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O Research Article

OUR EXPERIENCE IN UPPER EYELID PLASTY

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Shokhrukh Sh. Yusupov Researcher Tashkent Medical Academy, Uzbekistan

ABSTRACT

Aesthetic blepharoplasty is one of the most delicate and technically complex cosmetic interventions on the face. In this case, for each patient, a different approach is usually developed. The expression of the eyes is directly dependent on the state of the eyelids and periorbital tissues [2,3,6,10]. The eyelids, as a functional component of the face, play an essential aesthetic role. It is known that the upper eyelid is more mobile than the lower and covers 3/4 of the surface of the eyeball [20]. It has a well-defined horizontal groove, which is formed due to the interlacing of the fibers of the muscle that lifts the upper eyelid [21]. The anterior surface of the eyelid has the structure of the skin [16]. At the same time, it was found that this is the thinnest part of the skin of the human body with fewer layers of the epidermis and reduced keratinization of epithelial cells [12-15]. Due to the presence of a thin layer of subcutaneous tissue, the eyelids are extremely mobile. It should be noted that this sulcus is not visualized in Asians due to the peculiarities of muscle attachment and redistribution of subcutaneous adipose tissue [1,4,5,8]. In this area, the skin first of all undergoes age-related changes, loses its elasticity and sags [18,19]. Eyelid deformities can cause severe functional disorders, and also represent a clear aesthetic defect [17]. In order to achieve the desired result, from blepharoplasty, it is necessary to determine what types of tissues and in what volume should be removed [7,9,11].

KEYWORDS

Delicate and technically, upper eyelid, hypertrophy, blepharoplasty, hematoma; infection.

INTRODUCTION

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The purpose of this work is to analyze the results of blepharoplasty of the upper eyelids on the experience of our department.

MATERIALS AND RESEARCH METHODS

During the period of 2015 to 2018, there were 320 patients in the Plastic Surgery Department of the 2nd TMA Clinic who underwent upper blepharoplasty. Of these, there were 280 (88%) women and 40 (12%) men. The age of the patients ranged from 16 to 70 years. All patients underwent a standard clinical and laboratory examination and a standard preoperative preparation plan. Preoperative preparation includes stopping the use of drugs that affect the blood coagulation system, as well as non-steroidal anti-inflammatory drugs. Upper eyelid plasty was indicated for sagging skin and bulging of fatty tissue of the upper eyelid, hypertrophy of the orbicular muscle of the eye, which close the natural crease of the eyelid, was noted in all of our patients. The measurement was carried out with a medical ruler, while the lower line was marked from

the edge of the eyelashes, the dimensions of which ranged from 4, 5, 6, 8 mm. The size of the line depended on the desire, age and appearance of the patient, the structure and type of periorbital tissue. The upper line was marked from the brow arch at a distance of 8, 9, 10 mm. The length of the incision was from 3.5 to 5 cm. The incision started from the inner corner of the eye in the form of interlocking semilunar incisions and continued to the level of the brow end in the form of a boat. Sometimes the incision line was completed before reaching the eyebrow edge, the width of the mark between the lower and upper lines was from 1 to 2 cm. internal line with the help of a coagulator (Fig. 1), we controlled each stage and performed a test for opening the eye and the appearance of the patient, the next stage we performed a resection of the circular muscle, while excising the extreme lines of the muscles that were in the subcutaneous part of the external line, the last stage imposed intradermal sutures with synthetic suture No. 5 from Prolene, aseptic dressing.



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Pic. 1

Research results. Overhang of the eyelid skin in the elderly often leads to narrowing of the visual fields, which was noted in 130 patients. With hypertrophy of the circular muscle and swelling of fatty tissue, removing only excess skin does not provide a sufficient aesthetic effect. Removal of fiber and / or muscle tissue allows you to create a smooth contour of the upper eyelid. Sagging of the upper eyelids may be due to excess skin, hypertrophy of the orbicular muscle of the eye, herniated fatty tissue, or a combination of both. In order to achieve the desired result from blepharoplasty, it is necessary to determine what types of tissues and in what volume should be removed. At the same time, not only excess skin is removed, but also fatty tissue and muscle tissue of the eyelids. Excision of the skin during upper blepharoplasty is performed in such a way that the necessary proportion between the fold-eyebrow and the palpebral fissure is maintained. After surgery, there is swelling of the tissues around the eyes, passing on 8-10 days. The sutures were removed on the fifth or seventh day after the operation. In general, the rehabilitation period is no more than three weeks. After this period, a preliminary assessment of the results of blepharoplasty is performed. We performed photo documentation before and after surgery (pic. 2).



Fig. 2

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CONCLUSIONS

Thus, a thorough and systematic preoperative evaluation of candidates for blepharoplasty is necessary to minimize postoperative complications. Patient analysis aims to determine how much eyelid skin, orbicular muscle, and orbital tissue need to be resected to optimize aesthetic and functional Possible outcomes. complications include: hemorrhage into the surrounding tissues with the formation of a hematoma; infection with subsequent suppuration of the postoperative wound; divergence of seams; the appearance of a postoperative scar; dry eye syndrome. Surgical intervention in the eyelid area requires a highly qualified specialist due to the complex anatomy of this area, while it is necessary to assess the periorbital tissues and, based on the data, make a rational choice of the type and access for upper eyelid surgery.

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