Asian Blepharoplasty

Samuel M. Lam, MD

KEYWORDS

• Asian blepharoplasty • Supratarsal crease • Ethnic facial plastic surgery • Double eyelid
• Full-incision Asian blepharoplasty

KEY POINTS

- Maintaining a low crease height is important for a natural, ethnically sensitive outcome.
- Always work in an alternating fashion during surgery to increase the chances for a symmetric result.
- The full-incision method has a higher likelihood of a long-term, tenacious crease result than more abbreviated incision approaches.

INTRODUCTION

Asian blepharoplasty is defined as the surgical creation of a supratarsal crease in an individual who has either a partial presence of a fold or an entire absence of it.[1–4] There are many methods and variations to create a supratarsal crease in someone who was born without one, including the full-incision, partial-incision, and no-incision methods. Having studied and performed all three major methods, I have found that the full-incision method offers the most durable crease fixation, wider surgical exposure, precise ability to attain a defined crease shape, and can favorably modulate dermatochalasis associated with aging. However, the principal trade off is a significantly more protracted recovery period associated with the longer incision. Interestingly, scarring is less obvious in my opinion with the full-incision method compared with the partial-incision technique because the abrupt ends of the partial incision terminate in the middle of the eyelid and can be relatively more conspicuous.

This article details the full-incision method that has served me well over the past decade in practice so that the reader grasps the requisite preoperative, intraoperative, and postoperative considerations for the Asian patient desiring an upper-eyelid crease. The focus of this article centers on the younger Asian patient (<40 years old) who simply would like to create a supratarsal crease. Management of the aging Asian eyelid is a more complicated subject, and I have written about my strategy elsewhere in the literature.

TREATMENT GOALS AND PLANNED OUTCOME

First, it is worth reviewing some fundamental and relevant anatomy that pertains to the Asian eyelid. In the Occidental eyelid (and in some Asians), the levator aponeurosis inserts into the dermis to create the natural supratarsal crease (**Fig. 1**). In the Asian there is a partial adhesion or an entire absence of the adhesion leading to variable degrees of crease presence. In addition, what leads to the narrower palpebral fissure (eye opening) and fuller, puffy eyelid appearance is the presence of orbital fat that descends lower toward the ciliary margin because the levator muscle does not prohibit its descent. Accordingly, in many cases I do not remove much fat (unless the fat is excessive and prohibits a strong levator-to-skin adhesion). Also, I have a proclivity to preserve fat because I am a proponent of fat grafting to restore lost volume related to aging, so I would not want to accelerate perceived aging through overzealous fat removal.

Culturally, it is worth discussing the evolution of an aesthetic over the past 30 plus years. In the

Disclosures: None.
Willow Bend Wellness Center, 6101 Chapel Hill Boulevard, Suite 101, Plano, TX 75093, USA
E-mail address: drlam@lamfacialplastics.com

Facial Plast Surg Clin N Am 22 (2014) 417–425
http://dx.doi.org/10.1016/j.fsc.2014.04.002
1064-7406/14/$ – see front matter

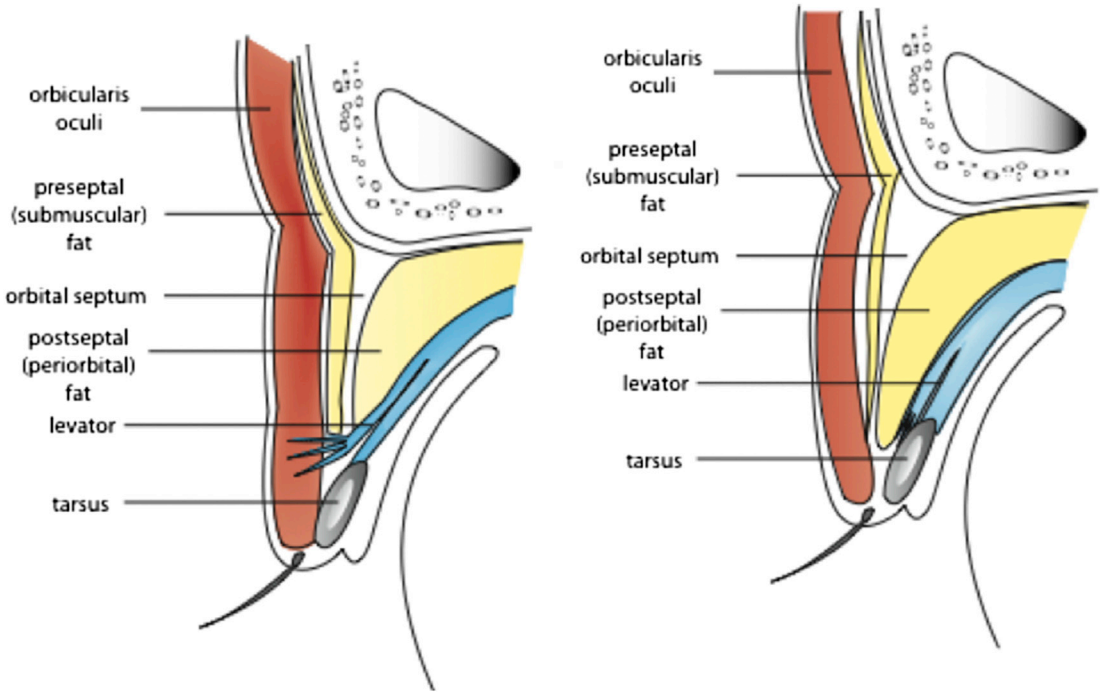

Fig. 1. The occidental eyelid (*left*) shows the insertion of the levator aponeurosis into the dermis that creates the natural crease of the western eyelid. In the Asian eyelid (*right*), the levator does not insert into the skin, so there is no crease. In addition, the postseptal fat can slide down more toward the ciliary margin making the palpebral aperture appear much smaller in size. (*From* Lam SM. Asian blepharoplasty. In: McCurdy JA, Lam SM, editors. Cosmetic surgery of the Asian face. 2nd edition. New York: Thieme Medical Publishers; 2005. p. 10; with permission.)

1980s, the term "Westernization" was highly popular, because many Asians truly wanted to look white, but this surgery involved excessive fat and skin removal along with a very high crease fixation. This technique led to extremely artificial-looking results that did not appear white or Asian but simply alien in nature. Today, the watchword is cultural and ethnic preservation, which can subtly but dramatically enhance the appearance of an individual. Creases are low and eyelids have a much fuller configuration; those are the only types of creases that I make, because it is outside of my desire to produce results that do not live up to a high aesthetic standard of naturalness and beauty.

Besides aesthetic enhancement, other motivating factors for Asian patients may include better assimilation into a Western society, ease with applying makeup (because there is now a fold into which the eye shadow can reside), improved vision afforded by a wider palpebral aperture, and more rarely a superstition of improved good fortune based on ancient Asian folkloric beliefs. The surgeon should obviously be well informed, sensitive, and exploratory during the preoperative counseling phase to ensure a mutually satisfactory outcome for patient and surgeon alike. During the consultation, the surgeon should discuss the desired aesthetic shape and height of the supratarasal crease (discussed in the next section) along with the protracted nature of the recovery period and what can be done to ameliorate the convalescent experience (discussed in the subsequent, relevant section).

A thorough anatomic evaluation of the patient's eyelids should be undertaken and reviewed with the prospective patient. Asymmetry is perhaps one of the most commonly encountered attributes in the preoperative eyelid, and this condition most often stems from one side having a greater degree of partial fixation than the other side. The reason for this asymmetry is that the side with a greater degree of fixation typically has less of the fat descending toward the ciliary margin (as explained previously) and thereby a wider eye opening. Fortunately, this asymmetry can be greatly improved by simply making two equal surgical crease fixations. Accordingly, in most cases it is inadvisable to perform a unilateral eyelid crease because the other side will most likely not match the newly formed side.