
Fat Repositioning in Lower Blepharoplasty: Less Is More

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Techniques in lower eyelid blepharoplasty have moved to “less is more.” We have moved away from fat excision and have a better appreciation for “fat enhancement” in our goal to soften any tear trough deformities and to minimize the hollow orbit appearance. More emphasis is now being placed on fat repositioning and elimination of the bony prominence of the inferior orbital rim. Fat repositioning is particularly useful in those patients with moderate medial and central fat prolapse, but with a hollow tear trough deformity.

There has to be enough orbital fat in order to reposition it over the orbital rim. In patients where there is a prominent tear trough deformity but a paucity of anterior fat, a tear trough implant may be more appropriate to build up the bony support. Fat repositioning over the inferior orbital rim may be inadequate to fill in the hollowness if there is significant descent of the SOOF and/or malar fat pad. In these cases, a lower eyelid blepharoplasty may need to be combined with a midface or SOOF lift to adequately deal with the contour defects.

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