

John P. Fezza

Introduction

Redefining beauty in the upper eyelid can entail more than the traditional blepharoplasty which removes skin and fat. A youthful female upper eyelid contour includes a concave medial portion along with a fuller, convex lateral lid without hooding. This is a sigmoid shape in three dimensions.

The sigmoid blepharoplasty is a novel, advanced surgical technique that recreates a youthful upper eyelid with four steps. First, a redundant ellipse of skin is removed but the orbicularis muscle is left intact to maintain fullness. Next, the medial lid concavity is created by removing a strip of medial orbicularis muscle under the skin to debulk this area. Selective medial fat removal is performed while maintaining most central fat. Fat grafts from the medial lid are placed laterally below the orbicularis muscle to achieve a fullness and tight skin. The wound is closed with a running suture.

The aging upper eyelid is heralded by volume shifts and contour changes. Namely, there is a fatty herniation medially through a weakened

orbital septum and an associated deflation laterally with skin excess and temporal hooding. In order to achieve a youthful feminine upper eyelid, these changes must be counteracted to create a sculpted medial lid and full lateral lid with tight skin. A sigmoid or “S” shape is the hallmark of an aesthetically pleasing upper lid, which refers to a concavity medially rising gently to a convexity laterally (Fig. 30.1). This is analogous to the ogee concept of the face. Makeup artists have been acutely aware of this

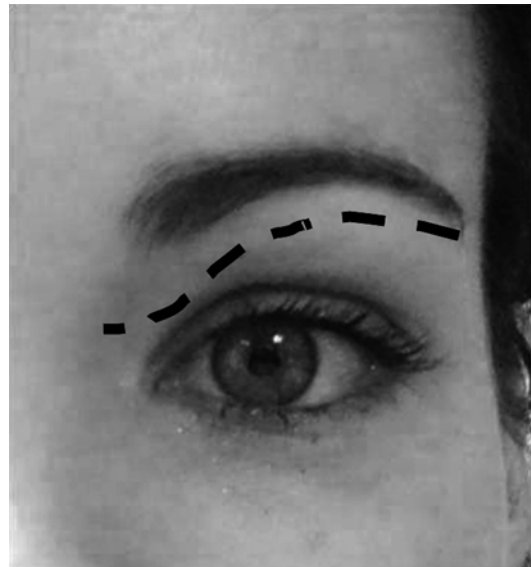


Fig. 30.1 The sigmoid shape is displayed as a dotted line showing medial concavity rising to lateral convexity

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Fig. 30.2 Makeup on a female upper eyelid accentuating the lateral fullness sloping to a shadowed medial lid

upper eyelid topography and attempt to recreate it by shadowing the medial lid to give the illusion of depth while highlighting the lateral sub brow area to allow it to “pop out” (Fig. 30.2).

Traditional upper lid blepharoplasty is a purely subtractive procedure which involves removal of skin, muscle, and fat. This can create an aged, hollow appearance without respect to youthful contour. Surgical markings for the lid crease of the sigmoid blepharoplasty are at 8–9 mm, which are lower than traditionally described. This counteracts the cephalad migration of the lid crease wound that occurs over time.

The first step of the sigmoid blepharoplasty is removal of an ellipse of skin with retention of the underlying orbicularis muscle to maintain fullness. In order to achieve a medial concavity, a strip of medial orbicularis is removed in addition to medial fat (Fig. 30.3). This medial orbicectomy is integral in achieving a pleasing medial contour as the muscle is often partially responsible for the undesirable medial fullness. Next, a 1 cm horizontal incision is made in the lateral orbicularis below the brow arch to create a pocket for a fat graft (Fig. 30.4). The free fat graft taken from the medial lid is placed in the recipient site laterally and the orbicularis muscle is sutured over the fat surrounding it in a rich blood supply (Fig. 30.5). Placing the graft in this area

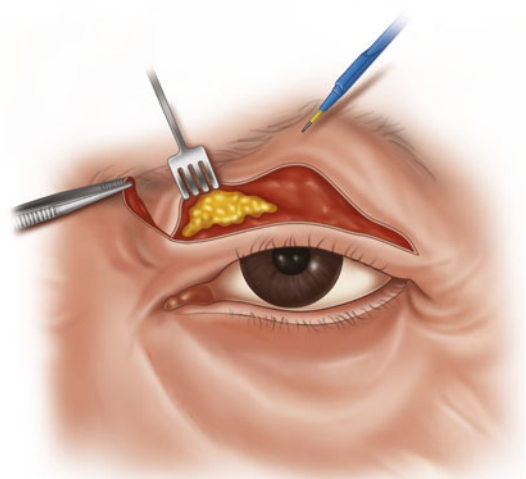


Fig. 30.3 Medial orbicectomy to create and reduce unwanted medial fullness (Reprinted from Fezza JP. The sigmoid upper eyelid blepharoplasty: redefining beauty. *Ophthal Plast Reconstr Surg.* 2012;28(6):446–51. With permission from Lippincott Williams & Wilkins)

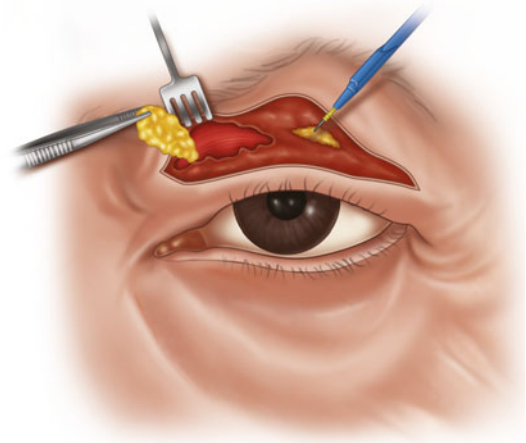
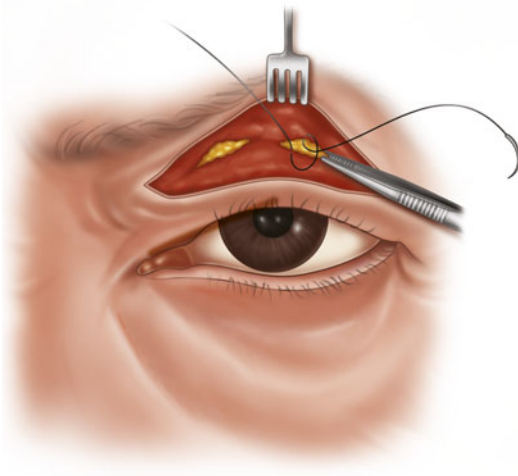


Fig. 30.4 Medial fat removal to sculpt medial lid and 1 cm horizontal orbiculotomy under the brow arch for fat graft site (Reprinted from Fezza JP. The sigmoid upper eyelid blepharoplasty: redefining beauty. *Ophthal Plast Reconstr. Surg.* 2012;28(6):446–51. With permission from Lippincott Williams & Wilkins)

accentuates a natural fullness and also helps to lift and support the brow upward and outward. Lastly, the wound is closed with a loose running 7-0 monofilament non-dissolving suture.



The result is a rejuvenated sigmoid-shaped upper lid, which displays an aesthetically pleasing medial concavity shifting to a lateral convexity (Figs. 30.6 and 30.7). The sigmoid technique achieves desirable results by maintaining lateral fullness while avoiding an oversculpted, skeletonized look or an “A”-frame deformity. This advanced surgical eyelid procedure addresses the volume shifts that occur with age by creating results that are youthful, safe, and reproducible.

Fig. 30.5 Placing free fat graft from medial lid to recipient pocket laterally and suturing orbicularis muscle over graft (Reprinted from Fezza JP. The sigmoid upper eyelid blepharoplasty: redefining beauty. *Ophthal Plast Reconstr Surg.* 2012;28(6):446–51. With permission from Lippincott Williams & Wilkins)

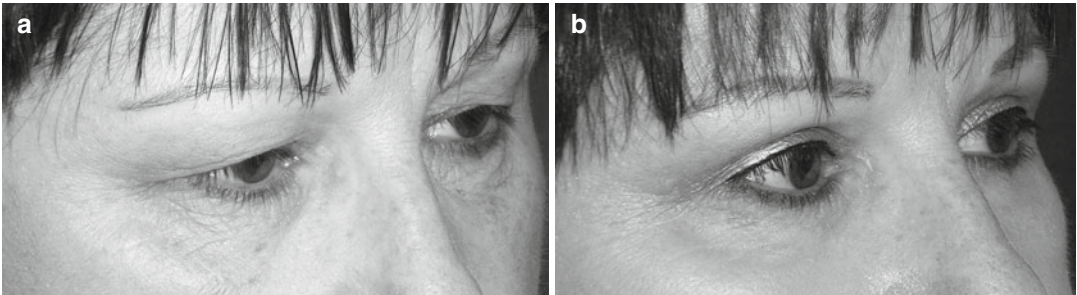


Fig. 30.6 (a) Before blepharoplasty. (b) After sigmoid upper eyelid blepharoplasty. Note the youthful upper eyelid curve

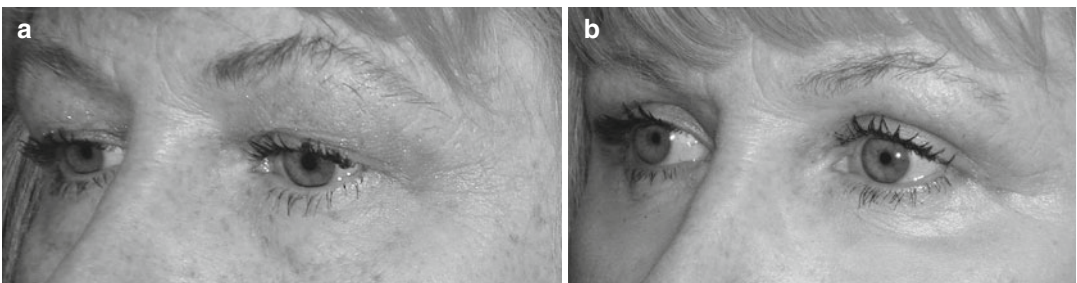


Fig. 30.7 (a) Before blepharoplasty. (b) After sigmoid upper eyelid blepharoplasty. Note the youthful upper eyelid curve