BLUE FIN VISION®

PATIENT INFORMATION

Xanthelasma Excision

Surgical removal of cholesterol-rich deposits from the eyelids

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To achieve the immeasurable, you must measure everything.

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Consultant Ophthalmic Surgeon and Medical Director

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Contents

> **How to use this leaflet**
>
> This leaflet is written to be read before your appointment, so that you arrive already familiar with whether treatment is needed at all, what surgery involves, what scar it leaves and what recurrence means.
>
> 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

Xanthelasma are yellow or cream coloured deposits that develop within the skin of the eyelids, most commonly near the inner corners of the upper or lower lids. They are benign and usually cause no harm to the eye, so treatment is normally elective and undertaken because their appearance troubles you.

Blue Fin Vision® offers surgical excision where the size, depth and position of the lesion make it appropriate. The important questions are not simply whether the deposit can be removed. They are what scar is likely to replace it, whether enough normal eyelid skin remains for safe closure, and what the risk of recurrence is.

> **At Blue Fin Vision®**
>
> Your named Blue Fin Vision® consultant ophthalmic surgeon confirms the diagnosis, discusses whether treatment is appropriate, obtains your consent and remains responsible for your care.
>
> An assessment that ends in a recommendation not to operate is a successful assessment.

Because this is normally a cosmetic procedure, the standards that apply are deliberately strict. The General Medical Council requires that the person performing your surgery is the person who obtains your consent, and its guidance on cosmetic interventions requires that you are given time to reflect before committing.[1]

What Is Xanthelasma?

Xanthelasma are deposits of lipid-rich material within the eyelid skin. They usually appear as flat or slightly raised yellow plaques, often symmetrically around the inner corners of both eyes. They are not cancerous and do not spread into the eye.

Some remain small for years. Others gradually enlarge, or additional lesions appear over time.[2]

Their presence does not necessarily mean that your blood cholesterol is high. Xanthelasma occur in many people with entirely normal lipid levels.

Should I Have My Cholesterol Checked?

Probably, if it has not been checked recently. Although xanthelasma frequently occur with normal cholesterol, they are associated with disorders of lipid metabolism, and large population data have linked their presence with increased cardiovascular risk independently of measured lipid levels.[3]

> **Two separate issues**
> Removing the visible xanthelasma does not alter your cholesterol level or your cardiovascular risk. Equally, treating an abnormal cholesterol level does not make an established xanthelasma disappear. They are related but separate matters, and treating one is not a substitute for addressing the other.

If you have not had an appropriate cholesterol and cardiovascular risk assessment, we may recommend that this is arranged through your GP or usual medical practitioner. This is not a reason to delay or avoid surgery, but it is a reason not to regard the surgery as having dealt with the underlying issue.

Do I Need Treatment?

Usually, no. Xanthelasma do not normally threaten your vision or your eye health. If their appearance does not concern you, leaving them alone is entirely reasonable and there is generally no clinical urgency.

Treatment may be appropriate when their appearance bothers you sufficiently that the expected improvement is worth accepting surgery, a period of healing, a scar and the possibility of recurrence. That is the whole balance, and it is yours to weigh.

> **Be clear what you are exchanging**
> Surgery exchanges a yellow patch for a scar. In a well-placed excision that scar becomes considerably less conspicuous as it matures, but it does not disappear. If you would not accept a fine scar in that position, you should not accept the operation.

Your Alternatives

Leave them alone

This carries no procedural risk. Many patients are content once they understand that the lesions are benign.

Observation with photography

Photographs document whether the lesions are enlarging or new ones are appearing, which is useful information whether or not you eventually proceed.

Other destructive treatments

Chemical, laser and other techniques have been described for xanthelasma. Their suitability varies according to the depth, thickness and position of the lesion and your skin type, and each has its own profile of pigment change and scarring. Where another technique would suit your lesion better than excision, we will say so.

Surgical excision

The lesion is physically removed and the skin reconstructed. This provides immediate removal of the treated tissue, but replaces the lesion with a healing surgical site and ultimately a scar.

Why We Use Surgical Excision

For an appropriately selected lesion, excision allows the visible deposit to be removed directly and its margins controlled under direct vision.

The trade-off is straightforward. The xanthelasma is removed, but surgery cannot remove tissue without creating a scar. The objective is therefore not scar-free removal. It is to place the incision within the natural eyelid anatomy, so that the scar becomes substantially less conspicuous as it matures.

> **Large lesions present a different problem**
> Removing too much eyelid skin can produce tension or alter the position of the eyelid, which is a functional problem rather than a cosmetic one. Where complete clearance would require sacrificing an unsafe amount of normal skin, your consultant may recommend staged treatment, a different technique, or no surgery at all. Preserving eyelid function takes priority over complete cosmetic clearance.

Your Assessment

Your consultant assesses the following before recommending surgery.

- Whether the lesion is clinically typical of xanthelasma, and which eyelids are involved.
- Its size, thickness and depth.
- The amount and quality of the surrounding eyelid skin.
- Whether complete excision can be achieved safely.
- Any existing eyelid asymmetry or laxity.
- Previous treatment and any existing scarring.
- What cosmetic improvement can realistically be achieved.

Standardised photographs provide the baseline against which the eventual result is judged. On a cosmetic pathway this matters: memory of how eyelids looked beforehand is unreliable, and existing asymmetry is much easier to discuss before surgery than afterwards.

On The Day

Xanthelasma excision is normally a day case procedure under local anaesthetic. You remain awake and comfortable, and you go home the same day.

- Eat and drink normally, and take your usual medication, unless instructed otherwise.
- The planned excision is marked before surgery.
- Local anaesthetic numbs the eyelid.
- The xanthelasma is carefully excised.
- The skin is reconstructed and, where required, closed with fine sutures.

Arrange your journey home. Swelling, and ointment applied around the eyelids, can make driving inappropriate immediately afterwards.

After Your Surgery

Your written discharge instructions explain wound care, medication, and whether sutures require removal and when. Cold compresses may help early swelling where advised.

Do not rub or disturb the surgical wound, and use any ointment or drops exactly as instructed. Tell us in advance about anticoagulant or antiplatelet medication, and do not stop prescribed medication unless specifically advised to do so.

Your Recovery

The eyelid often looks worse before it looks better. Bruising, swelling, redness and a visible incision are expected initially.

When	What to expect
First few days	Bruising and swelling are at their greatest. The incision is visible and the eyelid may feel tight or tender.
Weeks 1 to 2	Swelling and bruising improve substantially. Sutures are removed if required. The scar is pink and noticeable.
Months 1 to 3	The scar softens and flattens progressively and becomes less conspicuous.
Months 3 to 12	Scar maturation continues. This is the period over which the final appearance is established.

Do not judge the final cosmetic result from the first few days or weeks. A scar that looks obvious at two weeks is not the scar you will have at six months.

What Result Should I Expect?

The objective is to remove or substantially reduce the visible xanthelasma while preserving normal eyelid position and function.

> **What cannot be guaranteed**
> No operation can guarantee perfectly symmetrical eyelids, the complete absence of visible scarring, an exact match of skin colour and texture, or permanent freedom from xanthelasma. If complete removal would require sacrificing an unsafe amount of normal skin, preserving eyelid function takes priority over complete cosmetic clearance.

Risks and Side Effects

Xanthelasma excision is eyelid skin surgery. It is well tolerated, but it is not risk free.

Expected early effects

Bruising, swelling, redness, tenderness and temporary asymmetry are expected rather than complications, and settle over the first weeks.

Infection, bleeding and delayed healing

Infection is uncommon but possible after any skin surgery and requires prompt treatment. Bleeding and delayed wound healing can occur, and are more likely if you take anticoagulant or antiplatelet medication.

Scarring, pigment change and contour irregularity

Every excision leaves a scar. Usually it becomes inconspicuous, but a visible, raised or thickened scar, a change in skin pigmentation or a small irregularity of contour can remain.

Under-correction and residual xanthelasma

Where complete clearance cannot be achieved safely, some xanthelasma may deliberately be left behind. This is a planned outcome discussed with you in advance rather than an error.

Alteration of eyelid position

Excessive scarring, or removal of too much skin, can alter the position of the eyelid. This is uncommon with appropriately planned surgery, but it is the risk most relevant to large or recurrent lesions and is the reason we prioritise function over complete clearance.

Further treatment

Further treatment can occasionally be required, whether for residual lesion, scar revision or recurrence.

Recurrence

Xanthelasma can recur. Surgery removes the lesions that are present; it does not remove the biological tendency that allowed them to develop. New deposits can therefore appear at the treated site or elsewhere on the eyelids, and recurrence is more likely where lipid abnormalities are present and untreated.

Recurrence does not necessarily mean that the original surgery was incomplete or unsuccessful. If it occurs, your consultant will assess whether further excision, another technique or observation is the appropriate response, taking account of how much normal eyelid skin remains.

Warning Signs

Contact Blue Fin Vision® promptly if you develop any of the following.

- Increasing rather than settling pain.
- Rapidly worsening swelling or redness.
- Discharge from the wound, or persistent bleeding.
- Separation of the wound edges.
- A significant deterioration in vision, or any severe or unexpected symptom.

Bruising, swelling and tenderness are expected in the first days. The important distinction is between symptoms that are settling and symptoms that are severe or progressively worsening.

Costs

Xanthelasma excision undertaken for appearance is not normally covered by private medical insurance. Where treatment is clinically indicated, some policies provide cover subject to your policy terms and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Xanthelasma excision	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.

- Does my xanthelasma need treatment, and could I safely leave it alone?
- Should I have my cholesterol and cardiovascular risk checked?
- Can all of the lesion be removed safely, and what happens if it cannot?
- Where exactly will the scar lie, and how noticeable is it likely to be?
- Could surgery change my eyelid position?
- How long before I can judge the result?
- Can xanthelasma return, and what happens if it does?
- Who performs my surgery and who manages my aftercare?

> **Taking your time**
> This is elective, usually cosmetic surgery and there is no clinical urgency. You should proceed only if the expected improvement is worth the surgery, the recovery, the scar and the possibility of recurrence. 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 confirms the diagnosis, discusses the available options, obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

Mr Mfazo Hove

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Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

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.

1. General Medical Council. Guidance for doctors who offer cosmetic interventions. Manchester: General Medical Council; 2016, updated December 2024.
2. Nair PA, Singhal R. Xanthelasma palpebrarum: a brief review. Clinical, Cosmetic and Investigational Dermatology. 2018;11:1-5.
3. Christoffersen M, Frikke-Schmidt R, Schnohr P, Jensen GB, Nordestgaard BG, Tybjaerg-Hansen A. Xanthelasmata, arcus corneae, and ischaemic vascular disease and death in general population: prospective cohort study. BMJ. 2011;343:d5497.

Contact Blue Fin Vision®

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