

Can a simple canthopexy be really effective?

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Background: Blepharoplasty is classified as one of the main cosmetic procedures. Over the past decade, various techniques have been developed merely for the purpose of minimizing the complications that may follow the surgery. The advent of adjunct support manoeuvres on the lateral canthus has been a major breakthrough in modern lower blepharoplasty¹. In the present study, we verified the effectiveness of a simple muscular canthopexy², when performed in one eye and not the other in a group of 5 patients.

Methods: All 5 patients volunteered for a conventional lower blepharoplasty surgery. The age range was between 42 and 59 years. All underwent lower blepharoplasty through an external skin incision and with undermining of a skin flap only. The fat bags were removed through the orbicularis oculi muscle. All patients had a simple lateral canthopexy in one eye(left), but not on the other. The patients were followed up 3 to 6 months after the operation.

Results: Before and after pictures were analyzed using ANOVA for the main effect, with $F(4,20)=10.39$, $p < .001$, and Paired t-test was applied to the data points drawing comparisons between the distance of lower margin to the iris in both eyes. The new position of lower eyelid margin was evaluated by measuring the distance between the lower margin and iris and then comparing before and after photos. In all cases, a better position of the lower eyelid margin was achieved when a canthopexy was associated ($p<0.05$). (Figures1,2)



Figure1: Patient 49 years old preoperative.



Figure2: 4 months postoperative, showing visible difference on the position of the lower eyelid on the left eyelid (with canthopexy).

Conclusions: The technique presented is shown to be effective on the group of patients that we selected. The efficacy of any lateral anchoring procedure is more and more undeniable and should be routine for all surgeons performing blepharoplasty. Moreover, this technique can be used as an introductory technique to surgeons that are not used to have canthopexies in their practice.

References

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Disclosure

None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.