Ectropion

Ectropion is an outward turning of the lower eyelid, most commonly caused by aging, although eyelid burns or skin disease may also be responsible.

Normally, the eyelids help lubricate and cleanse the eye during blinking. An eyelid that is drooping and has lost contact with the eye can cause dry eyes, excessive tearing, redness, and sensitivity to light and wind.

Surgery can be performed to tighten the eyelid and return it to its normal position. The eyelid can then protect and lubricate the eye properly, so that irritation and other symptoms subside.

Eyelid surgery to repair ectropion is usually performed on an outpatient basis and under **monitored anesthesia care (MAC)**. Following surgery, your ophthalmologist (Eye M.D.) may prescribe antibiotic ointment and will instruct you to avoid heavy bending, lifting, and straining for seven days.

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Cosmetic Fillers

Cosmetic fillers are materials used by physicians to restore volume and fullness to the skin of the face in order to correct mild, moderate, or severe facial wrinkles and folds. Areas treated include the forehead and around the eyes as well as lines from the nose to the corners of the mouth (nasolabial folds), in addition to other depressions such as acne scars.

Common cosmetic fillers include **hyaluronate**, a biodegradable and fully biocompatible substance that can provide volume and fullness to the skin. **Collagen**, derived from animals like cattle, is also used but may produce allergic reactions in some people. An allergy test is needed before treatment with collagen injection. Fat injection, using a patient's own adipose tissue taken from the abdomen, thighs, or buttocks, can also be used. Other injectable fillers include **resorbable suture material** (polyglactic acid) and **biocompatible calcium hydroxyl appetite microspheres** that are suspended in an injectable gel.

Injectable fillers plump up the skin to smooth away facial lines and wrinkles. In contrast, **botulinum toxin** (Botox) is a drug that relaxes the muscles underlying the wrinkles. One product does not necessarily replace the other product, and often they are used together in different areas of the face to provide the most natural line and wrinkle reduction.

Patients must realize that the corrections from cosmetic fillers usually are not permanent. Some fillers last longer than others, but patients should expect to need repeated treatments every nine to 12 months or, with the longer-acting agents, every few years to maintain the desired results.

Complications from injectable fillers are infrequent and usually minor. Risks include allergic reactions (from collagen), bruising, swelling, puffiness, infection, and lumpiness.

Ask your ophthalmologist (Eye M.D.) about treatment options and decide together which cosmetic filler might be appropriate for you.

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Blepharoplasty

As we mature, the delicate skin around the eyes can appear puffy, saggy, or droopy. Eyelid skin stretches, muscles weaken, and the normal deposits of protective fat around the eye settle and become more prominent. The surgical procedure to remove excess eyelid tissues (skin, muscle, or fat) is called **blepharoplasty.**

Blepharoplasty can be performed on the upper eyelid, lower eyelid, or both. The surgery is performed for either cosmetic or functional reasons. Sometimes excess upper eyelid tissue obstructs the upper visual field or can weigh down the eyelid and cause the eyes to feel tired. Most often, people choose blepharoplasty to improve their appearance by making the area around their eyes firmer. When blepharoplasty is performed to improve vision rather than for cosmetic reasons only, the costs may be covered by your health insurance plan.

Blepharoplasty for the lower eyelid removes the large bags under the eyes. It is unusual for third-party payers to cover lower-lid blepharoplasty.

The surgery is usually performed on an outpatient basis and can take one to three hours. Upper-eyelid incisions are made in the natural crease of the lid, and lower-lid incisions are made just below the lash line. A procedure for lower-lid blepharoplasty, known as **transconjunctival lower-lid blepharoplasty,** removes or redistributes excess fat through an incision inside the lower lid. The incisions are closed with fine sutures.

Swelling, bruising, and blurry vision are common after blepharoplasty. Stitches are removed three to five days after surgery, except in the case of transconjunctival blepharoplasty, where the self-dissolving sutures require no removal.

Possible complications associated with blepharoplasty include bleeding and swelling, delayed healing, infection, drooping of the upper or lower eyelid, asymmetry, double vision, and dry eye, to name a few. It is important to note that the puffiness of the fat pockets may not return, but normal wrinkling and aging of the eye area will continue.

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Browlift

Sun, wind, and gravity affect the skin and muscles of the face over time. One of the most noticeable aspects of aging is a progressive drooping of the eyebrows. This can cause wrinkling of the forehead from raising one’s eyebrows as well as vertical wrinkles or furrows between the eyebrows. Sometimes the eyebrows or excess eyelid tissue can obstruct vision.

A **browlift** (also called a forehead lift) elevates the brow, smoothes forehead skin, and can remove vertical lines between the eyebrows. Incisions are made in inconspicuous places, either behind the hairline, in one of the forehead wrinkles, or immediately above the eyebrows. If an endoscope (a small tube with a fiber-optic light) is used, the incisions can be very small. After the muscles are tightened and excess skin is removed, the incision is closed with sutures. The operation is usually performed on an outpatient basis under either **monitored anesthesia care (MAC)** or general anesthesia.

Swelling and bruising, common after a brow- or forehead lift, begins to subside in seven to 14 days. Numbness and itching are common during the healing process. Sutures, staples, or clips are removed within seven to 14 days after the surgery. Incisions in the hairline may damage hair follicles and result in some hair loss.

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Chalazion

A chalazion is a swelling in the eyelid caused by inflammation of one of the small oil-producing glands located in the upper and lower eyelids. A chalazion is sometimes confused with a **stye,** which also appears as a lump in the eyelid. However, a stye is an infection of a lash follicle and forms a red, sore lump. Chalazions tend to occur farther from the edge of the eyelid than styes and tend to “point” toward the inside of the eyelid. Sometimes a chalazion can cause the entire eyelid to swell suddenly, but usually there is a particular tender point.

When a chalazion is small and without symptoms, it may disappear on its own. If the chalazion is large, it may cause blurred vision. Chalazions are treated with any or a combination of the following methods:

- Warm compresses help to clear the clogged gland;
- Antibiotic ointments may be prescribed if bacteria infect the chalazion;
- Steroid injections may be used to reduce inflammation;
- Surgery may be used to drain a large chalazion if it does not respond to other treatments. The procedure is usually performed under local anesthesia in your ophthalmologist’s (Eye M.D.’s) office.

Chalazions usually respond well to treatment, although some people are prone to recurrences. If a chalazion recurs in the same place, your ophthalmologist may suggest a biopsy to rule out problems that are more serious.

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Basal Cell Carcinoma

Basal cell carcinomas are the most frequent type of malignant tumor to affect the eyelid, making up 85% to 95% of all malignant eyelid tumors. They are most commonly found on the inner portion of the lower eyelid, particularly in elderly, fair-skinned people. Prolonged exposure to sunlight seems to be a risk factor for developing this form of tumor.

There are many different kinds of basal cell carcinomas, but the nodular variety is one of the most common. It appears as a raised, firm, pearly nodule with tiny, dilated blood vessels. If the nodule is in the eyelash area, some lashes may be missing. The nodule may have some superficial ulceration and crusting and may resemble a **chalazion** or **stye.** While these tumors are malignant, they rarely spread elsewhere in the body. For most of these tumors, surgery is the most effective treatment. In severe cases when the tumor has been neglected for a long time, it can spread into the eye socket, which may ultimately require removal of the eye and adjacent tissue.

Depending on the nature of your eyelid tumor, your ophthalmologist (Eye M.D.) may suggest one of many possible procedures to remove the tumor, including normal surgical excision, microsurgery, or cryosurgery. You should discuss the various options and their advantages and disadvantages with your ophthalmologist.

Eyelid surgery to remove the tumor and repair the eyelid is usually an outpatient procedure performed under local anesthesia. Risks of surgery are rare, but asymmetry of the eyelids is one possible complication.

After eyelid surgery, bruising or a black eye is common, but it resolves quickly. It may be difficult for you to close your eyelid completely, making the eye feel dry. This irritation generally disappears as you heal. Serious complications are rare but can include vision loss, scarring, and infection.

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Botox Injections

Botox is the trade name for **botulinum toxin.** In its pure form, botulinum toxin is a poisonous neurotoxic protein that is found in certain spoiled foods and causes muscle weakness. It acts as a nerve impulse blocker, preventing muscles from contracting. In an extremely dilute form, botulinum toxin has many medical applications.

Botulinum toxin is used to treat ocular conditions such as **blepharospasm,** an excessive contraction of the eyelid muscles that forces the eyelids closed, and hemifacial spasm, an excessive contraction of the facial muscles on one side of the face. When the toxin is injected directly into the muscles of the face or the eye, it causes the overactive muscles to relax. It usually takes a few days for the therapeutic effects to be noticeable, and the injections may need to be repeated every four to six months.

Botulinum toxin also is used to treat certain kinds of double vision. The toxin is injected directly into the eye muscle opposite the paralyzed muscle.

Botulinum toxin can also be used for cosmetic purposes to soften wrinkles around the eye. It can also weaken the brow muscles in order to diminish the deep furrows or frown lines that may appear in the middle of the forehead.

Side effects of the injections are temporary. They can include a droopy upper eyelid, double vision, and being unable to close the eyelids.

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Lacrimal Drainage Surgery

Keeping the eyes moist and healthy requires tears. Tears are produced in the lacrimal glands, some of which are located under the upper eyelid. Tears drain from the eye into the nose through the nasolacrimal duct, or tear duct. A blockage of this drainage duct can cause wet eyes or excessive tearing. A blocked tear duct can also cause mucus buildup in the eye or ongoing infections in the lacrimal sac where tears collect. Infections are noticeable as a swelling of the inner corner of the lower eyelid.

Nasolacrimal duct obstructions can happen with no obvious cause. Sometimes previous sinus or nose surgery, or facial trauma with broken facial bones, can obstruct the tear duct.

Lacrimal drainage surgery is called **dacryocystorhinostomy (DCR)** and can be performed in different ways. One type of operation is an external DCR where an incision is made on the side of the nose, where eyeglasses might rest. A small amount of bone is removed to permit a new connection between the lacrimal sac and the inside of the nose. Small plastic tubes are sometimes inserted at the time of surgery to help keep the newly created opening from scarring shut during the healing process. The tubing is removed a few months after surgery.

Another type of operation uses a special instrument called an **endoscope**. The endoscope is a small tube with a fiberoptic light that facilitates the creation of a new opening into the nose. Various types of laser have also been used to perform the DCR operation.

In extreme cases where the tear duct cannot be reopened or repaired, an artificial tear duct can be implanted. The artificial tear duct is called a Jones tube and is implanted behind the inner corner of the eyelid to drain tears into the nose.

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Chemical Peel

A chemical peel or facial peel is a nonsurgical technique used to smooth some of the fine facial wrinkles associated with aging. Areas of sun-damaged skin and certain skin discolorations also respond to the procedure.

An acidic or low-Ph solution is applied to the face, causing the top layer of skin to peel, revealing new, fresh layers of skin. Chemical peels affect superficial, medium, or deep layers of skin, depending on the strength of the acidic solution, the duration of contact, and skin type. Deeper peels increase the risk of scarring.

Creams are often prescribed to prepare the skin several weeks before the procedure. The acidic solution can produce a burning and tightening sensation, but most people do not require anesthesia.

With superficial peels, skin will appear pink or red following the procedure. Mild facial swelling may develop, especially around the eyes and on the chin. Some areas of skin may become crusty or scaly.

Medium-depth peels cause more intense swelling. The skin is initially white, becoming increasingly red for the first 24 to 48 hours. The skin then peels as if severely sunburned. Peeling lasts from four to eight days. Skin may appear pink for several weeks.

While bandages are not necessary, a thin layer of prescribed ointment keeps the skin clean and moist after a chemical peel. Patients who are taking Accutane need to inform their doctor as studies have shown that Accutane may cause scarring following chemical peels.

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