

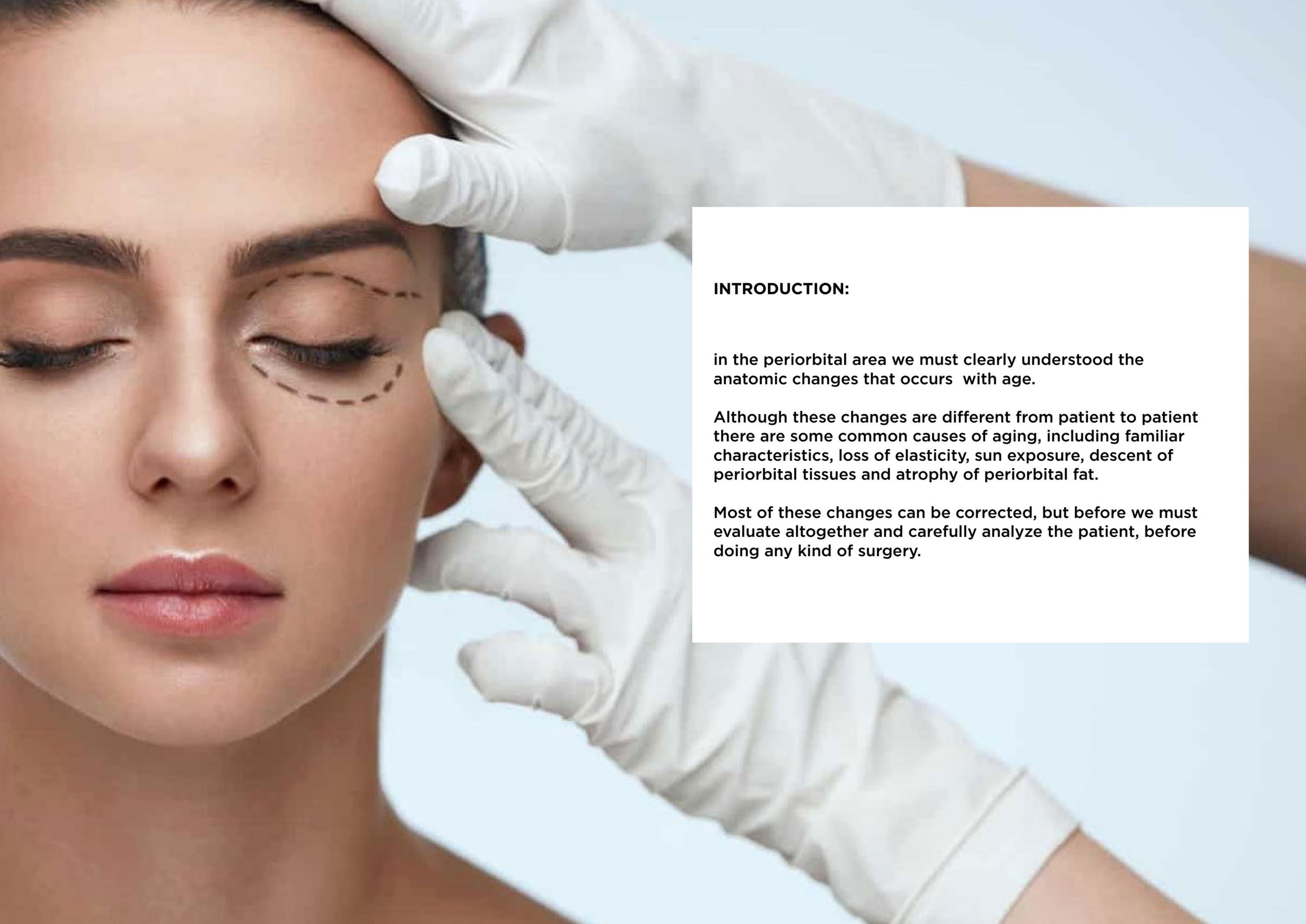


BULAPRAS 2020 II-ND ANNUAL SCIENTIFIC MEETING

**REFINEMENTS IN PERIORBITAL
AESTHETIC SURGERY:
DO LESS, GET MORE**

José Carlos Parreira





INTRODUCTION:

in the periorbital area we must clearly understand the anatomic changes that occurs with age.

Although these changes are different from patient to patient there are some common causes of aging, including familiar characteristics, loss of elasticity, sun exposure, descent of periorbital tissues and atrophy of periorbital fat.

Most of these changes can be corrected, but before we must evaluate altogether and carefully analyze the patient, before doing any kind of surgery.

PREOPERATIVE EVALUATION

We must evaluate the face as a unit. In these unit we have several Aesthetic Units and the periorbital as one of them. In the superior third of the face, we must evaluate the skin texture, glabellar and frontal wrinkles, eyebrow symmetry.

In the upper lid, verify the skin excess, symmetry, fat pockets, supratarsal fold, eyelid ptosis and elevator function.

In the lower eyelid, several points must be evaluate: palpebral aperture, vectors, cantal tilt, tissue laxity, distraction test and “snap-test”, mild lamela retraction, distance from the tissues to the bone in the lateral canthus.

In the “mid-face” evaluate the tissue atrophy and descent of the “mid-face”.

SURGERY

According with the evaluation of the patient, we present a short video with the surgery we must often use. We also focus on Fat grafting as an important tool for rejuvenation.

DISCUSSION

The periorbital rejuvenation has changed a lot in the last years and the most recent techniques are less invasive and more straightforward. Some small procedures, like botox, fat transfer, conservation of the orbicularis muscle, no resection or little resection of fat, or even fat injection, all have a place in the evolution of the treatment of these patients

COMPLICATIONS and CLINICAL CASES

We discuss some complications that can occur and we show some Clinical cases as an example of the Surgeries we described.

CONCLUSIONS

Periorbital rejuvenation must be directed to a specific situation , we do the least invasive treatment we can to get the best result , today we tend to be more conservative and with less “down-time”.

