Avoiding hollow eyes and skletonisation by blepharoplasty

Haffner T. ,M.D. - Berger K, M.D.
HeumarktClinic, Heumarkt 43, Cologne 50667, Germany
+49-221-257-2976, info@heumarkt.clinic , www.heumarkt.clinic

Background

Blepharoplasty is one of the most common performed procedures in cosmetic surgery. The goal of any upper eyelid surgery is the rejuvenation of the periorbital area restoring youthful proportions and a pleasing look. The most common way of blepharoplasty is the resection of skin, muscle and more or less prolapsed fat. By way of a muscle resection can the status of an older arise, which is characterised by thinner soft tissue covering, and increasing skeletonisation, depening of the supratarsal fold, hollowing and unnatural operated look.

Objective

19 years experience of the muscle saving blepharoplasty about mare than 350 operations analysed. The new perspectives of blepharoplasty are presented, which are designed for preventing of aging, preventing of the typical side effects of a common blepharoplasty, such as hollow eyes, deep supratarsal fissure, skeletonisation, dark upper lid rings and the diminishing of youthfulness. Optimization of the scar quality by elimination of sututers´s tensio are stressed, too.

Method

The muscle saving blepharoplasty performed by meticulous preparation of the skin without damage the eyelid muscles. For the acces to the septum by fat resection minimal invasive spreading of the muscle fibers instead of excision should be made. An imbrication of the orbicalis muscles works as tightening and augmenting and supporting of the skin closure in the next step. The „orbicularis augmentation blepharoplasty“ performed already 19 years in the authors practice. In this retrospective study the results are 350 cases between 2000-2015 evaluated.

Results

By the preservation and the duplication of internal muscles using a natural filling, the eyelid arises and deep or hollow eyes are prevented. The results are a younger looking upper eyelid, by which the visibility of the tarsus and an opened look exists, the bony contours of the orbita is not visibly forced but softened after the augmentation procedure in a natural way. The scars are regularly thin and inconspicuous since the skin has no tension.

Conclusions

The usual practice of eyleid-muscle removal in blepharoplasty must be rethought. A iatrogenic skeletonised look, by which aging processes further provocated, must be prevented. The blepharoplasty should be made with preventive perspectives against aging and not iatrogenic provocate it.

Authors correspondence:
Dr. Thomas Haffner - HeumarktClinic
Heumarkt 43
50667 Koeln
Germany
info@heumarkt.clinic
www.heumarkt.clinic
+49-221-257-2976



Profile:
https://www.researchgate.net/profile/Thomas_Haffner3

Biography :Thomas Haffner M. D. is a board certified reconstructive, vascular and cosmetic surgeon in Germany. He was trained in the reconstructive-plastic surgery and senology section of the Semmelweis University (Szabolcs Str.) in Budapest . He is specialised also in vascular surgery and worked there many years as department leader in german clinics. Attending educational courses by Prof. E. Biemer had certified in the endoscopic plastic surgery and micro-surgery. He completed cadaver and live Op. courses in the universities of Erlangen, Ulm, Regensburg and resident assistance by Prof. Rettinger in Ulm. In 2000 he established his private clinic for vascular-reconstructive & aesthetic surgery in Cologne, Germany. His primary focus is the breast and facial surgery using minimal invasive and endoscopic methods. He invented the innovative vertical scar free reconstructive 3D mastopexy. He presented a new facelift method the " Temporal Endoscopic Face and Midface Lifting" without facial scars.

Literature:

1. Haffner T.- Berger K. – Optimization Periorbicular Aesthetic Reconstructions May 2018 DOI: 10.13140/RG.2.2.12781.08162 Conference: Master Class Plastic Surgery Symposion VDÄPC, DGPRÄC, Hannover, Germany
2. Thomas Haffner M.D.: Orbicularis augmentation blepharoplasty. 48. Jahrestagung der DGPRÄC, 55. Jahrestagung der ÖGPÄRC und 22. Jahrestagung der VDÄPC, Graz; 09/2017
3. Thomas Haffner: Blepharoplasty with orbicularis augmentation and orbicularis lifting. DOI:10.4172/2155-9554-C1-056 Conference: 16th European Dermatology Congress CME Accredited June 07-08, 2017 Milan, Italy “Beyond the Vision in Dermatology Advances”
4. Liebermann DM, Quatela VC(2013) Upper lid blepharoplasty: a current perspective. Clin Plast Surg. 2013 Jan;40(1):157-65.
5. Tonnard PL1, Verpaele AM, Zeltzer AA. Augmentation blepharoplasty: a review of 500 consecutive patients. Aesthet Surg J. 2013 Mar;33(3):341-52.
6. Fagien S. The role of the orbicularis oculi muscle and the eyelid crease in optimizing results in aesthetic upper blepharoplasty: a new look at the surgical treatment of mild upper eyelid fissure and fold asymmetries. Plast Reconstr Surg. 2010 Feb;125(2):653-66.
7. Fagien S. Advanced rejuvenative upper blepharoplasty: enhancing aesthetics of the upper periorbita. Plast Reconstr Surg. 2002 Jul;110(1):278-91;
8. Trussler AP1, Rohrich RJ. MOC-PSSM CME article: Blepharoplasty. Plast Reconstr Surg. 2008 Jan;121(1 Suppl):1-10.
9. de Assis Montenegro Cido Carvalho F1, Vieira da Silva V Jr, Moreira AA, Viana FO. Definitive treatment for crow's feet wrinkles by total myectomy of the lateral Orbicularis Oculi. Aesthetic Plast Surg. 2008 Sep;32(5):779-82; discussion 7783-4.
10. Lee JW1, Baker SR. Esthetic enhancements in upper blepharoplasty. Clin Plast Surg. 2013 Jan;40(1):139-46.
11. Fogli AL1. Orbicularis muscleplasty and face lift: a better orbital contour. Plast Reconstr Surg. 1995 Dec;96(7):1560-70;