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Double eyelid procedure: Orbicularis-levator fixation technique

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Asian eyelids have several characteristics that distinguish them from the eyelids of people from European and African descent. These include low, poorly defined or absent lid creases, pronounced fullness to the upper and lower lids, narrow palpebral fissures and epicanthal folds. The extent to which these anatomic variants are present, determines the height and prominence or absence altogether of the upper lid crease in the Asian eyelid. Asian blepharoplasty is the most common cosmetic surgery procedure done in the Far East with many variants noted. Here we will discuss in detail the patient selection, preparation, anesthesia and surgical technique utilized in the orbicularis-levator fixation technique for the creation of the double eyelid in the Asian patient.

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Complications, unfavorable results and critical analysis of the double eyelid procedure

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The double eyelid procedure is one that is potentially fraught with unfavorable results as well as numerous complications due to the fact it is a procedure based predominantly on symmetry, precision and tissue characteristics with errors measured in millimeters. Coupled with significant expectations often times unrealistic from the patient's perspective; who may routinely view a normal, expected outcome as an unfavorable result. Potentially unfavorable results can range from crease size dissatisfaction, relapse to a single eyelid, asymmetry and multiple creases as well as high or thick fold; whereas, possible complications can range from ectropion, ptosis, ocular injury, hypertrophic scarring, milia as well as suture granuloma. There is probably no other facial cosmetic surgical procedure that is more dependent on exactness and precision, coupled with patient expectations and visibility than the double eyelid operation.

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