



feature

# THE IMPORTANCE OF QUALITY IN COSMETIC EYELID SURGERY

IN THIS TWO-PART SERIES MELBOURNE PLASTIC SURGEON **DR BRYAN MENDELSON** EXPLAINS THE SPECTRUM OF PROCEDURES AVAILABLE TO SURGICALLY CORRECT AGEING EYES.

As with everything in life, quality is paramount, and nowhere more so than when it comes to having surgery on your face. The consequences of an ordinary or worse, an unsatisfactory result can have a devastating impact on ones already vulnerable self esteem and on ones future.

Traditionally, people having surgery to improve their eyelids have this for rejuvenation purposes; in other words to regain the lost look of freshness. Most people simply want to look good for their age. However, these days a growing number of younger people are having eyelid surgery in response to their desire to have a more attractive appearance than they were given by nature.

Just as the innate appearance of a person's nose can be improved with a cosmetic rhinoplasty, so the innate appearance of a person's eyelids can be altered. Correction of the negative aspects of that feature are noticed by others as an improvement of the overall 'look'

of the face. The altered feature, be it the nose or eyelids, is not necessarily noticed although comments about having 'beautiful eyes' are common. The obvious example of changing the eyelid appearance of a younger person is in Asian people who have a 'double eyelid' operation to brighten the appearance of their eyes.

These days anyone whose appearance is just plain or ordinary looking, not necessarily unattractive, has the possibility of having their entire facial appearance lifted or even glamourised by having the appearance of their eyes altered to be more beautifully defined. A small amount of change around the eyes can make a significant difference to a 'look', as every girl knows who uses eye makeup.

To do this surgery on younger people demands the highest quality surgery possible as compared to the quality of surgery performed on aged lids in the earlier years of eyelid surgery. The original objective of upper eyelid surgery to correct ageing changes was to remove fullness of the lids and typically a 'hollowed out' appearance was the result. It is now appreciated that it is not necessary to go from one extreme to the other. That is, to go from the untidiness of irregular and heavy upper lids to hollowed out lids in order to refresh the appearance. Hollow lids tend to be lifeless and at their worst soulless. Rather, it is preferable to leave some fullness of the upper lids and to restore the firm evenness, which is the characteristic of youthful lids. Accordingly, preservation of tissue in the upper lid has become the new focus of surgical attention as a certain volume is required to create a beautiful contour.

With better understanding of facial aesthetics there has been a change in the appreciation of the relative importance of the appearance of the upper and lower eyelids. The facial recognition 'software' wired into the human brain gives a disproportionate weighting to the appearance of the area of the lower lid and upper cheek that is called the lid-cheek junction.

When looking at a person's eyes there is an automatic recognition of their age, health and vitality from the unconscious scanning of this area, that tells more than the appearance of the upper lid. For this reason the 'look' of the small area around the lid cheek junction is of the highest importance when it comes to maintaining appearance.

A lower eyelid that looks youthful and fresh is a surprisingly small structure, being the short distance from the lashes to the top of the youthful cheek. Unfortunately, the position of the top of the cheek drops with ageing and this process starts in the early 20s!

As the cheek descends, the length of the lower lid increases and so does its visibility. A significant length is added to the lid by just a few millimetres of lowering of the upper cheek position, although this does not change the cheek very much. A 'long lower lid' is a telltale sign of

ageing even when the lid is flat. More often, the longer lower lid bulges, and the bulging becomes more prominent as the cheek drops further away from the lashes.

It seems to be unfair that early ageing of the lower lid and upper cheek happens at such a young age. Not everybody is equally affected by these changes and if you analyse

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what determines people who are most affected, it is those who tend to have a flat cheek at the front. This is the reason these changes occur so often in Asian people. The Asian cheekbones tend to be beautifully strong out to the side, but they lack forward projection. Accordingly, a small descent of the cheek tends to have an exaggerated impact on the lower lid contour as the bulging lower part of the eyelid is revealed by the absence of cheek bone projection.

Of course, with the ready availability of fillers these days they are increasingly being used as a quick and easy way to disguise the lower edge of the eyelid bag by camouflaging the flatness of the cheek structure. The junction between the bulge of the inner part of the lid bag and the cheek, which runs down and out from the corner of the eye is called the 'tear trough' and the cosmetic treatment of the tear trough hollow has become most important.

There is a choice as to what material to use for 'correction' of the tear trough ageing changes. Usually only a small volume of filler is required to correct the tear trough contour changes, at least in the early stages. Unfortunately, the eyelid type skin here is exceedingly thin and prone to reveal irregularities beneath, and any irregularity in this area is highly visible.

Currently in Australia, an increasing range of practitioners perform filler injections. For example, if a person wishing to have correction consults with a nurse at a beauty salon, a general practitioner or cosmetic physician, the only procedure to be offered would be the injection of a synthetic filler, of which several types are available. Although the governments' control of who may perform the procedure is not well regulated, the TGA government advisory body has been strict in monitoring and approving which products are available. Accordingly we are fortunate in Australia that the small range of products available are regarded as safe, and

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most of the problems can be related to the practitioner. It is important that safety takes priority and for this reason the hyaluronic acid fillers are preferred as these are the safest and the most compatible with the body. Also, these are not permanent. I believe the avoidance of permanent fillers is an important safety measure.

If the patient consults a qualified specialist, such as a plastic surgeon, facial plastic surgeon or even a dermatologist, they may be presented with other options, particularly fat injections or a surgical correction. Fat injections, called lipoinfiltration, is the use of fat transferred from one area of the body to the area in need. There is no perfect answer on which filling material is the best to use: each has some advantage and limitations, but over time fat injections tend to be lasting as they have an accumulated benefit whereas synthetic fillers resorb without making any long-term change.

Fat injections must be performed with great care. In the early days of fat injections the techniques were not so refined, so most of the fat resorbed and yet irregularity was a problem. Medical practitioners tend to prefer the use of fillers as the immediate result is more predictable, even though there is the absence of any predictable long-term result. Whereas with fat injections the procedure itself is more involved with more swelling after the procedure and a less certain immediate result, but a more long-term result is possible.

The most logical procedure of all is to correct the underlying cause of the problem by addressing the ageing changes of the bone. That is, to replace the missing volume of bone using a bone-like material, rather than thickening the delicate soft tissue to compensate for the deficiency of bone. Just a few surgeons are now doing this more ideal correction.

Fortunately, there is an excellent and long-proven bone substitute material available called Hydroxyapatite. Hydroxyapatite is the basic mineral structure of bone. Commercially available Hydroxyapatite granules are derived from the skeleton of marine coral and from cattle and have been used to strengthen the skeleton of the jaws for two decades. The granules are not injected but placed through a concealed incision to build up the surface of the bone of the inner cheek, as loss of bone here is the basis for the tear trough deformity. At the same time the shape of the outer cheek can be enhanced to give a more glamorised effect to the face, permanently. Because only a small volume of Hydroxyapatite is required the surgeon can readily control the 'look' to obtain the desired benefit without it being overdone. **acsm**

*In the next issue of Australian Cosmetic Surgery Magazine Dr Mendelson continues his review of the surgical options available to address the ageing face.*

