

AFTERIMAGE

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PATIENT PROFILE: CHRISTA LONG

During her early years Christa noticed heavy upper eyelids which made it nearly impossible to apply eye makeup.

Christa Long has finally realized the fun of wearing makeup.

Even during her early years in Germany, Christa noticed heavy upper eyelids which made it nearly impossible to apply eye makeup. With age, her lower eyelids showed deep "circles" (bags) as well.

Today, after undergoing upper and lower eyelid surgery (blepharoplasty) by Dr. Benvenuti, the former professional dancer enjoys fresh and youthful looking eyes. The procedure delicately removed the excess skin and fatty tissue surrounding her eyes.

"I have always felt vibrant and professional," said Christa, who owns and operates a real estate business with her husband, Gerry. "But several years ago I began to notice that I looked tired all the time, even if I felt rested. I decided to have eyelid sur-

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Please see LONG.



Christa Long

PATIENT PROFILE: LYNN VANTINE

A deviated septum and a dose of midlife crisis changed Lynn Vantine's life.

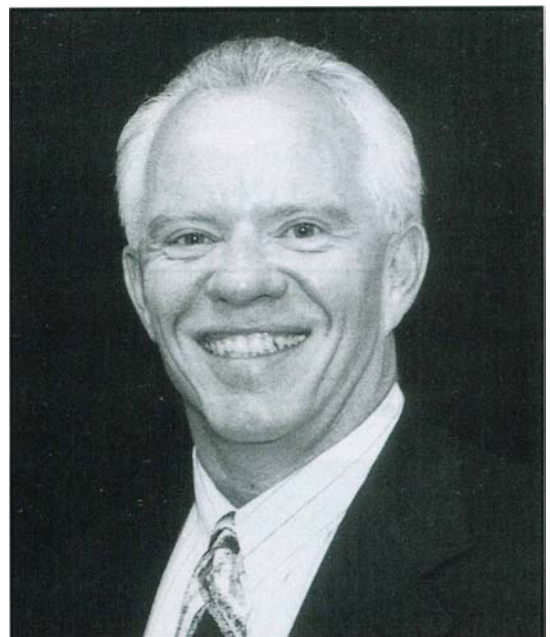
A deviated septum and a dose of midlife crisis changed Lynn Vantine's life.

At age 45, Lynn has moved from Oklahoma to California, gone through a divorce, started a new job and had plastic surgery---all in the last four years. Feeling the tugs and trials of middle age, he decided to adjust his lifestyle. He consulted Dr. Benvenuti about correcting his deviated septum, and decided to take advantage of the time needed away from work to undergo some cosmetic procedures as well.

Because Lynn's upper and lower eyelids were puffy and droopy, he asked Dr. Benvenuti to perform quadruple eyelid surgery (blepharoplasty) while he had the deviated septum surgery. Also simultaneously, Dr. Benvenuti cosmetically improved Lynn's profile through more exten-

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Lynn Vantine

TECHNICAL TALK: EYELID SURGERY

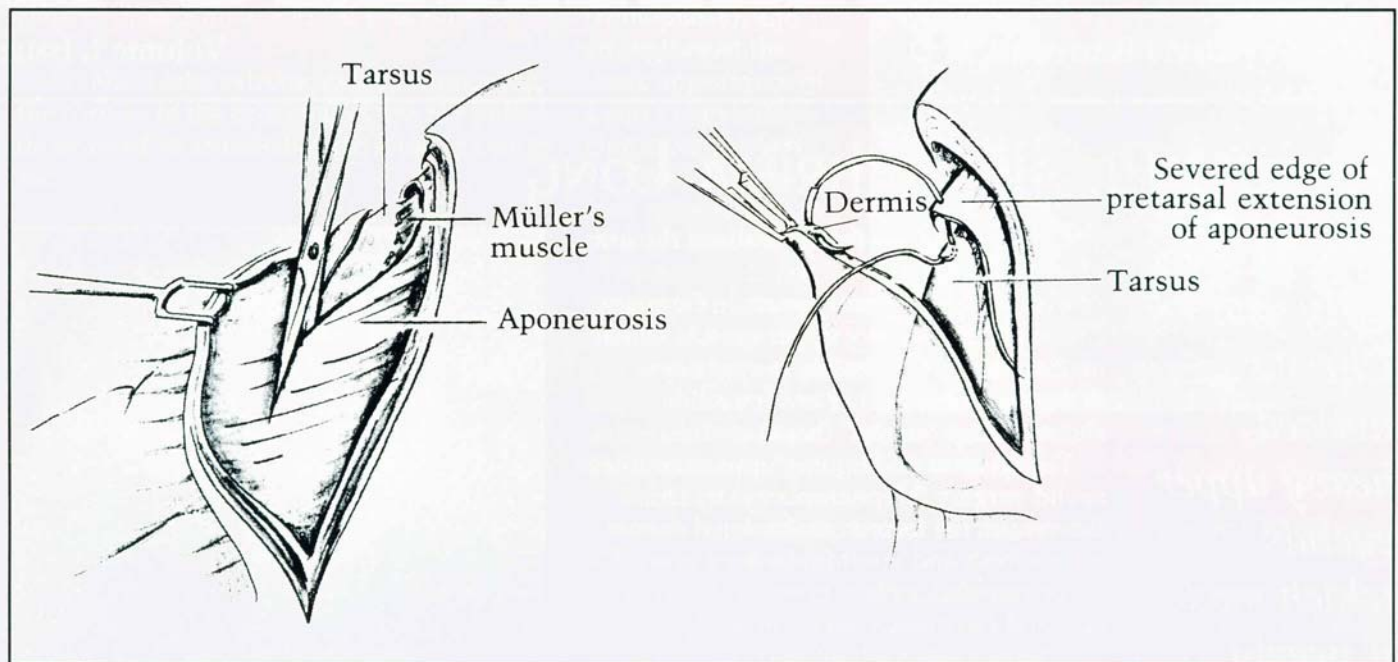


Figure 1
Anchor
Blepharoplasty
as reprinted from The
Unfavorable Result in
Plastic Surgery:
Avoidance and
Treatment, 1984.

Upper Eyelid Surgery

Eliminating loose, baggy upper eyelid skin is the goal of upper eyelid surgery, medically known as blepharoplasty. Three basic causes of sagging upper lids are: 1) Excessive redundant tissue; 2) eyebrow droop (ptosis); and 3) the "thinned out" connection between the skin and the levator muscle, the muscle that opens the eyelid.

Many plastic surgeons believe that the problem of the droopy upper eyelid can be totally corrected by the excision of ever-increasing amounts of upper lid skin. In most cases, this overcompensation results in lagophthalmos (the inability to close the eyes while awake or asleep), dry eye syndrome and lid deformity. Also, such aggressive

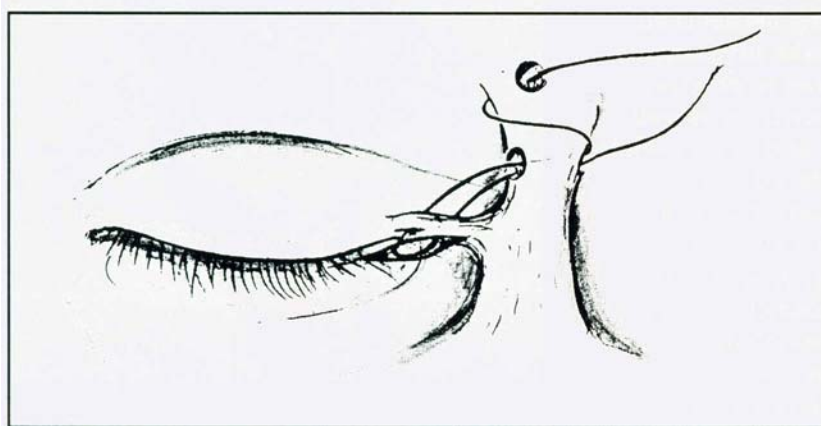
excision produces indistinct upper eyelid folds.

Instead of excising large amounts of excess skin, Dr. Benvenuti takes smaller portions of skin, recreates and deepens the upper eyelid folds and frequently adjusts the eyebrow level (to be discussed in a future issue of AFTER IMAGE). This allows for a significantly shorter eyelid incision.

This levator muscle-skin connection is called the anchor blepharoplasty because through surgery the skin becomes anchored to the muscles. It was invented by Dr. Robert Flowers of Honolulu. Dr. Flowers personally taught this technique to Dr. Benvenuti. Anchor blepharoplasty results in a neat, crisp and deep invagination (folding in) of the upper eyelid skin.

During the anchor blepharoplasty procedure, the surgeon removes the pretarsal extension of the levator aponeurosis (the tendon that opens the eye). This is followed by cleaning connective tissue and fat from the pretarsal space and attaching the free margin of the lower skin flap to the edge of the tarsus (cartilage-like material of the lid) and to the free edge of the levator aponeurosis (See Figure 1.) Swelling and temporary asymmetry are common after the procedure. The final result leaves a deep, crisp upper

Figure 2
Canthopexy
as reprinted from
Clinics in Plastic
Surgery, October 1991.



eyelid fold. Anchor blepharoplasty can be of benefit to members of the Asian population when performed to create a lid fold.

Lower Eyelid Surgery

As with the upper lid procedure, Dr. Benvenuti has mastered the most advanced techniques available in lower lid blepharoplasty and incorporated it into his practice. If fat alone is a problem, it can be removed using a transconjunctival approach (an incision placed inside the lining of the lower lid). This "scarless" surgery is best utilized in younger patients with baggy eyelids due to fatty tissue, not excess skin.

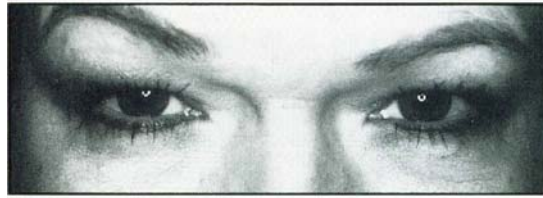
Lower eyelid surgery on aging lids involves the removal of small amounts of skin. The tone of the lower eyelid must be carefully evaluated when determining which technique to use. When hypotonia is present (muscle weakness, floppiness), the mere raising of the skin flap can result in a slightly lowered lid position due to scar contraction. In the worst cases, the white area (sclera) of the eye near the lid becomes visible below the iris. The typical results of eyelid surgery can be seen from across a room. This is not desirable as it alters a patient's natural look and appears "plastic."

Canthopexy

To prevent these problems, a lid-tightening procedure must be performed. Most techniques (i.e. the Kuhnt-Szymanoski and tarsal flap operations) shorten the length of the eye and can give a "rounded" appearance. A state-of-the-art procedure known as the canthopexy secures the lateral tarsus to the base of the orbital rim (supports the lower lid from the eyebrow bone). This is very effective for several reasons.

First, canthopexy can prevent the pulling down of the lower lid if it is weak and prone to post-operative scarring. In addition, patients with a congenital downward slant of the lower eyelid ("sad" -looking eyes) can have the corners of their eyes lifted with a canthopexy. (See Figure 2.) Patients who have undergone previous lower lid blepharoplasty and show large amounts of white sclera will benefit greatly from this technique. Finally, in patients with enlarged (or "prominent") eyes from thyroid disease,

BEFORE BLEPHAROPLASTY



AFTER BLEPHAROPLASTY



BEFORE CANTHOPEXY



AFTER CANTHOPEXY



the canthopexy is very effective. The procedure is frequently combined with cheek implant surgery to further decrease the prominence of the eyes.

All of these advanced techniques have become a delight for Dr. Benvenuti to perform and have produced outstanding results for his patients to enjoy.



LONG continued from page one.

gery so I would look as vibrant as I felt. I am absolutely delighted with the results."

The recovery was extremely smooth for Christa. She was back showing property two days after the 1989 surgery.

The Longs moved to California 20 years ago. Before establishing their residential real estate partnership in Newport Beach, they moved around the country creating shows featuring dance and musical numbers for Las Vegas, Disney and television productions, as well as teaching at several universities. The couple met in post-war Berlin at a university dance where he was performing as a member of a band. They were soon married and have lived and worked together for the 35 years since.

"We have been blessed with great health and a terrific marriage," Christa said. "I strongly encourage others to take good care of themselves, whatever shape that may take."

To Christa, this sentiment gave her the internal comfort she needed to have a quadruple blepharoplasty. She recommends cosmetic procedures to friends who wish to make a physical change that will improve their self-image and attitude.

Away from the real estate market, Christa enjoys aerobics, reading, writing and ballet and jazz dancing. Formerly, she was a dance instructor at the University of California, Irvine. Currently, she teaches ballet master classes at Corona del Mar High School. The Longs have one son, Joffrey, who is 34. They lost their second son, Dietrich, in a local motorcycle accident two years ago.

Happily, Christa has not lost her feeling of gratitude for the wonderful and difficult aspects of her life.

"I believe that people should make the most of what they have been given," she said. Eyes included.



Christa Long and Dr. Benvenuti discuss the results of her eyelid surgery.

I trust you learned valuable information and enjoyed reading the inaugural issue of AFTER IMAGE, the newsletter from and about my practice. As you will see, each edition highlights a different procedure or topic related to plastic and reconstructive surgery.

This issue features eyelid surgery, formally known as blepharoplasty.

By focusing on one subject, I can offer technical updates, answer specific questions and lend patient insight to the topic at hand. It is my desire to provide you with the latest and most medically advanced information.

As always, it is a pleasure working with and serving you. Please call me for more information or with any comments, questions or concerns at (949) 650-2345.

Best regards,

David Benvenuti, M.D.

INDUSTRY STATISTICS UPDATE

The following information was compiled from recent national statistics on eyelid surgery-blepharoplasty-using a report by the American Society of Plastic and Reconstructive Surgeons.

The number of eyelid surgeries performed in the United States has risen 40 percent in the last 10 years, with the total reaching 80,000 procedures annually.

Most eyelid surgery patients are female. Only 16 percent are male, although that percentage is on the rise. Eyelid surgery is the second most common cosmetic procedure for men.

Nearly 44 percent of all blepharoplasty patients are between ages 35 and 50, and 42 percent are in the 51 to 64 age range. Eyelid surgery is the most popular cosmetic procedure in the 51 to 64 age category, and is among the top three for ages 35 to 50.

Geographically, blepharoplasty ranks second among top cosmetic procedures for the Pacific region of California, Oregon and Washington. In the mid-Atlantic states of New York, New Jersey and Pennsylvania, eyelid surgery is third in popularity.

QUESTIONS AND ANSWERS: BLEPHAROPLASTY (EYELID SURGERY)

The following are answers to some common patient concerns. Dr. David Benvenuti addresses questions about having eyelid surgery.

Q How do I know when I am ready for blepharoplasty?

A A man or a woman is ready for blepharoplasty when he or she experiences the following symptoms:

- (1) Upper eyelid skin begins to sag, perhaps enough to touch the upper eyelashes;
- (2) Lower eyelid skin appears puffy or loose; and/or
- (3) Ongoing "tired" look even though you feel rested. Often friends and family will comment on how fatigued you appear. In some cases, heavy upper eyelids are hereditary making more young people candidates for the procedure.

Q Where are the incisions?

A Upper eyelid incisions in men fall in the fold of the lid and extend past the corner of the eye into the "crow's feet" area. This is a traditional blepharoplasty. In women, the incision does not extend past the corner of the eye. This is known as anchor blepharoplasty and affixes the skin to the underlying muscle which gives the patients stellar results. I do not perform this technique on men because the resulting look is too feminine.

Q What type of anesthesia is used?

A Patients are only sedated and are able to breathe on their own during surgery. They are not aware of the procedure and do not experience any discomfort. If preferred, general anesthesia can be used.

Q How do the scars look?

A Immediately after surgery, the scars are slightly raised and red in color. After one or two months, the scars begin to flatten and return to the color of your skin. At this point they are hardly noticeable.

Q How long and painful is the recovery?

A The first day patients experience minimal pain and soreness. The second day the soreness subsides. The amount of bruising and swelling is very individual. In most cases, bruises can be camouflaged with makeup while they continually disappear over several weeks. Lower eyelid stitches are removed three days after surgery and upper lid stitches are removed in five days. After the stitches are out, patients may return to their normal daily routine with the exception of rigorous exercise.

Q Does it affect my vision?

A Yes, but only temporarily. You will experience slightly blurred vision for a couple of days following surgery. Reading or focused eyework during this time is discouraged. After a couple of days your sight will return to normal. In addition, if you wear contacts you will have to go without them while the lower lid sutures are in place.

Q How long do the results last?

A The results are permanent. Most patients do not require further eyelid surgery. If the upper lids begin to sag again, it is not due to loose skin but to the natural aging process of the brow. A brow lift can then be performed to correct the sagging.

Q Can I have blepharoplasty if I have had eye problems or related surgery?

A Yes. You may have the surgery if you have a history of eye problems or related procedures.

*Continued on next page.
Please see QUESTIONS & ANSWERS.*

Questions & Answers continued from page five.

Q Do my eyes look different after surgery or take on a "sad" appearance?

A No. I take extreme care in supporting the corners of the eyes so they are not pulled downward or rounded out to look *droopy* or sad.

Q Can eyelid surgery help correct prominent ("buggy") eyes or eyes similar damage due to thyroid disease?

A Yes, there are several procedures to correct prominent eyes. The conservative approach involves surgery to support the corners of the eyes by lifting and affixing them to the bone. A recent advance is the canthopexy which involves changing the angle of the eye through surgery. In addition, it is possible to disguise the prominent eyes by inserting cheek implants and making the eyes appear smaller.



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VANTINE continued from page one.

sive nose surgery (rhinoplasty), and strengthened the weak appearance of Lynn's chin with a chin advancement.

"Now my eyes look open and young," Lynn said. "The nose and chin procedures complemented the eye surgery to give me a stronger, more cosmetically pleasing appearance."

The recovery was a breeze, according to Lynn. He attended a meeting in Chicago only 10 days after surgery.

As the Western U.S. sales manager for an electric company that sells high-voltage equipment to such customers as Southern California Edison and the Los Angeles Department of Water and Power, Lynn understands the importance of feeling confident in his appearance during presentations and meetings.

Since relocating to Newport Beach, Lynn has lost weight and enjoys frequent visits to the gym.

Born in Pennsylvania, Lynn spent many years in Texas before settling in Oklahoma. As a weekend mechanic, he looks forward to building hot rods with his brother. Lynn has *two* grown children: a son and a daughter.

Lynn's plastic surgery has not only improved his outward appearance, but also the way he feels *about* himself inside.

"The physical change is not as significant as the emotional change," Lynn said. "The fact that I *feel* better and younger is most important."



Lynn Vantine and Dr. Benvenuti go over the technical aspects of Lynn's blepharoplasty.

BEFORE

AFTER

Anchor Blepharoplasty - Upper Lid
Blepharoplasty - Lower Lid



Blepharoplasty - Upper Lid



Blepharoplasty - Lower Lid

