

In the blink of an eye

Minimal fuss with maximum results: the surgical repair of Zoom-weary eyelids is the most popular procedure since lockdown. One writer lifts the lid

By ANNIKA PURDEY

SINCE MY MID-FORTIES, I'D BEEN thinking about getting my eyes done. In this, my career played a big part – lots of face-to-face meetings, event-hosting and a fair bit of being photographed – and while I'm naturally confident, I was becoming increasingly conscious of my upper lids. It wasn't that they were causing a functional problem or wading into my line of vision (at least, not yet) but the gradual hooding was starting to make me look permanently tired. When lockdown hit, and I found myself looking at my reflection for several hours a day on non-stop Zoom meetings, I knew something had to be done.

As with any procedure, research was critical. I started by calling friends who I knew had had the surgery and the responses were resoundingly positive, with one close acquaintance – in whom I confided in hushed tones across the table at Colbert one morning – declaring: 'If you only do one thing, make it an upper-lid blepharoplasty.'

But here's the issue: for many professional women, cosmetic surgery can be tricky to contemplate. As hardworking high-achievers, we are used to being judged on merit, not looks. Then we hit our forties and fifties, and we're still comfortable with who we are – but suddenly the physical changes start creeping in: our skin loses its lustre, our faces start to fall, our lids begin to droop. No one cares if you colour your hair or opt for a bit of Botox, but still we hold onto the outdated notion that surgery is either vain or something that only Hollywood actresses do.

No professional woman wants to be thought of as shallow – but does having a subtle tweak in

mid-life count as that? Some may still think so but, if you talk to women in their twenties and thirties, their perspective is startlingly different. For this generation, taking the initiative to do something that makes you feel good about yourself is perfectly acceptable – even to be encouraged. Frankly, it's rather liberating.

That's not to say elective surgery shouldn't be carefully considered: I'd had a consultation for an upper-lid blepharoplasty four years before and had been mulling it over ever since. (In fact, most women do the same, with the average female patient considering surgery for five years before she finally goes under the knife.) Also, timing was always going to be a key factor. Back then, for me to take two weeks off for recovery was unthinkable – but one year into lockdown, the world was a very different place. Like many, I was working from home and my daughter was being home-schooled. It was a now-or-never moment – if I didn't take the plunge, the window of opportunity would close.

I found myself sitting across from Mr Naresh Joshi at the Cromwell Hospital. Mr Joshi, who is extremely well-regarded for his blepharoplasties, was utterly charming – and put me at ease immediately as he explained the procedure, examined my eyes and showed me some before-and-after images. His results were impressive: subtle yet undoubtedly effective – exactly what I was looking for.

My next appointment was with Mr Nicholas Parkhouse, the same surgeon whom I'd seen four years prior. (He is similarly regarded for his surgical expertise, and has a special interest in scarring.) 'An upper-lid blepharoplasty is minimal, but extraordinarily effective,' he explained, as we sat in his London consulting room. 'However, subtlety is always the best outcome.' Mr Parkhouse described the procedure in detail. An ellipse of excess skin would be marked on the upper eyelid, before the tissue was excised together with muscle and fat. Finally, the incision would be closed neatly with buried stitches, the scar cleverly hidden in the crease.



Choosing your surgeon is one of the hardest stages of this process. Most people will tell you to go with the one with whom you best connect: the one who puts you at ease and explains thoroughly not only the surgical details but the risks, the downtime and the post-operative care. Both those I saw were brilliant at this; however, in the end, I chose Mr Parkhouse. Because of our previous encounter, I felt I already knew him – and knowing he had seen the evolution of my eyelids over time was immensely reassuring. Moreover, his emphasis on achieving improvement while maintaining an ‘unoperated’, natural-looking result filled me with confidence.

Having made my decision, I returned a few weeks later for a second consultation. Mr Parkhouse pinched the skin of my upper lids, noted the amount of excess and took photographs. We discussed anaesthetic, both agreeing that sedation would be the best option. Then came the discussion about where I would have the procedure. Mr Parkhouse operates at three facilities: King Edward VII’s Hospital near Harley Street, the Cadogan Clinic in Chelsea, and the McIndoe Centre in West Sussex. Living in the country meant that I was hesitant about travelling into London, as I wanted my post-operative travel to be minimal; so we settled on the McIndoe in East Grinstead, which was – joyously – only half an hour from my home.

Specialising in cosmetic and reconstructive plastic surgery, the McIndoe is one of the most respected private hospitals in its field. Emerging as a purpose-built facility out of a burns unit that treated injured servicemen in World War II, it has exceptional facilities, a dedicated nursing staff and a reputation for discretion.

With all decisions finalised, we settled on a date for the procedure, two weeks away. I wasn’t nervous in the slightest – not even a few days before my surgery, when I returned to the McIndoe to fill in numerous forms and have a general medical check and Covid test. That night I returned home, where I was to self-isolate until the day of my procedure. I spoke to Mr Parkhouse the same weekend; and although I was starting to feel a little anxious, I also felt confident, as every aspect of the procedure had been explained so clearly. Even my husband commented on how calm I was.

The following Monday, I arrived at the McIndoe at 7.30am. The reception was quiet and spacious, with a comforting air of efficiency. Within moments, a nice lady appeared holding a menu, and asked me what I would like to eat and drink after my operation. It was like being in a five-star hotel. Next, I was taken to my room and met by Sister Mary Onalu, who was to look after me for the duration of my stay. ▷

RAISING EYEBROWS

Subtle yet effective, an upper blepharoplasty is liberating

◁ The suites at the McIndoe are huge – light and airy, immaculately clean, with flat-screen TVs, en-suite bathrooms and seating areas – and mine overlooked the garden.

Shortly after, Mr Parkhouse appeared. Once again we went over what was going to happen, and I signed the final consent forms. I had my blood pressure taken by Mary, then Dr Anna Riccoboni, the consultant anaesthetist, arrived. Dr Riccoboni was kind and reassuring as she explained how the anaesthesia would work. She inserted a cannula into the back of my hand, which was quick and totally painless.

Mary checked that I was happy and settled, and I was told that I would walk down to the theatre just before 8.30am, giving me some time alone to make a few calls and check my emails. The nerves only set in when Mary reappeared with the theatre assistant to collect me. Suddenly, I was acutely aware of my vulnerability. ‘Oh God, I’m really doing this,’ I thought, as we walked down the silent corridors together.

The first person I saw in the operating theatre was Dr Riccoboni. ‘I am properly terrified!’ I told her, as I eased myself onto the table, blinking in the bright lights. She smiled, and said she could give me something for that. I held out my hand, and I remember very little else.

Earlier on, Dr Riccoboni had explained that I would be taken down to a deep, conscious sedation – and halfway through the procedure, I would be brought back up a little and asked to open and close my eyes, before being taken back down. I vaguely remember someone, somewhere, asking me to open my eyes – but then nothing more, until I heard Mr Parkhouse say: ‘It’s all done, it went well, and we are going to take you through to the recovery room.’

The latter was a large private place, with discreet, curtained-off pods for recuperation. Mary was waiting for me, and both Dr Riccoboni and Mr Parkhouse came in to see me, explaining that all had gone according to plan. I felt fantastic – high as a kite and wildly chatty, thanks to Dr Riccoboni’s excellent medication – but also thrilled to have gone through with the procedure and come out on the other side. Phew!

I remained in the recovery room for an hour with Mary at my side, before being taken back to my suite. I was given water and, about an hour later, a tray of tea. Mary remained with me pretty much all the time. I had two cooling pads over my eyes and soon I was handed a mirror. The moment of truth had come.

It wasn’t nearly as terrifying as I had thought it might be. I could see a line of neat stitches through my lid line, and tiny pieces of tape at both ends of my eyes and across the bridge of my nose. Surprisingly, I looked okay – and

thanks to the painkillers, the sensation was only mildly uncomfortable. Soon it was time for lunch – and I suddenly realised I was ravenous. (The McIndoe is renowned for its excellent food, and my superfood salad and delicate sandwiches were delicious.) At 4pm, Mary gave me some intravenous antibiotics and my cannula was removed. Again, all perfectly painless.

At 4.30pm, Mr Parkhouse came and said goodbye; I slipped on a pair of dark sunglasses, and Mary accompanied me on the walk back to the entrance. If we hadn’t still been under strict social distancing rules, I would have hugged her for her reassuring care throughout my stay.

I was told to go home, relax as much as possible and sleep slightly propped-up (a V-shaped pillow was brilliant for this). On Mr Parkhouse’s advice, I stocked up on paracetamol and arnica cream, while minimising screen-time until the sutures came out. Thanks to the ongoing WFH situation, this was easy: I had already semi-cleared my work diary, and moved to ‘audio-only’ for the few Zooms I needed to do.

Driving was off the cards for the first week – as my sutures were still in place – so I relied on local friends for school runs. So was strenuous exercise but walks were allowed, which meant I could still get out of the house.

The swelling and bruising appeared by day two (sore though not agony) and by day three, I looked like I had been in a minor fist-fight. Seven days after the operation, I returned to have my stitches removed by Mr Parkhouse. This was painless and took less than a minute per eye. I still looked a tad bruised, with purple eyelids and some colourful yellow and green bruising at the outer corners of my eyes. Since I

needed the second week to heal fully, I stayed pretty close to home. With each passing day, the swelling slowly subsided. Day 10 coincided with the first easing of indoor Covid restrictions and I headed to the Cotswolds for the weekend. I had told my hosts about the op but I could easily have not, as by now the swelling was barely noticeable. Mr Parkhouse had instructed me to massage any small bumps from the sutures with my normal eye cream – my Bobbi Brown Extra Eye Repair Cream was more than up to the job – and though the areas still tingled in some places and felt slightly numb in others, there was no pain. What remained of the bruising was so minimal that I could easily conceal it.

I saw Mr Parkhouse for a post-operative check-up two weeks after the stitches came out. A further three weeks passed until the next, then another six weeks – and I had my final appointment with him two months after that. It was reassuring to know that I could call him at any point if I had any concerns.

Several months on, I’m genuinely thrilled. Everything I wanted was achieved, with minimal fuss and maximum results. I’m immensely grateful that I had access to such a personal practice – and to such an experienced, skilled and caring surgeon as Mr Parkhouse – but also that this clever procedure is available. Women can appear less tired, and look like themselves again. When I look in the mirror now, I don’t even notice my eyes – for all the right reasons. In fact, I often forget that I’ve had anything done at all. Which says it all, really. □

Upper blepharoplasty at the McIndoe Centre, from £5,500 (themcindoecentre.co.uk); Mr Nicholas Parkhouse: 01825 741100.

POST-PROCEDURE HEROES

Advanced Scar Control by SkinCeuticals

Suitable for all skin types, this silky silicone gel, enriched with omega fatty acids, improves the appearance of scars by up to 29 per cent. Daily application helps to smooth scars, reduce discolouration and promote an even skin tone. skinceuticals.co.uk

Professional Serum by Calecim

This clever serum harnesses the power of stem cell-derived growth factors to regenerate the tissues and skin. Proven to reduce downtime and discomfort following a procedure, it also claims to improve aesthetic results. calecimprofessional.com

Performance Crème by Spectacle Skincare

This multitasking moisturiser does it all. With a fragrance-free formula that does away with irritation, it contains squalene and multi-molecular hyaluronic acid – making it a post-procedure superhero. cultbeauty.co.uk

Renew Facial Oil by Skin W1

Developed by cosmetic doctor Dr Rabia Malik, this quick-to-absorb, lightweight oil has serious anti-inflammatory properties. A few drops is enough to remedy the most sensitised skin. harrods.com



From left, Advanced Scar Control, £90, **SKINCEUTICALS**; Professional Serum, from £92, **CALECIM**; Performance Crème, £76, **SPECTACLE SKINCARE**; Renew Facial Oil, £75, **SKIN W1**

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