180 Advantages of Sequential Versus Simultaneous Bilateral Levator Advancement Surgery

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Theoretical Advantages to Unilateral Surgery

1. Surgical catastrophes. Blindness after eyelid surgery is very rare, but it does happen. Bilateral blindness is exponentially worse than unilateral blindness. Despite rigorous preoperative screening, patients can occasionally sneak into your operating room with previously undiagnosed bleeding diatheses or undisclosed use of aspirin, nonsteroidals, or alternative medicines such as ginkgo biloba. Bilateral severe bleeding is exponentially worse than unilateral severe bleeding.
2. Decreased operating time per session. The longer a patient lies there, the more things can go wrong. An elderly male with prostatic hypertrophy may develop urinary urgency leading to hypertension and consequent bleeding. If a patient's back starts to hurt after a while, his or her blood pressure may go up and they may bleed. Sequential surgery lets you get the patient out of the operating room faster.
3. Patching vs. ice packs. My preference is to patch unilateral cases and use ice packs in bilateral cases. A patch provides continuous pressure, whereas an ice pack provides only intermittent cooling. It is my impression that patients ooze less with a patch.

I prefer to do levator advancements combined with upper lid blepharoplasties as sequential rather than bilateral procedures. I have had a few cases over the years where the first and originally more ptotic side was a little undercorrected but still better than pre-op, and the patients were happy. In these cases, I have done blepharoplasties and omitted the levator advancements on the second eyelid. By staging the procedure, I have the flexibility to alter my plan when approaching the other side. With this sequential approach, the vast majority of my patients do well, and I only rarely have to reoperate for asymmetry. I adjust the upper lid height without sedation. After adjustment, I ask the anesthetist to administer sedation for the fat resection and closure. Since some patients are nervous during the first half of their levator advancements in which they are unsedated, unilateral surgery decreases the minutes they have to lie there without sedation.

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