
Preoperative Preparation and Anesthesia in Blepharoplasty

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Preoperative Regimen

For cosmetic blepharoplasty, I routinely prescribe Diazepam 10 mg 1 tablet plus one Vicodin tablet to be given at 60–90 min prior to the procedure. This allows time for the sedative and analgesic effect to take place. Patients may often have been nervous and sleepless the night prior to coming in, or they may have traveled a bit before getting there and most can use the premedication.

About 10 min before the scheduled time, I greet my patient and go through the following checklist:

1. Reaffirm the physical findings previously observed and discussed with the patient.
2. Reaffirm the goals of the patient for the surgery that day.
3. Ask if there are any unanswered questions.
4. Photo documentation in all relevant angles; in revisional cases, photos are taken of the sub-optimal conditions, for example, ectropion, acquired ptosis, and corrugated eyelid crease incisional wound in straight ahead as well as downgaze view.

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Intraoperative Regimen

One milliliter of 2 % Xylocaine (1:100,000 concentration epinephrine) is first mixed with 9 ml of sterile saline injection as a diluted preparation. 0.2 ml of this diluted mix is then infiltrated subcutaneously over each eyelid. Clinical blanching of the skin is noted after a couple of minutes. 0.5–1 ml of regular 2 % Xylocaine (with 1:100,000 epinephrine) per eyelid is then given submuscularly.

A drop of proparacaine is applied per eye for topical anesthesia of the cornea, conjunctiva, and inner surface of the eyelids.

Intravenous midazolam (Versed) at 0.5 mg (0.5 ml) is used as needed should further sedation be necessary. Room air may be supplied via nasal cannula.

Surgical drapes are applied. I use paper drapes and then overlay it with an operculated 3 M #1020 adhesive drape to minimize any potential communication between the operative field and the rest of the face underneath the paper drape. A drop of tetracaine is applied per eye.

A black corneoscleral protective shell that conforms to the curvatures of the cornea and sclera is lubricated with sterile Lacrilube ophthalmic ointment and then applied over the eye to be operated on. The procedure commences.

In select patients or those who prefer a deeper level of twilight sedation or general anesthesia, the service of an anesthesiologist may be prearranged.

Suggested Reading

Chen WPD, Khan JA. Color atlas of cosmetic oculo-facial surgery, (with DVD, 2nd ed). Philadelphia: Saunders; 2010.