Lower Blepharoplasty Melbourne - Lower Eyelid Surgery - Me Clinic

Canonical: https://www.meclinic.com.au/face/lower-blepharoplasty/

Details:

Fullness under the eyes — commonly called under-eye bags — is usually not fluid. It is fat, held in compartments behind the eyelid, which becomes more prominent as the supporting structures weaken with age. There are two fat compartments in the upper eyelid and three in the lower.

Lower blepharoplasty addresses these fat pads, either by removing them or by repositioning them deeper, and where necessary tightens the skin.

What is actually causing it

Before considering surgery it is worth understanding which of these applies, because they respond differently:

Prominent fat pads — the bulge itself. This is what surgery addresses.

A hollow below the bulge (the tear trough). Part of what makes a bag look prominent is the hollow beneath it. Removing fat without addressing the hollow can leave the area looking gaunt — which is why fat is often repositioned into the hollow rather than simply removed.

Excess skin — fine wrinkling and lax skin. Addressed by skin tightening or excision, or by laser.

Pigmentation — genuine dark circles from pigment rather than shadow. Surgery does not change these.

Fluid retention — puffiness that varies through the day or with sleep, salt or allergies. Surgery is not the answer to this.

Most people have a combination. Which technique is appropriate is determined at consultation after examination.

Four tests that tell you which one you have

You can sort most of this yourself in front of a mirror in five minutes, and it makes the consultation far more useful.

1. The look-up test — is it fat?

Keep your head still and look up at the ceiling, then look straight ahead again. True fat herniation becomes more prominent when you look up , because the eye rotates and presses the fat pads forward. Loose skin and pigment do not change.

2. The press test — confirming it

With your eyes gently closed, press very lightly on the eyeball through the upper lid with a fingertip. A fat bulge in the lower lid becomes more prominent , because pressure is transmitted through the orbit. Stop immediately if it is uncomfortable, and do not do this if you have had recent eye surgery or any eye condition.

3. The stretch test — shadow or pigment?

Place a fingertip on the cheek just below the dark area and gently draw the skin downward and outward, flattening it. Look in good, even light.

The darkness largely disappears: it was a shadow , cast by the contour — the bulge above and the hollow below. Surgery and volume restoration change shadows.

The darkness stays exactly as dark: it is pigment in the skin. No surgery changes it; skin treatments and sun protection are the relevant conversation.

You can see fine bluish vessels through the skin: that is thin skin showing what is underneath, and it behaves differently again.

4. The morning test — fat or fluid?

Photograph yourself first thing in the morning and again at the end of the day, same light, same spot.

Markedly puffier in the morning, better by afternoon , worse after salt, alcohol or a bad night: that is fluid . Surgery does not fix it, and removing fat from an area that fluctuates can leave it looking hollow on the good days.

The same all day, every day: that is structural — fat, skin or contour — and it is the group surgery addresses.

Do the set over a few days and bring the photographs. “I look tired” becomes something specific that can be planned against.

The test your surgeon will do, and why it matters more than any other

Ectropion — the lower lid pulling away from or downward from the eye — is the characteristic complication of this operation. It is largely predictable, and the thing that predicts it is lower lid laxity .

Two examinations identify it, and it is entirely reasonable to ask whether they were done.

The snap-back test. The surgeon gently draws the lower lid downward, away from the eye, and lets go without you blinking. A healthy lid springs back against the eye immediately. A lid that returns slowly, or only once you blink, is lax.

The distraction test. The lid is drawn gently forward, away from the eyeball. A lid that can be pulled several millimetres away is lax.

Where laxity is present, removing skin or operating through an external incision without addressing it is what produces a pulled-down lid. The answer is to tighten the lid at the same time — a canthopexy or canthoplasty, which supports the outer corner — or to choose an approach that does not put tension on the lid.

So the question worth asking, in these words: “Did you test my lower lid laxity, and does my plan include supporting the lid?” It is the single most useful question on this page, and a surgeon who has examined you properly will have an immediate answer.

Why modern practice repositions fat rather than simply removing it

A generation ago, lower blepharoplasty largely meant taking the fat out. It reliably removed the bulge, and a proportion of those patients ended up looking hollow and older around the eyes than they had before — because the bulge and the hollow beneath it are one contour, and removing the high point

without filling the low point deepens the transition.

The change in approach follows directly: where the anatomy allows, fat is repositioned downward over the bony rim into the hollow rather than discarded. The bulge flattens and the hollow fills using the same tissue, and the contour runs smoothly from lid to cheek.

Two consequences worth carrying into a consultation:

“Will my fat be removed or repositioned?” is a fair question, and the reasoning behind the answer tells you how the case has been thought about.

Taking too much is far harder to correct than taking too little. Residual fullness can be revised; a hollowed lower lid usually needs volume added back, which is a more difficult problem.

The techniques

Transconjunctival

The incision is made on the inside of the lower eyelid. Fat pads are removed or repositioned through it, and there is no external scar. This approach is used where skin quality is good and skin removal is not needed. It also carries a lower risk of pulling the lower lid downward than external approaches.

Skin excision (subciliary)

Where there is excess skin to remove, an incision is made just below the lower eyelashes. The resulting fine scar sits immediately below the lash line and may be visible.

Laser resurfacing

Laser cosmetic surgery or laser skin rejuvenation can be used on the skin beneath the eye to improve texture and pigmentation and tighten the skin. This is often combined with a transconjunctival approach so that fat is addressed without an external incision, while the skin is treated separately.

Lower and upper eyelid surgery can sometimes be undertaken together, depending on your anatomy — with one recovery period and a lower combined cost.

	Transconjunctival	Skin excision (subciliary)
Incision	Inside the lid	Just below the lash line
External scar	None	A fine scar, which may be visible
Removes skin	No	Yes
Risk of lid pulling down	Lower	Higher — which is why lid laxity must be assessed
Suits	Good skin quality; fat is the main issue	Genuine excess skin
Often combined with	Laser or peel for the skin	Lid support where laxity is present

Before surgery

Tell your surgeon about every eye condition and every eye operation — dry eye, glaucoma, previous laser vision correction, cataract surgery, thyroid eye disease. Dry eye in particular can be made worse by this operation and changes the plan.

Bring your glasses prescription and say whether you wear contact lenses. You will be out of them for a period.

List every medication and supplement , including fish oil, and anything that thins the blood. Do not stop a prescribed blood thinner on your own — that decision belongs to the doctor who prescribed it, working with your surgeon.

Stop smoking. It impairs healing around the eyes as everywhere else, and surgeons routinely require a period of abstinence.

Arrange a driver and someone to stay overnight.

Set up at home first — cold compresses, extra pillows to sleep propped up, easy food, and a fortnight without anything you must look presentable for.

Take your own baseline photographs , front and both three-quarter views, in daylight, relaxed and without makeup.

Recovery

You may feel drowsy from the anaesthetic. Arrange for someone to drive you home and stay overnight, and rest that evening.

An after-hours direct number is provided.

Return to the clinic for your first post-operative check the next day or within a few days.

The area around the eye may be bruised and swollen for 7 to 14 days . Keep your head upright and apply cold compresses periodically. The lower lid tends to bruise more than the upper.

Sutures, where used, are removed at three to five days.

Avoid swimming until healing is complete — there is a risk of infection.

Skin generally heals within two to three weeks, though this varies.

Where the transconjunctival approach is used there is no visible external scar. Where conventional surgery was needed to remove excess skin, a fine scar sits below the lash line.

Surgeons and nurses monitor recovery through a number of post-operative check-ups.

What to expect, week by week

When	What is usually happening
Day of	Drowsiness; swelling beginning; cold compresses; head elevated
Days 1 to 3	Peak swelling and bruising; grittiness and watering common; vision may be blurred by ointment
Days 3 to 5	Sutures out where used; bruising starting to change colour
Days 7 to 14	Most bruising resolving; makeup usually possible once cleared; back to non-strenuous work for many people

Weeks 2 to 6	Residual swelling settling; any scar pink; exercise resumed as directed
Months 3 to 12	Scars fading; the final contour settling — the honest point at which to judge the result

Two small things that surprise people: watering and grittiness are normal early on , and bruising travels downward , so a bruise can appear on the cheek days after surgery.

The emergency to know about

Loss of vision after eyelid surgery is rare, and it is usually caused by bleeding in the orbit behind the eye — a retrobulbar haematoma. Pressure builds in an enclosed space and compromises the blood supply to the optic nerve.

It is time-critical . Treated quickly, vision is usually saved; delay is what causes permanent loss. It most often presents within the first 24 hours.

What it looks and feels like

Severe pain, increasing rather than settling , and out of proportion to what you were told to expect

Rapidly increasing swelling and bruising on one side, over minutes to hours

The eye feeling tight, hard or pushed forward

Any change in vision — blurring, dimming, a shadow, double vision, or loss of part of the field

Sometimes nausea or vomiting with the pain

What to do

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 today and are concerned about bleeding behind the eye. Do not drive yourself, and do not wait until morning to see whether it settles.

Nobody will think you overreacted. This is a complication where being wrong costs a night and being right costs your sight.

Who this suits, and who it does not

It tends to suit: someone in good general health with genuine fat prominence that is constant rather than fluctuating, realistic expectations, no significant untreated eye disease, and the ability to take a fortnight of visible recovery.

It tends not to suit:

Anyone whose main issue is fluid , which varies through the day

Anyone whose main issue is pigment — surgery does not change it

Anyone with significant dry eye , without a careful discussion — the operation can make it worse

Anyone with untreated thyroid eye disease or other active eye conditions

Anyone who smokes and will not stop for the required period

Anyone whose expectation is that this will make them look like a different person

Anyone in the middle of a major life event or loss — the standard advice to wait is good advice

Costs

Lower blepharoplasty at Me Clinic ranges from $9,000 to $13,000 . Upper and lower eyelid surgery together range from $15,000 to $18,000 — combining is generally more cost-effective than two separate procedures, and lower eyelid surgery is often combined with laser treatment.

Each procedure is tailored to the individual, so an accurate figure comes from consultation. The quoted price includes fees for the surgeon, assistant if required, hospital, anaesthesia, recovery care and follow-up — quoted once, in full.

As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350.

Two things to ask that are not in the headline figure: 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.

Referral requirement

Since 1 July 2023, all patients are required to have a referral from a general practitioner before seeing a plastic surgeon or doctor about cosmetic surgery. This is a national requirement, not a clinic policy. A cooling-off period applies after your second consultation before surgery can be booked or a deposit paid. Appointments are generally available within 7 to 14 days.

Lower eyelid surgery performed for cosmetic reasons is not covered by Medicare. Unlike upper eyelid surgery, there is no visual-field pathway to a rebate for lower lid surgery in most circumstances.

Two more safeguards that apply to 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 . “Specialist Plastic Surgeon” is a protected title held by Fellows of the Royal Australasian College of Surgeons, and registration can be checked free on the AHPRA public register.

Risks

All surgical procedures carry risks and potential complications. For lower eyelid surgery these include:

Infection

Bleeding and haematoma

Scarring where an external incision was used

Ectropion or lid retraction — the lower lid pulling away from or downward from the eye, exposing more white below the iris. This is the characteristic complication of lower blepharoplasty and may require further surgery to correct

Dry eye, grittiness and watering

Difficulty closing the eyes fully

A hollowed or skeletal appearance from removing too much fat

Residual or recurrent bulging from removing too little

Asymmetry between the two sides

Changes in sensation

Blurred or double vision

Loss of vision — rare, usually from bleeding behind the eye, and a surgical emergency

Anaesthesia complications

An unsatisfactory result and the possible need for revision surgery

Where laser is used, the additional risks include prolonged redness, pigment change, crusting and scarring.

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

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

Expected, versus call us, versus seek urgent care

Expected: bruising and swelling for 7 to 14 days; grittiness and watering; blurred vision from ointment; bruising travelling down onto the cheek; tightness.

Call us: swelling increasing after the first few days; spreading redness, heat or pus; fever; a wound edge separating; the lower lid looking pulled down once swelling has settled; persistent dryness or difficulty closing the eye; 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 . Do not wait until morning.

What sits outside this

It does not change pigmentation.

It does not fix fluid retention.

We do not operate without a GP referral , two consultations and a cooling-off period — a national requirement.

We do not remove fat where repositioning is the better answer.

We do not promise a specific result , and Australian advertising rules prohibit it.

We do not publish patient testimonials about clinical care , prohibited under section 133 of the National Law.

What you should leave the consultation with

Which of the five causes apply to you, named

Whether your lower lid laxity was tested, and whether the plan includes supporting the lid

Whether fat will be removed or repositioned, and why

Which incision, and where any scar will sit

An itemised quote covering every party, 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

Booking

Phone Me Clinic on 1300 852 050 or use the contact form . We are at 4 Burke Road, Malvern East VIC 3145, five minutes’ walk from Caulfield station.

Related: upper eyelid surgery , eye area surgery , laser skin rejuvenation , does Medicare cover my surgery.

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 lower eyelid surgery

What causes under-eye bags?

Usually fat held in compartments behind the eyelid, becoming more prominent as the supporting structures weaken with age. There are three fat compartments in the lower lid.

How do I know whether mine is fat?

Look up at the ceiling without moving your head — true fat herniation becomes more prominent, because the eye rotates and presses the fat forward. Loose skin and pigment do not change.

Is there another way to check?

With eyes gently closed, press very lightly on the eyeball through the upper lid. A lower-lid fat bulge becomes more prominent as pressure transmits through the orbit. Stop if uncomfortable, and do not do this with any eye condition or after recent eye surgery.

How do I tell shadow from pigment?

Gently stretch the skin flat with a fingertip on the cheek below the dark area. If the darkness largely disappears it was a shadow cast by the contour. If it stays exactly as dark, it is pigment — and surgery does not change it.

How do I tell fat from fluid?

Photograph yourself morning and evening for a few days. Markedly puffier in the morning and better by afternoon, worse after salt or alcohol, is fluid. The same all day is structural.

What is ectropion?

The lower lid pulling away from or downward from the eye, exposing more white below the iris. It is the characteristic complication of this operation and may require further surgery.

Can it be predicted?

Largely, yes — by lower lid laxity. The snap-back test draws the lid down and releases it; a healthy lid springs back immediately. The distraction test pulls the lid forward; a lid that comes several millimetres away is lax.

What should I ask about that?

“Did you test my lower lid laxity, and does my plan include supporting the lid?” Where laxity is present, the lid is tightened at the same time with a canthopexy or canthoplasty, or an approach is chosen that puts no tension on it.

Why is fat repositioned rather than removed?

Because the bulge and the hollow beneath it are one contour. Removing the high point without filling the low point deepens the transition and can leave the area looking hollow and older.

Which error is harder to fix?

Taking too much. Residual fullness can be revised; a hollowed lower lid usually needs volume added back, which is a harder problem.

What is the transconjunctival approach?

An incision inside the lower eyelid, through which fat is removed or repositioned. There is no external scar, and it carries a lower risk of pulling the lid down. It does not remove skin.

When is an external incision needed?

Where there is genuine excess skin to remove. The incision sits just below the lashes and leaves a fine scar that may be visible.

Can the skin be treated separately?

Yes — laser resurfacing of the skin beneath the eye is often combined with a transconjunctival approach, so fat is addressed without an external incision.

Can upper and lower lids be done together?

Sometimes, depending on your anatomy — with one recovery period and a lower combined cost of $15,000 to $18,000.

What should I tell my surgeon beforehand?

Every eye condition and operation — dry eye, glaucoma, previous laser vision correction, cataract surgery, thyroid eye disease — plus every medication and supplement including fish oil.

Should I stop my blood thinners?

Not on your own. That decision belongs to the doctor who prescribed them, working with your surgeon.

How long is recovery?

Bruising and swelling for 7 to 14 days, sutures out at three to five days where used, skin generally healed in two to three weeks, and the final contour settling over months.

Is watering or grittiness normal?

Yes, early on. So is bruising travelling downward, so a bruise can appear on the cheek days after surgery.

What is the emergency I should know about?

Bleeding behind the eye — a retrobulbar haematoma. Pressure builds in an enclosed space and compromises the blood supply to the optic nerve. It usually presents within the first 24 hours and is time-critical.

How would I recognise it?

Severe pain increasing rather than settling and out of proportion to expectations; rapidly increasing swelling and bruising on one side; the eye feeling tight, hard or pushed forward; and any change in vision.

What should I do?

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.

Do I need a GP referral?

Yes — since 1 July 2023 a GP referral is required before seeing a plastic surgeon about cosmetic surgery, with a cooling-off period after your second consultation.

Will Medicare contribute?

Not for cosmetic lower eyelid surgery. Unlike upper eyelid surgery, there is no visual-field pathway to a rebate for lower lid surgery in most circumstances.

What does it cost?

$9,000 to $13,000 for lower blepharoplasty, or $15,000 to $18,000 for upper and lower together. The quote includes surgeon, assistant if required, hospital, anaesthesia, recovery care and follow-up. A Specialist Plastic Surgeon consultation is $350 as at September 2024, including GST.