

The Eyes Have It!

Though perhaps not correct by parliamentary rules, my vote for first place in the armamentarium of facial rejuvenation surgery goes to forehead lift and blepharoplasty (eyelid surgery). While most patients presenting for surgical “restoration” are concerned with the appearance of the neck, in fact the earliest changes occur in the upper face. This is also the area that most of us focus upon when meeting others.

The procedures available for correction include a variety of forehead lifts as well as the more commonly recognized eyelid lifts (blepharoplasty). With age, the forehead lift becomes more important. Henry Bayliss M.D., a prominent west coast ophthalmic plastic surgeon has written that attempting to correct the aged upper face without first lifting the brow was waste of time. Common sense tells us that removing a large section of skin from the upper eyelid can only result in eyebrow movement in one direction—and that direction is not up!

This group of operations is often applicable to the younger patient as the forehead and eyelid changes may be more related to hereditary aging patterns than strictly to chronological age. I have performed upper blepharoplasty on an 18 year old and forehead lift on a 26 year old. Loss of the desirable upper eyelid crease at all ages is caused by herniation of the orbital protective fat into the lid fold. This “hernia” in the lid is similar to hernias in other areas all of which are secondary to weakness in a connective tissue barrier and all of which may occur in the very young. The good news is that the correction of the fatty herniation is virtually permanent although the skin will continue to age normally.

Unfortunately many surgeons are reluctant to perform open forehead lift. This has led to development of a variety of so called endoscopic procedures. For technical reasons these operations are inefficient at achieving one of the major goals of the surgery, correction of the aging changes caused by continuous over action of the central forehead muscles. These failures have led to the promotion of Botox injections, an expensive long-term solution. The endoscopic procedures are also inappropriate for the patient with the high forehead, as this condition would be exaggerated.

In summary, any rejuvenation of the face should begin with an examination of the forehead position and eyelids. Very efficient forehead lift procedures allow correction not only in the typical facial configuration but also in the high forehead and in men! Dr. Bayliss has also contributed the transconjunctival (performed through the inside of the lower lid) technique which greatly improves the safety and quality of lower eyelid surgery. Many patients now remark that they did not look this good as teenagers!

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