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Asymmetry in upper blepharoplasty: A retrospective evaluation study of 365 bilateral upper blepharoplasties conducted between January 2004 and December 2013

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KEYWORDS

Asymmetry;
Eyebrow;
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Summary *Background:* This study was undertaken to evaluate dermatochalasis, eyebrow position, and (a)symmetry in both sides in patients before and after bipolar coagulation-assisted orbital (BICO) septo-blepharoplasty, so as to carry out further investigation if these aforementioned aspects improve, persist, or even worsen after this procedure.

Methods: The preoperative and postoperative photographs of 365 patients were evaluated for the (asymmetry in) degree of skin surplus, eyebrow height, and eyelid fissure height (EFH). The degree of skin surplus was scored using a five-point grading scale (0 = no, 1 = minimal, 2 = moderate, 3 = evident, and 4 = severe skin surplus). For eyebrow height and EFH, respectively, the distance was measured between the lower bound of the eyebrow and the center of the pupil and between the upper and lower lash line.

Results: On both the right and left upper eyelids, the skin surplus was significantly lesser postoperatively than preoperatively ($p = 0.000$). Furthermore, the asymmetry in skin surplus between the right and left upper eyelid was significantly lesser postoperatively ($p = 0.000$). The eyebrow height was significantly lower on both the right and left sides postoperatively than preoperatively ($p = 0.000$). EFH was significantly higher postoperatively than preoperatively in both the right and left eyes ($p = 0.000$). Therefore, the asymmetry in EFH between the right and left eyes was significantly lesser postoperatively ($p = 0.000$).

Conclusions: A significant decrease in skin surplus and eyebrow height and a significant increase in EFH were observed in patients after BICO septo-blepharoplasty. However, a significant reduction in (the prevalence of) asymmetry in skin surplus and EFH was observed after the procedure.

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Introduction

Dermatochalasis is a common condition of skin redundancy of the upper eyelids hanging on or even beyond the eyelashes, mostly caused by aging. Eyebrow ptosis, a descent of the brow occurring with advanced age secondary to descent of the periorbital soft tissues, is commonly associated with dermatochalasis. Both processes usually occur bilaterally, but the degree may differ between the right and left side. Dermatochalasis can easily be treated by an upper blepharoplasty, one of the most commonly performed procedures by plastic surgeons.

After the operation, patients sometimes complain of asymmetry between their upper eyelids and/or eyebrow position. Although there often exists some degree of asymmetry between either dermatochalasis and/or eyebrow position before surgery, patients are mostly not aware of it. If this asymmetry is recognized and evident, the plastic surgeon should discuss this condition with the patient; then the surgeon can either choose to leave it as is by operating symmetrically or try to reduce or resolve it during the upper blepharoplasty procedure. Thus far, it is uncertain if asymmetry between the eyebrows and upper eyelids persists, reduces, resolves, or even increases by upper blepharoplasty, as this condition has hardly been studied.

This study was undertaken to evaluate dermatochalasis, eyebrow position, and (a)symmetry in both sides in patients before and after bipolar coagulation-assisted orbital (BICO) septo-blepharoplasty, so as to carry out further investigation if these aforementioned aspects improve, persist, or even worsen after this procedure.

Materials and methods

For this study, we reviewed the standardized preoperative and postoperative photographs of all patients who underwent bipolar coagulation-assisted orbital (BICO) septo-blepharoplasty¹ in Bergman Clinics Heerenveen and Zwolle between January 2004 and December 2013 performed by the senior author (BvdL). The inclusion criteria were the availability of pre- and postoperative photographs of the midface and the patients having undergone bilateral BICO septo-blepharoplasty. The exclusion criteria were unilateral or secondary upper blepharoplasty and previous surgery of the eyelids, eyebrows, and/or forehead.

In BICO septo-blepharoplasty, redundant skin and a very small rim of the preseptal orbicularis muscle is removed. Subsequently, bipolar coagulation of the septum is executed, resulting in shrinkage of the septum and disappearance of the bulging fat compartments without removal of the fat. Prior to this procedure, all patients were

assessed for asymmetry in skin surplus and eyebrow height. In the case of asymmetry, an attempt was made to improve this by adapting skin markings and thereby extra/asymmetrical excision of skin. In the presence of eyebrow ptosis

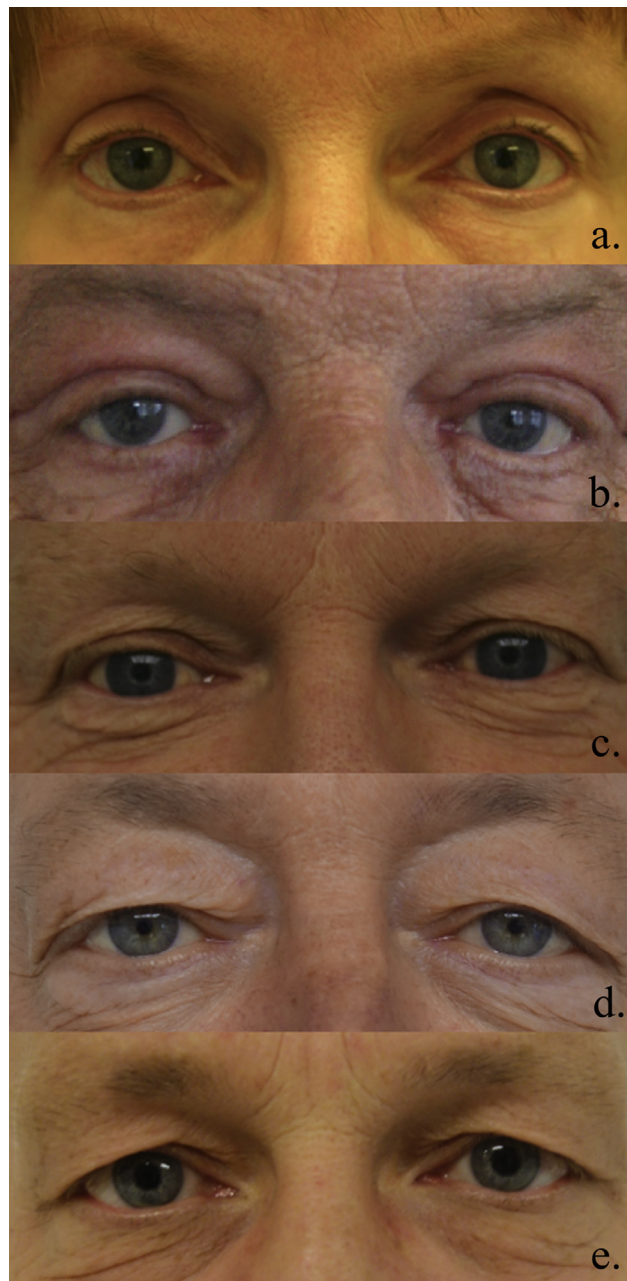


Figure 1 Degree of skin surplus on both upper eyelids was scored by a five-point grading scale (0–4): 1a = 0°, 1b = 1°, 1c = 2°, 1d = 3°, and 1e = 4°.

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