

PATIENT INFORMATION

Lower eyelid surgery

Lower blepharoplasty
For eye bags and loose lower eyelid skin

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This booklet explains lower eyelid surgery, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about lower eyelid surgery (lower blepharoplasty), or you're about to.

It explains what the operation involves, the different approaches, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What lower eyelid surgery is

Bags under the eyes are usually caused by fat bulging forward as the supporting tissues weaken, together with loose, crinkled skin and a hollow groove beneath. Lower blepharoplasty removes or repositions this fat and tightens the skin.

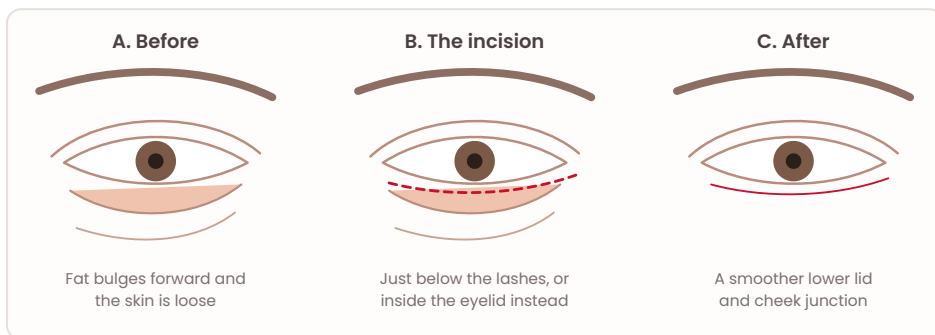


Figure 1. Eye bags and where the incision is made in lower eyelid surgery. A simplified drawing for guidance only.

The approaches

Through the skin (transcutaneous) for loose skin

An incision just below the lashes allows fat to be removed or repositioned and loose skin to be tightened.

From inside the eyelid (transconjunctival) no skin scar

Fat is treated through the inside of the lower lid, which suits people with good skin quality.

Fat repositioning for hollows

Instead of removing the fat, it is moved down to fill the groove beneath the bag, for a smoother transition to the cheek.

The lower eyelid supports the eye, so the surgery needs careful technique. Mr Kumar may also tighten the outer corner of the eyelid (canthopexy) to keep it in the right position.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have puffy bags or loose skin under the eyes
- ✓ you are in good general health
- ✓ you have realistic expectations

What the operation won't do

- It won't remove dark pigment under the eyes.
- It won't remove all fine lines or crow's feet.
- It won't treat hooded upper eyelids, which needs upper eyelid surgery.

Please tell Mr Kumar if you have, or have had

- dry eyes, or you use eye drops
- thyroid eye disease or other eye conditions
- previous eyelid or laser eye surgery
- blood thinners or supplements such as fish oil

Please tell Mr Kumar if you have, or have had (continued)

- high blood pressure
- you smoke

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- fillers to the tear trough, which can soften a hollow for several months
- skin treatments such as laser resurfacing for crepey skin
- doing nothing for now.

05 What you can expect from the result



- Removing or repositioning fat gives a long-lasting result, although the skin will still age.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- ✓ **arrange for someone to take you home** and stay with you for the first night

✓ plan 10–14 days off work

07 Anaesthetic and where it happens

Lower eyelid surgery is usually done under general anaesthetic or sedation. Most people go home the same day; some stay one night.

08 The operation

The operation takes about 1½–2 hours. Depending on the approach, fat is removed or repositioned through an incision under the lashes or inside the lid, the skin is tightened if needed, and the outer corner may be supported. Fine stitches close the skin.

09 Straight afterwards

Your lower lids will be swollen and bruised, and your eyes may water. Use cold compresses and keep your head raised.

10 Recovery

When	What to expect
Days 1–3	Swelling and bruising most noticeable. Cold compresses.
Week 1	Stitches removed if needed. Avoid contact lenses.
Weeks 2–3	Most bruising faded; most people return to work.
Weeks 3–4	Return to exercise.
3–6 months	Final result with fine scars.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON

more than 1 in 100

UNCOMMON

1 in 100 to 1 in 1,000

RARE

1 in 1,000 to 1 in 10,000

VERY RARE

fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Swelling, bruising and watering of the eyes.
- Blurred vision from ointment for a few days.
- A slightly pulled feeling in the lower lid while it heals.

Other complications

- **Pulling down of the lower lid (lid malposition)** **UNCOMMON**
The lid may sit lower or show more white of the eye. Mild cases usually settle with massage; occasionally further surgery is needed.
- **Dry or gritty eyes** **COMMON**
Usually temporary and helped by drops.
- **Irregular contour or remaining bags** **UNCOMMON**
Some unevenness can remain; occasionally a small revision is needed.
- **Swelling of the white of the eye (chemosis)** **UNCOMMON**
Usually settles over a few weeks.
- **Infection** **UNCOMMON**
Usually treated with antibiotics.

Rare but serious complications

Please read this section carefully.

- **Bleeding behind the eye** VERY RARE

Causes severe pain, swelling and loss of vision, and needs emergency treatment.

- **Loss of vision** VERY RARE

Permanent loss of vision has been reported, usually from bleeding behind the eye.

- **Double vision** RARE

From injury to a muscle that moves the eye. Usually temporary.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- severe pain in or behind the eye, a bulging eye, or any change or loss of vision
- chest pain, shortness of breath or coughing up blood

Contact us promptly if you have

- swelling much worse on one side
- redness that is spreading, discharge or a temperature
- bleeding that doesn't stop with 10 minutes of gentle pressure
- the lower lid pulling away from the eye

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins or other markings on the paper.

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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