

Upper Eyelid Functional Blepharoplasty

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Policy Summary

Blepharoplasty is considered a low priority treatment and will only be funded by SY&B CCGs when the following criteria are met.

Eligibility criteria

Upper eyelid blepharoplasty is considered medically necessary for the following indications^{1,2}

1. To relieve symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue. **OR**
2. Following skin grafting for eyelid reconstruction **OR**
3. Following surgery for ptosis

For all other individuals, the following criteria apply:

1. Documented patient complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin **AND**
2. There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead **AND**
3. Evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° laterally and/or 20° or less superiorly.

Background to the intervention

Blepharoplasty is a surgical procedure to remove excess tissue, mostly skin, from around the eyes. The procedure can be performed for functional or cosmetic reasons. The CCG will however **NOT** fund blepharoplasty for cosmetic reasons.

A number of underlying disorders (e.g. thyroid eye disease, facial palsy, various skin diseases, blepharospasm and ageing) can cause functional problems. Surgery is usually required when excess droopy eyelid skin is causing visual problems e.g. loss of visual field, difficulty in reading and loss of peripheral visual field whilst driving, persistent frontal headache, ocular irritation, entropion (rolling in) of the upper eyelid, blepharitis or dermatitis

Rationale behind the decision

There are no randomised controlled trials or observational studies on the clinical effectiveness of blepharoplasty. There are however a few case series and narratives based on expert opinion which show that the procedure results in some benefit to patients and is generally safe

In a published case series, Hacker and Hollsten³ investigated the use of automated perimetry in the assessment of 17 patients for upper eyelid blepharoplasty. Patients underwent a complete oculoplastic evaluation prior to and at 4-6 weeks after their procedure. Postoperatively, the visual field as measured by the number of points seen, increased by 26.2 % (p<0.000001).



According to Purewal⁴ the most common functional indication for blepharoplasty is the superior visual field defect secondary to redundant upper eyelid tissue that overhangs the eyelid margin. Blepharoplasty may also be indicated to treat the sequelae of inflammatory disorders of the orbits or eyelids, such as in Grave's ophthalmopathy and blepharochalasis. Trauma to the eyelids and orbit may also result in the need for a functional blepharoplasty.

The American Academy of Ophthalmology⁵ also outlines potential underlying causes that may warrant functional blepharoplasty. These include mechanical causes (dermatochalasis, epiblepharon, entropion), inflammatory causes (Graves' ophthalmopathy and other metabolic disorders, blepharochalasis, floppy eyelid syndrome) and traumatic causes (orbital fracture, following skin grafting for eyelid tissue or eyelid reconstruction)

Kosmin et al⁶ studied the effects of dermatochalasis on the visual field. They observed that the visual fields of 9 patients with bilateral ocular hypertension were incongruous with their apparently healthy optic discs. Following further examination and testing, the visual field loss was attributed to dermatochalasis. The authors concluded that "dermatochalasis has the potential to confound diagnostic automated visual field testing for glaucoma"

This policy was developed based on a review of published evidence, guidelines and consensus statements, in consultation with local primary and secondary care clinicians, community representatives, clinical commissioners, and commissioning managers

References

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