Lower Blepharoplasty: Lift and Fill

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Lower eyelid rejuvenation has evolved to include not only the lower eyelid but also the lid-cheek junction. In addition, traditional subtractive blepharoplasty may yield short-term improvement but over time can actually accelerate the effects of aging by hollowing out the lids and cheek. It is now accepted and recommended to consider volume preservation and enhancement in lower blepharoplasty either by fat repositioning or by fat injection.

Involutional attenuation of the orbicularis muscle has also been found to be a component of the aging lower lid. Securing the orbicularis the orbicularis muscle to the lateral orbital rim resuspends the eyelid but also helps to enhance eyelid contour by redraping of the skin and muscle, retroplacement of herniated orbital fat, and volumization by tissue folding effect.

We perform the "lift and fill" lower blepharoplasty by transconjunctival fat repositioning combined with orbicularis muscle suspension through a canthal/infraciliary incision. This simultaneously preserves eyelid volume while enhancing eyelid support and producing excellent eyelid appearance and contour. It also results in a smooth lid-cheek interface and effacement of the tear trough (Fig. 73.1).

Transconjunctival fat repositioning is performed either in the preperiosteal or subperiosteal plane. A subciliary incision which extends several millimeters lateral to the lateral canthus is made in order to engage to the orbicularis. The terminal preseptal orbicularis muscle is engaged with a 5-0 Vicryl suture which is secured to the lateral orbital rim. If indicated (i.e., significant lower lid laxity), a suture canthopexy can be performed prior to the orbicularis suspension. The skin is closed in standard fashion.

We believe there is a synergistic effect between these two procedures. The benefit of the lift and fill is that it simultaneously addresses both descent and deflation, the two major components of eyelid aging. This technique leads to an improvement in the appearance of the lid-cheek junction and prevents eyelid malposition.

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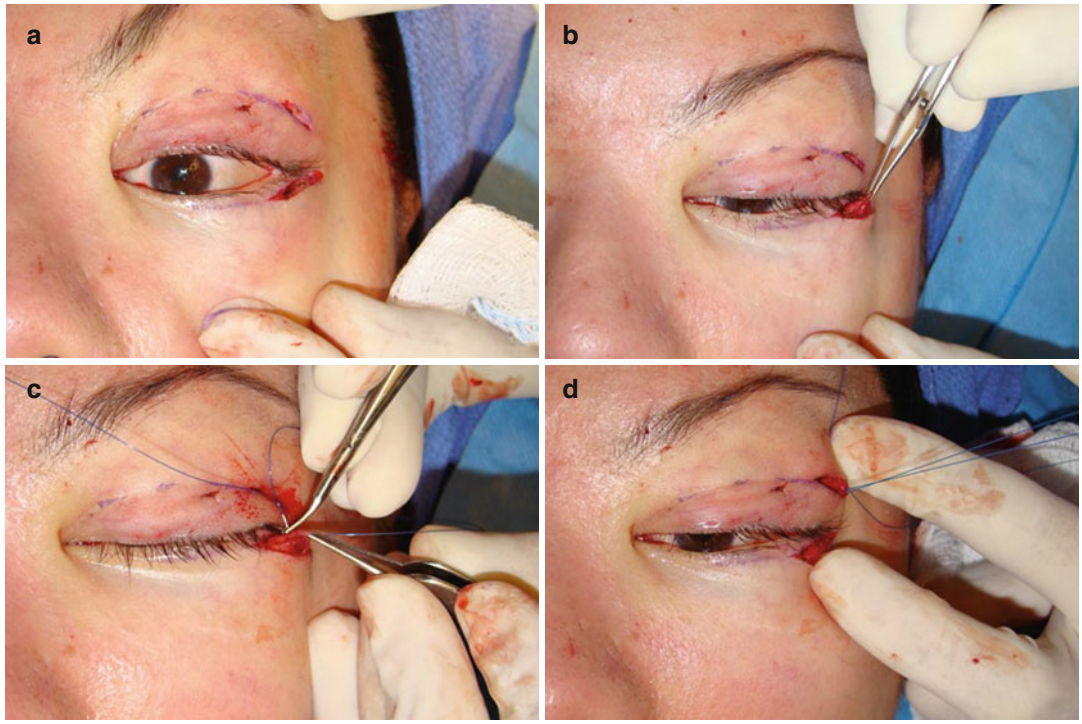

Fig. 73.1 (**a**) A temporal lid crease and canthal incision is made. (**b**) The orbicularis is undermined and grasped, (**c**) engaged with a suture, and (**d**) tunneled from the canthal to lid crease incision and secured to periosteum at the superolateral orbital rim (Reprinted from Massry GG. Managing the lateral canthus in the aesthetic patient. In: Massry GG, Murphy MR, Azizzadeh B, editors. Master techniques in blepharoplasty and periorbital rejuvenation. New York: Springer; 2011. p. 185–97. With permission from Springer Verlag)

Suggested Reading

Hartstein ME, Massry GG. The lift and fill lower blepharoplasty. Ophthal Plast Reconstr Surg. 2012;28:213–8.