16 Preoperative Evaluation and Documentation in Upper Blepharoplasty

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As with any procedure, upper eyelid blepharoplasty requires a thorough preoperative evaluation of the patient. Dermatochalasis may result in functional visual field obstruction or may create an aesthetically displeasing redundancy and fullness to the upper eyelids.

During the preoperative evaluation, any history of dry eyes and artificial tear use should be documented and addressed, as this will be exacerbated with eyelid surgery. Likewise, slit-lamp examination of the corneal surface is important, and a tear meniscus of less than 0.2 mm would be suggestive of dry eye complications postoperatively (Fig. 16.1). Evaluation of the eyelids should include measurements of the margin-reflex distance and margin-crease distance (to look for concurrent eyelid ptosis) (Fig. 16.2), lagophthalmos, and eyelid skin as measured from the lash line to the thicker eyebrow skin. The transition to eyebrow skin is often seen as thicker, lighter, and more porous skin and may be lower than the inferior edge of the eyebrow hairs, particularly in women due to brow plucking (Fig. 16.3). Documenting this in measured millimeters is a more precise and objective measurement, as opposed to a +1 to +4 scale that is difficult to compare between surgeons and residents. The degree of eyelid hooding over the margin in also documented, as well as the prominence of the nasal and preaponeurotic fat pads. Lateral eyelid fullness may suggest a prolapsed lacrimal gland that should be addressed during surgery (Fig. 16.4), and eyebrow ptosis or eyebrow fat pad fullness should also be included in the management plan. Brow ptosis may be measured by lifting the lateral brow up to the desired height above the superior orbital rim and measuring its excursion with a ruler (Fig. 16.5). Keep in mind that a male brow should be flatter in contour and lower along the orbital rim.

In Asian eyelids, any epicanthal fold should be documented and a careful discussion with the patient regarding the desired appearance of the eyelids should be undertaken. Having the patient bring in photos of others' eyelids, or magazine pictures, is helpful to determine the degree to which the patient wishes to retain the ethnic characteristic of his or her eyelids, such as a low, absent, or higher eyelid crease. The eyelid margin should be gently lifted to accurately assess the level of the eyelid crease, which is typically lower at 4–6 mm from the eyelid margin, and the medial crease incision blended into the epicanthal fold to avoid redundant skin folds or webbing medially (Fig. 16.6).

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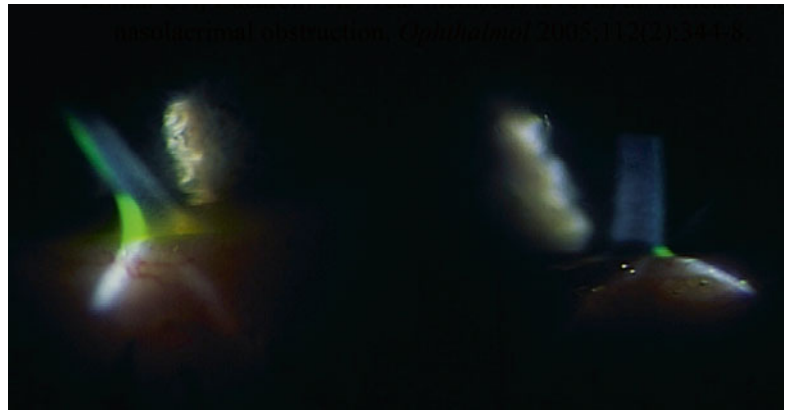

Fig. 16.1 Tear meniscus measurement using slit-lamp biomicroscopy can be suggestive of dry eyes

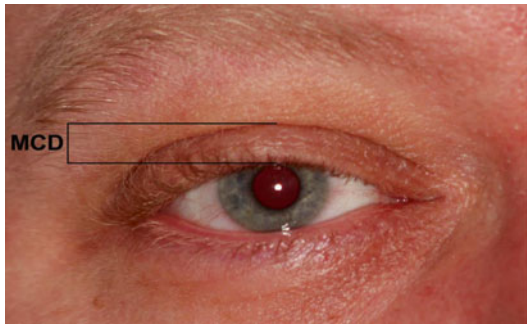

Fig. 16.2 Measure the margin-reflex distance and margin-crease distances

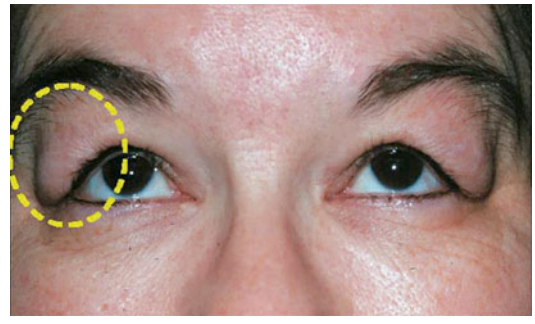

Fig. 16.4 Lateral eyelid fullness may suggest a prolapsed lacrimal gland

Fig. 16.3 The transition to eyebrow skin is often lower than the visible eyebrow hairs and is thicker, lighter, and more porous than the eyelid skin

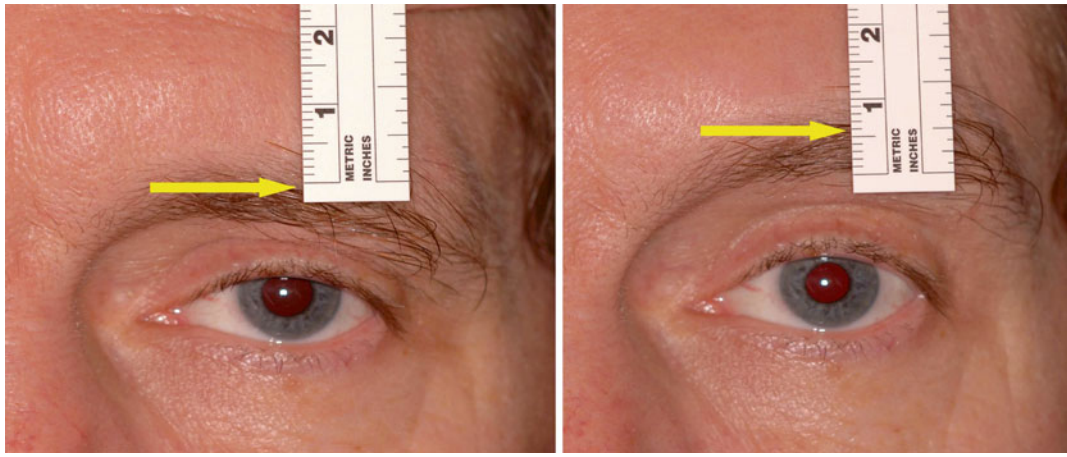

Fig. 16.5 Measuring the amount of lateral brow ptosis

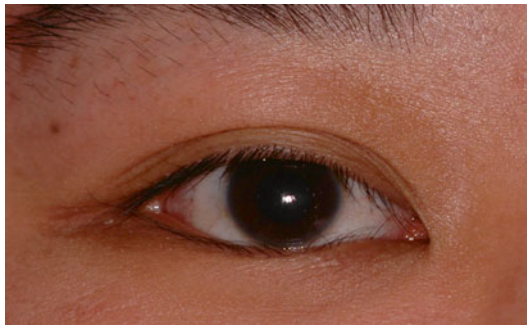

Fig. 16.6 Epicanthal folds should be noted preoperatively to avoid postoperative webbing or multiple creases