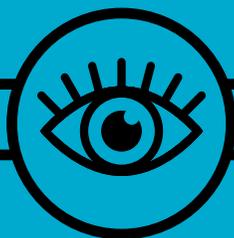


— THE —
ULTIMATE
GUIDE TO



EYELID

— SURGERY —

ADAM J. SCHEINER, M.D.

LASER EYELID AND FACIAL COSMETIC SURGEON

The 3 parts that surround

THE EYE

Eyebrows

1



Upper Eyelid

2



Lower Eyelid +
Cheeks

3



FACT: These parts of the eye help to communicate nonverbal information.

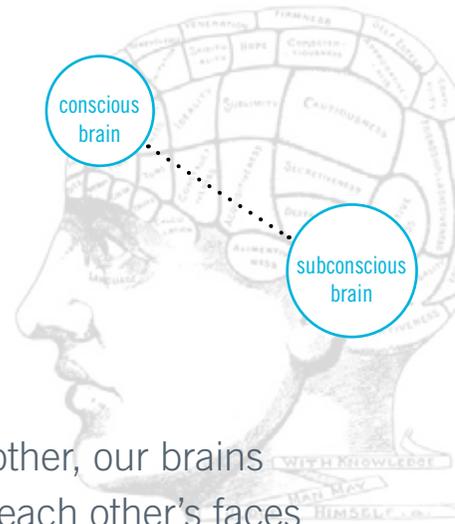
Our faces allow us to communicate with the outside world. Humans are very social beings who yearn to connect with one another, and our eyes are one of the most expressive parts of our faces.

They are the first thing that people observe when they're conversing with one another. As a result of genetics – and more often with aging — our eyes can change in ways that affect how we are perceived by others.

It's estimated that when we speak, only 7% of the message that's received consists of our words: 38% is conveyed via our verbal tone and 55% of the message received is through nonverbal communication. Much of this nonverbal message is sent through our facial expressions.



EYES + MOUTH



When we see one another, our brains subconsciously scan each other's faces for communication cues. We focus on the eyes and mouth regions first, then move on to the skin and the contours of the face, looking for nonverbal cues.

Our subconscious brain tells our conscious brain how we feel about what we see. Between our eyes and our mouths, **the eyes have the biggest impact on the way we are perceived by others.**

This is why we like to wear attractive glasses or sunglasses, and why women wear eye shadow and mascara.



YOU LOOK TIRED. ARE YOU OKAY?

One of the most common changes that occur as we age is that we develop fullness in both the upper and lower eyelids. This can make us look tired, sick, or older than we are.

If this has happened to you, then you know how upsetting it can be. Even when you feel fine, **hearing that you look tired can have an emotional and psychological impact.**

FACT: People look at the mouth and eye area first when viewing another person.



GREEK
PLASTOS
(FORMED)

BLEPHAROPLASTY

BLEPHARON
(EYELID)



Today we are able to address these issues with the help of cosmetic surgery, and eyelid surgery is one of the most frequently requested procedures I provide. Surgery to sculpt the eyelid is called blepharoplasty, a term derived from the Greek term blepharon (which means eyelid) and plastos (which means formed).

This procedure has its origins in Greek and Roman medicine. The first discovered writings on blepharoplasty were from 30 A.D., when they were written by Aulus Cornelius Celsus. They were later expanded upon by the Arabs who invaded Alexandria in 643 A.D. They produced a famous text — Tadhkirat al-Kahhalin, written by Ali ibn Isa of Baghdad — which compiled much of the Greek and Roman writings and included one of the earliest known descriptions of upper eyelid blepharoplasty. What they recognized centuries ago, we recognize now — **our eyelids frame our eyes and help us communicate with others.**

The more open our eyelids are, the more pleasant and approachable we appear.

UPPER EYELIDS + BROWS

The upper lid is framed by the eyebrow, and as we age both the lid and eyebrow can be impacted either separately or simultaneously. The brow can drop lower and the upper lid can get heavier.

Many people who develop this heaviness will unconsciously raise their brows to unencumber the upper lid area. This allows the heaviness to be lifted, but produces lines in the forehead.



The heaviness can best be seen when we smile for a photograph. Smiling relaxes many of the muscles in the face, including the ones that are artificially raising the brows. Photos where extra heaviness in the upper lid area is most frequent revealed.

Surgery in this area requires special attention. Some surgeons only address upper lid heaviness, but **our eyelids frame our eyes and help us communicate with others.**

ANGER



DISGUST



SURPRISE

If the eyebrow's natural position is low and surgery takes upper lid heaviness away, the brow will end up crowding the upper eyelid space.

The first thing that is needed when considering upper eyelid surgery – or blepharoplasty – is to assess the situation to determine which of three types of problems exist.

There are times when all that's called for is correcting the eyebrow, and there are two conditions that point to upper eyelid surgery.



Endoscopic Browlift

The eyebrow can descend into the eyelid space as a result of aging. It can also be due to an issue that's been present since birth. Whatever the cause, the issue is best addressed with an eyebrow-lifting procedure such as an Endoscopic Browlift.

(See Fig A.)

FIG A.

Example:
Endoscopic Browlifts



Upper Eyelid Surgery

There are two conditions that are the most common reason for requiring upper eyelid surgery.

The first is a slipping of the eyelid-lifting muscle known as a levator dehiscence. When the levator slips, it can affect a person's vision — the eyelid can start to cover the pupil of the eye. This droopy eyelid also conveys sleepiness or exhaustion.

Levator muscle issues are best treated by carefully isolating the slipped muscle, reattaching it, and then finely adjusting it until the eyelids are raised to their proper height. This is a quick outpatient surgery. (See Fig B.)

LEVATOR DEHISCENCE

FIG B.





FIG C.

DERMA- TOCHALASIS



The second condition affecting the upper eyelids is known as dermatochalasis. It is caused by redundant tissue in the eyelid, and results in a heaviness that can push the eyelids downward. It makes us look tired, older, or both. It is best addressed with Upper Lid Blepharoplasty. (See Fig C.)

In certain ethnic types, this dermatochalasis can result in the presence of a double eyelid. Special care is required when performing eyelid surgery for Asian patients with a double eyelid condition. (See Fig D.)

FIG D.

Example: Before and after Asian eyelid surgery



As a plastic surgeon specializing in eyelifts, I carefully assess each patient to determine which of these three conditions my patients have, as well as whether a patient needs more than one condition addressed. I then recommend whichever surgery or treatment is best suited to their specific situation.

Notably, for many patients it is possible to perform a Botox browlift and raise the brow without surgery. (See Fig E. and Fig F.)

Examples: Before and after Botox browlift



LOWER EYELIDS

The other parts of the eye area that command attention are the lower eyelids and upper cheeks. With age – and sometimes due to inborn traits – our faces can change in ways that cause dark circles to appear underneath the eyes.

There are five different reasons that dark circles form under the eyes. The best aesthetic results are obtained by identifying the exact cause and then tailoring an appropriate solution.

1. Fullness below the eyes catching shadows
2. Hollowing under the eyes catching shadows
3. Brown pigment or age spots in the skin below the eyes
4. Thin skin and redness showing through the skin in the region below the eyes
5. Festoons and malar mounds catching shadows in the lower eyelid and cheek regions



The first cause of dark circles is the concavity of the lower eyelid fat. If this fat protrudes into the lower lid region, it can catch overhead shadows.

Because most light – including sunlight and room lights – comes from above us, it casts a visible shadow over this protruding fat. The shadow appears on the skin, under the lower eyelid, and the result is unattractive dark circles that send a message of fatigue or illness.

1.

Fullness below the eyes catching shadows

(Before and after lower eyelid surgery)

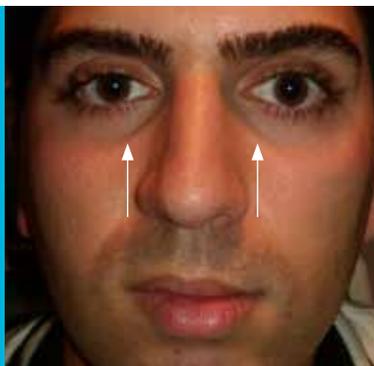


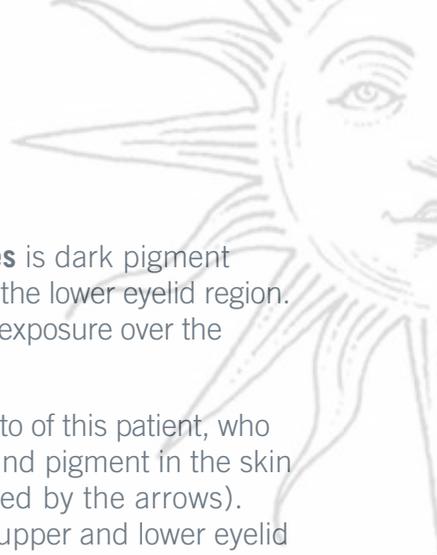
The second cause of dark circles is rare, but occurs occasionally. It involves a lack of fat in the lower eyelid region, called convexity. This causes a sunken appearance that catches and displays shadows on the lower eyelid skin in the same way that protruding fat does. You can see this problem in the photo below. The patient's dark circles are indicated with arrows.

2.

Hollowing under the eyes catching shadows

(Before and after lower eyelid rejuvenation with filler)





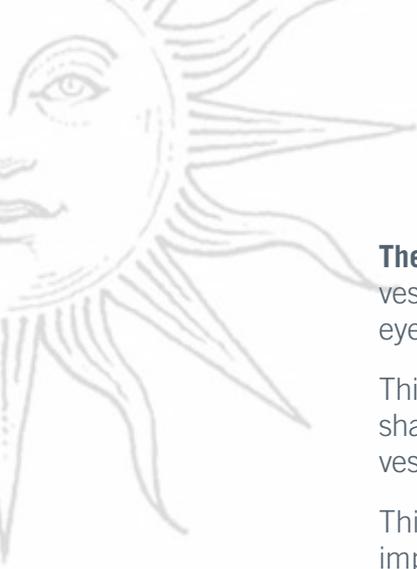
The third cause of dark circles is dark pigment that can deposit in the skin in the lower eyelid region. This is usually caused by sun exposure over the course of a lifetime.

Note the “before surgery” photo of this patient, who had multiple dark age spots and pigment in the skin of the lower eyelid (highlighted by the arrows). These spots – along with the upper and lower eyelid appearance – were improved through upper and lower eyelid rejuvenation techniques.

3.

Brown pigment or age spots in the skin below the eyes





The fourth cause of dark circles is underlying vessels showing through the thin skin in the lower eyelid area.

This patient with dark circles had fullness catching shadows, but she also had thin skin showing the pink vessels in this region (demonstrated by the arrows).

This problem was eased through procedures that improve the skin quality in the lower eyelid region.

4.

Thin skin and redness showing through the skin in the region below the eyes



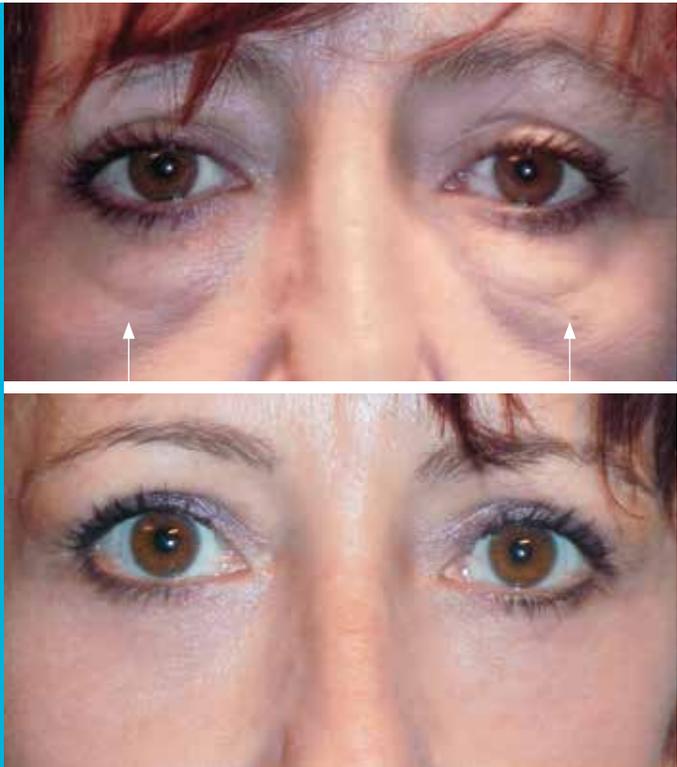
The fifth cause of dark circles is the presence of lower eyelid and cheek swelling. This is known by a few names, including lower eyelid festoons, cheek festoons, and malar mounds. These swollen mounds form due to sun exposure over the years.

Festoons and malar mounds are often the most challenging of the 5 causes of dark circles to correct. The complexity of the issue is made even more confusing by the fact that it is hard to distinguish between lower lid bags and festoons.

On one hand the skin in the lower eyelid can become wrinkled while on the other hand swollen mounds can form in the lower eyelid and cheek region known as festoons and malar mounds.

5.

Festoons and malar mounds catching shadows in the lower eyelid and cheek regions



The aging process in the lower eyelid region can affect more than just the fullness of the lower eyelid area. It can impact the overlying skin as well. Many patients who seek help with dark circles have both festoons and lower eyelid issues but ask about fixing just one at a time, starting with the lower eyelid and leaving the festoons for later. This is a mistake.

Example: Before lower lid surgery



If these issues aren't corrected at the same time, clients often look worse than they did at the start.

The surgical result of only correcting one part of a problem is aesthetically worse than the patient's appearance prior to surgery. This is because the contrast has become even more stark.

Example: After lower lid surgery but before treating festoons



Festoons and malar mounds have long been considered difficult to treat, but my Laser RESET® treatment is extremely effective, providing results that are subtle, natural and powerful.

Example: Before and after treating eyelid festoons/malar mounds



My RESET® Laser treatment for lower eyelid festoons and malar mounds is helpful in improving this condition. **For the most natural, balanced results, it's best to treat both the lower eyelid fullness and the festoons/malar mounds at the same time.**

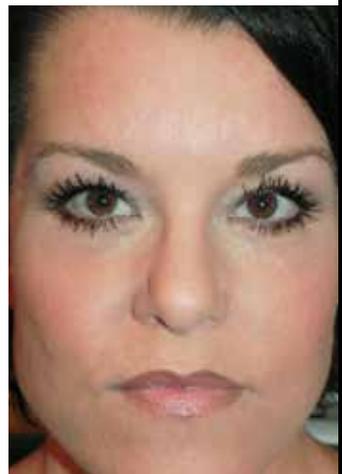
Example: Before and after treating both lower lid fullness and eyelid festoons/malar mounds



Example: Before and after Treating both upper and lower lid fullness and eyelid festoons/malar mounds



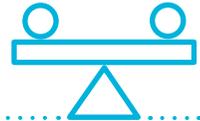
Example: Before and after treating lower eyelid fullness and festoons/malar mounds



A NOTE FROM DR. SCHEINER

As an oculoplastic and cosmetic surgeon, I take great care when performing eyelid cosmetic surgery. My patients have repeatedly told me of their delight when – after their surgery – their friends have been unable to put their finger on what has changed.

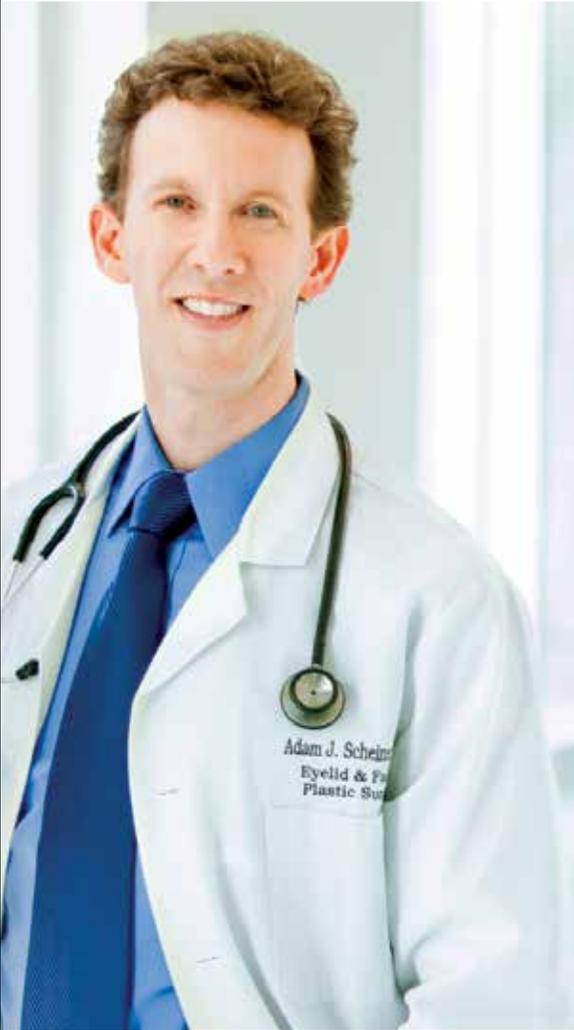
**Results that are noticeable
but natural, subtle yet powerful,
are always the goal.**



It's important that you choose a physician who understands the finer points of cosmetic eyelid surgery. If you're considering making aesthetic improvements to your eyes, I hope this guide will be helpful and that you will contact my office for a personal consultation.

Adam J. Scheiner, M.D.

Laser Eyelid & Facial Plastic Surgery



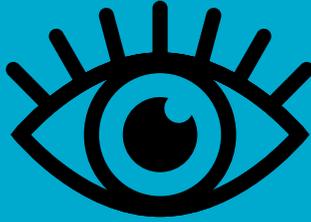
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COSMETIC



SURGEON

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