Blepharoplasty Melbourne - Eyelid Surgery - Me Clinic

Canonical: https://www.meclinic.com.au/face/eye-area-surgery/

Details:

Blepharoplasty is surgery on the upper or lower eyelids, or both. It removes or repositions excess skin and fat and, where appropriate, supports the structures around the eyelid.

Also called cosmetic eye surgery, eyelid surgery, or upper and lower blepharoplasty. We offer blepharoplasty in Melbourne and Tasmania, performed by Specialist Plastic Surgeons.

Upper and lower are different operations

Upper blepharoplasty

Removes excess skin and refines small fat pads through an incision placed in the natural eyelid crease. It addresses hooding of the upper lid and restores a visible lid platform while keeping the natural eye shape. See upper blepharoplasty .

Lower blepharoplasty

Addresses under-eye bags and the lid-cheek transition. Lower eyelid fat is often repositioned rather than simply removed, to reduce bulging while filling the hollow below it and softening shadowing. See lower blepharoplasty .

Many patients treat both in a single procedure — one anaesthetic, one recovery, and generally a lower total cost than two separate operations. Others need only one, depending on their anatomy.

The distinction that determines whether surgery will help

Heaviness around the eyes has more than one cause, and eyelid surgery only addresses some of them:

Excess eyelid skin and prominent fat pads — what blepharoplasty addresses.

Descended brows — if the brow has dropped, the upper lid looks crowded even where eyelid skin is normal. Operating on the lid alone in that situation can make the brow look heavier. This is a brow lift problem.

Ptosis — drooping of the eyelid itself due to weakness of the muscle that lifts it. This is a different operation to removing skin, and doing the wrong one leaves the eye still drooping.

Under-eye hollowing or pigmentation — dark circles caused by shadow or pigment rather than by fat bulging. Surgery may not change these.

A proper assessment separates these. Where several are present, more than one procedure may be needed.

Which page you actually need

What you notice	Usually	Check it with
Skin folding onto the upper lid; glasses resting on it	Excess upper lid skin	The forehead test on upper blepharoplasty
The lid looks crowded but the skin seems normal	A descended brow — lid surgery can worsen it	The same test, holding the brows still
The lid edge itself sits low over the iris	Ptosis — a different operation	The lid-margin test on upper blepharoplasty
A bulge under the eye, constant all day	Fat pads	The look-up test on lower blepharoplasty
Puffiness worse in the morning, better by afternoon	Fluid — surgery is not the answer	The morning test on lower blepharoplasty
Darkness under the eye	Shadow from contour, or pigment in the skin	The stretch test on lower blepharoplasty
Fine crepey skin but no bulge	Skin quality	Laser skin rejuvenation
Lines at the outer corner only when you smile	Movement lines	Anti-wrinkle injections

Most people have more than one. Work through them, write down what you find, and bring it — it turns a consultation from a description into a plan.

Why eyelid changes develop

Ageing and genetics reduce skin elasticity and shift the fat around the eyes. Sun exposure, allergies, fluid retention and brow descent all contribute. Eyelid anatomy varies widely between individuals — some notice changes in their thirties, others much later.

Dry eye: the thing most often skipped before surgery

Eyelid surgery changes how the lids close and how tears spread across the eye. In someone whose tear film is already marginal, that can tip a manageable dryness into a genuinely uncomfortable one — and dry eye after blepharoplasty is one of the more common reasons people are unhappy with an otherwise good result.

The difficulty is that many people with dry eye do not know they have it, because the symptoms are not what the name suggests.

Signs worth recognising

Watering eyes. Counter-intuitive, but a dry eye often produces reflex tearing — so eyes that stream in wind or air-conditioning may be dry rather than wet.

Vision that blurs intermittently and clears when you blink , particularly late in the day.

Grittiness or a sandy feeling , usually worse by evening.

Burning or stinging in air-conditioning, on a plane, or in front of a screen.

Contact lenses that used to be comfortable and no longer are.

Using eye drops regularly without thinking of it as treating a condition.

A history of laser vision correction , which commonly affects the tear film.

What to do about it

Mention every one of those at consultation , even if you would not have called it dry eye.

Expect to be examined for it — and where there is doubt, to be sent for assessment by an optometrist or ophthalmologist before a decision is made.

Expect it to change the plan rather than end it. Options include treating the dryness first, removing less skin, choosing an approach that does not put tension on the lid, or deciding that surgery is not the right answer.

Ask directly: “Given my tear film, what is my risk of dry eye afterwards, and for how long?”

This is not a reason to avoid eyelid surgery. It is the difference between a complication that was anticipated and managed and one that arrives as a surprise.

What the procedure involves

Blepharoplasty is generally performed under local anaesthesia with sedation, or under general anaesthesia where appropriate. It is a day procedure — most people go home the same day, accompanied by a support person. Surgery takes approximately one to three hours depending on whether the upper lids, lower lids or both are treated. We perform these procedures at Glenferrie or Masada.

On the day, measurements and crease markings are confirmed while you are sitting upright, so the plan reflects how your lids sit in a natural position.

Upper eyelids — the incision sits in the natural crease, where the resulting scar is concealed.

Lower eyelids — access is either from inside the lid (transconjunctival, leaving no external scar) where skin quality is good, or just beneath the lashes (a fine subciliary or skin-pinch incision) where skin also needs tightening.

Excess skin is trimmed and fat pockets conservatively removed or repositioned. Fine sutures close the incisions, and ointment and cool packs are applied before discharge.

The marking-while-sitting-upright detail matters more than it sounds. Eyelid skin and brow position both change the moment you lie down, so a plan drawn on a reclined patient is not a plan about the face anyone sees.

What to combine, and in what order

Several procedures around the eye address different problems, and how they are sequenced changes both the result and the number of recoveries.

Upper and lower together is usually sensible where both are indicated — one anaesthetic, one recovery, and a lower combined cost than two operations.

Brow position is decided before the upper lid, not after. Removing lid skin from a descended brow can pull the brow lower. Where both need addressing, they are planned together.

Ptosis correction is a separate operation , often done at the same sitting as skin removal but it is not the same thing — and only one of them raises a low lid edge.

Skin quality is treated separately from skin quantity. Crepey texture and pigment around the eye respond to resurfacing, not to excision, and the two are frequently combined — fat addressed from inside the lid, skin treated on the surface.

Anything that fluctuates gets sorted first. Allergy, fluid retention and untreated dry eye all change what the area looks like and how it heals.

Recovery

First 48 hours — cool compresses, head elevation, and frequent lubricating drops or ointment as directed.

Bruising and swelling — typically peak at two to three days and improve over one to two weeks. The area around the eyes may be bruised and swollen for 7 to 14 days.

Sutures — removed at around day five to seven, or dissolve.

First check-up — the day after the procedure at the clinic.

Work — many people return to desk-based work in 7 to 10 days. Allow longer for physical or public-facing work.

Exercise — avoid strenuous activity for around two weeks.

Vision — temporary blurring from ointment and swelling is common. Protect eyes from wind and sun.

Makeup and contact lenses — typically after review, often around one to two weeks for makeup, and contacts once comfortable and approved.

Swimming — avoid until healing is complete, because of infection risk.

Skin generally heals within two to three weeks. Healing times vary; follow your written post-operative plan and attend all reviews. An after-hours contact number is provided.

Set up before the day

A driver, and someone to stay overnight.

Extra pillows — you will be sleeping propped up for the first week.

Cold compresses ready , and a way to keep swapping them in the first 48 hours.

Every prescription filled in advance , including drops and ointment.

Your glasses, not contacts , for the first week or two.

Audiobooks or podcasts. Reading and screens are uncomfortable early, and ointment blurs vision — this surprises people more than the pain does.

Easy meals and any shopping done.

A fortnight without anything you must look presentable for , and longer if you appear in public for work.

Sunglasses for wind, light and privacy.

Who this suits, and who it does not

It tends to suit: someone in reasonable general health with genuine excess skin or fat prominence confirmed on examination, realistic expectations, no significant untreated eye disease, and a fortnight available for visible recovery.

It tends not to suit:

Anyone whose main problem is a descended brow or ptosis — different operations

Anyone whose main problem is fluid or pigment

Anyone with significant dry eye , until it has been assessed

Anyone with untreated thyroid eye disease , glaucoma or other active eye conditions, without ophthalmic input

Anyone who smokes and will not stop for the period specified

Anyone expecting to look like a different person rather than a less crowded version of themselves

Anyone in the middle of a major life event or loss — waiting is good advice

Costs

Upper blepharoplasty — $8,000 to $12,000

Lower blepharoplasty — $9,000 to $13,000

Upper and lower together — $15,000 to $18,000

The quoted price includes fees for the surgeon, assistant if required, hospital, anaesthesia, recovery care and follow-up. A personalised quote is provided at consultation.

As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350. You need a referral from your GP to see one of our plastic surgeons — a requirement for all cosmetic surgery since 1 July 2023 — and appointments are generally available within 7 to 14 days. Payment for major surgery is due four weeks before the procedure.

Two figures to ask for beyond the headline: what a revision would cost and under what circumstances , and what happens to your payment if you cancel or the date moves . We are not a no-gap provider.

Medicare

Purely cosmetic eyelid surgery is not covered by Medicare. Where overhanging upper eyelid skin is documented to impair the upper visual field , MBS item 45618 may apply and a partial rebate may be available. Strict criteria apply and formal visual field assessment is required. Your surgeon determines eligibility at consultation; a valid referral is required.

We are not a no-gap provider , so out-of-pocket costs apply even where a rebate is available. See does Medicare cover my surgery.

Three things worth knowing about that pathway, set out in full on upper blepharoplasty : the test is a formal visual field assessment by an optometrist or ophthalmologist, often done twice — once normally and once with the excess skin taped up — so the comparison shows the loss is caused by the skin; most people seeking the operation for appearance do not meet the criteria ; and a rebate is a fixed schedule amount, not a proportion of the fee. There is no equivalent pathway for lower eyelid surgery in most circumstances.

Non-surgical alternatives

Anti-wrinkle injections around the eye area can relax the muscles that pull the brow downward, allowing the forehead muscles to lift the brow slightly. The change is usually a few millimetres, takes about 10 minutes to perform, appears over 10 to 14 days and typically lasts three to six months.

This is a modest and temporary change. It does not remove excess skin or fat, and it is not equivalent to surgery. Where hooding is significant, it will not achieve the same thing — and knowing that before you start a course of treatment saves money.

Dermal fillers can soften an under-eye hollow, but the under-eye is a technically demanding area with a higher rate of visible complications and its own vascular risk.

The honest framing: non-surgical options around the eye are best understood as different treatments for different problems , not as cheaper versions of surgery. Where the examination finds genuine excess skin, years of injectables cost more and do not achieve it.

Risks

All surgical procedures carry risks and potential complications. For blepharoplasty these include:

Infection

Bleeding and haematoma

Scarring — visible or thickened scars

Dry eye , grittiness and irritation, which can be persistent

Difficulty closing the eyes fully (lagophthalmos), which can lead to corneal exposure and damage

Ectropion or lid retraction — the lower lid pulling away from or down from the eye, a recognised complication of lower blepharoplasty that may need further surgery

Asymmetry between the two sides

Over-correction, producing a hollowed or startled appearance, or under-correction

Changes in sensation of the eyelid

Double or blurred vision

Loss of vision — rare, generally caused by bleeding behind the eye, and a surgical emergency

Anaesthesia complications

An unsatisfactory result and the possible need for revision surgery

Seek urgent medical attention after eyelid surgery for severe or increasing pain, rapidly increasing swelling or bruising, or any loss or change of vision.

Please read our information on the risks and complications of cosmetic surgery before proceeding.

The one to memorise

Vision loss after eyelid surgery is usually caused by bleeding in the orbit behind the eye. It is time-critical , most often presents within the first 24 hours, and the outcome depends almost entirely on how quickly it is treated.

The picture: severe pain that is increasing rather than settling; rapidly increasing swelling and bruising on one side; the eye feeling tight, hard or pushed forward; and any change in vision.

Ring the after-hours number immediately, at any hour. If you cannot reach anyone, go straight to an emergency department and say you have had eyelid surgery and are concerned about bleeding behind the eye. Do not drive yourself and do not wait until morning.

Expected, versus call us, versus seek urgent care

Expected: bruising and swelling peaking at two to three days; grittiness and watering; blurring from ointment; tight lids; bruising travelling down onto the cheek; the two sides settling at different rates.

Call us: swelling increasing after the first few days; spreading redness, heat or pus; fever; a wound edge separating; inability to close the eye fully; persistent dryness; the lower lid looking pulled down once swelling settles; obvious asymmetry at review.

Seek urgent medical attention: severe or increasing pain, rapidly increasing swelling or bruising on one side, the eye feeling hard or pushed forward, or any change in vision.

What you should leave the consultation with

Which of the four causes apply to you — skin and fat, brow, ptosis, or shadow and pigment

Whether your tear film was assessed, and your risk of dry eye afterwards

For the lower lid, whether laxity was tested and whether the plan supports the lid

Which incisions, where any scars will sit, and where your crease will be

Whether an MBS item applies, and the cost with and without it

An itemised quote, plus revision and cancellation terms

Written risk information, with time to read it

A realistic recovery timeline and time off work

The urgent signs in writing, and an after-hours number that reaches someone

Experience and choosing a surgeon

We have over 35 years of experience in cosmetic surgery and has performed over 5,000 cosmetic eye procedures since the 1980s.

Specialist Plastic Surgeon is a protected title in Australia, held by doctors who have completed accredited surgical training and are Fellows of the Royal Australasian College of Surgeons. You can check any practitioner's registration free of charge on the AHPRA public register.

Two further safeguards apply to all cosmetic surgery: screening for body dysmorphic disorder forms part of assessment, and under-18s have a three-month cooling-off period and mandatory psychological assessment .

Me Clinic also offers upper eyelid ptosis correction, brow lift, facelift , thread lift , dermal fillers and laser skin resurfacing .

We are at 4 Burke Road, Malvern East VIC 3145, five minutes' walk from Caulfield station. Phone 1300 852 050, or use the online consultation form .

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about eyelid surgery

What is blepharoplasty?

Surgery on the upper or lower eyelids, or both, removing or repositioning excess skin and fat and, where appropriate, supporting the structures around the lid.

How are upper and lower different?

Upper removes excess skin and refines small fat pads through the natural crease. Lower addresses under-eye bags and the lid-cheek transition, often repositioning fat rather than removing it.

Can both be done at once?

Often, yes — one anaesthetic, one recovery, and a lower total cost of $15,000 to $18,000 rather than two separate operations.

What does surgery not fix?

A descended brow, ptosis of the lid margin, fluid retention, and pigment in the skin. Each of those is a different problem.

How do I work out which I have?

The self-tests on the two child pages — the forehead and lid-margin tests for the upper lid, and the look-up, press, stretch and morning tests for the lower.

Why does a descended brow matter?

Because removing lid skin from an already-low brow can pull it lower, making the eye look tighter at the lid and heavier at the brow.

What is ptosis?

Drooping of the lid margin itself from weakness of the muscle that lifts it. Removing skin does not raise it — it is a different operation.

Why does dry eye matter so much here?

Because surgery changes how the lids close and how tears spread. In someone whose tear film is already marginal it can tip manageable dryness into genuine discomfort, and it is a common reason people are unhappy with an otherwise good result.

How would I know if I have dry eye?

Watering eyes — counter-intuitively, dryness often causes reflex tearing; vision that blurs and clears on blinking, worse late in the day; grittiness by evening; burning in air-conditioning or in front of a screen; contact lenses that are no longer comfortable; regular drop use; or previous laser vision correction.

What happens if I have it?

It usually changes the plan rather than ending it — treating the dryness first, removing less skin, or choosing an approach that puts no tension on the lid. Ask what your risk is and for how long.

How long does surgery take?

One to three hours depending on whether upper, lower or both are treated. It is a day procedure.

Why are the markings done sitting up?

Because eyelid skin and brow position both change when you lie down. A plan drawn on a reclined patient is not a plan about the face anyone sees.

Where do the incisions go?

Upper: in the natural crease, where the scar is concealed. Lower: either inside the lid, leaving no external scar, or just beneath the lashes where skin also needs tightening.

What order should things be done in?

Brow position is decided before or with the upper lid; ptosis correction is a separate operation even when done at the same sitting; skin quality is treated separately from skin quantity; and anything that

fluctuates — allergy, fluid, dry eye — is sorted first.

How long is recovery?

Bruising and swelling peak at two to three days and improve over one to two weeks. Sutures out at day five to seven. Many people return to desk work in 7 to 10 days, longer for physical or public-facing roles.

What should I set up beforehand?

A driver and someone to stay overnight, extra pillows, cold compresses, prescriptions filled, glasses rather than contacts, audiobooks rather than reading, easy meals, sunglasses, and a fortnight without anything you must look presentable for.

Why audiobooks?

Because reading and screens are uncomfortable early and ointment blurs vision — which surprises people more than the discomfort does.

When can I wear makeup or contacts again?

Typically after review — often one to two weeks for makeup, and contacts once comfortable and approved.

Are injectables an alternative?

They are a different treatment for a different problem. Anti-wrinkle injections can lift the brow a few millimetres for three to six months but remove no skin or fat. Where the examination finds genuine excess skin, years of injectables cost more and do not achieve it.

Does Medicare cover eyelid surgery?

Not when purely cosmetic. Where overhanging upper eyelid skin is documented to impair the upper visual field, MBS item 45618 may apply, with strict criteria and formal visual field assessment. There is no equivalent pathway for lower eyelid surgery in most circumstances.

What does the visual field test involve?

A formal assessment by an optometrist or ophthalmologist, often done twice — once normally and once with the excess skin taped up — so the comparison shows the loss is caused by the skin.

Will I qualify?

Most people seeking the operation for appearance do not. And a rebate is a fixed schedule amount, not a proportion of the fee.

Do I need a GP referral?

Yes — a requirement for all cosmetic surgery since 1 July 2023, and necessary to access any rebate.

What are the main risks?

Infection, bleeding and haematoma, scarring, dry eye, difficulty closing the eyes fully, ectropion or lid retraction after lower lid surgery, asymmetry, over- or under-correction, sensation changes, double or blurred vision, rare vision loss, anaesthesia complications, and possible revision surgery.

What is the emergency to memorise?

Bleeding behind the eye, usually within the first 24 hours: severe increasing pain, rapidly increasing swelling on one side, the eye feeling hard or pushed forward, and any change in vision. Ring the after-hours number immediately or go straight to an emergency department.

What does it cost?

Upper $8,000 to $12,000; lower $9,000 to $13,000; both together $15,000 to $18,000, including surgeon, assistant if required, hospital, anaesthesia, recovery care and follow-up. A Specialist Plastic Surgeon consultation is $350 as at September 2024, including GST.

Related pages

See blepharoplasty before and after photos , face procedures , or the Me Clinic team .