L-shape lower blepharoplasty

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Aging change of lower eyelid

- Loss of lower lid contour
  - Lid laxity
  - Weakened soft tissue
  - Fat bulging

Skin wrinkles and skin redundancy
Palpebral bags
Nasojugal fold
Palpebromalar fold
Dark circle, infraorbital darkness
Lid laxity
Malar mound. malar crescent
Pretarsal flatness
O.O.M. hyperertropy
Scleral show, Ectropion
Malar hypoplasia
Infraorbital hollowness
Crow feet

• The tear trough and lid/cheek creases
  – inferior to the orbital rim
  – Increasing visibility of the tear trough and lid/cheek junction with age

Current Concepts in Lower Blepharoplasty

- Proper preoperative analysis and planning
- Orbicularis oculi muscle preservation
- Shift toward eyelid “shaping” and periorbital contouring and blending lid-cheek junction
- Natural appearing and fuller lower eyelids that blend with overall facial shape
Patients and methods

• From June, 2012 to June 2013, there were totally 30 patients included into this study.
• The patients’ before and after photographs were reviewed.
• Complication rates were also assessed.
Patients and methods

• The lower blepharoplasty technique includes the following:
  1. Transcutaneous subciliary approach
  2. Management of lower lid fat (if indicated based on preoperative assessment);
  3. Orbicularis retaining ligament release;
  4. Orbital fat sliding and SOOF lift
  5. OO muscle Sling
  6. Autologuous Fat graft
  7. Skin removal and wound closure
• **Incision**: Subciliary and lateral extension

• **Skin Flap elevation**: preservation of pretarsal OOM

• **Myocutaneous flap**: incise OOM below the pretarsal portion

• **Dissection** below the infraorbital rim in the preperiosteal plane
L-shape lower blepharoplasty
Upper and lower OO muscle flap

- Skin excision and fat bulging correction
- Preservation of pretarsal portion of OOM
- Mid face lift by SOOF elevation and OOM sling
Results

• Average follow-up time was 7.3 months.
  – All patients were satisfied for the outcome.
  – Post-operative complications were including chemosis in 1 patient and mild retraction in 1 patients
Results

• Chemosis--resolution occurs in the subsequent 3 weeks
• Mild eyelid retraction-resolution occurs in the subsequent 4 weeks
Pretarsal preserving

• Pretarsal portion of OOM
  – Young and cute especially in smiling
  – Pretarsal fullness

• Prevent lower eyelid flattening

• Horizontal sling of upper flap OOM
  – Pretarsal support and pretarsal fullness
Conclusions

• Selective treatment of known facial fat compartments, limited release of retaining structures, and techniques that restore or improve periorbital “contour.”

• Our techniques can be used to achieve periorbital rejuvenation with predictable improvement, satisfactory aesthetic results, and minimal morbidity
Thank you for your attention