Denver Eyelid Specialists
Christopher Thiagarajah, MD, FACS · Oculofacial Plastic Surgery
8301 E Prentice Ave, Suite 403
Greenwood Village, CO 80111
Phone (720) 386-1989 · Fax (720) 386-2088

Understanding Lower Blepharoplasty

A patient guide to lower eyelid surgery for under-eye bags: what it can and cannot do, how it's performed, why it is always done in a surgery center, what it costs here, and how recovery differs from upper-lid surgery.

What Lower Blepharoplasty Is

"Blepharoplasty" is the medical name for an eyelid lift. Lower blepharoplasty is surgery for under-eye bags. Puffiness of the lower lid is caused by the fat that cushions the eye in the socket coming forward over time.

The surgery is usually done through an incision on the inside of the lower lid, so there's no outside scar. I prefer to reposition fat into the under-eye hollow rather than remove it, to avoid a hollow look. A small pinch of skin just under the lashes, or a lid-tightening stitch, is added only when needed.

Who It's For

Before I recommend cosmetic eyelid surgery, every patient has to meet all three of these. If they don't, I won't operate, and I'll tell you why.

1. **A specific concern you can point to.** For the lower lids, that's usually puffiness or bags you can see yourself, not only something a spouse or family member mentions.
2. **Surgery can actually fix it.** Bags from fat are a good fit. Festoons, dark circles, cheek sagging, and crow's-feet are not corrected by a lower-lid lift alone.
3. **Your expectations are realistic,** both for the final result and for a recovery that is usually a little longer than upper-lid surgery.

What it treats

- ☑ Puffiness ("bags") from fat pushing forward in the lower lids
- ☑ Some under-eye hollowing, when fat is repositioned into the tear trough
- ☑ Loose lower-lid skin, when a small skin pinch is appropriate
- ☑ A loose lower lid, when a tightening stitch (canthopexy or canthoplasty) is needed for support

What it won't treat on its own

- **Festoons** — bags or swelling on the upper cheek, below the eyelids. These need a different treatment (other surgery, cauterization, or injections).
- **Cheek sagging** — tightening lower-lid skin does not lift the cheeks.
- **Dark circles** from blood vessels or pigment. Removing fat or skin does not fade them.
- **Crow's-feet** — often softened with Botox, not with an eyelid lift.

> The goal is a refreshed version of you, not a new eye shape. Don't expect to look exactly like a friend or neighbor, and don't assume that because many people have uppers and lowers together, you should too. What you need is based on your own exam.

The Procedure

These are the basic steps. Your plan is tailored at your consultation, including whether fat is repositioned, a skin pinch is added, or the lid is tightened.

1. **The lids are numbed**
   A local numbing injection is given, along with IV sedation or general anesthesia.
2. **Inside incision**
   An incision is usually made on the inside of the lower lid, so there is typically no outside scar.
3. **Fat is addressed**
   I prefer to move fat into the under-eye hollow rather than take it away, when that's the right plan for you.
4. **Skin or tightening, if needed**
   A small pinch of skin under the lashes, or a lid-tightening stitch, only when needed. A suture closes any skin wound.

Fat repositioning is not for every patient. The decision should be discussed with your surgeon. I prefer this approach when it fits, because removing too much fat can leave a hollow look. If a lower lid is loose, a tightening stitch (canthopexy or canthoplasty) helps keep it from being pulled down after surgery.

Where It's Done, and Anesthesia

Lower blepharoplasty is **always done in a surgery center with anesthesia, never awake in the office.** Performing lower-lid surgery without anesthesia is generally ill-advised: there can be more bleeding and discomfort, and it may be hard to tolerate.

SURGERY CENTER

What to expect

Local numbing plus IV sedation or general anesthesia from an anesthesia provider. The surgery center (not our office) will call you a day or two beforehand with your arrival time. Nothing to eat or drink after midnight, including coffee. You'll check in for vital signs, paperwork, and your IV, and you'll spend about an hour in recovery afterward so we can watch for bleeding. Your eyes won't be patched, so you can watch your vision. If you're nauseated, say so before you leave, because vomiting can trigger bleeding.

Fees and safety checks

A surgery-center case includes surgeon, facility, and anesthesia fees. You'll need medical clearance from your primary care doctor, who may order blood work or an EKG. Without it, surgery may be canceled. You must have a driver, and someone should stay with you the first night.

Uppers and lowers can be done together when both bother you and both are safe. Combined cases are also done at the surgery center and are quoted individually after your exam.

Insurance: Lower Lids Are Self-Pay

Insurance, including Medicare, only cares whether an eyelid is blocking your vision. Lower blepharoplasty is done to improve under-eye bags and appearance. **Lower eyelid blepharoplasty is not covered by insurance.** Fat removal is not covered either.

If your upper lids qualify as functional (vision-blocking) surgery, a common plan is that insurance covers the functional upper-lid portion, and you pay privately for a cosmetic add-on such as lower-lid bags. The two can often be done in the same surgery. We verify benefits first, and you receive a written quote at your consult.

What It Costs

SURGERY CENTER · ANESTHESIA

$5,900–$6,500

Approximate cosmetic (self-pay) range of recent quotes, with the $200 consult credit applied (if you schedule surgery within one year of your consultation). The surgeon, surgery-center (facility), and anesthesia fees are included.

Your price depends on technique (for example, fat repositioning or lid tightening). Prices as of Nov 2026; your exact quote is given at your consultation.

Consultation and combined surgery

A cosmetic consult is $200, credited toward your surgery if you schedule it within one year of your consultation. Your written quote is given at the consult.

Uppers plus lowers, ptosis repair, or a brow lift are quoted individually after your exam. When comparing practices, ask whether a quote includes the surgeon, facility, anesthesia, and follow-up visits.

Recovery Timeline

Everyone heals at their own pace. Lower-lid recovery is usually a little longer than upper-lid recovery. Most lower-lid patients need about 10 days before returning to work, and many feel "socially ready" around three weeks. Clear your calendar of big events for about three weeks after lower-lid surgery.

DAY 1 · REST **Swollen and tight**	Lids feel swollen and tight, and vision is blurry from ointment. Ice 20 minutes on, 20 minutes off while awake, for the first week, starting at home (no ice in recovery). Use a barrier between the ice and your skin. You may switch to warm compresses after 72 hours if that is comforting. Sleep with your head raised about 30°. Most people need only Tylenol. You'll be observed in recovery for about an hour before you go home.
DAYS 2–3 **Peak swelling**	Swelling often gets worse before it gets better. That's normal. Walk around the house, but no bending, straining, or lifting over 10 lb. One side may be more swollen than the other in the first one to two weeks; bruising is rarely even.
WEEK 1 **Stitch check**	Bruising changes from purple to green to yellow. If a skin stitch was placed, non-dissolvable stitches come out at about one week; dissolvable stitches fall out on their own. Live far away? This check can often be a photo you send plus a phone call.
ABOUT 10 DAYS TO 3 WEEKS **Back to work and social life**	Most lower-lid patients return to work in about 10 days. Makeup is usually OK once you're cleared at your one-week check. Many people feel ready for social events around three weeks.
WEEK 2 TO 1 YEAR **Settling**	About 90% of swelling is gone by two weeks. Gym, swimming, and contact lenses are usually OK at about two weeks, once you're cleared. Scars are at their reddest around six weeks, then fade. The last bit of swelling is usually gone by about three months. Incisions keep softening for up to a year.

Chemosis is more common after lower-lid surgery. This is swelling of the clear membrane over the white of the eye. It may look like a clear, jelly-like or watery bulge, and sometimes the lid doesn't close fully because of it. It is a common, usually temporary part of healing. Use cool compresses, keep your head elevated, and use lubricating drops or ointment as instructed. Call us if the swelling is getting worse, or if it comes with vision loss, severe pain, or an eye that can't close or feels very dry. A red patch on the white of the eye (subconjunctival hemorrhage) is also normal and usually clears in two to three weeks.

Risks, in Plain Language

Call right away, day or night, if you have:

- Bleeding that won't stop after 10 minutes of firm, steady pressure
- Sudden bulging of the eye
- Severe pain that's different from normal soreness
- New or worsening loss of vision

These can be signs of bleeding behind the eye. It's rare, often quoted at about 1 in 2,000 cosmetic eyelid cases, but it can threaten vision and needs treatment fast. Call (720) 386-1989. If you can't reach us, go to the nearest emergency room.

Most patients heal without complications, but every surgery has risks. Expected bruising and swelling can look dramatic and can drift to the cheeks or even the neck; it always clears. Other risks include bleeding, uncommon infection, scarring or small cysts, dry eye (often temporary), trouble closing the eyes, asymmetry, rare double vision, and very rare vision loss. Each eye is its own surgery. A minor touch-up is occasionally done in the office.

A risk more specific to the lower lids: retraction

The lower lid can be pulled down after surgery (retraction). Treatment starts with massage, and sometimes another procedure is needed to support or raise the lid. This is one reason a tightening stitch is sometimes placed at the time of surgery, and one reason I'm careful about how much skin is removed.

Preparing for Surgery

- ☑ Medical clearance from your primary care doctor is required for surgery-center cases. Your doctor may order blood work or an EKG. Without it, surgery may be canceled.
- ☑ You can't drive yourself home. Plan for someone to stay with you the first night.
- ☑ Stop smoking before surgery and for at least two weeks after. It slows healing and raises anesthesia risks.
- ☑ Clear big events from your calendar for about three weeks after lower-lid surgery.
- ☑ Never stop a prescribed blood thinner on your own. Typical holds (your doctor confirms exact dates): aspirin 7 days; ibuprofen 1 week; Plavix 5 days; warfarin 5 days; Eliquis or Xarelto 3 days; herbal supplements 2 weeks.
- ☑ If you take a GLP-1 medication (such as Ozempic, Wegovy, Mounjaro, or Zepbound) and you're having operating-room surgery with anesthesia, the typical hold is 2 weeks, with your prescribing doctor's OK. If you take Jardiance, stop it 1 week before operating-room surgery.
- ☑ Nothing to eat or drink after midnight the night before, including coffee. Take usual morning medicines (not blood thinners) with a sip of water, unless your doctor has given you a different plan.

Incision care: Less is more. Clean secretions with a warm wet washcloth, then apply antibiotic ointment twice a day until stitches are removed (or as directed). Don't rub or pull at the stitches. You can shower, but keep the spray off your face. Hair washing and alcohol are OK after 72 hours.

Contact Us

Denver Eyelid Specialists

Christopher Thiagarajah, MD, FACS
Board-certified, American Board of Ophthalmology
ASOPRS fellowship-trained oculoplastic surgeon

Phone (720) 386-1989 · **Fax** (720) 386-2088
Web denvereyelid.com

Main office
8301 E Prentice Ave, Suite 403
Greenwood Village, CO 80111
Denver Tech Center, near I-25 & Orchard Rd

Also seeing patients in
Vail, CO · Scottsbluff, NE (Oregon Trail Eye)