Upper Lid Blepharoplasty

Key Facts | Eyelid Surgery

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What it does

Upper lid blepharoplasty removes excess upper eyelid skin, and adjusts underlying tissue where appropriate, to reduce heaviness and improve the contour of the lid. It may be performed because the appearance troubles you or because excess skin interferes with your upper visual field.

A heavy eyelid is not always excess skin

Brow descent and true drooping of the eyelid itself, called ptosis, can produce a similar appearance and need different operations. Removing skin will not lift a brow or correct ptosis. Establishing which of the three is responsible, and in what proportion, is the most important part of your assessment.

Do you need surgery?

Nobody needs cosmetic blepharoplasty. Surgery may be reasonable if excess skin obstructs your upper field, rests on your lashes, causes persistent heaviness, makes eyelid hygiene difficult, or bothers you enough to justify surgery and recovery. If leaving your eyelids alone is the better option, we will say so.

The principle that governs the operation

Your eyelids must continue to close normally and protect the surface of your eyes. The objective is therefore not to remove as much skin as possible but the appropriate amount. Removing too little leaves residual skin and can usually be revised. Removing too much can cause tightness, incomplete closure and exposure of the eye, and is considerably harder to correct.

Before surgery

Your consultant assesses the amount and distribution of excess skin, crease position, eyelid height and symmetry, brow position, eyelid closure and blink, the ocular surface and dry eye, previous eye surgery including laser vision correction, and whether ptosis is present. Photographs document existing asymmetry, which does not disappear because both lids have been operated on.

Dry eye matters

Temporary dryness after surgery is common. If you already have significant dry eye, incomplete blinking or poor eyelid closure, surgery needs particularly careful planning and may sometimes be inadvisable. Protecting the ocular surface always takes priority over maximal skin removal.

On the day

- Day case procedure. The planned skin removal is marked with you sitting upright.
- Local anaesthetic numbs the eyelids.
- Excess skin is removed and underlying tissue addressed where appropriate.
- The incision is closed with fine sutures, within the natural crease where possible.
- You go home the same day. Arrange your journey home.

Recovery takes time

Swelling and bruising are greatest in the first few days and improve considerably over one to two weeks, when sutures are removed. The incision looks pink initially and matures over months. Early asymmetry is common because each lid swells at its own rate: do not judge symmetry, or consider revision, while the tissues are still swollen.

What result to expect

A less heavy upper lid with normal blink and closure preserved. Surgery cannot guarantee perfect symmetry, remove every wrinkle, eliminate dark circles, lift a low brow, correct ptosis or stop ageing. The aim is improvement rather than anatomical perfection, and some pre-existing asymmetry will remain.

Main risks

Bruising, swelling, tenderness, watering and temporary asymmetry are expected. Other risks include infection, bleeding, visible or raised scarring, small cysts along the incision, pigment change, prolonged swelling, under-correction, over-correction, persistent asymmetry, dry eye and difficulty closing the eyelids. Ptosis masked by excess skin can become more noticeable. Revision is occasionally required.

The rare risk that matters most

Very rarely, bleeding behind the eye can create pressure that threatens the optic nerve and vision. Sudden deterioration in vision with severe pain or rapidly increasing swelling, particularly on one side, is an ophthalmic emergency requiring immediate assessment.

Warning signs

Seek urgent assessment for severe or rapidly increasing pain, sudden marked swelling especially on one side, significant bleeding, deterioration in vision, new double vision, inability to close the eye, or rapidly worsening redness or discharge.

Costs

Consultation and diagnostic assessment: £325. Current pricing is published in **our published price list** and may change. Cosmetic treatment is not normally covered by private medical insurance; functional surgery may be covered subject to policy criteria, documented field obstruction and prior authorisation.

This page is a summary, not a consent document

It does not replace the full Upper Lid Blepharoplasty patient information booklet, which contains the complete information on suitability, alternatives, surgery, recovery, risks and limitations, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: **The Blue Fin Vision® Advantage**