Are the scars very noticeable?

A: In the upper eyelid, the incision line is hidden in the crease. In most cases, the lower eyelid incision is placed along the back of the eyelid and leaves no external scar. While full thinning and whitening of any scar on the body may take six months or more, eyelid keloids are rare.

Q: Do many men undergo cosmetic eyelid surgery?

A: Yes, puffy eyelids look just as bad on a man as they do on a woman. Indeed, cosmetic eyelid surgery amongst men, is growing at a faster rate than that of women. Over the past 20 years in our western society, men have

become increasingly aware of the importance of looking after one's appearance and the role of cosmetic surgery in achieving this goal

Q: I have dry eyes. Does this limit my options?

A: Yes, but only slightly.

Q: How exact is the result?

A: No surgeon is perfect, no wound heals perfectly, no patient possesses perfect pre-existing anatomy, and some operations work better on one patient than on the next. A realistic expectation is that you should achieve about a 90% improvement in the upper eyelids and a 80% improvement in the lower eyelids. Some slight asymmetry is the rule rather than the exception.

Q: How long does the improvement last?

A: In contrast to procedures designed to fight gravity (facelift, brow lift, etc.), blepharoplasty lasts a long time. In the large majority of patients, cosmetic eyelid surgery needs to be performed only once.

Q: What are the costs?

A: Only a small number of blepharoplasty operations are performed on the NHS and these are usually if the eyelids are causing a severe functional problem for the patient.

Most blepharoplasty operations, particularly if performed for cosmetic reasons alone, are not available on the NHS nor via private medical insurance schemes e.g. BUPA, and are therefore paid for by the patient.

On the whole, blepharoplasty operations range from £1000 up £5000 depending on numerous factors, e.g. the number of eyelids, type of anaesthesia, length of hospital stay, complexity of surgery, etc. While cost is obviously important, more crucial is the quality of the surgery.

Q: When it comes to surgery on the eyelids, aren't most good cosmetic surgeons more or less the same?

A: Put bluntly, no. Whilst blepharoplasty is perhaps the most exacting operation in the field of facial plastic surgery, the average plastic surgeon performs less than 40 such operations a year (Source: American Society of Aesthetic Plastic Surgery, 2005).

Q: Is Mr Cheung a cosmetic plastic surgeon?

A: No. Mr Cheung is one of less than 110 fellowship trained consultant ophthalmologists in the United Kingdom who practises in the advanced subspecialty of ophthalmic plastic and reconstructive surgery (also known as "oculoplastic surgery"). Oculoplastic surgeons, unlike general plastic surgeons, do not perform general plastic surgery e.g. breast augmentation, rhinoplasty.

Mr Cheung, like all oculoplastic surgeons, devotes the vast majority of his time both in the NHS and in private sector to operating on the structures of the eye and around the eye, performing over 600 eyelid operations per year.

MR DAVID CHEUNG

Consultant Ophthalmic and Oculoplastic Surgeon

Contact Info

NHS: Sandwell General Hospital, Birmingham PA: Denise Kaur 0121 507 3165

Russells Hall Hospital, Dudley : PA Jo Gough: 01384 244811

Private Patients: The Edgbaston Hospital, Birmingham: General 0121 456 2000, Appointments 0121 452 2810

West Midlands Hospital, Halesowen: General 01384 560123, Appointments 01384 880174

PA Liz Carter 01384 632636

Website: www.mrdavidcheung.com

After Blepharoplasty

Information for patients, relatives, carers and nursing staff

Important information for patients having undergone blepharoplasty by Mr David Cheung

The first 24 hours

- As a routine, patients should stay a minimum of 30 minutes post-operatively after a local or general anaesthetic to ensure post operative bleeding does not occur. At any time after that, as instructed by Mr Cheung, the patient may be allowed to go home.
- **Dressings**
 - After the operation, the eyes are sometimes covered with dressings to reduce any swelling. These should stay in place until patient wakes up in the morning
 - If the patient cannot tolerate the eyes being closed after a blepharoplasty, the dressing can be removed at any time and a regimen of ice packs started with the patient sitting up.
 - If the patient complains of pain in the eyes when the dressings are in position, the nurse/carer should try to find out whether or not it is mild discomfort, such as that which occurs after dental treatment when the local anaesthetic wears off, or whether or not it is true pain.
 - If it is true pain, the pads should be removed and the pupil and vision checked. The ointment which may blur the vision should be removed. The patient should be able to count fingers with each eye. The pupillary reaction should be noted. If the patient cannot count fingers with each eye and/or the pupils are dilated and do not react to light please call Mr Cheung. If the vision and pupils are normal, ointment should be put in the eyes. The patient should be asked to close the eyes as firmly as possible and a dressing of vaseline gauze, fluffed up swabs and eyepads should be applied in order to keep the eyelids closed so that blinking and bruising does not occur.

The first fortnight

- Patients should sit up as much as possible
- The usual regimen after leaving hospital is to use ice packs for 4 days, antibiotics drops four times a day and lubricant drops as required. All drops and ointments are usually prescribed for 2 weeks.
- Patients are advised not to take strenuous exercise for two weeks but there is no reason why they should not use their eyes to read, although their reading vision may be somewhat blurred for some days postoperatively. They can carry out normal activities such as walking around the house and outside etc. The bruising lasts two to three weeks but the eyes themselves occasionally do not feel normal for perhaps three months after the surgery
- Non dissolvable stitches are commonly used in blepharoplasty surgery. These are usually removed at 7-14

days after surgery.

- Wound care: Please refrain from washing around your operation site vigorously for the first fortnight following surgery. It is not uncommon for some dried blood to collect around your eyelids as the wounds heal. These can be gently removed and the wounds can be kept clean with cotton buds dipped in boiled water which has been allowed to cool.

Ice Pack Compresses

- Although one can buy specifically designed cold compress packs, Mr Cheung feels that the “traditional methods” just as effective e.g. a small pack of frozen peas wrapped in a clean towel acts as an excellent alternative.
- Starting on the first morning after the operation, the ice pack is applied to the eyes for 20 minutes for every hour the patient is awake e.g. at 8am for 20 minutes, 9am for 20 minutes, 10am for 20 minutes.. Continue hourly ice pack compresses for the first 2 days.
- On the 3rd and 4th day after surgery, perform ice pack compresses about 4 times per day