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Full thickness eyelid reconstruction

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Eyelid anatomically consists of anterior and posterior lamellae. Every lamella has its own function and should be reconstructed separately and in layers. Anterior lamella consists of skin and muscle, posterior lamella of tarsal plate and of conjunctiva. Anterior lamella is what you see first. The skin should match surrounding skin considering texture and color. For reconstruction you should follow relaxed skin tension lines for best cosmetic result. I will show some advantages of flaps over free grafts. Posterior lamella supports the lid and helps with closure of the lid aperture. After excision a lid margin you should reconstruct both lid lamellae. For reconstruction of posterior lamella you can use tarsal plate or cartilage. One can

take cartilage from ear conchae, nasal septum or you can take hard palate graft. I will show the possibilities of tarsal grafts and explain the reasons for decisions, considering the position and the size of a tumor. With those graft you can achieve lid stability and prevent lid malposition like ectropion or entropion.

Speaker Biography

Lea Mogilnicki has finished ophthalmology residency with international EBO exam of excellences in Paris, France in May 2011. Since then she keeps educating in the field of esthetic medicine and oculoplastic surgery. She has private practice in esthetic and work in GH as reconstructive oculoplastic surgeon. She has attended several international congresses and in 2017 she won best poster on field of oculoplastic at SOE congress in Barcelona.

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