BLUE FIN VISION®

PATIENT INFORMATION

Upper Lid Blepharoplasty

Surgery to remove excess upper eyelid skin

To achieve the immeasurable, you must measure everything.

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> **How to use this leaflet**
>
> This leaflet is written to be read before your appointment, so that you arrive already familiar with what is actually causing your eyelid appearance, what surgery can and cannot change, and why the amount of skin removed matters more than the amount that could be removed.
>
> It forms part of your informed consent alongside the assessment and discussion you will have with your consultant surgeon and the consent form you sign. No document replaces that conversation.

About This Leaflet

Upper lid blepharoplasty removes excess upper eyelid skin and, where appropriate, adjusts the underlying tissue, to produce a less heavy upper lid while preserving normal eyelid function.

It may be performed because excess skin obstructs the upper part of your visual field, or because the appearance troubles you. Sometimes both apply.

Although commonly described as cosmetic surgery, the eyelid has an important functional job: it must protect and lubricate the surface of the eye every time you blink. The objective is therefore not to remove as much skin as possible. It is to remove the appropriate amount.

> **At Blue Fin Vision®**
>
> Your surgery is performed by a named Blue Fin Vision® consultant ophthalmic surgeon. Eyelid surgery here is performed by surgeons whose primary discipline is the eye itself, which is the reason the ocular surface and eyelid closure are treated as the governing constraints rather than as afterthoughts.
>
> An assessment that ends in a recommendation not to operate is a successful assessment.

The General Medical Council requires that the person performing your surgery is the person who obtains your consent, and its cosmetic interventions guidance requires that you are given an unhurried period to reflect before committing.[1]

Why Upper Eyelids Change

With age, eyelid skin loses elasticity and the supporting tissues change. Skin can fold over the natural upper lid crease and, in some patients, come to rest on the eyelashes.

The brow also changes with age, and a low brow can contribute substantially to apparent upper lid heaviness. Not every heavy upper eyelid is therefore simply too much eyelid skin.

> **Three different problems that look similar**
>
> Excess skin, a descended brow, and true drooping of the eyelid itself, called ptosis, can all produce a heavy upper lid. They require different operations. Removing skin will not lift a brow and will not correct ptosis, and a patient treated for the wrong one of these three will be disappointed by a technically successful operation.

Establishing which of these is responsible, and in what proportion, is the most important part of your assessment.

Do I Need Surgery?

Nobody needs cosmetic upper lid blepharoplasty. Surgery may be reasonable if excess skin does any of the following.

- Obstructs your superior visual field.
- Causes a persistent sensation of heaviness in the lids.
- Rests on your lashes.
- Makes eyelid hygiene or the application of makeup difficult.
- Bothers you sufficiently cosmetically to justify surgery and the recovery involved.

If the principal problem is brow position, ptosis or another condition, blepharoplasty alone may not produce the result you expect, and we will tell you that before rather than after surgery.

Cosmetic or Functional Surgery?

Some patients seek blepharoplasty entirely for appearance. In others, excess skin genuinely interferes with vision. Where surgery is being considered for functional reasons, examination and visual field testing may be appropriate, and the degree of field obstruction can be documented objectively.[2]

Private medical insurance distinguishes between functional and cosmetic treatment and normally requires evidence before authorisation. We can tell you which category your surgery is likely to fall into, but the decision belongs to your insurer and we cannot guarantee it.

What Blepharoplasty Can and Cannot Do

Blepharoplasty can reduce redundant upper eyelid skin and improve the contour of the upper lid. It does not automatically do any of the following.

- Lift a low eyebrow.
- Correct true eyelid ptosis.
- Remove every fine wrinkle.
- Eliminate dark circles.
- Make naturally asymmetric eyes perfectly symmetrical.
- Stop the ageing process.

The operation should be designed around your anatomy rather than around an idealised photograph. If you have images of a result you would like, bring them, because they are useful for establishing what you are hoping for and for an honest conversation about whether your anatomy can deliver it.

Your Alternatives

Leaving the eyelids alone

This carries no surgical risk. Heaviness that does not interfere with vision and does not trouble you does not need treating.

Treatment directed at the brow

Where brow descent is the main contributor, treatment directed at the brow may be more appropriate than removing eyelid skin, and removing skin in that situation can pull the brow down further.

Ptosis surgery

Where true ptosis is present, ptosis surgery rather than, or in addition to, blepharoplasty may be required. This is a different operation with a different consent discussion.

Your Assessment

Your consultant assesses the following.

- The amount and distribution of excess skin.
- The position of your natural eyelid crease.
- Eyelid height and symmetry.
- Brow position.
- Eyelid closure and blink quality.
- The ocular surface and any dry eye symptoms.
- Previous eyelid or eye surgery, including laser vision correction.
- Whether any ptosis is present.
- Whether removal or repositioning of fat is appropriate.

Standardised photographs document your starting anatomy. Existing asymmetry is identified and discussed before surgery, because differences that were present beforehand do not disappear simply because both eyelids have been operated on, and are much harder to discuss afterwards.

Planning How Much Skin to Remove

This is the most important part of the operation, and the part where the two possible errors are not equivalent.

Removing too little leaves residual excess skin. That is disappointing and, if necessary, can usually be revised.

> **Removing too much is the more serious error**
>
> If too much skin is removed, the eyelids can become tight or fail to close completely, exposing the surface of the eye. That is a functional problem affecting the health of the eye rather than its appearance, and it is considerably harder to correct than leaving a small amount of skin behind.
>
> Blue Fin Vision® therefore plans upper lid surgery around the preservation of normal closure and blink function rather than around maximal tissue removal.

The planned excision is marked with you sitting upright before any anaesthetic is given, because eyelid skin behaves differently when you are lying down.

On The Day

Upper lid blepharoplasty is usually performed as a day case procedure. You go home the same day.

- Eat and drink according to the instructions provided for your anaesthetic pathway, and take your medication as instructed.
- The planned skin removal is marked before surgery.
- Local anaesthetic numbs the eyelids.
- The excess skin is carefully removed and the underlying tissue addressed where appropriate.
- The incision is closed with fine sutures, positioned within the natural upper lid crease where possible.

Arrange transport home. Please tell us in advance about anticoagulant or antiplatelet medication, and do not stop prescribed medication unless specifically advised to do so.

After Your Surgery

Bruising and swelling are expected. Your written instructions explain wound care, medication, the use of cold compresses where appropriate, and when sutures are removed.

- Sleeping with your head elevated during early recovery may help swelling.
- Do not rub the wounds.
- Use any ointment or drops exactly as instructed.
- Lubricating drops are often useful in the early weeks, because blinking is temporarily less effective while the lids are swollen.

Your Recovery

When	What to expect
First few days	Swelling and bruising are at their greatest. The eyelids feel tight and the incision is obvious.
Weeks 1 to 2	Swelling and bruising improve considerably and sutures are removed. Residual bruising and asymmetry are common.
Weeks 3 to 6	The lids settle and the contour becomes apparent. The incision remains pink.
Months 3 to 12	The scar matures progressively and becomes less conspicuous. This is when the final result is established.

> **Do not judge symmetry while swollen**
>
> Early asymmetry is common, because each eyelid swells differently and settles at its own rate. Judging the result, or considering revision, while the tissues are still swollen leads to unnecessary anxiety and occasionally to unnecessary surgery.

What Result Should I Expect?

The objective is a less heavy upper lid, with preservation of natural eyelid function and an incision positioned within the upper lid crease where possible.

The aim is improvement, not anatomical perfection. Natural facial asymmetry exists before surgery and some asymmetry will remain afterwards. Ageing also continues, so surgery cannot permanently freeze the position or appearance of your eyelids.

Risks and Side Effects

Upper lid blepharoplasty is a well established operation with a good safety record, but it is not risk free.

Expected early effects

Bruising, swelling, tenderness, temporary tightness, watering and temporary asymmetry are expected rather than complications.

Wound and scar related

Infection, bleeding, visible or raised scarring, small cysts along the incision line, pigment change and prolonged swelling can occur.

Under-correction, over-correction and asymmetry

Too little or too much skin can be removed, and persistent asymmetry between the two lids can remain. Revision is occasionally required.

Dry eye and incomplete closure

Temporary dry eye symptoms are common after surgery.[3] Rarely, excessive skin removal or postoperative scarring interferes with complete eyelid closure and requires treatment. This is covered in more detail in the next section.

Ptosis becoming apparent

Ptosis that was masked by overlying excess skin can become more noticeable once that skin has been removed. Where we identify ptosis beforehand, this is discussed and planned for.

Rare and serious complications

Double vision and significant injury to ocular structures are rare. Bleeding behind the eye, causing pressure on the optic nerve and threatening vision, is very rare but is an ophthalmic emergency and is the reason the warning signs in this leaflet matter.

Dry Eye and Eyelid Closure

The eyelids protect and lubricate the ocular surface, and blepharoplasty alters the structure that does that job. This is why an eye surgeon assesses the surface of your eye as part of eyelid surgery planning.

If you already have significant dry eye, incomplete blinking or poor eyelid closure, surgery needs particularly careful planning and may sometimes be inadvisable. Previous laser vision correction is relevant here and should be mentioned at your assessment.

> **The governing principle**
> Temporary dryness after surgery is common. Persistent exposure of the eye from incomplete closure is much less common but far more important. Preserving safe eyelid closure always takes priority over removing every last millimetre of excess skin.

Asymmetry and Revision

Perfect symmetry cannot be guaranteed. Minor differences in the eyelid crease, the amount of skin visible and the contour can remain even after entirely successful surgery, and most people are asymmetric to some degree before surgery.

Revision should not be considered prematurely. The tissues need sufficient time to heal and settle before a final result can be assessed, and revising early risks compounding a problem that would have resolved. Where revision is genuinely appropriate, it is planned deliberately rather than reactively.

Warning Signs

> **Seek urgent assessment immediately**
> Sudden deterioration in vision associated with severe pain or rapidly increasing swelling, particularly on one side, may indicate bleeding behind the eye. This is an ophthalmic emergency. Contact us immediately or attend an eye casualty department without waiting.

Also seek urgent assessment for any of the following.

- Severe or rapidly increasing pain.
- Significant bleeding.
- New double vision.
- Inability to close the eye.
- Rapidly worsening redness or discharge.

Bruising, swelling and tightness are expected in the first days and should be settling rather than worsening.

Costs

Cosmetic treatment is not normally covered by private medical insurance. Functional surgery may be covered in some circumstances, subject to policy criteria, documented visual field obstruction and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Upper lid blepharoplasty	See current published price

Current pricing is maintained online and may change, so please refer to **our published price list** before treatment. You will receive a written quotation before proceeding, confirming what is included and what is not.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- Is my problem excess skin, ptosis, brow descent or a combination of these?
- Could surgery affect my dry eye, and have you examined my ocular surface?
- How much skin can safely be removed, and how did you decide that?
- Where will the scar lie?
- How long will bruising last, and when can the final result be judged?
- What asymmetry do I already have?
- What can surgery realistically improve, and what will it not change?
- What happens, and what does it cost, if revision is required?

> **Taking your time**
> Where surgery is cosmetic there is no clinical urgency at all, and you should proceed only if the expected improvement is worth the surgery and the recovery to you. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and treatment pathways do not vary by postcode. Availability of eyelid surgery varies by site, and we will confirm where your procedure is performed when your appointment is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at **bluefinvision.com/advantage**.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your assessment, your surgery and your follow-up are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

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Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

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References

References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

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3. Prischmann J, Sufyan A, Ting JY, Ruffin C, Perkins SW. Dry eye symptoms and chemosis following blepharoplasty: a 10-year retrospective review of 892 cases in a single-surgeon series. JAMA Facial Plastic Surgery. 2013;15(1):39-46.

Contact Blue Fin Vision®

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