Cosmetic Eyelid Surgery

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Ophthalmic Plastic and Reconstructive Surgery is a subspecialty of Ophthalmology where Ophthalmologists undergo special training to perform Plastic and Reconstructive Surgery around the Eye and Orbital area. Reconstructive surgery involves reconstructing eyelid tissue deficiencies after excision of tumours or loss of tissue from trauma, it also involves removal of orbital tumours, correcting thyroid related disorders such as Proptosis (protrusion of eye ball), eyelid retraction and also involves the reconstruction of the Nasolacrimal System due to tumour or blockage and bony fractures around the orbit.

Upper Eyelid Surgery
Cosmetic Eyelid Surgery is popular in Asia where a double lid crease is formed surgically for patients who have a single eyelid crease or on older patients where there is excessive skin overhanging the upper eyelid. In younger patients, the formation of upper lid crease gives the impression of the eye being larger. For older patients, where there is overhanging eyelid skin (Dermatochalasis), the excision of the skin and the reformation of the lid crease will give a much younger appearance to the patient. The patient will also have an increase in visual field if the extra skin is removed. In younger patients, in order to form the extra lid crease, one can simply put in three temporary stitches (which may be removed later on) to bring the fold higher, this procedure requires less recovery time. However, this is less permanent than if a full incision was made on the upper eyelid skin and permanent stitches are placed to form the lid crease.

Lower Eyelid Surgery
Lower eyelid eye bags are caused by protrusion of fat, this gives the impression of the person looking aged and constantly tired. A new method of excising fat and thus decreasing the eye bag is invented by ophthalmologists whereby one reaches the fat by entering the area between the eyelid and the eyeball. One simply makes small windows in this area behind the eyelid, pull out the fat and excise the fat using the CO2 Laser. The advantage of this ‘transconjunctival’ approach is that it leaves no scar. The traditional approach through the eyelid skin can lead to a scar and also a risk of lid retraction, that is the lower lid being pulled down thus showing the white part of the eyeball. The transconjunctival approach leaves minimal to no bruising at all whereas the traditional approach can leave the patient black and bruised for up to 3 weeks. Patient who have the surgery via the transconjunctival approach only need to rest for 2 days and can return to work on the 3rd day. This fast recovery occurs for 2 reasons, first the CO2 Laser not only cuts fat but also stops bleeding, second, the transconjunctival approach does not touch the skin or the muscle where 90% of bleeding occurs and there are no scars.