

Radiofrequency vs Traditional Upper Lid Blepharoplasty

Presented by
Omar Abdelghany M. Hassan
MD, FRCS glas
Lecturer of Ophthalmology
Oculoplasty Departement
R.I.O

- For years, Traditional blepharoplasty Surgeries have been made with Scalpels and scissors.
- Although effective, increased intraoperative bleeding can be problematic.
- Bleeding slows the surgery, obscures the surgical field, and can lead to increased swelling, bruising, and pain.

- **Bloodless** modalities for blepharoplasty include **Radiowave** surgery, electrocautery, and CO(2) laser technology.
- These modalities provide a relatively **Dry** and **Bloodless** surgical field.
- Which translates into **Faster** surgery as well as **decreased** Postoperative Bleeding.

Patients and Methods

- **30** Upper Eyelids of **15** Patients were grouped into two groups.

Group A:

- Upper Lids of **15** eyes were operated by **traditional** method using scalpel and scissors.

Group B:

- Upper Lids of **15** eyes were operated with a 4.0-MHz **Radiofrequency** (Ellman Radiofrequency Device).

Inclusion Criteria

- Patients with **Redundant Skin** and / or **Fat Bulge** in the Upper Lids who ask for surgical repair.

Exclusion Criteria

- Patient with Previous lid surgery.
- Patient with Thyroid eye disease.
- Patient with Sever Dry eye.
- Patient with any other lid pathology such as entropion, ectropion or ptosis.
- Patient where we were unable to complete both techniques successfully.

Operative Technique



Operative Technique

- Marking the incision.
- Local Anesthetic were given.
- Draping and Sterilization as usual.



- Excise the skin and muscle by

- Scalpel (Group A)

Or

- Radiofrequency tip (Group B)



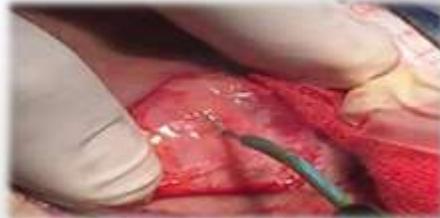
- Meticulous Hemostasis is achieved before opening the orbital septum.

- Opening of Orbital Septum using

- Scissors (Group A)

Or

- Radiofrequency tip (Group B)



- Excision of Prolapsed Fat using:

- Scissors (Group A)

Or

- Radiofrequency tip (Group B)

- Ensure hemostasis



- Wound closure
was performed
by Running
sutures.



Operative Assessment

- Operative Time
- Intraoperative Bleeding

Postoperative Assessment

- Slit Lamp examination and assessing of Wound integrity.
- Coloured photos
- Degree of patient satisfaction.
- Any side effects and complications. (Mainly Edema & hematomas)

Follow-up Visits

- 1 day postoperative.
- 1 week postoperative.
- 2 weeks postoperative.
- 1 month postoperative.
- 3 months postoperative.

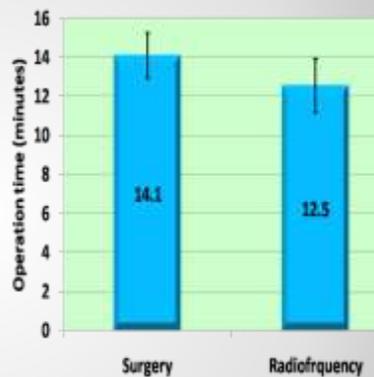
Results

- **Operative Complications:**
- No major operative complications were encountered .
- 2 Patients had **sever intraoperative bleeding**, one of them is excluded as we had to continue both sides by R.F.

-1 Patient had **Bilateral Lacrimal Gland Prolapse** and we had to use fine scissors , in Both Sides, in dissecting it to allow proper fixation of the prolapsed gland.

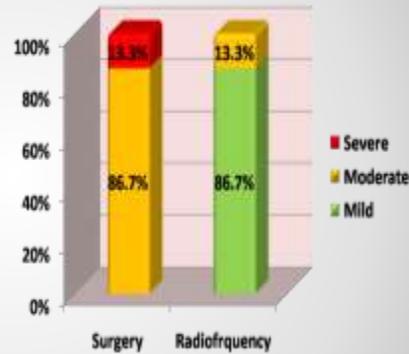
Operative time

Operative time was significantly shorter in group B (R.F. Group)



Intraoperative bleeding

- It was significantly lower in Group B.



Postoperative Edema & Hematomas

- Both were more evident in the 1st day postoperative in group B

However, this was not statistically significant

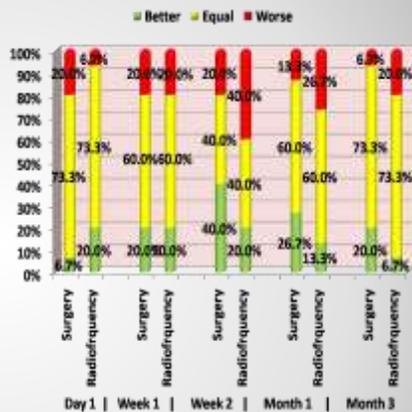
- Both decreased significantly beginning from 1st week in both groups .

Scar Assessment by 2 Masked

Oculoplastic Examiners At the end of Fu
In all patients..no statistically significant
difference between the study groups
indicating Good and Stable results in
both groups,

Patient Satisfaction

- By the end of the F.U most of patients did not feel differences between both sides.



RE. Surgery and LE. R.F.



RE. R.F. and LE. Surgery



Conclusion

Conclusion

- Both techniques have good functional and cosmetic results.
- They could be considered as good alternatives for each other, regarding dermatochalasis or skin incision in general
- Keeping in mind the advantage of R.F. over traditional surgery in decreasing operative bleeding and time.

Conclusion

- However, they could be considered as **complementary** for each other in **other steps** following the skin incision where:
- **R.F.** is better in dissection of **orbicularis muscle** especially if the patient had a high risk for bleeding
- While **fine scissors** could be **safer** in **delicate** dissection

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