

A DEEPER FOCUS ON AESTHETIC LOWER EYELID SURGERY

*Your Weekly Newsletter by
Dr. Nick Sieveking*



In our September 4, 2025 newsletter, “Aesthetic Surgery of the Eyelids and Forehead”, we reviewed the intricacy of rejuvenating the upper eyelids, lower eyelids, and the brow. In this issue, we turn our full attention to the lower eyelids, an area of extraordinary complexity and nuance.

Why Lower Eyelid Surgery Is So Challenging

Few features reflect youth, or its absence, quite as clearly as the lower eyelids.

Working on the lower lids is truly like performing mechanical work on a Ferrari. The region is composed of an intricate network of delicate structures—thin skin, fine ligaments, muscular fascia, eyelid muscles, multiple fat pockets, and fragile membranes—all of which contribute both to an aging appearance and to the challenge of safely restoring a youthful, natural contour.

A lower blepharoplasty is not simply a matter of “tightening skin” or “removing fat.” Achieving a beautiful, natural result requires a surgeon with deep anatomical understanding and a highly refined, meticulous technique.

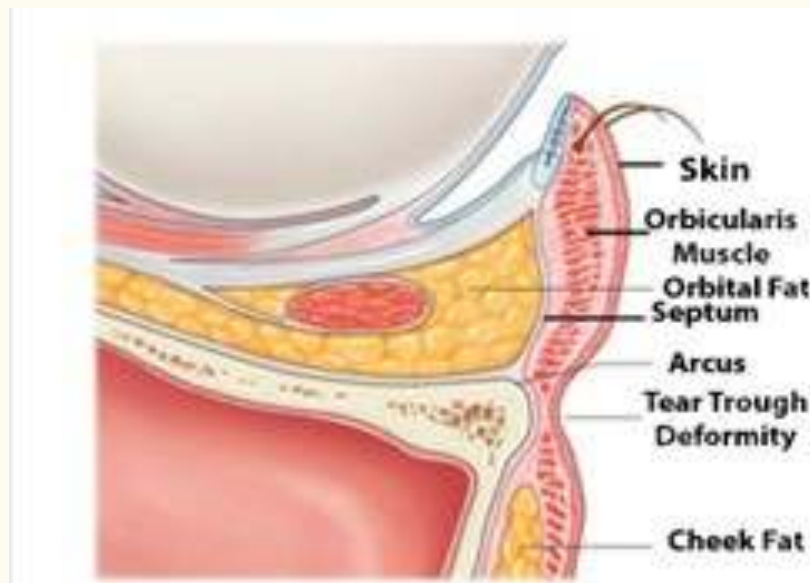
If you are told by a surgeon... “we just need to take out your fat pockets & remove a little skin,” ...please seek another opinion.



Where Many Surgeons Go Wrong

- Simply removing skin does nothing to address lower lid sagging or the prominence of fat pockets.

- Simply removing fat— in most cases—creates long-term problems. It does not correct droopiness of the skin or muscle, nor does it treat the tear trough. Worse yet, over-resecting fat produces a sunken, hollowed appearance that is extremely difficult to correct.
- Ignoring eyelid laxity leads to lower lid retraction, scleral show, ocular exposure, and even corneal injury.



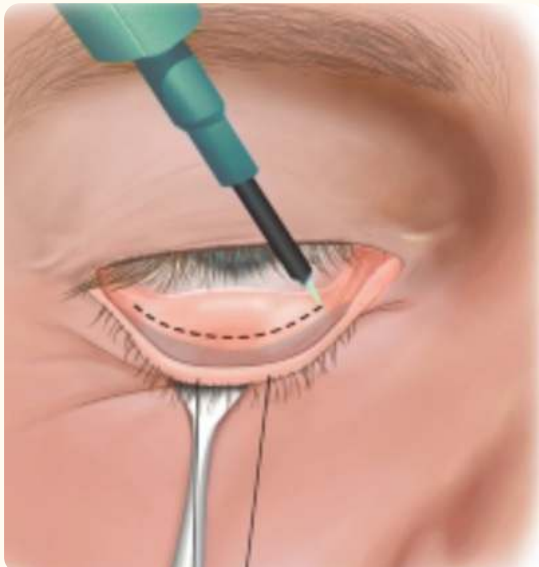
Cross-sectional surgical anatomy of the lower eyelid.

What's Gone Wrong with This Surgery?



- Dark & hollow eyes from over-resection of orbital fat
- Persistent, prominent skin folds from lack of muscle tightening/suspension
- Lower eyelid retraction/pull-down from internal scarring (“scleral show”)- white part of eyes are visible between the Iris and the lid margin

Two Basic Approaches to Lower Blepharoplasty



1. Transconjunctival Approach (a very limited technique)

The incision is placed on the inside of the eyelid and leaves no external scar. However:

- It cannot tighten loose muscle or excess skin
- It cannot correct the tear trough deformity
- Its primary function is fat removal, which is rarely beneficial on its own; and, may produce irreversible harm.

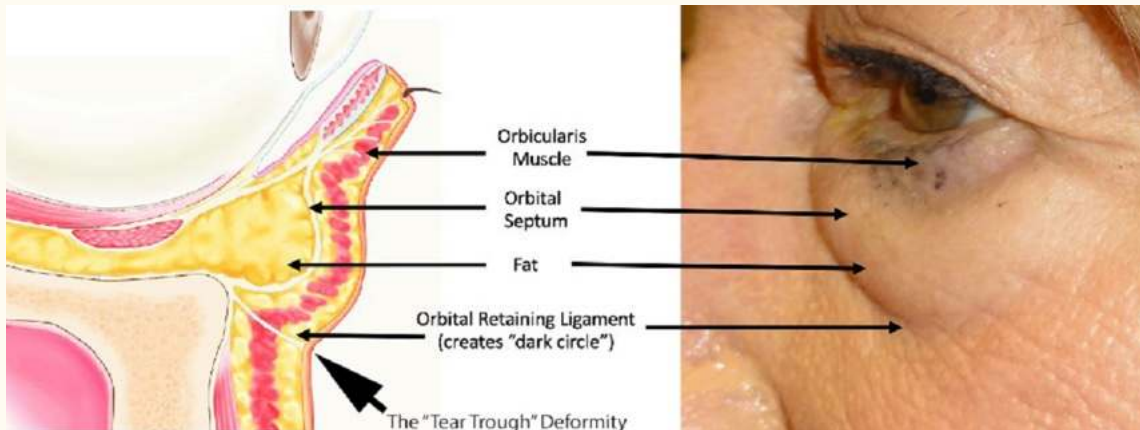


2. External “Sub-ciliary” Approach (most versatile)

The incision rests just beneath the lower lashes in a natural crease, where it becomes nearly invisible.

This approach allows the surgeon to:

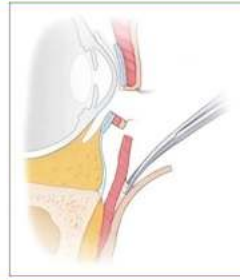
- Tighten and reposition the loose orbicularis muscle, smoothing out eyelid folds and more prominent wrinkles
- Conservatively remove excess skin, improving texture, and reducing fine lines
- Release the retaining ligament, allowing the correction of the “tear trough” deformity
- Open the orbital septum
- Transpose orbital fat over the orbital rim to correct the tear trough deformity
- Safely remove excess fat when truly necessary (uncommon)



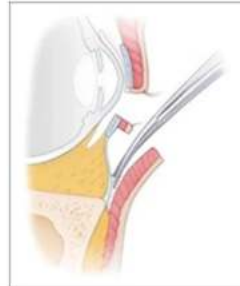
THE SURGICAL APPROACH

1. Under general anesthesia, a sub-ciliary incision is made just beneath the lower lash line.

2. The thin lower eyelid skin is gently elevated to expose the orbicularis muscle.



3. A small incision is made along the edge of the orbicularis muscle to elevate the backside of the muscle from the septum, revealing the orbital fat which lies directly behind the septum.



4. Dissection continues over the orbital rim, releasing the orbital retaining ligament and creating a pocket for fat repositioning.

5. The arcus marginalis is released, allowing orbital fat to be advanced over the rim and eliminating the tear trough shadow.



6. The Orbicularis Muscle is then Elevated and fixed to the bone of the lateral eye socket- this smooths & tightens the contours of the lower eyelid.



7. Skin is re-draped and excess skin is conservatively removed to smooth out texture and fine lines.



***When excess fat exists, judicious removal from the fat compartments can be performed.*

Advantages of the External Approach

- Allows comprehensive correction of all layers: fat, muscle, fascia, ligaments, membranes and skin
- Provides unmatched control of small blood vessels within the fat compartments to minimize the risk of bleeding
- Enables precise fat repositioning and accurate muscle tightening
- Leaves a scar that becomes virtually undetectable once healed

EXPECTED RESULTS

BEFORE



AFTER





BEFORE



AFTER





BEFORE



AFTER

Possible Complications

- Lower lid retraction – the eyelid is pulled downward, creating scleral show
- Corneal exposure – inadequate lid coverage leaves the cornea unprotected
- Ectropion – the eyelid turns outward, disrupting lid position and tear function
- Dry eyes – from exposure and altered eyelid mechanics
- Loss of the natural almond shape of the eyes – especially from lateral canthal distortion
- Hollow, sunken appearance – typically from over-removal of fat
- Corneal injury – from chronic exposure or rubbing
- Injury to the inferior oblique muscle – causing double vision or motility issues (rare but serious)

YOU WANT TO AVOID THIS RESULT:



SPECIAL OFFERS!

--Through End of 2025--

Reference this newsletter to receive a FREE in-person lower eyelid surgery consultation with Dr. Sieveking. OR, enjoy 25% OFF Dr. Sieveking's Bio-Identical Skincare® innovations—Bio-Kana and DEFY by Bio-Identix.

Call Now

Stay Tuned!

***Be on the lookout for next week's newsletter,
"Carbon Dioxide Laser Resurfacing at MoreGlow Med Spa"***

Schedule Appointment



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