

# **L-shape lower blepharoplasty**

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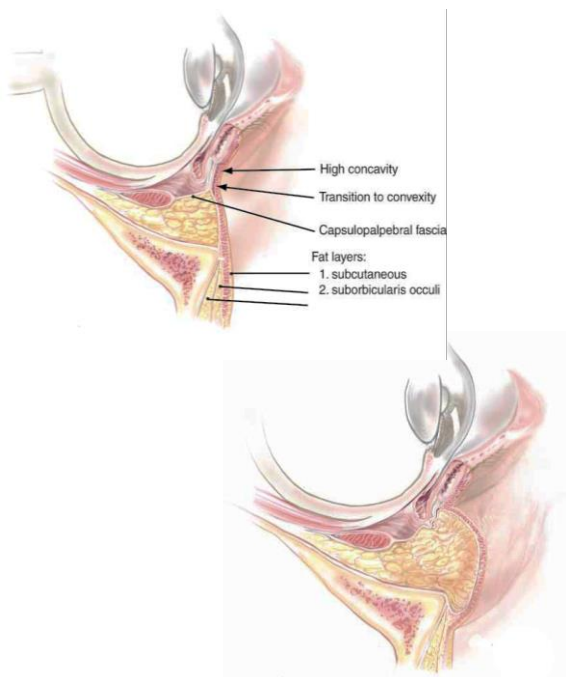
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# Aging change of lower eyelid

- 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**

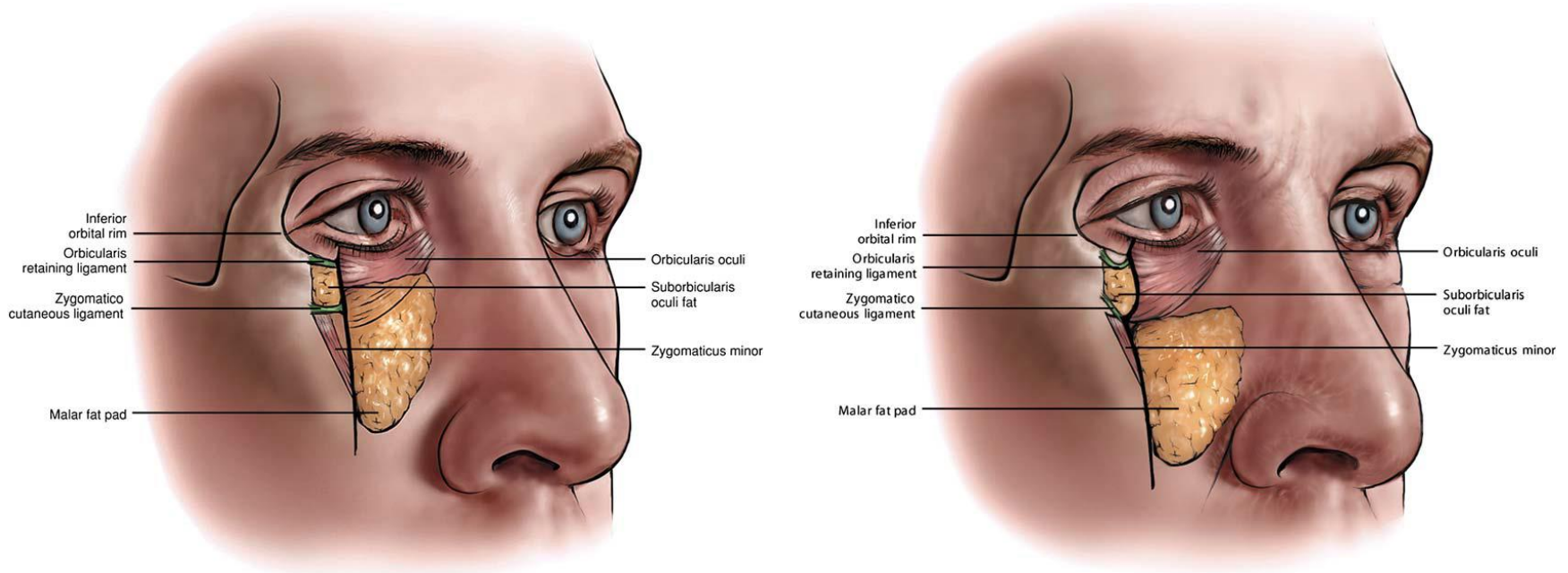
**O.O.M. hyperertropy**

**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

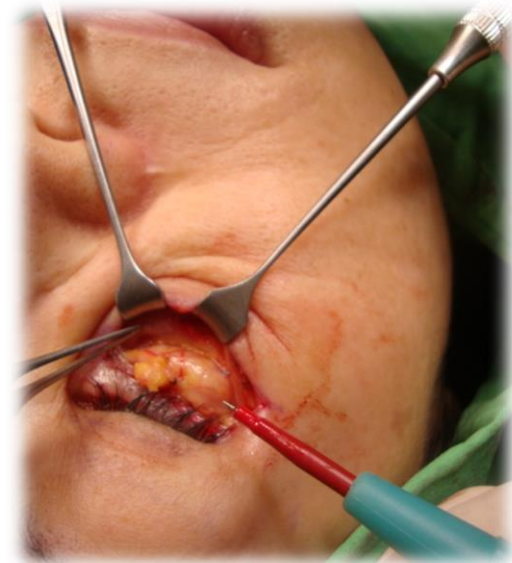
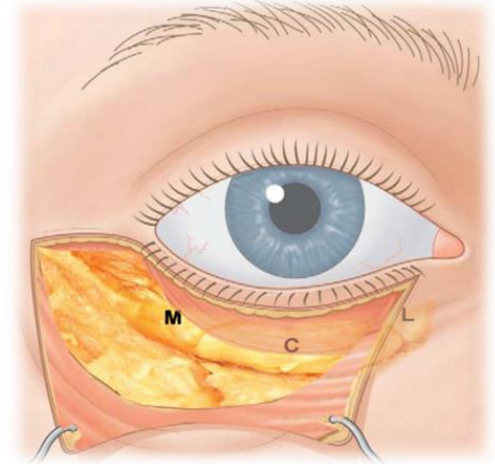
- From June, 2012 to June 2013, there were totally 30 patients included into this study.
- The patients' before and after photographs were reviewed.
- Complication rates were also assessed.

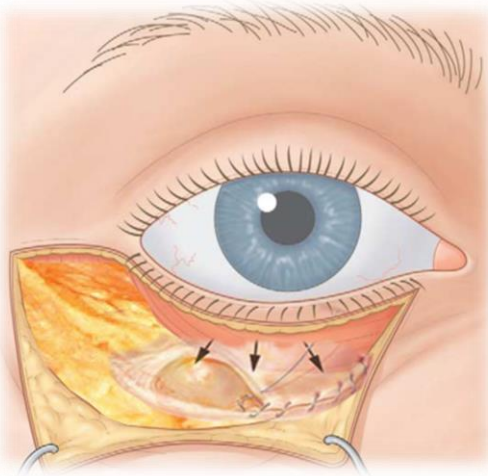
# Patients and methods

- 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. Autologous Fat graft
  7. Skin removal and wound closure

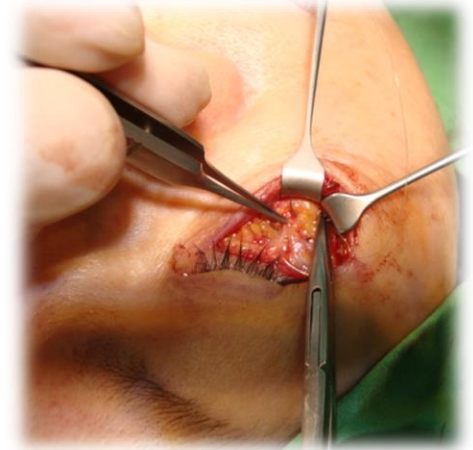


- **Incision:** Subciliary and lateral extension
- **Skin Flap elevation:** preservation of pretarsal OOM
- **Myocutaneous flap:** incise OOM below the pretarsal portion
- **Dissection** below the infraorbital rim in the preperiosteal plane



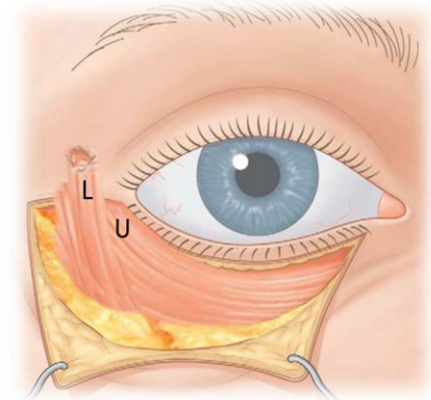
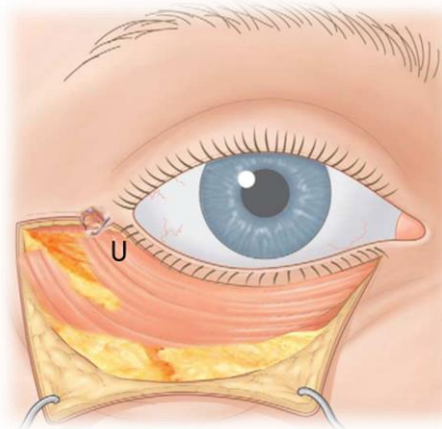
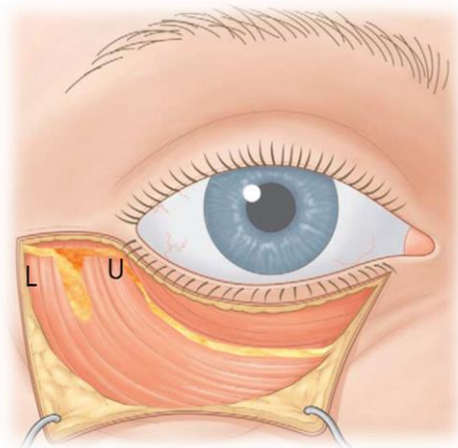


- Skin excision and fat bulging correction
- Preservation of pretarsal portion of OOM
- Mid face lift by SOOF elevation and OOM sling



# L-shape lower blepharoplasty

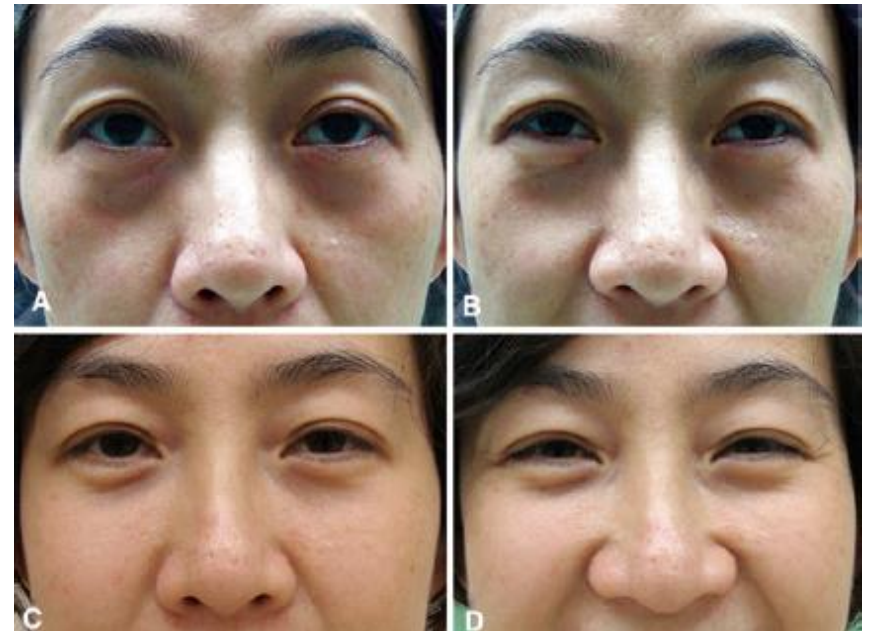
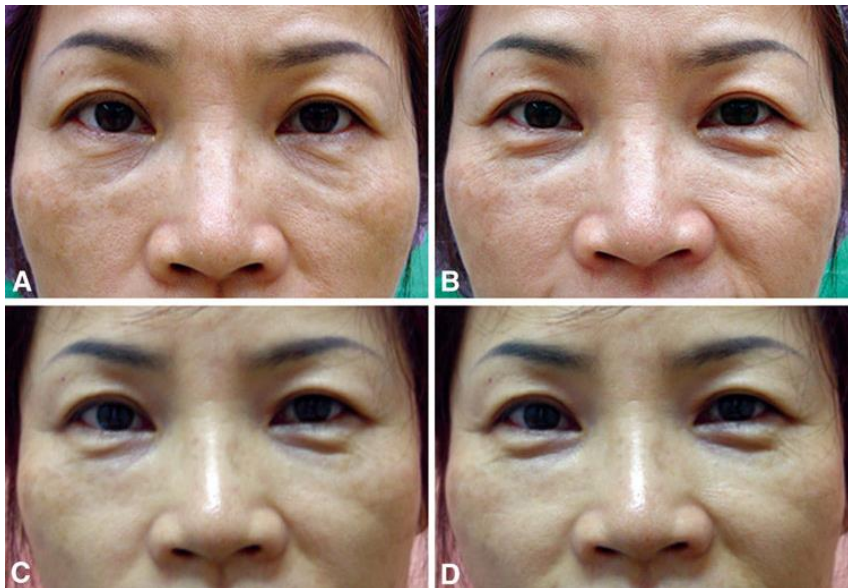
## Upper and lower OO muscle flap





# 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

