LIP TO EYELID: DO IT RIGHT
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KEY POINTS

- Most failures/complications associated with surgery of the eyelids are the result of poor suture selection and poor suture placement. Correct suture selection and placement will ensure a favorable outcome and prevent self-trauma.
- Magnification is essential to accurately repair and re-position adnexal tissue.
- Pre-operative NSAID’s will improve post-operative comfort and outcome.
- Following adnexal surgery, warm, moist compress of the sutures, keeping them free of debris will greatly improve outcome.

A variety of advanced blepharoplasty procedures have been described for reconstruction of the canine and feline eyelids.1-7 The lip to eyelid procedure is most commonly indicated for large eyelid defects involving the lateral canthus and upper and lower eyelid. It can provide the surgeon with a mucocutaneous junction, a canthus and skin lined by mucosa. In addition, portions of the orbicularis oris and buccinators muscles are also transposed. Finally, unlike many eyelid grafting procedures, the lip to eyelid procedure ensures that hair on the grafted tissue will be directed away from the cornea. This will allow reconstruction of the lateral upper and lower eyelid, lateral canthus and palpebral conjunctiva in instances of feline eyelid agenesis, traumatic tissue loss or large neoplasm resection. During dissection care must be taken to avoid trauma to the adjacent underlying structures such as the parotid salivary duct, facial vein and facial nerves. As with all skin grafts, the transposed tissue should have an adequate vascular supply and travel the shortest distance possible.

References: