

Complex Eyelid Lacerations: Evaluation and Management

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Introduction: Lid lacerations may be simple requiring a straightforward repair, or complex, involving tissue defects that may require replacement for proper functioning of the eyelid as well as improve aesthetic appeal. Several procedures using differing tissue sources have been described alongside their advantages and drawbacks. The aim of this review is to present an overview of complex eyelid lacerations, and offer nuggets on systematic evaluation and management

Methods: The current literature on eyelid repair and reconstruction was reviewed. The biases of the author's practice were also discussed.

Results: Eyelid anatomy¹, basic principles and goals of repair, simple versus complex lacerations were discussed. Summary of the goals include: to cover/ protect the globe (eye and vision); restore structure and function (position and movements) as well as aesthetics.

Basic Principles Reconstruction^{2,3} may involve the anterior lamella (full thickness skin graft), posterior lamella (Hughes flap) or both first (Cutler-Beard flap). The stage of wound healing – Inflammation, Proliferation or Remodeling must be taken into consideration when planning a reconstruction. Examination under anaesthesia, tissue sourcing and location of injury must be considered. The septum should not be repaired.

Complex Lacerations involve the lid margin, canaliculus, Lacerations with or without tissue loss, canthal involvement, and bony exposure. Choice of procedure would depend upon the age, tissue laxity, location of the defect, surgeon's preference. Choice of the simplest procedure that will close the defect is recommended. Pre and intra-operative surgical planning must be concluded before any incision is made.

Conclusion: The principles of eyelid repair/ reconstruction are based on a sound

understanding of anatomy for appropriate restoration of structure and function.

References

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