SIEGEL FACIAL PLASTIC SURGERY

Blepharoplasty (Eyelid Rejuvenating Surgery)

RISKS OF SURGERY

Most patients who choose to undergo blepharoplasty or eyelid rejuvenation surgery have a successful outcome, though, like any surgery, there are some risks and potential complications to keep in mind. Complications can come from both expected and unexpected factors. Since every individual has unique skin types, tissue structures, blood circulation, healing responses, and reactions to anesthesia, it's difficult to promise specific outcomes or foresee every possible complication. However, working with a highly qualified and experienced Plastic Surgeon, like Dr. Siegel, can significantly lower the chances of any issues developing. Your surgery will be performed safely and with care, to provide you with the best possible result, and to allow for a smooth and speedy recovery. The following complications have been reported in the medical literature. They are listed here for your information, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

- Wound separation the incision line separates after the sutures are removed.
- Infection exceedingly uncommon but can occur.
- **Epiphora** excessive tearing down the cheek due to excess secretion of tears or to obstruction of the lacrimal duct.
- **Corneal injury** either by trauma directly or due to eye exposure. In most cases, it self-resolves with the use of lubricant ointments, but may require ophthalmologic consultation, as might any other eye complaints.
- **Telangiectasias** (superficial visible small blood vessels) are pre-existing lesions that are likely to intensify in size and number in the eyelid.
- Scarring keloid scars are extremely rare, but healing may result in a visible scar.

- **Pigmentation** occasionally, patients with dark skin will experience darkening of the skin secondary to bruising for extended periods, which may be well beyond normal healing periods.
- Inclusion cysts small white cysts in or near the incision line.
- Hematoma accumulation of blood behind the eyeball or under the skin.
- Asymmetry of eyelids usually unmasking a previous asymmetry.
- Lagophthalmos difficulty in closing the eyelid common immediately post-operatively but can persist.
- Ptosis a paralytic drooping of the upper eyelid.
- Alteration of vision usually temporary from eye lubrication used during surgery. Permanent vision loss as reported in the scientific literature is exceedingly rare.
- **Enophthalmos** recession of the eyelids into the orbit may appear, especially in patients with deep-set eyes.
- Keratoconjunctivitis sicca dry eyes.
- Ectropion or scleral show a pulling downward or changing shape of the eye.
- Skin slough very rare. Usually heals without the need for a skin graft, although this may be necessary.
- Secondary blepharoplasty occasionally required to modify under-correction or overcorrection.