The Treatment of Festoons in Lower Blepharoplasty

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Festoons or "malar bags" are thought to be involutional attenuation of the skin and underlying orbital orbicularis oculi muscle. Edema often accumulates in this area. Standard blepharoplasty techniques will not address festoons, if present, and may make them worse for a time due to persistent edema in this area.

In severe cases of festoons, one approach is direct excision (Figs. 59.1 and 59.2). This approach needs to be entertained with caution as the result is a visible scar and frequently there is prolonged postoperative edema, often requiring 6 months or more to resolve. Any lower eyelid laxity, steatoblepharon, and dermatochalasis must be addressed first; otherwise, one risks lower lid retraction and/or ectropion postoperatively. Thus, this is often a staged procedure, with the first step being lower eyelid blepharoplasty with correction of any lower eyelid laxity via standard horizontal lower lid tightening (HLLT) procedures. Lower eyelid retraction should also be addressed and may require a lower eyelid spacer graft, SOOF, or midface lifting. Three to 6 months later, the remaining festoons can be directly excised with local advancement flap repair. The incision is made at the crease at the inferior edge of the festoons (marked with patient upright). The skin

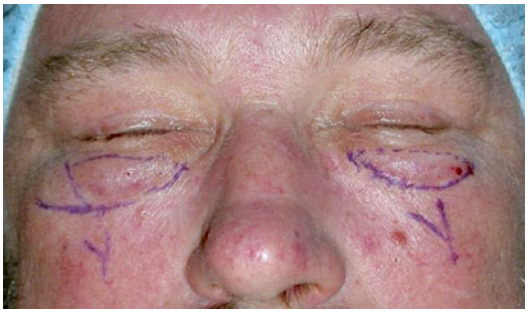

Fig. 59.1 Planned incisions and undermining

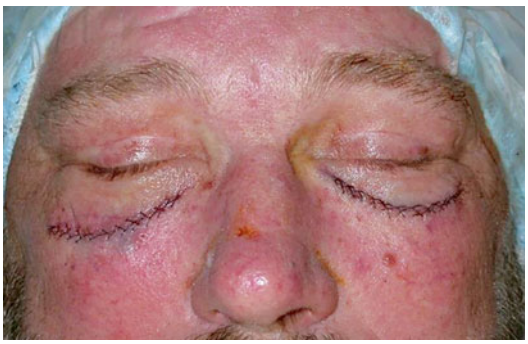

Fig. 59.2 Closure

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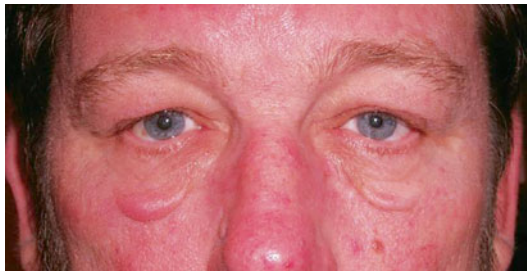

Fig. 59.3 Preoperative appearance

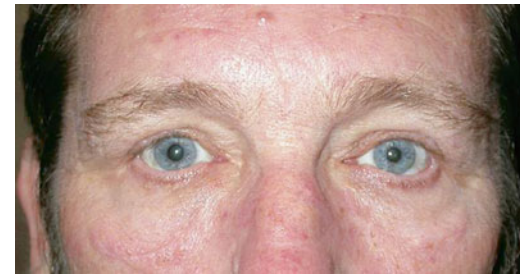

Fig. 59.4 One-year postoperative appearance

is then undermined superiorly to the lash line of the lower eyelid, draped, and trimmed to fit the defect. Preoperative (Fig. 59.3) and postoperative (Fig. 59.4) results can be excellent.