

Orbiclectomy in lower blepharoplasty

Orbiclectomia na blefaroplastia inferior

Filipe José Pereira¹, Gustavo David Ludwig¹

1. Clínica Dr Filipe Pereira, Florianópolis, SC, Brazil.

It is classically recommended to avoid resection of the orbicularis oculi muscle in lower blepharoplasty, and some surgeons prefer performing transconjunctival blepharoscopy with or without skin pinch technique¹. We question this paradigm using the neuroanatomical studies based on the periorbital region, which clarify the important aspects of motor innervation of the orbicularis oculi muscle of the lower eyelid². Ouattara et al.³ suggested that the section of the lower orbicularis oculi muscle in blepharoplasties do not cause “denervation” alterations. This observation is based on the fact that the motor innervation of the orbicularis has two main plexuses that are formed by the zygomatic and buccal branches, and one of them can compensate for the other^{2,3}. Therefore, we can consider removing an orbicularis oculi muscle band

(orbiclectomy) to explore a more favorable aesthetic result, because it would reduce wrinkles (as previously described by Viterbo et al.⁴), remove more skin, and reduce unwanted skin volume in this region. Technically, after excising excessive skin of the lower eyelid, the visible and underlying preseptal orbicularis is removed in all extension and width using Westcott scissors or Colorado needles; however, the medial portion to the lacrimal punctum is kept untouched. Additionally, lower orbiclectomy beveled at 45° is performed to avoid protrusion or overlapping with the pretarsal orbicularis. This technique also provides a better juxtaposition of the skin in a self-sealing manner and offers superior healing. The surgical technique and clinical cases will be demonstrated in the video.



Corresponding author: Filipe Pereira. E-mail: filipe@ccpo.com.br

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AUTHOR'S INFORMATION



» **Filipe Jose Pereira**

<http://lattes.cnpq.br/2267430748465231>

<https://orcid.org/0009-0002-0772-9518>



» **Gustavo David Ludwig**

<http://lattes.cnpq.br/5142017067228575>

<https://orcid.org/0000-0002-1345-3012>