

Master Techniques in Blepharoplasty and Periorbital Rejuvenation

eyelid). The suture is then looped back through the Gray line to the lateral orbital rim. The suture is then tied at the lateral orbital rim and the skin checked for puckering if necessary subcutaneously released. The procedure is then repeated on the second side with care to maintain similar elevation and position on the lateral orbital rim to avoid creating asymmetry in the position of the lateral canthus.

Figure 2. Lateral canthopexy suture. Above photo, shows 5/0 Monocryl suture from lateral orbital rim to Gray line and returning from Gray line to lateral orbital rim. Above photo shows lower eyelid position without tension along the suture. Below photo shows elevation of lower eyelid position with the suture tied.



Orbicularis Oculi Sling

In conjunction with lower blepharoplasty an orbicularis sling is fashioned that provides support to the lower eyelid. This technique is more commonly utilised by facial plastic and general plastic surgeons and offers the advantage of avoiding surgery on the complex anatomy of the lateral canthus itself. Although this technique is relatively straightforward to perform it does result in damage to the orbicularis oculi (may be relevant in patients with or at risk of dry eye).

With the use of 3-5mLs of local anaesthesia (1% lidocaine and 1:100 000 epinephrine) a lower eyelid skin incision is made as part of the