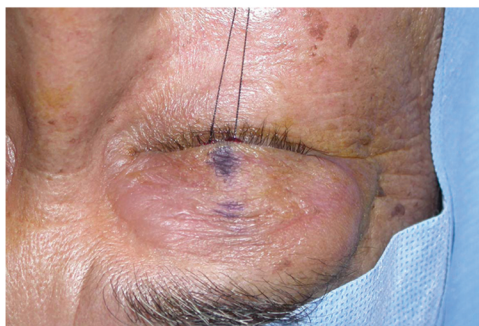


## Surgical Procedure

1. Mark the skin of the central upper eyelid while the patient is in an upright position.
2. Place topical tetracaine on the conjunctival surface. Place a subcutaneous eyelid block below the brow: use lidocaine 2% with epinephrine 1:100,000. Hyaluronidase (200 USP units per 20 cc of anesthetic) will aid in dispersion of the anesthetic (Fig 64-1).
3. Prepare and drape the patient in a sterile manner.
4. Place a 4-0 silk suture in the upper eyelid margin at the previously marked area of the central upper lid (Fig 64-2).
5. Reflect the eyelid over a Desmarres retractor.
6. Mark the palpebral conjunctiva medially, laterally, and centrally at the halfway point of resection, measured from the superior tarsal edge (eg, 4 mm from the superior tarsal edge for an 8-mm resection) (Fig 64-3).
7. Make a central mark at the full resection point (eg, 8 mm for an 8-mm resection).
8. Place three 4-0 silk traction sutures at the halfway point through conjunctiva and Müller muscle: 1 pass through the center pupil mark and 1 pass on either side (Fig 64-4).



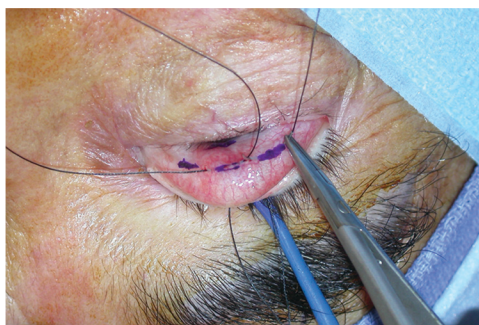
**Figure 64-1** Local anesthetic is placed below the brow.



**Figure 64-2** Eyelid margin traction suture is placed at the pupillary axis mark.



**Figure 64-3** The conjunctiva is marked.

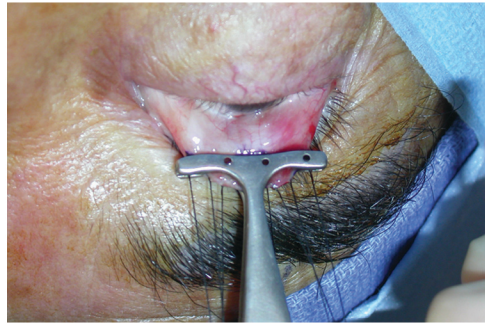


**Figure 64-4** Traction sutures are placed in Müller muscle and conjunctiva.

9. Elevate the sutures in 2 bundles and apply traction to free the Müller muscle from the underlying levator muscle (Fig 64-5), then, using the central full resection mark for reference, place the clamp on the tissues (Fig 64-6).
10. Pass a 6-0 polypropylene suture full thickness through the pretarsal eyelid at 1 end of the clamp: enter the skin and exit the conjunctiva, and then pass the suture under the clamp in a running horizontal mattress stitch. At the opposite end of the clamp, “exteriorize” the suture (ie, pass the suture externally, back through the eyelid skin) (Fig 64-7).



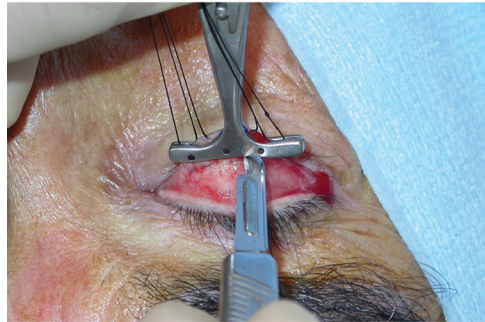
**Figure 64-5** Traction sutures tent Müller muscle and conjunctiva.



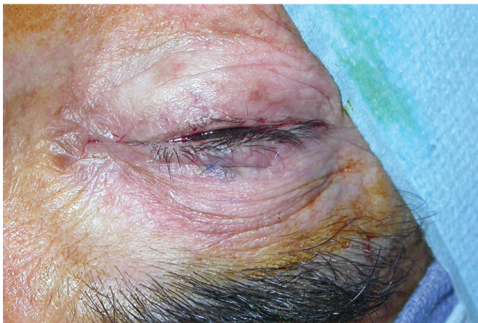
**Figure 64-6** The clamp is placed at the central mark.



**Figure 64-7** The suture is externalized.



**Figure 64-8** Müller muscle and conjunctiva are resected with a No. 15 scalpel blade.



**Figure 64-9** The suture is tied on the external surface of the eyelid.