

2009 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):

Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.

PL

3. PRESENTATION PREFERENCE (REQUIRED) Check one:

- Paper
- Poster
- FAST Paper

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

Scientific Section Descriptions (two-letter code):

- (BE) OCULAR BIOENGINEERING
- (CO) CORNEA AND EXTERNAL DISEASE
- (CA) CATARACT
- (EF) ELECTROPHYSIOLOGY
- (EP) EPIDEMIOLOGY
- (EX) EXPERIMENTAL SURGERY
- (GL) GLAUCOMA
- (LA) LABORATORY
- (LS) LACRIMAL SYSTEM
- (LV) LOW VISION
- (NO) NEURO-OPHTHALMOLOGY
- (OR) ORBIT
- (PL) OCULAR PLASTIC SURGERY
- (PH) PHARMACOLOGY
- (RE) RETINA AND VITREOUS
- (RS) REFRACTIVE SURGERY
- (RX) REFRACTION-CONTACT LENSES
- (ST) STRABISMUS
- (TR) TRAUMA
- (TU) TUMORS AND PATHOLOGY
- (UV) UVEITIS
- (US) OCULAR ULTRASOUND

Deadline: Oct 12, 2009

FORMAT:
Abstract should contain:

- Title
- Author, Co-authors (maximum 6),
- Purpose, Methods, Results,
- Conclusion.

Poster guidelines:
ARVO Abstract Book (1.10 x 1.70m)

40. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

- () R1 () R2 () R3 () PIBIC
- () PG0 (X) PG1 () Fellow () Technician

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Clinical outcomes of two techniques for lower blepharoplasty and patient's self-esteem

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Purpose: To review the experience with 50 patients submitted to transcutaneous lower blepharoplasty, random allocated in two surgical groups and, to verify the outcomes of the treatment through the Rosenberg Self-Esteem Scale at Federal University of São Paulo.

Methods: All 50 participants were assigned to interventions into two surgical groups, between April 2005 and May 2007. The SG1 was composed of 25 patients who were submitted to conservatively standard fat-resection lower blepharoplasty. The SG2 was represented by 25 patients submitted to lower blepharoplasty with periorbital fat mobilization and arcus marginalis redrape. Determination of whether a patient would be treated in SG 1 or in SG 2 was based on random sampling numbers drawn up for each surgical group and were contained in a set of fifty sealed envelopes. Before admission to the operating room, the appropriate numbered envelope was opened and the card inside told if the patient was to be in SG 1 or in SG 2. The outcomes in the Rosenberg Self-Esteem Scale for 50 participants were compared with those in 25 age-matched volunteers.

Results: Analysis of pre- and postoperative photographs showed that all patients achieved significant improvement. Self-esteem scores improved from baseline preoperative mean levels of 5.1 (Standard Deviation = 4.1) to a mean level of 3.6 (Standard Deviation = 3.5) at 6 months post-surgery (p = 0.001).

Conclusions: The authors concluded that both procedures are safe and effective with low complication rates, and marked improvement in self-esteem was observed in patients at 6-month follow-up.

Keywords- eyelid surgery, transcutaneous lower blepharoplasty, aesthetic surgery, self-esteem evaluation, questionnaire.