

CONSENSUS STATEMENT ON BLEPHAROPLASTY AND BLEPHAROPTOSIS REPAIR

Blepharoptosis (ptosis) occurs when the upper lid margin droops below “normal” levels. It may cause a cosmetic problem for the patient and/or interfere with the patient’s ability to see. Blepharoptosis may be caused by a defect in the upper eyelid elevating muscle aponeurosis (tendon), or by dysfunction of the elevating muscles themselves. There are varying approaches to correcting this eyelid malposition. These may involve shortening of the upper lid elevating muscle (or aponeurosis) through the anterior eyelid skin or via the posterior conjunctiva, transposing the superior rectus muscle, or by creating a sling to connect the upper lid margin to the frontalis muscle.

Dermatochalasis involves redundancy of the upper eyelid skin. This redundancy typically causes a cosmetic problem for the patient, but may be of sufficient magnitude to weight down the eyelid, blocking vision. Additional abnormalities of the eyelid fat pads, lid crease, fold, or sulcus may cause the patient cosmetic concerns, but do not interfere with vision. “Blepharoplasty” is the procedure designed to address all of these issues which may include skin excision (but not always), fat removal or transposition, and revision of the eyelid crease or fold. While skin excision may be technically straightforward, achievement of these other cosmetic goals can be technically complex and time consuming, and patient expectations are high.

Unfortunately, CMS bundled virtually all functional blepharoplasty and ptosis procedures for Medicare beneficiaries in 2009. In 2016, CMS issued a reinterpretation that all cosmetic aspects of blepharoplasty are to be considered a part of any functional blepharoptosis repair. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9658.pdf>

We, the undersigned organizations, wish to make the following statements:

1. The pathophysiologic mechanisms that cause blepharoptosis, dermatochalasis, and other eyelid functional and cosmetic abnormalities are not inherently related.
2. Correction of each of these problems requires that the surgical techniques used address each specific pathologic issue independently.
3. The surgical techniques used in the performance of blepharoptosis repair do not inherently include any core aspects of blepharoplasty described above.
4. The surgical techniques used in the performance of blepharoplasty do not inherently include any core aspects of ptosis repair described above.

The bundling of all ptosis and blepharoplasty procedures, both functional and cosmetic, ignores the medical facts that these procedures address different underlying pathology and require different surgical techniques and approaches. We strongly feel that such bundling is a disservice to our patients and to our profession.

Signed:

American Academy of Cosmetic Surgery

American Academy of Facial Plastic and Reconstructive Surgery

American Academy of Ophthalmology

American Society for Aesthetic Plastic Surgery

American Society for Dermatologic Surgery Association

American Society of Ophthalmic Plastic and Reconstructive Surgery

American Society of Plastic Surgeons

Physicians Aesthetic Coalition

The American Medical Association House of Delegates has passed a Resolution in support of this Consensus Statement.

November 22, 2016