



# TABAN MD

## OCULOPLASTIC SURGERY

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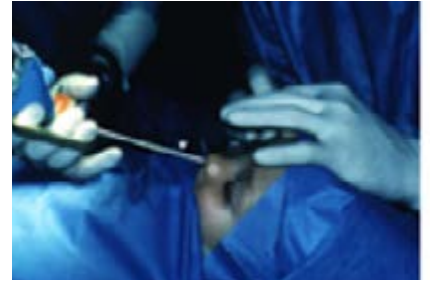
This is our inaugural quarterly newsletter with relevant oculoplastic related topics intended for other related specialties.



Assistant Clinical Professor UCLA

### Endoscopic Endonasal DCR -- Scarless Tear Duct Surgery

Nasolacrimal duct blockage is a frequent problem encountered by an oculoplastic surgeon. It is treated by a bypass surgery called dacryocystorhinostomy (DCR surgery). A DCR is performed by creating a new tear drainage passageway from the lacrimal sac into the nose, bypassing the obstruction. A silicone stent may be placed temporarily to keep the new bypass passageway open. Although traditionally DCR has been performed using a skin incision (external DCR), it has been shown that endonasal endoscopic DCR has similar success rates with added advantages of 1) lack of external scar; 2) quicker recovery, 3) faster operation. This approach is becoming more popular and is preferred over external DCR by patients. Almost all patients all candidates except patients with tight nasal passages and significant septal deviations.

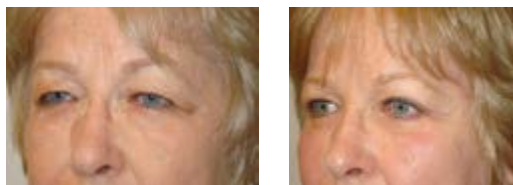


1 week after right external DCR



1 week after endoscopic DCR

### Lateral Browlift Using Temporal (Pretrichial) Subcutaneous Approach Under Local Anesthesia -- One Surgeon's Experience



BEFORE

AFTER

I presented the following study at the 11th International Symposium of Facial Plastic Surgery in New York, May 2014, AND Vegas Cosmetic Surgery Conference in Las Vegas, June 2014.

Lateral brow ptosis is a common aging phenomenon, contributing to the lateral upper eyelid hooding, in addition to dermatochalasis. Lateral brow lift complements upper blepharoplasty in achieving a youthful peri-orbital appearance. In this study, I report my experience in utilizing a temporal (pretrichi-

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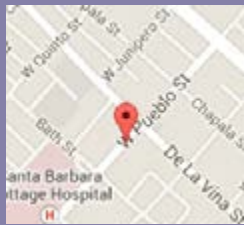




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*faint scar 3 months  
after pretrichial brow lift*

al) subcutaneous lateral brow lift technique, under local anesthesia. Total of 45 patients (44 females, 1 male; mean age 58 years old) underwent temporal (pretrichial) subcutaneous lateral brow lift technique, under local anesthesia, in office setting. Minimum follow up time was 4 months (range, 4 months to 3 years). Average lateral brow lift was 0.8cm (range, 0.4cm to 1.2cm). All patients were satisfied with the eyebrow contour and scar appearance. One patient required additional brow lift on one side for asymmetry.

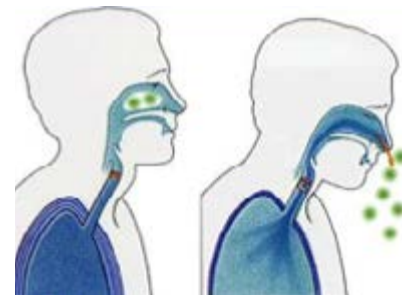
There were no cases of frontal nerve paralysis. Temporal (pretrichial) subcutaneous approach is an effective, safe technique for lateral brow lift/contouring, which can be performed under local anesthesia. It is ideal for women. Additional advantages include ease of operation, cost, and shortening the hairline (if necessary).

## How to reduce sneezing reflex associated with intravenous sedation and periocular anesthetic injection.



A sneeze reflex may occur after propofol sedation and during periocular injections. Unexpected movement from sneezing can result in needle injury to the globe or optic nerve, or hematoma. One study showed that there is 5% risk of vigorous sneeze reflex in patients receiving periocular anesthetic injection under intravenous sedation, while there is practically no risk of sneeze reflex in patients who receive periocular anesthetic injection without intravenous sedation.<sup>1</sup> In another prospective randomized study,<sup>2</sup> the authors randomized 81 adult patients undergoing conscious sedation prior to periocular injection of local anesthesia. All patients received propofol and were randomized to propofol only (25 patients), propofol plus midazolam (14 patients), propofol plus opioid (31 patients), propofol plus midazolam and opioid (11 patients). Of the patients who received no opioid, 17 of 39 (43.6%) sneezed. Of the patients who received an opioid, 0 of 42 sneezed ( $p < 0.0001$ ). Among subjects receiving no opioids, midazolam was associated with a higher incidence of the sneeze reflex, but this was not quite statistically significant ( $p = 0.09$ ).

The authors concluded that opioid (fentanyl or alfentanil) suppressed reflex sneezing in patients undergoing eyelid and periorbital anesthetic injection after propofol sedation and that these medications may reduce needle injury and potential complications. Surgeons, anesthesia staff, and other operating room personnel should be aware of the potentially dangerous sneeze phenomenon when periocular anesthetic injections are delivered under intravenous sedation.



References: 1) Ahn ES et al. Sneezing reflex associated with intravenous sedation and periocular anesthetic injection. *Am J Ophthalmol* 2008, 146: 31-5. 2) Tao et al. Efficacy of fentanyl or alfentanil in suppressing reflex sneezing after propofol sedation and periocular injection. *Ophthal Plast Reconstr Surg* 2008, 24:465-7