

Asian Upper Lid Blepharoplasty Surgery

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KEYWORDS

• Asian eye • Asian blepharoplasty • Supratarsal crease • Eyelid surgery • Surgical technique

KEY POINTS

- Asian upper lid blepharoplasty is a common procedure that requires precise technique and understanding of key anatomic differences.
- The goal is to create a natural upper lid crease with manipulation of the tarso-levator junction and skin tension around the medial epicanthus.

INTRODUCTION

Upper lid blepharoplasty is the most common plastic surgery procedure in Asia and has consistently maintained its position over the past three decades as cultural acceptance and techniques have evolved. Eyelid aesthetics cannot be underestimated because they can exert significant social and economic influence in an extremely homogenous Asian society. A highly competitive culture mixed with modern values for beauty has created a constant demand for this procedure.

Surgical creation of the supratarsal crease has become synonymous with the term “double eyelid” surgery. The premise of the operation is to create a supratarsal crease that creates an eyelid that is more aesthetically pleasing. The term “double eyelid” is a bit of a misnomer, because creation of a supratarsal crease does not actually create another eyelid; it is simply a translation of the Korean term “ssang-cupul” (쌍꺼풀 双眼皮), which has come about from the Chinese character “ssang 双,” which means “double” and the Korean character “cupul 꺼풀,” which means “cover.” It has been estimated that 30% to 50% of East Asians (China, Korea, and Japan) have a natural supratarsal crease.¹ The earliest procedures began in Japan

in the early 1900s, and have been more recently modified by Korean and Chinese plastic surgeons.²

The Asian blepharoplasty procedure has often been called a “westernizing” procedure. This description is a gross oversimplification of its role in function and form. Functionally, patients may request this procedure to address corneal irritation from eyelash inversion, ptosis, or pseudoptosis.³ In form, patients may request this procedure for purely aesthetic reasons, but the most important principle to remember in Asian blepharoplasty is that it is not a “westernizing” procedure. Patients universally want a natural look that respects their Asian identity. They want a look that naturally “opens the eye” and brings out its inherent shape and beauty (**Fig. 1**). The tell-tale signs of a poor Asian blepharoplasty are an excessively high and thick supratarsal crease that is overly stylized and contrived. Correction of this disfigurement is fraught with complexities and unpredictable results.^{4–6}

The key elements in Asian blepharoplasty require finesse, precision, and a clear understanding of anatomy. The patient’s goals and priorities must be clearly defined. Despite satisfaction rates that vary widely (50%–90%), Asian upper lid blepharoplasty can be extremely rewarding and can provide a unique opportunity to create an expert

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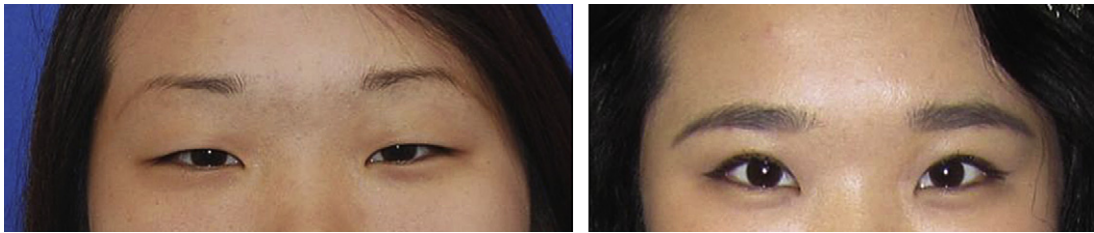


Fig. 1. Asian upper eyelid blepharoplasty. Natural result (preoperative and postoperative).

niche within an aesthetic eyelid practice (W.S. Yum, personal communication, GAAM Plastic Surgery, Gang Nam Gu, Seoul, Korea, 2008).⁷

ANATOMY OF THE ASIAN EYELID

The anatomy of the Asian eyelid has been studied in great detail over the past decades.^{8–10} Despite some controversy, key anatomic differences remain: (1) an absent or short supratarsal crease, (2) a shorter tarsus, (3) descending preaponeurotic fat, and (4) minimal to absent connections between the levator aponeurosis to the upper lid dermis.

These internal anatomic differences combined with classic outer characteristics create the classic Asian eyelid (**Fig. 2**). Outer characteristics include an almond-shaped fissure with varying degrees of slant, lash ptosis, and medial epicanthal fold.

With these differences in mind, it is important to recognize functionally that the inferior extension of the orbital septum acts as a barrier between the dermis and the levator that leads to a poorly defined or absent crease. This “inferior extension,” interchangeably known as the “preaponeurotic fat,” descends close to the eyelid margin. This key anatomic difference allows the surgeon to perform the appropriate maneuvers to create or manipulate the supratarsal crease.^{10–12} It also explains why certain techniques have advantages in creation, control, and longevity of the supratarsal crease.

The other anatomically important zone is the medial epicanthal fold, which may have a variable shape, presence, and severity. The epicanthal fold is the skin flap at the medial portion of the upper eyelid that descends along the side of nose and can obscure the medial globe and inner punctum making the pupils seem closer to the midline. In



Fig. 2. (A) Asian upper eyelid anatomy. (B) Classic Asian eyelid: absent supratarsal crease, almond-shaped fissure, lash ptosis, medial epicanthal fold.



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