MedDev SURGICAL REFERENCE FOR EYELID WEIGHT IMPLANTATION

OVERVIEW

Indications

The indication for use of MedDev Eyelid Implants is paralytic Lagophthalmos resulting from paralysis of the seventh facial nerve.

Treatment

A gold or platinum (99.99% purity) eyelid weight is implanted into the upper eyelid providing an immediate beneficial blink function to distribute tear film and protect the cornea.

Advantages of The Procedure

- Clinically proven with a low rate of complications (a 92% reported surgical success rate[1])
- Straightforward procedure; relatively easy to learn
- Reversible procedure if normal eyelid function is regained

Advantages of MedDev Eyelid Implants

- Manufactured to exacting specifications
- 99.99% implant material purity
- Precisely tapered edges and smoothly rounded corners
- Spherically curved lower implant profile
- Microscopically-inspected, flawless implant surfaces
- ThinProfile™ implant design (0.6 mm thickness) for improved lid cosmesis
- Sterile, double-pouch packaging with peel-off surgery record labels

SURGICAL TECHNIQUE

Weight Determination

The appropriate weight Eyelid Implant is determined by testing different weights from the MedDev Tantalum Eyelid Weight Sizing Set to the upper eyelid. The appropriate weight allows the eyelid to close without difficulty and induces a slight ptosis of no more than 1.0 mm, as the levator seems to strengthen after implantation.

Incision in Eyelid

An incision is planned along the eyelid crease at or above the supraciliary line, centered between the medial and central thirds of the eyelid.

Blunt Dissection

Blunt dissection is carried through the orbicularis, superficial to the tarsus.

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PLACEMENT

Final placement of the Eyelid Implant may be septal, mid-pretarsal or low-pretarsal. Recognizing that surgical technique is a matter of individual surgeon preference, MedDev presents two representative techniques from Dr. Richard Jobe[2] and Dr. Stuart Seiff [3] respectively.

Note: *Proper surgical technique is the responsibility of the surgeon. Each surgeon must evaluate the procedure based on previous medical training and experience.*

Septal Fixation

Local or general anesthesia may be used. A 1.5 cm to 2.0 cm incision is made horizontally in the deep portion of the upper lid sulcus. The incision should be centered at the juncture of the medial and central thirds of the lid. It should be carried just through the orbicularis muscle fibers to the plane beneath the orbicularis.

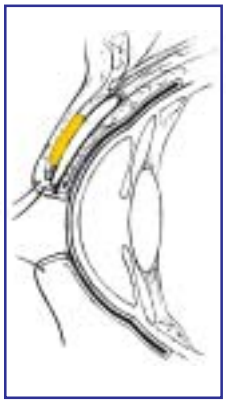
By blunt dissection, the plane is opened to make room for the implant on the surface of the orbital septum and the tarsal plate. Usually, the Gold Eyelid Implant will rest more comfortably with its lower edge 4 to 5 mm above the lid margin. The implant is placed with the rounded corners down. The implant is tied to the orbital septum with a single 6-0 non-absorbable suture to hold it in place until the tissues heal around it and through the suture holes. If the Gold Eyelid Implant does not sit comfortably parallel to the lid margin, then another suture should be placed.

Septal Placement

The implant is placed a short distance above the lid margin so that it will not be evident in the thinnest portion of the lid. A slight bulge may nevertheless be visible.

The skin and orbicularis are closed by the method of the surgeon's choice.

Pretarsal Fixation



Pretarsal Placement

Local or general anesthesia may be used. The lid crease is marked. A 4-0 black silk suture is placed near the upper lid margin to allow for downward traction. A blade is used to incise at the lid crease through skin and orbicularis. Scissors dissection is performed inferiorly into the pretarsal space. The levator aponeurosis is stripped from its attachments to tarsus in the area of planned implantation, thus baring the anterior tarsal surface and effecting a modest levator recession. Hemostasis is achieved. The previously selected Gold Eyelid Implant, which has been thoroughly cleaned and sterilized, is centered over the bare superior tarsal surface. The implant is placed with the rounded corners down. Sutures are placed through the holes in the implant directly to the tarsus using 5-0 polyglactin sutures on spatula needles. Antibiotic solution is irrigated into the wound. Orbicularis is closed over the implant with interrupted 6-0 polyglactin sutures. The traction suture is removed and the skin is closed with a running 6-0 silk or nylon suture. Antibiotic ointment is placed over the wound and a double eye pad is applied.

Three Decades of Providing Innovative Eyelid Closure Solutions

1. Townsend DJ: Eyelid reanimation for the treatment of paralytic lagophthalmos: Historical perspectives and current applications of the gold weight implant. Ophthalmic Plastic and Reconstructive Surgery 8(3): pp 196-201, 1992.
2. Jobe RP: A technique for lid loading in the management of lagophthalmos of facial palsy. Plastic and Reconstructive Surgery, 53: pp 29-32, 1974.
3. Seiff SR, Sullivan JH, Freeman LN, Ahn J: Pretarsal fixation of gold weights in facial nerve palsy. Ophthalmic Plastic and Reconstructive Surgery 5(2): pp 104-109, 1989.

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