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ORIGINAL ARTICLE

Patient Satisfaction After Blepharoplasty Performed as Office Surgery Using Oral Medication with the Patient Under Local Anesthesia

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Abstract
Background: Blepharoplasty can be performed in the office setting using oral medication with the patient under local anesthesia. This article reviews the authors' experience with this approach, evaluating patient satisfaction and demonstrating why this technique has become their procedure of choice for selected healthy patients.
Methods: The authors conducted a retrospective review of the 86 patients who underwent office-based blepharoplasty and mailed surveys to assess patient satisfaction with the procedure.
Results: Upper and lower blepharoplasties were performed with no major complications. The surveys were completed and returned by 83% of the patients. The survey results indicated that this procedure is well accepted and highly rated by patients. Many patients unwilling to undergo blepharoplasty outside the office were willing to have the procedure using this approach. A strong majority indicated that they would be referring friends and family for the procedure.
Conclusions: The fact that blepharoplasty can be performed in the office using oral medication with the patient under local anesthesia proves to be a strong determinant toward the final decision of patients to undergo surgery. This procedure meets the safety requirements outlined by the American Society of Plastic Surgeons (ASPS) and is desired by our patients for its many obvious advantages. Recommendations are provided to assist others who desire to use this safe and cost-effective method.

Keywords Blepharoplasty · Office based surgery · Patient satisfaction

In 2005, blepharoplasty was the third most common cosmetic surgical procedure performed in the United States [1]. It can be performed in various operative settings including hospital, surgery center, or office. Various types of anesthesia can be used for this procedure including general, intravenous sedation, and local anesthesia with oral medication.

Blepharoplasty performed in the office setting using oral medication with the patient under local anesthesia offers several benefits and is popular among patients. The current aesthetic surgery candidate seeks safety, a good outcome, privacy, convenience, and cost savings. The office setting can offer all of these benefits.

Many physicians performing office-based blepharoplasty using oral medication with the patient under local anesthesia are not plastic surgeons. Indeed, most of the references on the subject are found in the dermatology and ophthalmology literature [2–5, 7]. These articles are concerned primarily with operative techniques, delivery of the anesthetic, and practice patterns among physicians. However, patient satisfaction after office-based blepharoplasty has not been documented in the literature.

Blepharoplasty in the office setting has become our routine with selected healthy patients. Local anesthetic and an oral narcotic and anxiolytic are used for the procedure performed in the comfort and familiarity of our own office. In our experience, the procedure has been safe, effective, and well accepted by patients.

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This article aims to present an overview of our experience with office-based blepharoplasty, demonstrating that it has produced consistent results in a safe environment. Additionally, patient satisfaction with the procedure is assessed, and conclusions are drawn from a detailed survey performed postoperatively. Finally, blepharoplasty in the office setting with the patient under local anesthesia and oral medication is presented as an attractive service to offer patients, and recommendations are made for those hoping to use this safe and cost-effective procedure in their own practice.

Patients and Methods

Study Design

Between December of 1999 and November of 2005, a retrospective review was conducted in the office of the senior author (D.R.C.) to analyze the effectiveness of office-based blepharoplasty performed using mild oral sedation with the patient under local anesthesia. Data obtained from the medical records included demographic information, medical comorbidities of the patients, preoperative history, type of surgery performed (upper blepharoplasty, lower blepharoplasty, or both), adjuvant procedures, follow-up procedures, and complications.

All the patients presented preoperatively requesting eyelid rejuvenation. The patients deemed appropriate for office blepharoplasty underwent the procedure. Many patients suitable for office blepharoplasty desired additional procedures unsuitable for the office environment (e.g., rhytidectomy) and were therefore not included in the study. Revision procedures were included in the study.

A survey designed to determine patient satisfaction was mailed to all 40 patients who had undergone the procedure within the final 3 years of the study period. The questions were multiple-choice items in addition to a few open-ended questions and sections for comments.

Patient Selection

Patients were carefully selected preoperatively. Only healthy patients without comorbid conditions requiring electronic monitoring, such as cardiac disease and hypertension, were chosen for the procedure. Patients with anxious personalities were counseled to undergo blepharoplasty in a more controlled setting offering intravenous sedation or general anesthesia in a hospital or surgery center. It is not our practice to exclude older patients who otherwise are in a healthy condition. However, all male patients should be carefully considered. Because of concerns about hypertension and anxiety during the procedure, they often have been excluded from consideration.

Preoperative Measures

Preoperative counseling is essential. Each patient had a minimum of two preoperative encounters in which to vocalize their questions or concerns. Patients with a history of smoking were encouraged to abstain for 4 weeks before and 4 weeks after surgery. Aspirin and aspirin-containing products were discontinued for at least 2 weeks before the procedure. The patients were followed regularly in the weeks and months after surgery.

Performance of the Procedure

Blepharoplasty is performed in the procedure room of our office, which is directly adjacent to a major medical center. In the case of an adverse event, patients can quickly and easily be transported next door for additional intervention and care.

Patients are asked to arrive 30 min early for their appointment on the day of the procedure. At this time, last minute questions are answered, and consent is obtained before the administration of oral medication. Propoxyphene with acetominophen (100 mg/650 mg) and diazepam (10 mg) are administered to patients not allergic to them. A light snack is recommended before arrival to avoid the nausea that might occur if an oral narcotic is taken on an empty stomach. All patients are asked to void before the procedure is started.

Administration of the local anesthetic and performance of the procedure is performed in a slow and calm manner. The patient's attention is diverted away from the pain of injection by conversation. Injections are made slowly in small volumes at multiple sites. Approximately 2 ml of 1% lidocaine with 1:100,000 epinephrine is injected per lid. While blepharoplasty is performed, the comfort level is continually assessed, and extra local anesthetic is always available on the sterile table if the patient experiences discomfort during the procedure.

Bilateral upper blepharoplasty can be performed in slightly less than 1 h, whereas bilateral lower blepharoplasty requires approximately 1 h to complete. Therefore, for a patient who undergoes bilateral upper and lower blepharoplasty, 2 h are reserved for completion of the procedure. These times approximate the operative times in the hospital with the patient under general anesthesia for the same procedure.

In general, scleral shields have not been used because of patient discomfort. Although a subciliary incision for lower

<BL>

<*>Canthopexy

<*>Resection of corrugator supercilii

<*>Submental liposuction

<*>Fat injections

<*>Restylane injections (Medicis Aesthetics, Inc., Scottsdale, AZ, USA)

<*>Botox injections (Allergan, Inc., Irvine, CA, USA)

<*>Chemical peel

<*>Excision of benign lesion

<*>Excision of alopecia

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Fig. 1 Adjuvant procedures performed with office-based blepharoplasty

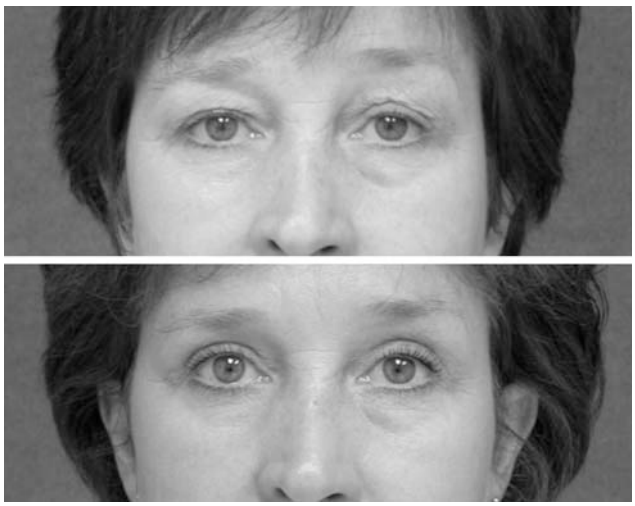

Fig. 2 Pre- and postoperative views of a 48-year-old woman after bilateral upper blepharoplasty in the office with local anesthesia

blepharoplasty has been used with all patients, the transconjunctival approach might be considered for the appropriate patient using topical eyedrop anesthetic and scleral shields. Postoperatively, a compressive dressing over the eyes has not been used.

Results

A total of 86 patients, all but 3 of them women, underwent blepharoplasty in the office between December 1999 and October 2005. In 91 procedural settings, 44 isolated upper blepharoplasties, 17 isolated lower blepharoplasties, and 30 combined upper and lower blepharoplasties were performed. Two patients who had undergone upper blepharoplasty during the 6½-year period underwent a revision procedure during the same period. Three patients underwent isolated upper blepharoplasty in one setting and isolated lower blepharoplasty in a separate setting.

The average follow-up period in this study was 35 months (median, 31 months; range, 1–70 months). The patients ranged in age from 38 to 76 years. The median age was 47 years (average, 53 years). If adjunctive procedures were indicated, these were performed (Fig. 1) together with other periorbital procedures such as canthopexy and corrugator resection through the upper eyelid incision.

In general, our patient population was exceptionally healthy. Only seven patients had a history of smoking, and none of these patients were actively smoking in the perioperative period (4 weeks preoperatively through 4 weeks postoperatively). Only two patients had a history of hypertension, and both were medicated and well controlled. One patient had diet-controlled diabetes mellitus. No patient had a history significant for psychopathology or anxiety. There were no major complications (e.g., infection, hematoma, blindness). One patient had a temporary ectropion after lower blepharoplasty, which resolved with conservative measures (taping, massage, and lubrication) within 2 months. This patient had no permanent symptoms and no further sequelae.

Cost of Procedure

The cost to the patient for blepharoplasty performed in the office is significantly lower than the cost for blepharoplasty performed in a surgical facility. We have found that the cost to our office for either upper or lower blepharoplasty is less than 20% of that charged to the patient in the hospital setting. For bilateral upper and lower blepharoplasty, the cost to our office is approximately 15% of that charged to the patient for the same procedure in the hospital. These cost savings can be passed on directly to the patient so that the total cost for the patient is more affordable.

Aesthetic Results

In our experience, we have been able to achieve consistency with regard to final aesthetic outcomes, whether performing blepharoplasty in the office with the patient under local anesthesia or in the operating room. Figures 2 and 3 demonstrate the representative results for patients who underwent office blepharoplasty under local anesthesia with oral medication.

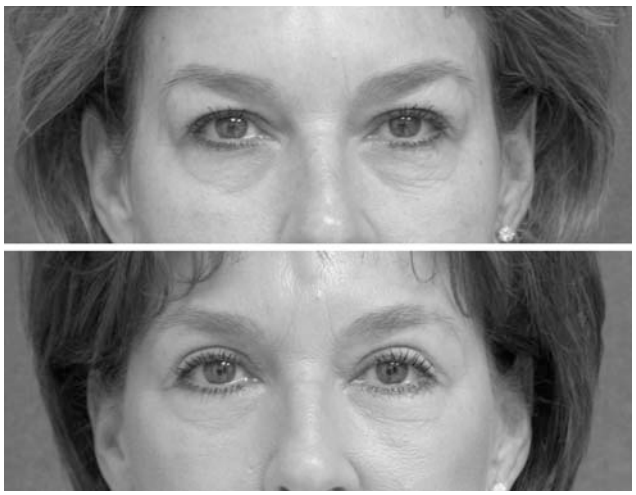

Fig. 3 Pre- and postoperative views of a 52-year-old woman status after bilateral upper and lower blepharoplasty in the office with local anesthesia

Survey

Surveys were mailed to the 40 patients who had undergone the procedure over the preceding 3 years. These were completed and returned by 33 patients, for an 83% response rate. The following sections summarize the survey results in assessing the level of patient satisfaction with this procedure.

Question 1

How did you learn that eyelid surgery could be performed in the office?

- From the office staff or physician: 75% (n = 25)
- From another patient: 18% (n = 6)
- From initial phone call to office: 9% (n = 3)

As reported, 75% of the patients first learned about the procedure from either the physician or office staff. In other words, most of the patients did not even know this procedure could be performed in the office until informed by someone in the office. Therefore, it is imperative for practices to inform patients that office-based blepharoplasty is an option they may want to pursue.

Question 2

Did the fact that you could undergo your procedure in the office influence you to have the surgery?

- Yes: 91% (n = 30)
- No: 6% (n = 2)
- No response: 3% (n = 1)

The overwhelming majority answered "yes" to this question, reporting that the option of having blepharoplasty performed in the office was positively influential toward the final decision to undergo the procedure.

Question 3

Would you have undergone your eyelid surgery if it could not have been done in our office and would have needed to be performed in a hospital or surgery center?

- Yes: 45% (n = 15)
- No: 55% (n = 18)

More than half of the patients reported that they would not have been willing to undergo the procedure outside of the office setting. Therefore, many patients who would not have undergone blepharoplasty in another setting were willing to have it performed in the office.

Question 4

Overall, how would you rate your experience undergoing eyelid surgery in our office?

- Excellent: 91% (n = 30)
- Good: 9% (n = 3)
- Average: 0% (n = 0)
- Fair: 0% (n = 0)
- Poor: 0% (n = 0)

Questioned about their overall experience, 100% of the patients rated this procedure as either excellent or good. Not a single patient rated his or her experience as average, fair, or poor.

Question 5

If necessary, would you choose to undergo eyelid surgery in our office again?

- Yes: 97% (n = 32)
- No: 3% (n = 1)

As reported, all but one patient (97%) would undergo secondary eyelid surgery in our office if it became necessary. Therefore, these patients remain satisfied and are likely to become repeat patients.

Question 6

Would you refer a friend or family member to undergo eyelid surgery in our office?

- Yes: 97% (n = 32)
- No: 3% (n = 1)

When asked whether they would refer a friend or family member to undergo office blepharoplasty, again, 97% responded positively. In fact, many of these patients commented that they already had referred another patient to the office for the procedure. Therefore, patients who undergo office blepharoplasty can become a potential referral source.

Discussion

Office-based blepharoplasty with the patient under local anesthesia offers the opportunity for surgical rejuvenation of eyelids in the privacy, convenience, and comfort of the office setting. Additionally, patients enjoy cost savings and reduced anesthetic risk as compared with the same procedure performed under intravenous or general anesthesia. For patients to enjoy the benefits of safe and effective office-based blepharoplasty, they must be carefully selected. Only healthy patients without cardiac disease, hypertension, or anxiety are selected. The procedure can be performed safely and effectively as long as calmness and patience are maintained.

Patient safety should be of primary concern in any surgical procedure. When performed in our office, blepharoplasty using oral medication with patient under local anesthesia meets the safety requirements of the ASPS as outlined on its Web site. [6] According to the ASPS guidelines, facility accreditation is not required because the patients are only lightly sedated with oral medication and local anesthesia is used. During the entire procedure, patients are kept awake, conversant, and cooperative, and they are closely observed throughout the procedure. A crash cart is available in the office at all times should its use become necessary.

As postoperative survey results demonstrated, many patients were unaware that blepharoplasty could be performed in the office using a local anesthesia. Therefore, it is imperative that practices performing the procedure inform patients of this option. Once fully informed, most patients are more receptive about undergoing the procedure. This knowledge has been a strong determinant toward patients' ultimate decision to undergo surgery, and actually may increase the pool of potential candidates for blepharoplasty.

All patients reported either an excellent or good experience with the procedure. Most would recommend it to family or friends. We have found that these patients can serve as an excellent referral source.

Conclusion

In conclusion, it is important for plastic surgeons to offer services desired by their patients. Many non–plastic surgeons are offering this and similar procedures in the current aesthetic marketplace. To maintain competitiveness and to offer our patients what they have desired, we have performed blepharoplasty in the office setting successfully over the past 6½ years. This procedure has been safe, effective, and well received. The office setting has become our location of choice for blepharoplasty with selected healthy patients.

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