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- * Aesthetic medicine
- * Cosmetic surgery
- * Aesthetic laser therapy
- * Regenerative medicine

Procedure - Blepharoplasty, Lower Eyelid Surgery.

Lower eyelid surgery is a procedure aimed at improving the appearance of the lower eyelid area by removing excess loose skin, reducing so-called bags under the eyes by removing the bulging fat pads and connective tissue from the weakened orbital septum.

1. At the beginning of the procedure, we instill 1-2 drops of a 0.5% Alcaine solution (surface anesthesia) into the conjunctival sacs.
2. To fully disinfect the treatment area, we cleanse the eyelid skin with solutions containing povidone-iodine, such as Kodan or Povidone. For individuals sensitive or allergic to iodine-containing preparations, Octenisept solution is used as an alternative. Additionally, Skinsept solution (containing ethanol) is used for skin disinfection.
3. While the patient is seated, we inspect the treatment area, assessing the surface of the loose skin and the size of the fat bulges (fat hernias) in this area.
4. We use three types of lower eyelid surgery techniques, which are tailored to the individual needs and problems of the patient:
 - a/ Lower eyelid skin blepharoplasty: This is a standard technique focusing on removing excess loose skin from the lower eyelid. It is often performed when there are so-called "bags" under the eyes caused by a loss of skin elasticity and weakening of the subcutaneous tissue.
 - b/ Lower eyelid skin blepharoplasty with fat transposition: In cases of volume loss in the lower eyelid area, fat transposition can be performed, transferring fat tissue from another part of the body to the lower eyelids. This technique aims to even out and replenish lost volume, giving a younger, fuller appearance.
 - c/ Canthoplasty: This technique focuses on reconstructing and strengthening the outer corner of the eye. It is often used when the oblique ligament, which holds the lower eyelid in place, is stretched or weakened.
5. The excision of loose eyelid skin and suturing of the resulting wounds are performed while the patient is in a horizontal position, lying on their back.
6. The area of skin to be excised is locally anesthetized using Citocartin 100 (local anesthesia).
7. All incisions are made using a CO2 laser with a precise laser knife or using surgical diathermy with electric cutting electrodes.
8. Bleeding vessels are continuously coagulated using surgical bipolar forceps (diathermy).
9. The initial incision for the procedure is made 6-8 mm below the lash line of the lower eyelids, just below the lower tarsal plates, according to the established surgical plan.
10. Through the access obtained by incising the skin and muscles, we remove the excess fat tissue located deeper, just under the orbicularis oculi muscle, excising the medial and central fat pads located between the lower oblique muscle and the lateral fat pads.



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11. Next, we gently lift the skin of the zygomatic area (zygomatic lift), symmetrically and bilaterally, with a single stitch using Vicryl 3.0 sutures, attaching the skin to the orbicularis oculi and major zygomatic muscles.
 12. After performing the zygomatic lift, we assess the amount of excess loose skin on the lower eyelids relative to the lash line of the lower eyelid by placing the skin with forceps on the lower eyelash line. The excess skin, after outlining its boundary with a marker, which runs along the arcs of the lower eyelid tarsal plates, is then trimmed precisely with a laser knife.
 13. The wound edges are approximated using continuous intradermal sutures (absorbable Vicryl Rapide 6.0 sutures).
 14. At the end of the procedure, special protective strips are applied to the sutured lower eyelid wounds, and antibacterial (Oftraquix 5 mg/ml) and anti-inflammatory (Dexamethasone 0.1%) drops are instilled into the conjunctival sac.
 15. Maxitrol, Posorutin drops, Corneregel gel, and Floxal ointment are prescribed.
 16. The procedure lasts approximately 2 hours.
 17. Immediately after the procedure, a compressive (cooling) dressing is recommended for the eye area to reduce swelling and bruising. The dressing applied after the procedure should be removed after a few hours (4-6 hours). The sutures placed during the procedure, although absorbable, will be removed after 10 days.

