



PATIENT INFORMATION

Blepharoplasty

Eyelid Surgery

Your recovery & aftercare guide

CONSULTANT-LED CARE · WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains what to expect in the days and weeks after your eyelid surgery, how to look after your eyelids at home, and when to contact us. Please read it before your operation and keep it somewhere handy during your recovery. Most people recover smoothly, and following this advice gives you the best chance of a comfortable recovery and a neat, well-healed scar.

Your care is consultant-led from your first consultation to your final review. If anything in this guide differs from the instructions your surgeon has given you personally, **follow your surgeon's advice.**

Your surgical team

Mr Rob Laycock

CONSULTANT MAXILLOFACIAL & FACIAL PLASTIC SURGEON • MEDICAL DIRECTOR

MBChB, BDS, PG Cert Ed, FHEA, MFDS, MRCS, FRCSEd • GMC 6145445 • GDC 76318

Mr Laycock has over 20 years' surgical experience and leads The Pinewoods Clinic. A University of Manchester graduate, he completed specialist training in cosmetic and reconstructive facial surgery in the UK and abroad, with fellowship expertise in eyelid surgery, skin cancer reconstruction and facial rejuvenation, and further training in rhinoplasty and orthognathic surgery in the USA and the Netherlands.

He holds NHS consultant posts at Aintree University Hospital and the Countess of Chester Hospital, is an examiner for the Royal College of Surgeons of Edinburgh and is Training Programme Director for the North West.

Mr Austin McCormick

CONSULTANT OPHTHALMIC & OCULOPLASTIC SURGEON

MBChB, FRCOphth • GMC 4438005 • GMC Specialist Register

Mr McCormick graduated from the University of Sheffield and completed his ophthalmic surgical training in Sheffield and Merseyside, becoming a Fellow of the Royal College of Ophthalmologists in 2007. He then completed two year-long oculoplastic fellowships, in Auckland, New Zealand and in Manchester, specialising in eyelid, tear duct (lacrimal) and orbital surgery.

He is an NHS consultant at Aintree University Hospital, where he provides the regional oculoplastic, lacrimal and orbital service, and is a member of the British Oculoplastic Surgery Society (BOPSS).

Mr David Houghton

CONSULTANT ORAL & MAXILLOFACIAL SURGEON

MBBS, BChD, MFDS RCSEd, MRCSEd, FRCSEd (OMFS), PG Cert (Ed), PGDip (Surg Sci), PGDip (OMFS) • GMC 7456960

Mr Houghton is dual qualified in dentistry (Leeds) and medicine (York). He ranked first in the UK national recruitment for Oral and Maxillofacial Surgery and trained at the Liverpool Head and Neck Centre (Aintree University Hospital) and Alder Hey Children's Hospital, developing interests in skin cancer, post-traumatic facial deformity and facial plastic surgery.

He has completed further training in rhinoplasty, orthognathic and facial plastic surgery in the UK and Europe, and was awarded his Fellowship of the Royal College of Surgeons (OMFS) in 2021.

SECTION 01

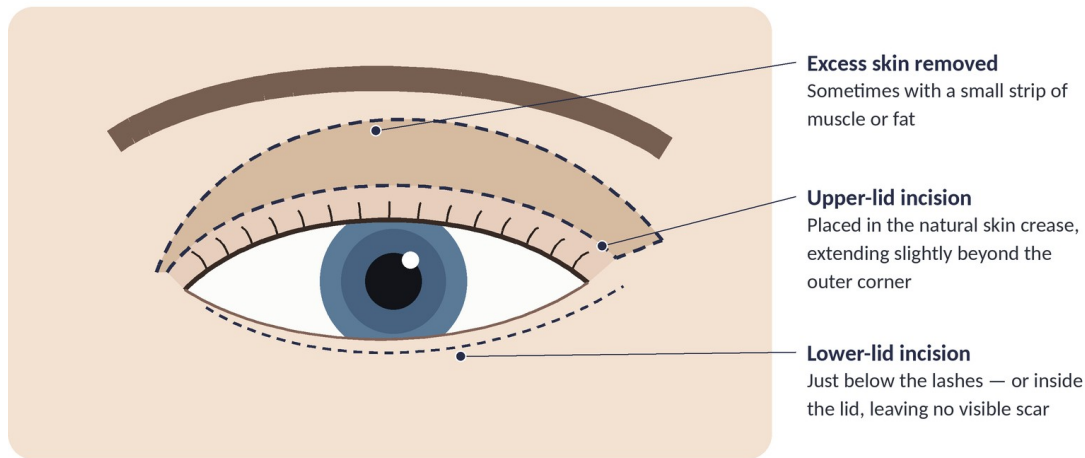
About your operation

Blepharoplasty removes excess, hooded skin from the eyelids and, where needed, a small amount of muscle or fat, to give a fresher and more open appearance. It is usually carried out as a day case under local anaesthetic, with or without sedation. How long it takes depends on whether upper, lower or both eyelids are treated, and your surgeon will give you an estimate.

Incisions are carefully planned so that the scars fall along natural lines and are as discreet as possible. **Your surgeon will confirm which approach is right for you.**

1 THE INCISIONS

Before surgery: what is marked and removed



2 YOUR SCAR

After healing: where the scar sits

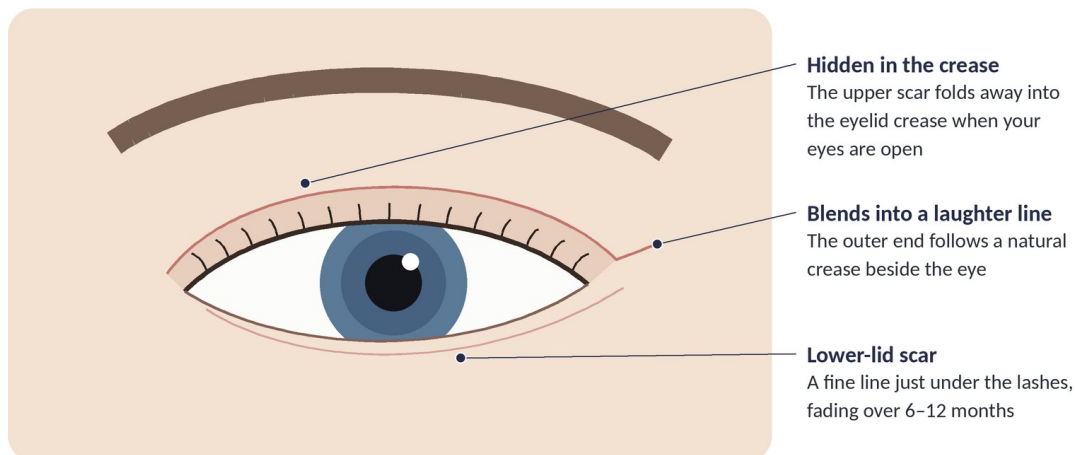


Illustration for guidance only. Exact incision length and position are tailored to each patient.

SECTION 02

Risks and possible complications

All surgery carries some risk. Blepharoplasty is a well-established and generally very safe operation, and most patients recover without any problems. Your surgeon will discuss the risks that apply to you before you give consent.

COMMON

Expected in many patients and usually temporary

- ◆ **Bruising and swelling** — settles over 1 to 2 weeks.
- ◆ **Dry, gritty or watery eyes** — usually improves within a few weeks; lubricating drops can help.
- ◆ **Temporary blurred vision or light sensitivity** — for the first few days.
- ◆ **Tightness or difficulty fully closing the eyes** — usually mild and settles as swelling resolves.
- ◆ **Small white spots (milia) or bumps along the scar** — harmless and can be treated easily.

LESS COMMON

Can occur and may need further treatment

- ◆ **Infection** — uncommon around the eyelids, but may need antibiotics.
- ◆ **Bleeding or a collection of blood (haematoma)** — occasionally needs draining.
- ◆ **Wound separation or slow healing** — more likely in smokers.
- ◆ **Visible, thickened or red scarring** — usually improves with massage and time.
- ◆ **Asymmetry** — small differences between the two sides are normal; faces are rarely perfectly symmetrical.
- ◆ **Too little or too much skin removed** — may leave some residual hooding, or make the eyes harder to close.
- ◆ **Lower-lid changes after lower blepharoplasty** — the lower lid may pull down or change shape, which may need further treatment.
- ◆ **A droopy upper lid (ptosis) becoming more noticeable** — sometimes present beforehand but hidden by excess skin.

RARE

Uncommon but serious — see Section 08 for warning signs

- ◆ **Bleeding behind the eye** — needs emergency treatment; in extremely rare cases it can lead to permanent loss of vision.
- ◆ **Double vision** — from swelling or, very rarely, injury to an eye muscle.
- ◆ **Reactions to anaesthetic, medicines or dressings** — including allergy.

REVISION SURGERY

A small number of patients need a further procedure to fine-tune their result — for example to correct asymmetry, remove a little more skin or improve a scar. Because healing continues for several months, any revision is usually considered only once swelling has fully settled, typically after 3 to 6 months.

Revision surgery may involve additional costs, such as theatre, anaesthetic and surgical fees. Your surgeon will explain this at your consultation and the details are set out in your treatment terms. Please ask if anything is unclear before your operation.

SECTION 03

Your recovery at a glance

Everyone heals at a slightly different pace, but most people follow a pattern like this. Swelling and bruising are usually at their worst on days 2 to 3 and improve steadily after that.

WHEN	WHAT TO EXPECT	WHAT TO DO
Day of surgery	Eyelids feel tight and numb as the anaesthetic wears off. Vision may be blurry from eye ointment. A little oozing is normal.	Go home and rest with your head raised. Use cool compresses (see Section 05). Take regular pain relief.
Days 1 – 3	Swelling and bruising peak, often worse in the morning. Bruising may spread down towards the cheeks.	Start wound care the morning after surgery, twice daily. You can shower from 24 hours.
Days 4 – 7	Swelling settles noticeably — most is gone by day 7. Bruising turns yellow-green as it fades.	Keep sleeping on your back, head raised, until day 7. Attend your review or stitch removal if booked.
Days 8 – 14	Bruising fades over 10 to 14 days. Most people feel comfortable being seen in public.	Continue wound care until day 10. Strenuous exercise from day 7; contact lenses, bending and lifting from day 14.
Weeks 2 – 6	Scar is pink and may feel firm or lumpy — this is normal.	Start scar massage 2 weeks after stitches are removed or dissolved. Protect the scar with SPF 30+. Contact sports from 1 month.
3 months	Scar softening and fading. Residual swelling continues to settle.	Continue massage and sun protection for at least 3 months.
6 – 12 months	Scar matures and becomes pale and discreet in the natural eyelid crease. Final result.	Enjoy your result — we are always happy to see you for a review.

SECTION 04

What is normal after surgery

These effects are an expected part of healing. They can look dramatic in the first few days, but they settle with time.

Bruising

Bruising is normal and tends to spread downwards under the skin, sometimes onto the cheeks. Please don't be alarmed. It gradually fades over 10 to 14 days.

Swelling

Swelling is common and usually settles within 7 days. It is often worse first thing in the morning and improves as you sit up and move around.

Discomfort

Mild to moderate discomfort is expected. Paracetamol or ibuprofen can help. Avoid any painkillers containing aspirin, which can increase bleeding.

Numbness & tightness

Numbness and a feeling of tightness around the eyelids are normal and will ease over the following weeks as the tissues heal.

Eyes that feel different

Your eyes may feel dry, gritty, watery or sensitive to light, and vision may be slightly blurred for a day or two. This is common and settles.

Minor oozing

A small amount of bleeding or oozing from the wounds is common in the first 24 to 48 hours. See Section 08 if bleeding is more than a little ooze.

Pain relief

Taking regular pain relief for the first 2 to 3 days is usually more effective than waiting for pain to build. Always follow the dose on the packet, and check with a pharmacist if you take other medicines or have been told not to take ibuprofen.

SECTION 05

Caring for your eyelids

Cool compresses — first 48 hours

Gentle cooling reduces swelling and bruising and feels soothing. Apply a cool compress, such as a clean gauze pad or face pad soaked in cooled boiled water, or a wrapped cold pack, over your closed eyelids for 10 to 15 minutes at a time, several times a day while you are awake. Never put ice directly on the skin, and don't press on your eyes.

Daily wound care

Start the morning after your surgery and repeat **twice a day for 10 days**.

- 1 Wash your hands thoroughly.
- 2 Gently clean along each wound using **lukewarm cooled boiled water** and a fresh cotton face pad for each eye.
- 3 Pat dry with a clean pad. **Never rub the wound.**
- 4 Apply a thin layer of **Vaseline Pure Petroleum Jelly** along the wound.
- 5 Always clean the area before each new application of Vaseline.

Showering

You can shower as normal after 24 hours. Keep the water away from your face and avoid direct spray onto your eyes.

Sleeping

For 7 days, sleep on your back with your head slightly raised on two or three pillows. This helps swelling drain away.

Protect your eyes

Avoid touching your eyes unnecessarily. Wear sunglasses outdoors to protect them from direct sun, wind and dust.

Screens & reading

These are fine, but your eyes may tire or feel dry more quickly. Take regular breaks and blink often.

SECTION 06

Getting back to normal

Raising your blood pressure or knocking your face in the first two weeks can cause bleeding and more swelling. Use this guide to pace your return to everyday activities.

ACTIVITY	WHEN YOU CAN RESTART
Showering & hair washing	After 24 hours — take care around your eyes
Walking & light activity	Straight away — gentle walks help circulation
Alcohol	Avoid for at least 48 hours, as it can increase swelling and bleeding
Driving	Only when your vision is clear, you are comfortable and you can react quickly in an emergency. Not within 24 hours of sedation or 48 hours of a general anaesthetic.
Returning to work	Most people return to desk-based work after 7 to 10 days. Physical jobs may need 2 weeks
Strenuous exercise (gym, running)	After 7 days
Bending, heavy lifting, straining	Avoid for 14 days, and avoid any knock or trauma to the face
Contact lenses	After 14 days — glasses are fine in the meantime
Eye make-up	Once the wounds have healed and stitches are removed or dissolved — usually around 2 weeks. Use new products
Swimming, hot tubs, saunas, steam rooms	Once stitches have been removed or dissolved
Contact sports	After 1 month
Smoking & vaping	Avoid throughout your recovery — nicotine slows healing and increases the risk of complications

SECTION 07

Looking after your scar

Your scar is placed in the natural crease of the eyelid so that, once mature, it is usually very discreet. How you care for it over the first few months makes a real difference to the final result.

Sun protection

Once your wound has healed, protect the scar with SPF 30 or above, and wear sunglasses, for at least 3 months. UV light can make a healing scar darker and more noticeable.

Scar massage

Start **2 weeks after all stitches have been removed or dissolved.**

- ◆ Massage the scar firmly **twice a day for 5 minutes** each time.
- ◆ Continue for at least 3 months. This helps break down scar tissue, reduce swelling and soften and flatten the scar.
- ◆ Use a silicone scar gel, for example **Kelo-Cote**, to help the massage and improve the scar's appearance.
- ◆ After lower eyelid surgery, always massage in an **upward direction**.

The more you massage, the better the result.

LITTLE AND OFTEN, EVERY DAY, FOR AT LEAST 3 MONTHS

SECTION 08

When to get help

Serious problems after eyelid surgery are uncommon, but it is important to recognise them early.

URGENT — GO TO YOUR NEAREST A&E NOW

Then let us know. Call 999 if you cannot get there safely.

- ◆ Sudden, severe or rapidly worsening pain in or behind the eye
- ◆ Any loss or reduction of vision, or new double vision
- ◆ The eye becoming tense or hard, or appearing to bulge forward
- ◆ Rapidly increasing swelling so that you cannot open your eye

These can be signs of bleeding behind the eye, which is rare but needs emergency treatment to protect your sight.

CONTACT THE CLINIC PROMPTLY IF YOU NOTICE

- ◆ Redness, heat or swelling that is spreading or getting worse after day 3
- ◆ Yellow or green discharge, or an unpleasant smell from the wound
- ◆ A temperature of 38°C or above, or feeling generally unwell
- ◆ Bleeding that does not stop with 30 minutes of firm pressure
- ◆ A wound that opens up
- ◆ Pain that is not controlled by paracetamol or ibuprofen

If your wound bleeds

Dampen a clean gauze swab with cooled boiled water and apply firm, steady pressure over the wound for at least 30 minutes, or until the bleeding stops. Sit upright and stay calm. If bleeding continues despite this, contact us, or go to A&E if we cannot be reached.

Questions or concerns

Call the clinic on **0151 380 0055**. If the line is busy, please leave a message — all voicemails and website contact forms are monitored and the team will call you back. You can also email treatment@pinewoodscclinic.com or use the Emergency Contact page at pinewoodscclinic.com. Outside clinic hours, call NHS 111 for urgent advice.

SECTION 09

Your results

Upper blepharoplasty removes excess, hooded skin from the upper eyelids to give a fresher, more open and natural look. The example below shows the kind of change that is possible. Note the pinkness along the eyelid crease in the “after” photograph — this is normal in the early weeks and fades as the scar matures.



Upper blepharoplasty. Photograph shown with the patient's consent. Individual results vary.

Setting realistic expectations

Early results are visible once swelling settles, usually within 2 to 3 weeks, but the scar continues to soften and fade for 6 to 12 months. Upper eyelid surgery does not treat lower-eyelid bags, dark circles or fine wrinkles around the eyes — we are happy to discuss options for these at your review.

SECTION 10

My recovery notes

Your nurse or surgeon will complete these details with you.

Procedure (upper / lower / both)

Date of surgery

Surgeon

Stitches (dissolvable / removal date)

Review appointment

Medication to take home

Questions for my review

THE PINEWOODS CLINIC

Crosby Road North, Waterloo, Liverpool L22 0PJ

Telephone **0151 380 0055** • Email **treatment@pinewoodsclinic.com**

pinewoodsclinic.com • Instagram @thepinewoodsclinic • Facebook /PinewoodsClinic

This leaflet provides general information and does not replace the individual advice of your surgeon. Document: PIL-BLEPH-AC • Version 2.0 • Issued September 2026 • Review due September 2028.



The Pinewoods Clinic

Crosby Road North, Waterloo, Liverpool L22 0PJ

0151 380 0055

Email: treatment@pinewoodsclinic.com

www.pinewoodsclinic.com

[@thepinewoodsclinic](https://www.instagram.com/thepinewoodsclinic)

CQC-REGISTERED INDEPENDENT HEALTHCARE PROVIDER