

Continuing Medical Education Article

Blepharoplasty: Anatomy, Planning, Techniques, and Safety

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Abstract

Blepharoplasty is one of the most commonly performed cosmetic surgical procedures. To date it remains the most powerful method of periorbital rejuvenation when compared to other nonsurgical modalities, especially in the aging face. Despite that, the procedure has its shortcomings that include a steep learning curve, prolonged recovery, and potential for appearance and life-changing complications. Attaining successful outcomes relies on a solid understanding of facial topography, patient and technique selection, and, when appropriate, following a conservative approach. Modern blepharoplasty relies on tissue conservation and volume enhancement rather than aggressive removal. This concept was conceived after the realization that older techniques resulted in a hollowed appearance, which accentuated the aging process. It was further reinforced by advances in knowledge of periorbital anatomy and aging changes. This Continuing Medical Education article will detail periorbital surgical anatomy, preoperative planning, and varied blepharoplasty approaches and techniques, with an emphasis on safety and tailoring the procedure to the patient's anatomy.

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Learning Objectives

The reader is presumed to have a basic understanding of aesthetic eyelid surgical procedures. After studying this article, the participant should be able to:

- (1) Describe the periorbital anatomy and surface topography of the youthful and aging eyes.
- (2) Identify ideal candidates for aesthetic eyelid surgery and patients at risks for postoperative complications.
- (3) Recognize the various surgical techniques of upper and lower blepharoplasty.

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Blepharoplasty is the surgical rejuvenation of the upper and lower eyelids. It is the fourth most common cosmetic procedure performed in the United States according to the 2016 American Society for Aesthetic Plastic Surgery statistics.¹ Both upper and lower blepharoplasties are technically demanding operations that require careful planning and meticulous execution to achieve optimal outcomes and avoid complications. Numerous techniques have been described for both upper and lower blepharoplasties, with no comparative data supporting the superiority of one technique over the other.²⁻¹⁶ Regardless of the approach

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