Lower Lid Blepharoplasty
Panel Discussion, Controversies, and Techniques

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KEYWORDS

• Blepharoplasty • Cosmetic surgery • Surgery techniques • Orbital fat • Midface lift • Aesthetic surgery • Oculoplastic surgery • Lower lid surgery • Eye rejuvenation surgery

Blepharoplasty Panel Discussion

Shan Baker, Keith LaFerriere, and Wayne Larrabee address questions for discussion and debate:

1. What is the most frequent displeasing effect you see when performing lower eyelid blepharoplasty?
2. What surgical approach do you most frequently use when performing lower eyelid blepharoplasty?
3. How much skin removal of the lower eyelids?
4. When performing lower lid blepharoplasty, what is your preferred method of managing pseudoherniated fat?
5. If you perform midface lifting during blepharoplasty, what approach do you use?
6. *Analysis*: Over the past 5 years, how has your technique or approach evolved or what is the most important thing you have learned in doing blepharoplasty?

Keith LaFerriere presents videos of his blepharoplasty technique: video 1: Fat repositioning; video 2: transblepharoplasty, subperiosteal midface lift performed through a skin/muscle flap incision; and video 3: transtemporal subperiosteal approach to midface lift accompany this article at http://www.facialplastic.theclinics.com/

What is the most frequent displeasing effect you see when performing lower eyelid blepharoplasty?

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In my experience, the most common displeasing effect following lower eyelid blepharoplasty in patients operated on by other surgeons is lower eyelid retraction. In addition, in older patients with considerable loss of soft tissue volume of the midface, I usually see hollowing of the lower eyelids. This finding is presumably related to fat excision during blepharoplasty. I prefer fat preservation when performing lower eyelid blepharoplasty. My usual approach is advancement of fat

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Fig. 1. LaFerriere. (*A*) Preoperative view. (*B*) Four weeks after skin/muscle flap blepharoplasty with lateral retinacular repositioning canthoplasty with persistent conjunctival edema right eye. (*C*) Three months postoperative image with resolution of the conjunctival edema and normal lid positioning. (*Courtesy of* Keith LaFerriere, MD, Springfield, MO. © Keith LaFerriere.)

and redundant septum over the inferior bony orbital rim into a subperiosteal space. The most common displeasing feature I identify in my personal patients is persistent visibility of pseudoherniated fat, particularly in the lateral compartments. In addition, in elderly patients with atrophic soft tissue cover in the periorbital region, the mobilized fat can sometimes produce a subtle contour fullness in the infraorbital zone.

LAFERRIERE

- *Conjunctival edema*, most commonly seen with a transconjunctival incision and fat repositioning: Steroid eye drops will usually aid in resolution, but rarely a small conjunctival unroofing is necessary (**Fig. 1**).

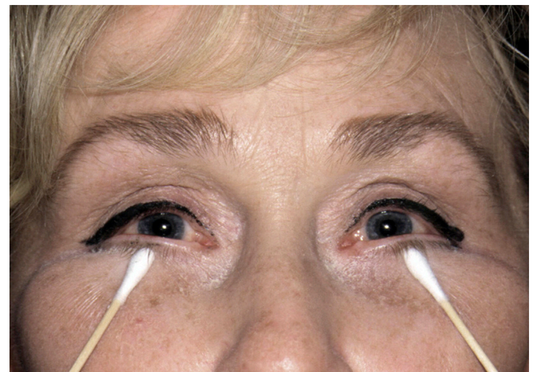

Fig. 2. LaFerriere. Patient 2 weeks after transconjunctival lower blepharoplasty with fat repositioning demonstrating restriction on upward mobility. This effect has always resolved over time, in my experience. (*Courtesy of* Keith LaFerriere, MD, Springfield, MO. © Keith LaFerriere.)

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