PROCEDURE

Eyelid lift

An eyelid lift removes or repositions eyelid tissue to improve vision or appearance.

PURPOSE
Improve vision or appearance by reshaping eyelid tissue

PROCEDURE TYPE
Therapeutic, surgical

WHERE IT IS DONE
Operating theatre or outpatient surgical clinic

ANAESTHESIA
Local with moderate sedation, or general anaesthesia

HOW LONG IT TAKES
1 to 3 hours

PREPARATION
Arrange transport; follow fasting and medicine instructions

RECOVERY
Same day; no driving with blurred vision or sedation

MAIN RISKS
Bleeding, infection, dry eyes, vision problems

RESULTS
Visible after swelling settles; final result over several months

Overview

An eyelid lift, also called blepharoplasty, is surgery on the upper eyelids, lower eyelids, or both. It removes or repositions excess skin, muscle, and fat.

Upper eyelid surgery may improve side vision when loose skin hangs over the eye. It can also change the appearance of heavy or folded upper lids.

Lower eyelid surgery mainly treats bags, bulges, loose skin, or a deep groove below the eye. It does not remove every wrinkle or eliminate dark circles caused by skin colour, visible blood vessels, or shadows.

An eyelid lift is often cosmetic, meaning it is chosen to change appearance. It may be considered functional or medically necessary when eyelid tissue blocks part of your vision.

Why the procedure is performed

You may be offered an eyelid lift because excess upper eyelid skin is interfering with reading, driving, or side vision. Your clinician may examine your eyes, take photographs, and arrange a visual field test to measure how much you can see.

You may also consider surgery for:

An eyelid lift does not correct a drooping eyebrow or every type of drooping eyelid. Those problems may need different surgery.

- Upper eyelids that look heavy or uneven
- Puffiness caused by bulging eyelid fat
- Lower eyelid bags or loose skin
- Skin irritation where eyelid folds rub together

Who should and should not have it

The procedure may be suitable if you understand what it can achieve, have realistic goals, and are healthy enough for surgery and anaesthesia. Your surgeon will also assess whether your eyes close fully and whether you have enough tears to protect the eye surface.

Surgery may be avoided or delayed if you have:

Smoking can slow healing and increase wound problems. Your surgical team may ask you to stop before and after the operation.

Tell your surgeon about glaucoma, previous eye surgery, contact lens use, vision problems, allergies, and all medicines or supplements you take. Blood-thinning medicines can increase bleeding, but stopping them without medical advice may be dangerous. Your surgeon and the clinician who prescribed them should make that decision with you.

- An active eye or skin infection
- Severe or poorly controlled dry eye
- Unstable thyroid eye disease
- A health condition that makes surgery or anaesthesia unsafe
- A bleeding problem that has not been assessed
- Expectations that surgery cannot realistically meet

How to prepare

Your treating facility's own instructions take priority because preparation differs according to your anaesthesia, health, and planned surgery.

You may be asked to stop eating and drinking for a set time if you will have sedation or general anaesthesia. Follow the exact fasting times you are given.

Ask which prescription medicines, over-the-counter medicines, and supplements to take or pause. Do not stop a blood thinner like warfarin or apixaban on your own.

Arrange for an adult to take you home. If you receive sedation or general anaesthesia, you may also need someone to stay with you for the first night.

On the day, avoid eye makeup, facial creams, jewellery, and contact lenses unless your facility says otherwise. Bring glasses and wear clothing that does not need to be pulled over your head.

What happens during the procedure

Before surgery, the surgeon checks the plan with you and may mark the skin while you are sitting upright. Photographs may be taken for your medical record.

Upper eyelid surgery usually uses an incision in the natural eyelid crease. The surgeon removes or repositions selected skin, muscle, or fat, then closes the incision with fine stitches or surgical adhesive.

For lower eyelid surgery, the incision may be just below the eyelashes or inside the lower lid. An incision inside the lid is called a transconjunctival incision. It leaves no outside skin scar but is mainly used to reach fat rather than remove loose skin.

The surgeon may also tighten the outer corner of the lower lid if it needs more support.

You may have local anaesthesia, which numbs the eyelids, together with medicine that makes you relaxed and sleepy. Some operations use general anaesthesia, meaning you are unconscious. The choice reflects the extent of surgery, your health, and the facility's usual practice.

Recovery and what to expect afterward

Pain is usually described as soreness, tightness, or a gritty feeling rather than severe pain. Use only the pain medicine and eye products recommended by your team. Cold packs and keeping

your head raised may help with early swelling.

You can usually eat and drink after the procedure once you are fully awake. Start with light food if anaesthesia makes you feel sick.

Bruising and swelling are often most noticeable during the first several days and may remain visible for one to two weeks. Your eyes may water, feel dry, or be temporarily sensitive to light. Vision can be blurry from swelling or ointment.

Avoid rubbing your eyes, heavy lifting, strenuous exercise, and activities that could injure your face until your surgeon says they are safe. Follow instructions about showering, makeup, contact lenses, and sun protection.

Do not drive home. Resume driving only when your vision is clear, you are no longer taking sedating medicine, and you can react safely. Follow any specific restriction from your surgeon or insurer.

Many people return to desk-based work after about one to two weeks. You may need longer if your job involves heavy activity, dust, eye strain, or public-facing work where bruising would be difficult.

Risks and possible complications

All surgery has risks. Your surgeon should explain those most relevant to your health and the exact operation.

Possible complications include:

Bleeding behind the eye can place pressure on the optic nerve, which carries visual information to the brain. This is uncommon but needs emergency treatment because it can threaten sight.

Some problems improve as swelling settles. Others may need eye drops, additional treatment, or another operation.

- Bleeding, infection, or a reaction to anaesthesia
- Dry, irritated, watery, or light-sensitive eyes
- Noticeable scars, small white cysts, or skin colour changes
- Uneven eyelids or a result that does not meet your expectations
- Difficulty closing the eyes completely
- A lower lid that pulls down or turns outward
- Temporary numbness, double vision, or blurred vision

- Injury to eye muscles or the eye itself

Results and follow up

Your eyelids will look different immediately, but swelling and bruising hide the final result. The shape becomes clearer over several weeks, while scars may take several months to soften and fade.

Follow-up visits allow your surgeon to check healing and remove stitches if they do not dissolve. Keep these routine appointments even if recovery seems straightforward.

Results can last for years, but surgery does not stop ageing. Skin may loosen again, and fat or brow position can change over time.

Alternatives

You do not have to have an eyelid lift. The best alternative depends on what is causing the appearance or vision problem.

Creams and home treatments may moisturise the skin or reduce temporary puffiness. They cannot remove excess eyelid tissue.

- No treatment: Avoids surgical risks and recovery, but the eyelid tissue and any related visual obstruction remain
- Ptosis repair: Tightens the muscle that raises a truly drooping eyelid; it may not remove excess skin or lower-lid bags
- Brow lift: Raises a low eyebrow that is pushing skin downward; it has different scars, risks, and recovery
- Laser treatment or chemical peel: May improve fine lines and skin texture, but cannot remove substantial skin or reposition fat
- Injectable fillers: Can soften some under-eye hollows without surgery, but results are temporary and injections near the eye have their own risks
- Botulinum toxin injections: Can reduce certain wrinkles around the eyes, but do not remove eyelid skin or correct blocked vision

When to call your healthcare team

Contact your surgical team during routine hours if you have concerns about wound healing, persistent irritation, worsening asymmetry, stitches, or swelling that is not gradually improving. Also call if you develop increasing redness, warmth, discharge, fever, or pain that is not controlled as expected.

Seek urgent medical advice for increasing eye pain, rapidly worsening swelling, trouble closing the eye, or new double vision.

Get emergency help immediately for sudden loss or major reduction of vision, severe eye pain with a tense or bulging eye, heavy bleeding, difficulty breathing, chest pain, or collapse. Do not wait for a routine follow-up appointment.

Common questions

Will I be asleep?

Not always. Many eyelid lifts use local anaesthesia with sedation, so the area is numb and you are relaxed. More extensive surgery may use general anaesthesia.

Can I drive home?

No. Sedation, ointment, swelling, and blurred vision can make driving unsafe. Arrange for another adult to take you home.

How painful is an eyelid lift?

Most people have mild to moderate soreness, tightness, or irritation. Severe or rapidly increasing pain is not expected and should be assessed promptly.

When will I know the result?

You will notice a change immediately, but bruising and swelling affect the early appearance. The result becomes clearer over several weeks and continues settling for several months.

Will there be scars?

Yes, because the procedure uses incisions. Upper-lid scars usually sit in the natural crease. Lower-lid incisions may be below the lashes or inside the eyelid. Scars often fade but do not disappear completely.

Can an eyelid lift improve my eyesight?

It may improve the upper or side part of your visual field when excess upper-lid skin is blocking it. It does not treat eye conditions affecting the cornea, lens, retina, or optic nerve.

Sources

- NHS. "Eyelid surgery (blepharoplasty)."
- Mayo Clinic. "Blepharoplasty."
- American Society of Plastic Surgeons. "Eyelid Surgery."
- Cleveland Clinic. "Blepharoplasty (Eyelid Surgery): Procedure and Recovery."