Denver Eyelid Specialists
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Understanding In-Office Upper Blepharoplasty

A patient guide to upper eyelid surgery done awake in our Greenwood Village office: what it treats, who it's for, how the day goes, what it costs, and what healing looks like.

What In-Office Upper Blepharoplasty Is

"Blepharoplasty" is the medical name for an eyelid lift. Upper blepharoplasty is surgery for heavy, hooded upper lids. A measured pinch of extra skin is removed, and fat may be gently sculpted. The incision sits in your natural eyelid fold and is usually well hidden once it has healed.

For suitable patients, this surgery is done in our office while you're awake, using local numbing only. There is no IV, no general anesthesia, and no IV sedation. Extra upper-lid skin is usually caused by aging, and it can run in families. Over time, that skin can hang over the eyes and, in some people, block side or upper vision.

What it treats

- Excess, hooded upper-eyelid skin
- Puffiness from fat pushing forward in the upper lids
- Upper-lid skin that blocks your side or upper vision (this may be covered by insurance; your exam determines whether a functional evaluation applies)

What it won't treat on its own

- **Ptosis** — a droopy lid from a stretched or relaxed muscle. Removing skin will not raise the lid or open the eye. That needs a ptosis repair.
- **Low brows** — drooping eyebrows that push skin onto the lids need a brow lift.
- **Crow's-feet** — often softened with Botox, not with an eyelid lift.
- **Lower-lid bags.** Lower blepharoplasty is not performed in the office; it is done at a surgery center.

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.** Usually extra upper-lid skin, puffiness, or both. It should be something you see, not only your spouse or family.
2. **Surgery can actually fix it.** Sometimes the real cause is the brows, forehead, or a droopy lid muscle (ptosis). Those need a different procedure.
3. **Your expectations are realistic,** both for the final result and for the healing process along the way.

In-office surgery is best for upper blepharoplasty alone in people who do well awake. Think about how you do at the dentist. If you're anxious about being awake, or you don't tolerate awake procedures well, the surgery center with sedation is the better choice, and that's OK. We want you to be comfortable. The goal is a refreshed version of you, not a new eye shape.

The Procedure

These are the basic steps of an in-office upper eyelid blepharoplasty. Your plan is tailored at your consultation.

1. **We mark the crease**
The natural fold is marked, and a pinch of extra skin is measured for removal.

2. **The lids are numbed**
A local numbing injection is given. The injection may briefly sting; afterward, most patients feel only light pressure.

3. **Skin and fat**
The extra skin is removed. Fat on the upper lid may be sculpted or removed.

4. **The incision is closed**
A suture closes the wound in the upper-lid fold. Non-dissolvable stitches come out at about 7 days. Dissolvable stitches are sometimes used (no removal).

I'm conservative with skin. More can be taken later, but too much is hard to undo. Removing too much skin can make it harder for the eyes to close and can worsen dryness. The surgery itself usually takes about 45 minutes. Your eyes are not patched afterward, so you can watch your vision.

Anesthesia and the Office Setting

In-office upper blepharoplasty uses local numbing only. You remain awake. There is no IV, no general anesthesia, and no IV sedation. Some patients take a prescribed Valium beforehand to relax. For the right patient, in-office surgery is not less safe; it avoids sedation entirely. There is no prolonged recovery-room time afterward.

IN THE OFFICE

Upper blepharoplasty, awake

Best for upper blepharoplasty only, in people who do well awake. Local numbing, no IV, and no fasting. Surgeon fee plus an office fee; no separate facility or anesthesia fee.

IF THE OFFICE ISN'T THE RIGHT FIT

Surgery center

The better choice if you're anxious about being awake, or if the plan includes lower blepharoplasty or a more complex case. Those fees, and any medical-clearance steps, are reviewed at your consult.

Tell us if you feel discomfort during the procedure so we can address it. Patient movement matters because you are awake, which is why comfort with awake procedures is part of deciding whether the office is right for you.

The Day of Surgery

Come on time. Expect to be asked the same safety questions more than once; that's on purpose. If your case starts late, it's because another patient needed extra care, as you would want for yourself.

No fasting is needed. Eat a light meal, take your usual medicines except blood thinners, and arrive with your driver. You need a driver even for in-office surgery: ointment blurs your vision, you'll be holding ice on your eyes at home, and Valium, if you took it, affects driving. If we've prescribed a Valium, bring it and follow the timing we give you.

What It Costs

IN-OFFICE · BOTH EYES

$3,550

Surgeon fee $1,625 per eyelid × 2 ($3,250), plus a $300 office procedure fee. There is no separate facility or anesthesia fee.

After the $200 consult credit (if you schedule surgery within one year of your consultation), the balance is $3,350. Prices as of Nov 2026; your exact quote is given at your consultation.

Consultation and other procedures

A cosmetic consult is $200, credited toward your surgery if you schedule it within one year of your consultation. If we're evaluating a functional problem under your insurance, your plan's copay and deductible apply instead.

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.

Preparing for Surgery

- ☑ In-office procedures under local numbing don't need medical clearance from your primary care doctor.
- ☑ You can't drive yourself home, even after in-office surgery. Plan for someone to stay with you the first night.
- ☑ Stop smoking before surgery and for at least two weeks after.
- ☑ Never stop a prescribed blood thinner on your own. Typical holds, only with your prescribing doctor's OK: aspirin 7 days; Advil or Aleve 7 days; Plavix 5 days; Xarelto or Eliquis 3 days.
- ☑ No fasting is needed. Eat a light meal, take your usual medicines except blood thinners, and arrive with your driver. If we've prescribed a Valium, bring it and follow the timing we give you.

Functional or Cosmetic?

Insurance, including Medicare, only cares about one thing: is the eyelid blocking your vision? How tired you look, or how heavy your lids feel, doesn't count. Appearance, puffiness, and fat removal are not covered. If functional surgery is approved, you pay your plan's share (deductible, copay, or coinsurance). We verify benefits first. If testing doesn't show enough vision blockage, surgery can still be done as cosmetic, self-pay surgery.

Recovery Timeline

Everyone heals at their own pace. These are typical times. Most upper-lid patients return to work in about a week. Avoid big events for about two weeks. For the first 9 days after in-office upper blepharoplasty, we ask that you do no heavy lifting, bending, or exercise.

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. 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.
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. Clean secretions with a warm wet washcloth, then apply a thin layer of antibiotic ointment.
WEEK 1 **Stitch check**	Bruising changes from purple to green to yellow. Non-dissolvable stitches are removed at about 7 days. Dissolvable stitches are sometimes used; those dissolve over a couple of weeks and do not need to be removed. Makeup is usually OK once you're cleared. Most upper-lid patients return to work around this time. If you live far away, a check can often be a photo you send plus a phone call.
WEEK 2 **Back to activity**	About 90% of swelling is gone. You can usually return to the gym, swimming, and contact lenses at about two weeks, once you're cleared.
WEEKS 3–6 TO 1 YEAR **Settling**	Scars are at their reddest around six weeks, then fade. The last bit of swelling is usually gone by about three months. Numbness can take up to six months to fade. Incisions keep softening for up to a year.

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, if dissolvable stitches were used). Don't rub or pull at the stitches. If one comes loose, call us. You can shower, but keep the spray off your face. Hair washing and alcohol are OK after 72 hours.

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, including in the office. Expected bruising and swelling can look dramatic and can drift to the cheeks or neck; it always clears. Other risks include bleeding, uncommon infection, scarring or small cysts, dry eye (often temporary, improving over one to three months), trouble closing the eyes, asymmetry, rare double vision, and very rare vision loss. Each eye is its own surgery. A need for a touch-up is sometimes part of healing. Perfect symmetry isn't possible.

Contact Us

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