“Gather a fold of skin between a couple of fingers or raise it up with a hook and lay the fold between two small wooden bars or rods as long as the lid and as broad as a lancet. Bind their ends very tight together. Skin between these small pieces of wood will die in 10 days deprived of nutrients. The enclosed skin falls off leaving no scar.”

The tadhkirat of Ali ibn Isa of Baghdad

Cosmetic eyelid surgery today has the benefit of 2000 years of development and refinement of surgical techniques and instruments.

Blepharoplasty was originally described by Karl Ferdinand von Grafe in 1818 to describe a case of eyelid reconstruction he performed in 1809. This prevailed for 150 years since then.

In 1913 American encyclopedia of ophthalmology defined Blepharoplasty as the reformation replacement, readjustment, or transplantation of eyelid tissues. Cosmetic indications have been recognized by the surgeons only since 20th century. This change followed the development of improved operative techniques better surgical results and control of sepsis.

The 1st accurate description of herniated orbital fat was written by Sichel in 1844.

The levator becomes the tissue of interest in ptosis surgery as Everbusch described a levator tuck operation performed via an external approach in 1883.

A novel approach to ptosis surgery was devised in 1897 when Motais and Parinaud use the superior rectus muscle to provide lid elevation. Blaskovics devised an internal approach with excision of the tarsal plate and levator in 1909, which he further develops with increasing attention to the lid crease in 1929.

Koster used buried nonabsorbable sutures in 1899, Mules, a subcutaneous central gold wire in 1907, and Angelucci, levator to suspend the lid to the brow. Payr’s implementation of thigh fascia in 1909 marks a significant advance in autologous slings.
In 19th century, Earnest Fuchs attempted to decipher the confusing terminology that developed in literature, “Ptosis Adiposa” the misnomer used by Sichel and ptosis atonica used by Hotz.

Earnest fuchs recognized the importance of the weakening of the facial bands connecting the orbicularis and the tendons of the levator in the development of excess fold of skin.

He also coined the term blepharochalasis in 1896. This term was introduced 56 years later by Fox to describe the apparent excess eyelid skin associated with ageing.

1964 is remarkable in the history of ptosis surgery as an anatomist Jones suggests that the sympathetically innervated Müller’s muscle could be employed in the treatment of mild ptosis. He devised a surgery that advances the levator aponeurosis, but preserves Müller’s muscle.

The First World War was the first major event that really relied on the dedication of surgeons and advancements in cosmetic surgery. This gave doctors a chance to practice and perfect reconstructive surgical procedures.

In early 1900 the focus on cosmetic eyelid surgeries shifted to USA where Conrad Miller 1907 produced the first published book on cosmetic surgery called the Cosmetic surgery: the correction of featural imperfections. It contained the 1st photograph in medical history that illustrated the lower lid incision for removing a crescent of excess skin.

Fredrick Kolle in 1911 wrote a text on plastic and cosmetic surgery where he mentioned about wrinkled eyelids.

Albert Bettmen added to contributions by Miller and Kolle in 1920.

In the same decade in Europe Julian Bourguet was also developing new techniques in eyelid surgeries. In 1924 he was first to describe transconjunctival resection of pockets of herniated orbital fat. In 1929 described 2 separate fat compartments of the upper lid and advocated removal.

Costañares precisely detailed the anatomy of the eyelid fat compartments, describing what may be considered the modern blepharoplasty. Costañares’ contemporary, Sir Archibald McIndoe was the first to perform a transcunicaneous approach to the retroseptal fat utilizing a skin-muscle flap. This technique gained popularity because of the ease of dissection, increasing the margin of safety for the procedure.

Passot is credited as being the first to name the supraciliary brow incision for the correction of brow ptosis.

Suzanne Noel from Paris one of the first female surgeons to appear in history of cosmetic surgery, published her book on cosmetic eyelid surgery.

She was the first to be photographed performing a blepharoplasty. First two decades of 1900 “temporal lift” was the widely used technique for elevation of the eye brow. 1931 Joseph described hairline and forehead crease incisions to raise eyebrows.

Significant contributions to cosmetic eyelid surgery in 1970 focussed on levator aponeurosis and crease fold complex.

Leabert Fernández, also a plastic surgeon trained by James Barrett Brown, developed the technique of suturing pretarsal skin to the levator aponeurosis expansion. Fernández’s technique remains the hallmark of the modern double eyelid operation and remains probably the most common technique of incisional double eyelid surgery. Plastic surgeon Robert Flowers’ anchor blepharoplasty expanded the artistic possibilities of the Fernández procedure by emphasizing the creation of a crisp line and smooth pretarsal skin by securing the fold to the tarsal plate in addition to the levator aponeurosis.

1972 Tenzel recommended combined horizontal shortening and lower lid blepharoplasty when lower lid laxity is recognized preoperatively. 1979 Webster and colleagues described a temporary lateral canthal suspension suture in cases of minimal to moderate horizontal lid laxity. 1982 Putterman described and illustrated the use of Bryon Smiths modification of Kuhnt Zymanowski procedure for tightening the lower eyelid at the time of blepharoplasty.

Wendell L. Hughes was a pioneer in ophthalmic plastic surgery and best known for the “Hughes flap,” a tarsoconjunctival flap used for lower eyelid reconstruction.

In 1982-Trichloroacetic acid was first used in ophthalmic surgery.
literature by Allan Lorincz as superficial chemical cautery for circumscribed eyelid tumors.

In 1985, Bosnaik and Sachs described lipolytic diathermy as a technique for fat pad sculpting in cosmetic blepharoplasty.


In 1990s we entered the age of lateral canthus and the appreciation of this region for stabilising the lower lid during blepharoplasty. May and colleagues in the same year described sculpting and resection of the retro-orbicularis fat to relieve the fullness of the infra brow region. They also described malar augmentation and a cheek lift through a subciliary incision.

In 1995, Aiche and Ramirez described the excision of the suborbicularis fat.

Many of the oculoplastic surgical advances in the last 10 yrs have been technology dependent.

In future we look forward to new techniques and refinements in the existing ones to reduce the already low complication rates. Future developments will also focus on prevention through the use of anti-aging therapies to slow or reverse solar damage and maintain and improve skin elasticity.

The knowledge of history in this field, a better understanding of the improved techniques, products will improve the resources of the surgeons. Historical discoveries and developments in oculoplastic surgery have brought us to the present.