## 2007 Research Days Abstract Form - Department of Ophthalmology - UNIFESP/EPM

SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two letter Code for the one (1) Section best sullied to review your abstract

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1) (a) Paper (b) Poster

 The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was cond in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Giovanni André P. Viana Signature of First

Scientific Section Descriptions

Scientific Section Descriptions
(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINAL VITIREOUS
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(TU) STRABABING
(UV) UVETIS
(LS) LACRIMINS SYSTEM
(S.) LACRIMINS SYSTEM
(S.) LACRIMINS SYSTEM
(CO) CORNIEA (EXTERNAL DISEASE
(GL) GLAUCOM
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) COLLAR ULTRASOUND
(US) COLLAR ULTRASOUND
(US) COLLAR ULTRASOUND
(EF) ELECTROPHYSIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6),
Purpose, Methods, Results,
Conclusions.
Example: ARV O (1.10 x 1.70)
Abstract Book

 FIRST (PRESENTING) AUTHOR (REQUIRED)
 Must be author listed first in body of abstract ( ) R2 ( ) R3 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC Giovanni André Viana P. Middle Last Name OCULAR PLASTIC SURGERY 01468/04 Nº CEP

5. ABSTRACT (REQUIRED)

Self-esteem assessment in patients submitted to lower eyelid blepharoplasty Viana GAP, Osaki MH, Sant'Anna AE, Nishi M.

Self-esteem assessment in patients submitted to lower eyelid blepharoplasty Viana GAP, Osaki MH, Sant'Anna AE, Nishi M.

Purpose: In aesthetic surgery patient satisfaction is recognized as the main diterminant factor for success. The aim of the present study is to analyze the self—esteem evolution of patients submitted to perioribital reliuvenation through inferior blepharoplasty.

Design: Randomized clinical trial.

Methods: Fifty-five consecutive aesthet ic surgery patients aged 35 to 65 years old were recruited preoperatively through Oculo-plastic Surgery Service, Subjects were approached by their surgeon for voluntary participation in the study after a decision to proceed with surgery had been made. All patients who agreed to participate signed a consent form approved by Human Subjects Review Board (Ethical Committee) at the Sio Paulo Faderal University. They were assigned into two surgical groups: Classical Inferior Blepharoplasty (group 1), and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 1) and Septa Resel Blepharoplasty (group 2). In the septal reset blepharoplasty (group 3) and Septa Resel Blepharoplasty (group 3) and Septa Resel Blepharoplasty (group 3). In the septal reset blepharoplasty (group 3) and Septa Resel Blepharoplasty (group 3). In the septal reset blepharoplasty (group 3) and Septa Resel Blepharoplasty (group 3). In the septal reset blepharoplasty (group 3) and self-seteem scale all patients on. Photographs have been taken before surgery and at each follow—up period. Patients that have had previous lower eyelii injury or blephar