

Modified upper blepharoplasty using combination of incision and nonincision surgical approaches

Gyu Jung*, Dmitry Victorovich Garbuzenko

COMMENTARY

It is a simple and easy way to create a double eyelid while removing the drooping part of the eyelid skin and making it look younger [1]. In the original article, the author used a 6-0 black nylon to penetrate the OOM muscle vertically into the conjunctiva and penetrate into the OOM muscle to knot the knot. In the same way, 8 points were performed at 4 mm intervals in the medial pupil. The authors have fixed the knot at the 8 point with the idea that the knot at the 8 point is held 6-7 knots even if one knot is released, maintaining the shape of the double eyelid. However, this method has a disadvantage of making the double eyelid deep because it has many fixing points. Thus, the depth of the double eyelids could be controlled by adjusting the strength of the knot. In addition, 5 point knots were made in patients who prefer shallow double skin depth. And 5 points at 6 mm intervals in the medial pupil region (Figure 1). Thus, the shape of the shallow eyelid could be made sufficient in two ways [2].

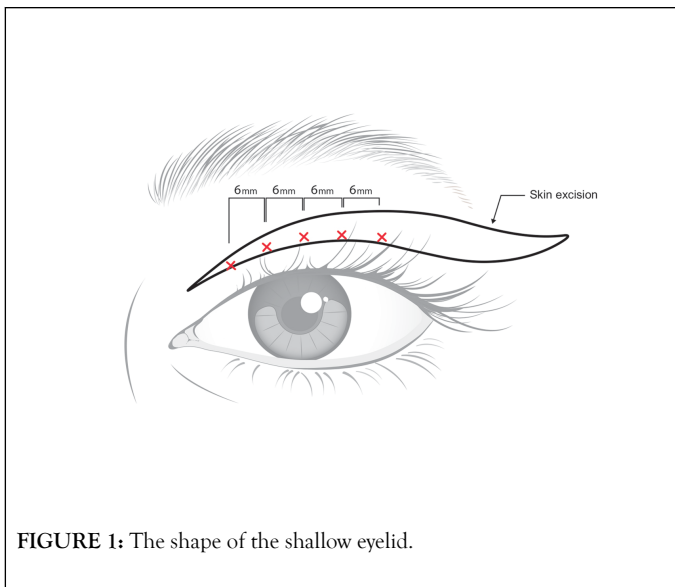


FIGURE 1: The shape of the shallow eyelid.

Blepharoplasty is the most commonly performed plastic surgery in Asia. Plastic surgery has become popular recently. The awareness of the population has increased and is increasingly accepted. Anatomically, Asians have a lot of fat in their eyelids. This is because the fibers that connect levator palpebrae superioris muscle do not reach the inner eyelid of the dermis.

Double-fold surgery can be divided into three main methods: incisional, partial incisional, and non-incisional methods. Each method has advantages

and disadvantages. The incision method removes a large amount of excess fat by removing soft tissue and then induces cicatricial adhesion as a succession of tissue layers. However, the benefits of this technique can be difficult to fix due to swelling and bleeding during surgery. In addition, in the case of correction surgery, it is difficult to determine where to set the line, and much experience and confidence is required in predicting line formation.

In 1896, Mikamo introduced the non-incisional blepharoplasty, which is preferred by most surgeons, because it is easy and quick to perform, has a fast recovery time, and does not cause scarring after surgery [3]. However, this method has limitations because it is impossible to remove excess tissue. Homma et al. reported loss of eyelid line in 1% of patients during the first year after surgery and 3.43% in the 5 years after surgery. It is the limit of this method that the eyelid line disappears after the technique of asking [4].

Unlike conventional line fixation methods after removing skin, the author reversed this process. Initially, we used the non-incisional method to create a double line and then remove fat and extra skin. This method showed the expected results after surgery. In addition, this method has created a well-balanced symmetry and has been able to make robust lines with good adhesion. Also, in the case of reoperation, this technique allows the surgeon to create accurate and new lines as expected. These features are a positive feature for people who have received this surgery for the first time.

Double fold surgery is the most common plastic surgery, but satisfactory results are not easily obtained. There is also no definitive evidence that the incision results better than the non-incision method because of the advantages and disadvantages of each method. Therefore, it is difficult for plastic surgeons to choose the best method for double folding, especially for secondary surgery.

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Department of Plastic and Reconstructive Surgery, School of Medicine, Kyungpook National University, Daegu, Republic of Korea

*Correspondence: Gyu Jung, Department of Plastic and Reconstructive Surgery, School of Medicine, Kyungpook National University, Daegu, Republic of Korea, Tel: +82-53-200-5685; E-mail: jkshheart@naver.com

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