CLIMBING THE REJUVENATION LADDER

for the Lower Eyelids & Cheeks

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One of the earliest places where our age begins to show is the under-eye area. This region has lots of moving parts: the eyelid skin and muscle, orbital fat pockets, and the cheek fat pad. Beginning with fat loss by the inner corner of the eye, people notice some hollowness or dark circles as early as their 30s. Repeated muscle movements (smiling). squinting, etc.) then cause the familiar crow's feet lines at the outer corner. Finally, sun damage results in accumulation of fine lines, wrinkles, and pigment changes over time. Progressing to the 40s and 50s, drooping cheeks uncover the fat bags immediately under the eye. This also stretches the thin lower eyelid skin, and creates additional shadowing from tiny blood vessels inside.

At this point it may sound hopeless, but I assure you there are great solutions at any age! In reconstructive surgery, we often use the concept of the ladder to describe the process of identifying the best solution to a problem. This goes from the least invasive to the most complex. Using this technique is also very useful to find the best option for you and your face. Naturally, the lowest rung on the ladder (the first step) is skin care. This must include UV protection and moisturizer, and for many patients, should also include medical grade products to strengthen the skin and build collagen.

The next rung on our ladder is injectables. This includes the perennial favorite Botox®, which can soften crow's feet and prevent deepening of these lines over time. For mild to moderate hollowness in the lower eyelid region (sometimes called the "tear trough"), soft-tissue fillers are used. This product is used to fill the gap between the lower eyelid and the cheek fat pad, and lasts between 6 and 12 months. For patients with fat loss lower down in the cheek, thicker and longer-lasting fillers can be used to give a gentle "lift" and restore a youthful heart-shape.

Climbing another rung, we arrive at minimally invasive surgical options such as fat grafting. In this technique, fat harvested from the abdomen or thighs is purified and injected into the cheek and lower eyelid region. This is a great option in patients with significant volume loss, and is frequently combined with other procedures such as facelift. In a sense, fat grafts can be like a permanent filler. Also in this category are laser resurfacing procedures, which reduce the fine lines, wrinkles, and pigment changes in the eyelid region.

Now we reach the top rung. In patients with a combination of issues, such as extra eyelid skin, fat bags, and hollowness between the eyelids and cheek, a more comprehensive surgical approach is ideal. In my practice, this is an extended lower eyelid lift with fat transposition. Essentially, this technique uses the extra fat that is already in the lower eyelid region to fill the tear trough and smooth the cheek. Then the lower eyelid and cheek skin is lifted and tightened.

As with any medical issue, the reality is that a combination of treatments and approaches often works best. Injectables, resurfacing, even surgery... we often need to have a foot on each step of the ladder to get the best results. Finally, pre- and post-procedure skin care and maintenance are critical to lasting results - but you knew that already. Have a great fall!

