



Fig. 1. Clamp position before markings.



Fig. 2. Upper blepharoplasty markings with clamps in place.



Fig. 3. Contralateral clamp application and direct visualization of symmetry to be obtained.

then performed, removing the skin excess, preserving the orbicularis muscle, and removing the medial fat pads when herniated. Patients were evaluated the following day to assess for any hematoma/swelling and 6 days after surgery, at the time of suture removal.

RESULTS

During 2016, we treated 30 patients with upper blepharoplasty performing the preoperative markings with the aid of the microsurgical vascular clamps. Four were men, 26 women, mean age 56 years (range, 49–68); mean follow-up was 6 months (range, 3–12 months).



Fig. 4. Postoperative result at 3 weeks.

No postoperative complications were recorded (infection, bleeding, or hematomas). The postoperative symmetry was considered satisfactory both by patients and surgeons and postoperative pictures were taken and reviewed.

DISCUSSION

According to the American Society of Plastic Surgeons, blepharoplasty is the fourth most common cosmetic plastic surgery procedure performed in the United States in 2015.⁷

Dermatochalasis is a benign condition characterized by upper eyelid skin redundancy hanging on or even beyond the eyelashes, generally caused by aging, and it is commonly associated with eyebrow ptosis, central and nasal fat compartment herniation. A careful analysis of the goals to be obtained performing an upper blepharoplasty should include a tailored approach that will restore a fresh appearance and meets patient's desires and expectations. Preoperative planning is essential, as it should underline each individual feature: preoperative asymmetry, brow and orbital fat malposition, volume loss, upper eyelid crease malposition, and so on.⁸

In the case of asymmetry, attempts were made to improve this by adapting skin markings and thereby performing extra/asymmetrical excision of skin but method of preoperative evaluation of the asymmetry still lacks.^{5,6,9}

The procedure we developed allows for a direct visualization of the amount of skin to be excised and helps to assess any possible residual asymmetry between the eyes. Moreover, it helps the surgeon to precisely understand and evaluate if the preoperative plan is correct: in particular, the act of rolling the folded skin within the clamp teeth makes the drawing easier and amendable while performing the markings.

Microvascular single clamps are small, light, and delicate clothespin intended for the occlusion of arteries or veins. Because they have a variable and a not negligible cost, we used the ones that were made to be disposed of because of their sterility expiration date.

Although performing the upper blepharoplasty markings with the traditional forceps it could be diffi-

cult, especially for young surgeons, to simultaneously visualize and obtain asymmetry corrections of both eyes. A simultaneous bilateral pinching test obtained with the application of 6–8 microvascular clamps offers an accurate preoperative representation of the final results both in static and dynamic position. In addition, simply rolling the skin inside the clamp allows for preoperative correction of the marking, according with lid movements.

Microvascular clamps are plastic instruments that allow for a clear and punctual evaluation of the amount of skin to be removed; their reproducible use during the preoperative planning and marking could help the young surgeons to obtain the best symmetry and the experienced ones to directly visualize both eye changings during lid movement.

CONCLUSIONS

With the support of microsurgery clamps, we developed a new approach that can lead to an easy and safe preoperative planning while performing the upper blepharoplasty.

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All patients filled an informed valid consent prior to the surgery. This study was performed in accordance with the ethical standards of the 1964 Declaration of Helsinki as revised in 2000.

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