Bump Thermoplasty as a Simple Treatment for Lateral Incision Closure Artifacts After Upper Eyelid Blepharoplasty

Upper eyelid blepharoplasty is the most commonly performed facial rejuvenation surgery with a high rate of success.1-3 It is also one of the most gratifying procedures because functional and cosmetic improvements are readily appreciated by the patient. Precision is required when creating a blepharoplasty incision.1,4,5 The inferior portion of the incision is routinely made in the patient’s existing eyelid crease or placed at the desired height for skin crease reformation centrally. Laterally, the inferior edge of the incision should continue 5 mm above the lateral canthus with a gentle upturn to end before the lateral orbital rim. The shape of the upper portion of the incision relative to the lower portion is dictated by the patient’s anatomy, the degree of dermatochalasis, lateral hooding, and the surgeon’s preference.

Incisions that extend beyond the lateral orbital rim leave a noticeable scar and should be avoided.4 In addition, if the underlying orbicularis is not removed from the lateral extent of the incision, it is likely to heal in a raised, full fashion that is aesthetically unacceptable. Given the cosmetic and functional nature of the procedure, avoidance of a noticeable scar and closure artifacts is vital.4,6,7 Nevertheless, artifacts of skin closure can occur despite taking the precautions mentioned. A small elevation of tissue appearing as a bump can be noted in the lateral aspect of the incision in a small proportion of patients after blepharoplasty. The raised tissue usually improves and settles with time; however, in some patients it persists. Few descriptions regarding these bump artifacts and their treatment are present in the literature. Anecdotally, they have been treated in a number of ways, including massage, steroid injection, and/or surgical excision. Herein, we describe the incidence of these closure artifacts after upper eyelid blepharoplasty. We provide a new, quick, and simple method of their correction: bump thermoplasty.

Methods. With institutional review board approval, a retrospective medical record review of the last 200 patients having upper eyelid blepharoplasty surgery performed by 1 surgeon (R.L.A.) was completed. We identified patients who developed a noticeable elevation of the lateral aspect of the blepharoplasty incision closure site requiring treatment. Photographs taken before and after the procedure and patient satisfaction were assessed.

Bump artifacts were treated as follows. The elevated tissue was anesthetized with topical lidocaine ointment, 5%, or (rarely) with a small, local injection of lidocaine hydrochloride, 1%. High-temperature cautery (Accu-Temp Solan; Medtronic, Jacksonville, Florida) was briefly applied to the raised tissue with the treatment end point of creating a flat surface (Figure 1). This usually required only a 1- or 2-second touch of cautery. Care was taken to not overapply thermal energy to the tissue and create a hollow. Patients were instructed to hold very still with the eyelids closed and not turn the eye toward the hot cautery tip. The resulting area was left to granulate. Neomycin and polymyxin B sulfates and dexamethasone in a single ophthalmic ointment (Fougera, Melville, New York) was applied twice daily for 1 week.

![Figure 1. Bump thermoplasty for lateral incision closure artifacts after upper eyelid blepharoplasty. A, After application of local anesthetic, the patient is instructed to hold still with the eyes closed. B, High-temperature cautery is briefly applied to the raised tissue at the lateral aspect of the upper eyelid with the treatment end point of creating a flat surface.](image-url)
(R.L.A.) has noted a similar incidence of bump artifacts having upper eyelid blepharoplasty. One of the authors metically unacceptable. artifacts settle with time, some may persist and are cos-

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Comment. Upper eyelid blepharoplasty is a crucial sur-
gery in the armamentarium of a facial plastic surgeon. An aesthetically pleasing result requires careful incision design and execution. Even when care is taken during surgery, closure artifacts can be created, usually in the lateral extent of the incision. Although most of these bump artifacts settle with time, some may persist and are cosmetically unacceptable.

We found the incidence of lateral incision closure ar-
tifacts to be 4.5% when reviewing the last 200 patients having upper eyelid blepharoplasty. One of the authors (R.L.A.) has noted a similar incidence of bump artifacts in 32 years of practice as an oculoplastic surgeon. We believe that there are several factors contributing to the formation of closure artifacts. The geometry of the blepha-

Our present patient group comprised both individu-
als having blepharoplasty because of visual impairment as well as those having blepharoplasty for cosmetic pur-

In conclusion, bump thermoplasty provides a novel, simple technique that can be quickly performed in an of-

Results. Nine patients of 200 (4.5%) who had upper eye-

Figure 2. Prethermoplasty and postthermoplasty clinical appearance of the lateral upper eyelid in 3 patients. A, A 65-year-old woman presented 5 months after upper eyelid blepharoplasty complaining of raised tissue at lateral aspect of the healed incision site. B, Follow-up 8.5 months after bump thermoplasty demonstrates resolution. C, A 55-year-old woman noted a bump artifact that was treated with high-temperature cautery 8 months after upper eyelid blepharoplasty. D, The patient was pleased with her appearance noted 9 months after treatment. E, A 56-year-old woman observed a lateral incision closure artifact that had persisted 14 months after upper eyelid blepharoplasty. F, At 3.5 months' follow-up, improved lateral eyelid contour is seen.

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