

PREOPERATIVE DIAGNOSES:,1. Blepharochalasia.,2.

Lower lid large primary and secondary

bagging.,POSTOPERATIVE DIAGNOSES:,1.

Blepharochalasia.,2. Lower lid large primary and secondary

bagging.,PROCEDURE: , Quad

blepharoplasty.,ANESTHESIA: , General.,ESTIMATED

BLOOD LOSS: , Minimal.,CONDITION: , The patient did

well.,PROCEDURE: ,The patient had marks and

measurements prior to surgery. Additional marks and

measurements were made at the time of surgery; these were

again checked. At this point, the area was injected with 0.5%

lidocaine with 1:200,000 epinephrine. Appropriate time waited

for the anesthetic and epinephrine effect.,Beginning on the left

upper lid, the skin excision was completed. The muscle was

opened, herniated, adipose tissue pad in the middle and

medial aspect was brought forward, cross-clamped, excised,

cauterized, and allowed to retract. The eyes were kept

irrigated and protected throughout the procedure. Attention

was turned to the opposite side. Procedure was carried out in

the similar manner.,At the completion, the wounds were then

closed with a running 6-0 Prolene, skin adhesives, and

Steri-Strips. Attention was turned to the right lower lid. A lash

line incision was made. A skin flap was elevated and the

muscle was opened. Large herniated adipose tissue pads

were present in each of the three compartments. They were

individually elevated, cross-clamped, excised, cauterized, and

allowed to retract.,At the completion, a gentle tension was

placed on the facial skin and several millimeters of the skin

excised. Attention was turned to the opposite side. The procedure was carried out as just described. The contralateral side was reexamined and irrigated. Hemostasis was good and it was closed with a running 6-0 Prolene. The opposite side was closed in a similar manner. Skin adhesives and Steri-Strips were applied. The eyes were again irrigated and cool Swiss Eye compresses applied. At the completion of the case, the patient was extubated in the operating room, breathing on her own, doing well, and transferred in good condition from operating room to recovering room.