



DIPLOPIA AFTER TRANSPOSITION LOWER BLEPHAROPLASTY

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Introduction

Transposition lower blepharoplasty has transformed the aesthetic management of the periorbital region. Though generally safe, complications—including vision related—can occur.^{1, 2, 3}

This study aims to review the frequency, severity and nature of diplopia after transposition lower blepharoplasty.

Methods

Study Design: Retrospective chart review

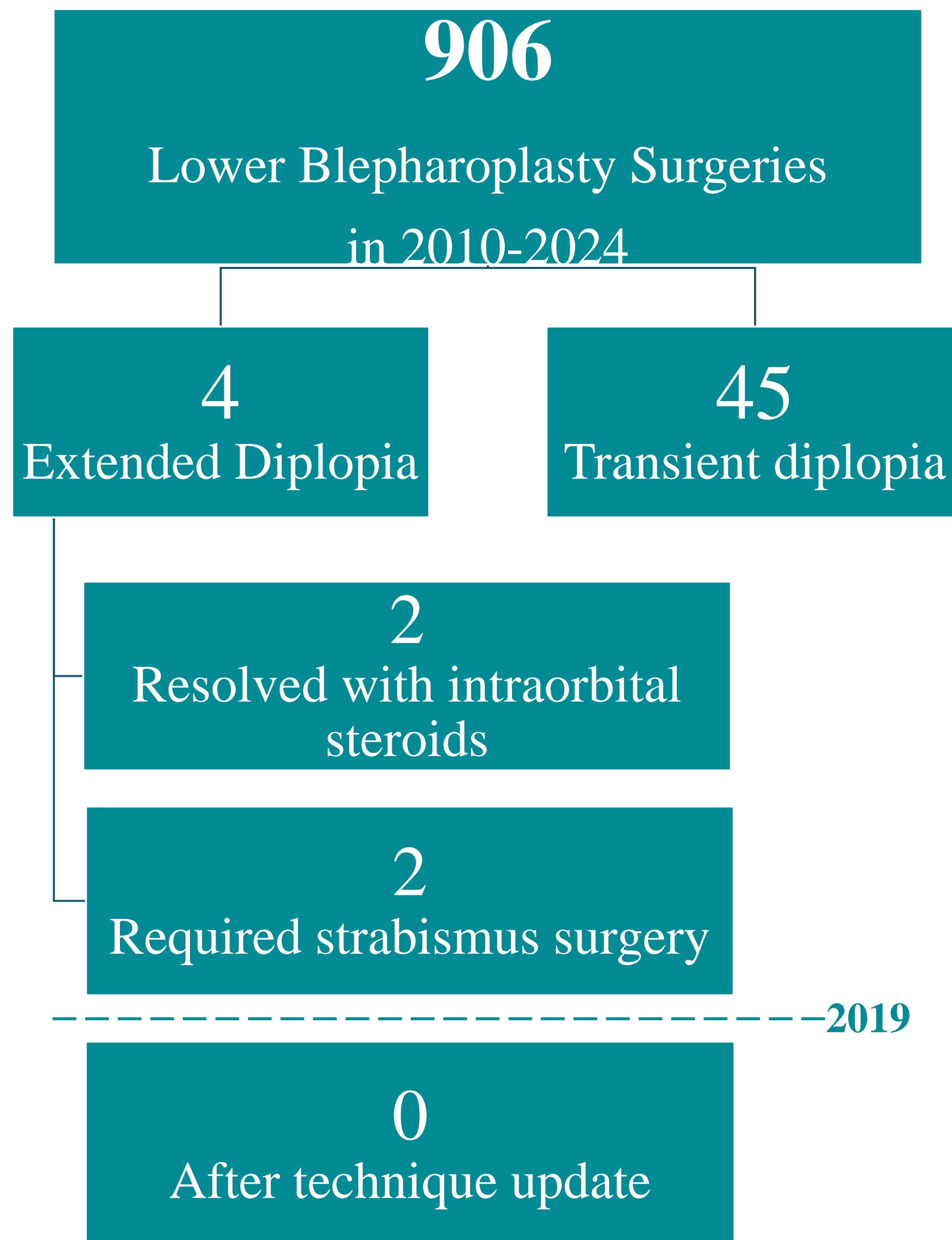
Study Population: All patients who underwent a transposition lower blepharoplasty performed by a single surgeon in private practice over a 14-year period (2010-2024)

Data: The EMR was queried for all cases of CPT code 15821 and culled to include only cases of transposition lower bleph using the extended technique.⁴ These cases were reviewed to identify the extent, the nature, and timeline of diplopia.

References

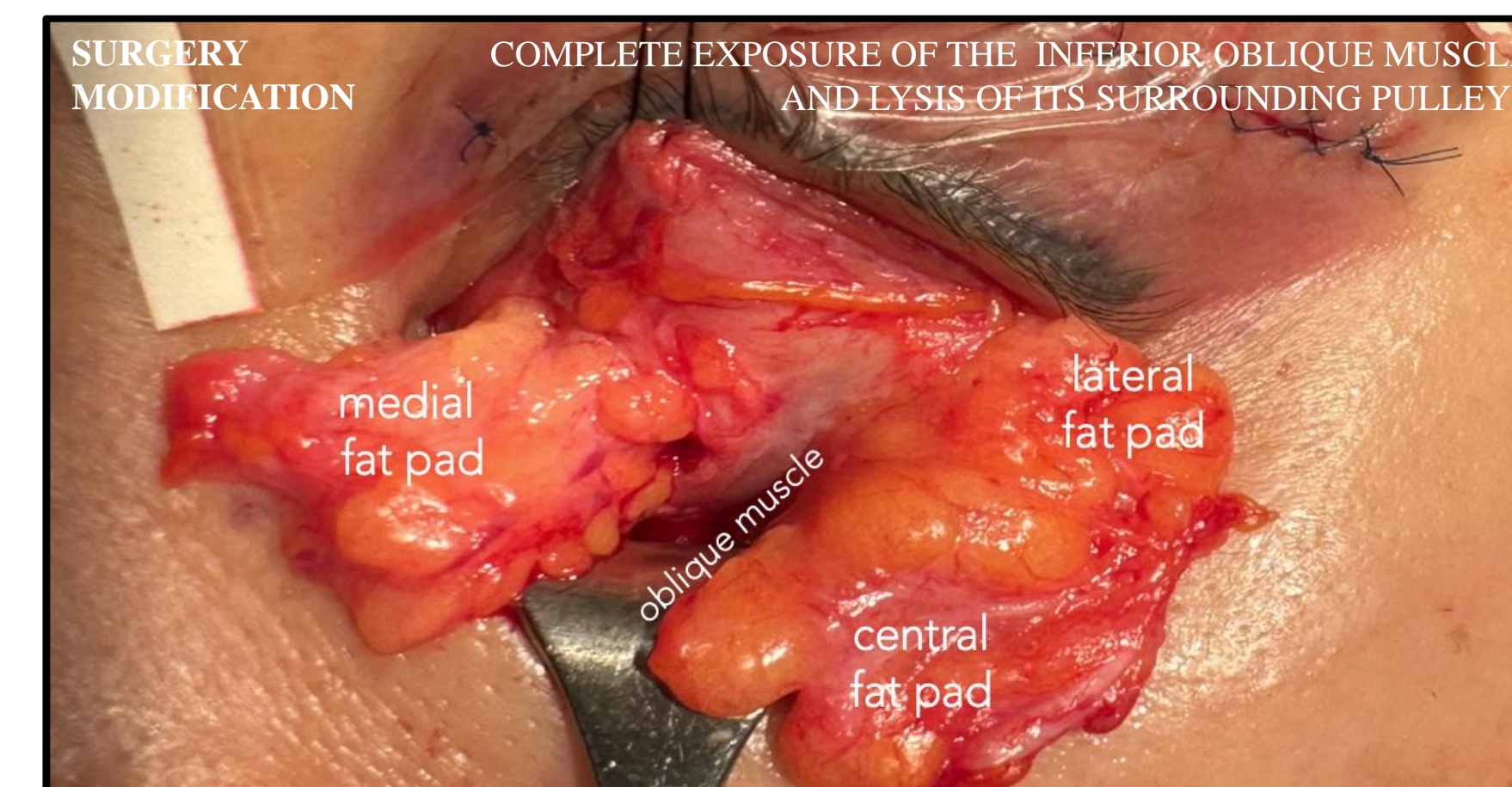
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Results



Discussion

In 2019 the technique was modified to ensure complete exposure of the inferior oblique and lysis of the anterior oblique pulley from the orbital fat pads. There have been no cases of extended diplopia since this modification and a reduced incidence of transient diplopia, presumably because orbital fat tethering the pulley system may be a major cause of diplopia in transposition lower blepharoplasty.



Conclusions

Transposition lower bleph has a low rate of diplopia, occurring in 5% of cases in this study. The majority (n=45) resolved with time, and only 0.2% (n=2) of patients required strabismus surgery.

Complete exposure of the inferior oblique as well as lysis of the anterior aspects of the inferior oblique pulley system may reduce diplopia risks.

Disclosures Tanuj Nakra, MD is a shareholder of AVYA Skincare, LLC.