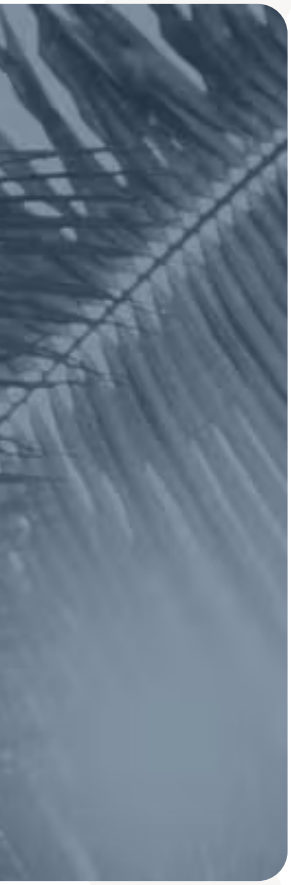
MICHAEL CONNOR, MD
OCULOPLASTIC & ORBITAL CONSULTANTS

2026

THE PATIENT GUIDE



EYELID SURGERY
FACIAL REJUVENATION
OCULOPLASTIC CARE



Ten trends explained with expert perspective on appearance, function, safety and individualized care.

Prepared for prospective patients by Oculoplastic & Orbital Consultants
Palm Beach Gardens and West Palm Beach, Florida

How to Use This *Guide*

Use this guide to understand the questions patients are asking, learn the differences among common eyelid and facial treatments, and prepare for a thoughtful consultation. It is educational, not a diagnosis or a substitute for care from a qualified clinician.

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Important Medical Note

Symptoms around the eyes can have cosmetic, functional or medical causes. Seek prompt medical attention for sudden eyelid drooping, new double vision, vision loss, severe pain, eye injury or rapidly increasing swelling. Product names are included for education only and do not represent an endorsement or a promise of results.

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Foreword from *Dr. Michael Connor*

Every year, many people begin their care journey with a simple online search. Some are concerned about drooping eyelids that may be affecting vision. Others are frustrated by under-eye bags, yellow eyelid deposits or facial changes that make them look tired even when they feel energetic. Often, patients spend considerable time researching before they schedule a consultation.

What encourages me is that patients are asking more thoughtful questions. They want treatments that respect the eye, preserve natural expression and fit their individual anatomy. They are also learning that the same visible concern can have more than one cause. A heavy upper eyelid, for example, may involve excess skin, a low brow, true eyelid ptosis or a combination of factors.

As a fellowship-trained oculoplastic surgeon, I focus on the delicate structures around the eyes. That specialty perspective brings appearance and function into the same conversation. The goal is not to push a particular procedure. It is to identify what is contributing to the concern, explain the reasonable options and help each patient make an informed decision.

This guide examines ten of the subjects patients are searching for most often. I hope it gives you a clearer vocabulary, realistic expectations and useful questions for your consultation.

Michael Connor, MD
Fellowship-Trained Oculoplastic Surgeon
Oculoplastic & Orbital Consultants

MICHAEL CONNOR, MD
OCULOPLASTIC & ORBITAL CONSULTANTS

What Patient Trends *Are Telling Us*

The trends point to three broad needs: cosmetic rejuvenation, relief from functional eyelid concerns and confidence in specialist expertise. Specific interest in xanthelasma, Upneeq, blepharoplasty, brow lift, dermal fillers and canthoplasty shows that patients are comparing both surgical and non-surgical paths.

The larger story is not simply that more options exist. Patients want to understand why they look tired, whether a concern could affect vision, how natural a result may appear, what recovery may involve and who is best qualified to treat a sensitive area. Trends also show the influence of video calls, high-resolution cameras and social media, which can increase awareness of asymmetry, eyelid position and under-eye volume.

This guide treats search activity as an educational signal, not a diagnosis and not proof that any procedure is right for a particular person. The next step is always an examination that considers eye health, symptoms, anatomy, goals, medications, prior procedures and tolerance for downtime.

Patient priority	Typical search questions	Consultation focus
Natural appearance	Will I still look like myself?	Conservative planning and facial harmony
Function and comfort	Can my eyelids affect vision?	Symptoms, eye surface and visual field
Low downtime	Is there a non-surgical option?	Benefits, limits and durability
Specialist trust	Who should treat the eye area?	Training, experience and safety planning

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Modern Blepharoplasty: Refreshed, Not Different





The Patient Question

Can eyelid surgery make me look rested without changing my face?

Why patients are searching

The eyes often show aging early because eyelid skin is thin and constantly moving. Patients commonly describe hooding, a disappearing eyelid crease, under-eye bags or a tired expression. Modern search language reveals an important preference: people want improvement that looks credible. They are less interested in transformation than in appearing rested and more like themselves.

Upper and lower eyelid goals

Upper blepharoplasty addresses excess upper-eyelid tissue that creates heaviness or hooding. Lower blepharoplasty generally addresses under-eye bags, skin laxity and contour irregularity. These are related but different operations, and not every patient needs both. The plan may involve skin, fat and supporting tissues in different proportions. Preserving enough tissue is essential to natural closure, blinking and expression.

Cosmetic and functional overlap

An upper-eyelid concern can be cosmetic, functional or both. When skin or eyelid position blocks the superior field of vision, patients may notice difficulty reading, driving or keeping their eyes open comfortably. A formal examination may include measurements, photographs and visual-field testing. Aesthetic goals remain relevant, but function and eye-surface health come first.

Recovery and expectations

Bruising and swelling are expected after surgery and generally improve over time, while incision lines mature more gradually. Individual healing varies. Patients should plan for follow-up, protect the area as directed and understand that symmetry is improved rather than made mathematically perfect. A conservative plan can reduce the risk of a hollow, pulled or over-operated appearance.

Oculoplastic perspective

The most important design decision is often what not to remove. A specialist evaluates the brow, eyelid height, crease, fat distribution, lower-lid support and tear film before recommending surgery. Natural blepharoplasty preserves the identity of the eyes while addressing the feature that is creating heaviness or fatigue.

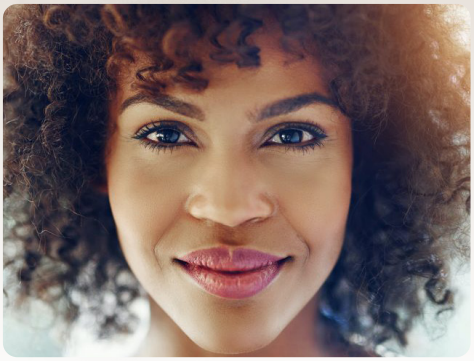
DR. CONNOR INSIGHT

The strongest result is usually one that makes others notice your energy, not your surgery.

Dr. Connor Rating: 10 / 10

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Brow Lift Procedures and the Whole-Upper-Face View



The Patient Question

Is the heaviness from my eyelids, my brows or both?

Why patients are searching

Patients frequently assume that every fold over the upper eyelid is extra eyelid skin. In reality, a low or heavy brow can push tissue downward and make the eyelids look crowded. Online education has made more people aware that a brow lift and blepharoplasty solve different problems, even though they may be considered together.

How the brow changes the eye area

Brow position is shaped by bone structure, forehead muscles, skin quality, genetics and aging. Some people feel heaviness across the outer brow, while others notice asymmetry or a flattened arch. Constantly raising the forehead to see more clearly can create tension and horizontal forehead lines. The correct assessment looks at the brow at rest, not only when the patient unconsciously lifts it for a photograph.

Treatment choices

A surgical brow lift repositions descended brow tissue. Technique and incision location vary, and each approach has tradeoffs involving lift pattern, scars, sensation, hairline and recovery. Neuromodulator injections may subtly influence brow shape in selected patients, but they do not reproduce the effect or durability of surgery. The best option depends on anatomy and the amount and location of descent.

Oculoplastic perspective

Treating eyelids without evaluating the brow can lead to an incomplete result or too much upper-eyelid skin removal. Conversely, not every low brow needs surgery. A thoughtful consultation separates brow descent, eyelid skin excess and true ptosis, then recommends the smallest effective plan. Patients should ask how the proposed treatment will affect expression and whether eyelid closure and comfort have been considered.

DR. CONNOR INSIGHT

A whole-upper-face assessment prevents a one-area solution from missing the actual source of heaviness.

Dr. Connor Rating: 9 / 10

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Xanthelasma Treatment Moves Into the Mainstream



The Patient Question

What are these yellow patches, and can they be removed safely?

Why patients are searching

Xanthelasma are soft, yellowish deposits that commonly appear on or near the inner eyelids. They are usually painless, but their color and location can make them noticeable in photographs, video calls and everyday conversation. Many patients first search images to identify what they are seeing, then move quickly to questions about cholesterol, removal methods, scarring and recurrence.

What patients should know

Appearance alone cannot determine why a deposit developed. Xanthelasma may occur in people with normal lipid levels and may also be associated with lipid abnormalities. A clinician may recommend discussing cholesterol or broader health screening with a primary care professional. Treating an underlying lipid issue does not necessarily remove an existing eyelid deposit, but it may still be important for overall health.

Treatment planning

Options may include careful surgical removal or other lesion-directed approaches, depending on size, depth, skin type, location and prior treatment. No method can promise that xanthelasma will never return. Because eyelid skin is thin and the inner corner sits close to important tear-drainage structures, treatment must balance removal with scar placement, skin preservation and eyelid contour.

Oculoplastic perspective

An oculoplastic evaluation considers more than the visible yellow patch. It looks at how deeply the deposit extends, whether there is enough surrounding skin for safe closure, whether both sides should be addressed and how treatment may affect the natural crease. Patients should ask what approach is recommended for their specific lesion, what mark or color change may remain, and how recurrence would be handled.

DR. CONNOR INSIGHT

Xanthelasma is treatable, but the best plan begins with confirming the diagnosis and respecting the eyelid's limited tissue.

Dr. Connor Rating: 4.5 / 10

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Upneeq and the Appeal of a Non-Surgical Eyelid Lift



The Patient Question

Can an eye drop lift my eyelid without surgery?

Why patients are searching

Interest in prescription eye drops for acquired drooping eyelid reflects a larger consumer trend: patients want options with minimal interruption to work and social life. Upneeq is the brand name for oxymetazoline hydrochloride ophthalmic solution. It is used for acquired blepharoptosis in adults and can temporarily raise the upper eyelid in some patients.

What it can and cannot do

The medication acts on a small muscle that contributes to upper-eyelid elevation. Its effect is temporary, and response varies. It does not remove excess skin, elevate a descended brow, redistribute eyelid fat or correct every cause of ptosis. A person who looks more open-eyed after a drop may still have an underlying structural issue that deserves evaluation.

Safety and suitability

Upneeq is a prescription medication, not a cosmetic skincare product. Patients should review their eye history, cardiovascular history and medications with the prescribing clinician and read the approved prescribing information. New or sudden drooping can occasionally signal a neurologic or other medical problem, particularly when accompanied by double vision, unequal pupils, weakness, severe headache or other new symptoms. Those situations warrant prompt assessment rather than self-treatment.

Oculoplastic perspective

A specialist can separate true ptosis from excess eyelid skin and brow descent. That distinction matters because the treatments are different. For a suitable adult with acquired ptosis, a drop may be useful for selected occasions, as a temporary management option or as part of a broader discussion. For others, surgery may offer a more durable structural correction. The right choice depends on cause, degree, symmetry, eye surface and goals.

DR. CONNOR INSIGHT

A non-surgical option can be valuable, but it should follow a diagnosis rather than replace one.

Dr. Connor Rating: 6 / 10

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Dermal Fillers Around the Eyes: Precision Over Volume



The Patient Question

Will filler help my under-eye hollows, and is it safe?

Why patients are searching

Under-eye hollows can cast shadows that make a person look tired even when the skin itself is smooth. Fillers attract interest because treatment is performed without surgery and can create visible contour change. At the same time, patients increasingly search for complications, migration, puffiness and dissolving filler, showing a more mature awareness that the eye area is not a routine injection zone.

What filler may address

In carefully selected patients, filler can soften the transition between the lower eyelid and cheek or restore support in nearby facial areas. It cannot remove true eyelid bags, tighten loose skin or correct poor lower-lid support. In some faces, adding product directly beneath the eye may worsen heaviness or fluid retention. Sometimes cheek support, skin treatment, surgery or no treatment is the better recommendation.

Why anatomy matters

The eyelid and upper cheek contain small vessels, thin skin, lymphatic pathways and tissues that reveal minor irregularities. Too much product can create a bluish cast, lumps or persistent swelling. Rare but serious vascular complications are possible with injectable treatments. Patients should understand the product, the planned location, alternatives and the clinician's approach to recognizing and managing complications.

Oculoplastic perspective

Successful periocular filler is often an exercise in restraint. The consultation should determine whether the apparent hollow comes from bone structure, volume loss, a protruding fat pad, skin quality or shadow. It should also review prior filler because residual product can influence today's appearance. The target is a smoother transition, not a filled-looking lower eyelid.

DR. CONNOR INSIGHT

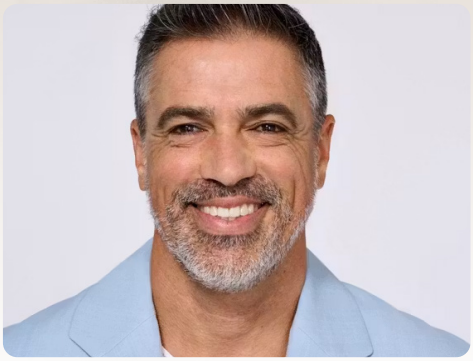
Around the eyes, the safest and most natural plan may use less filler, place it elsewhere or recommend a surgical treatment.

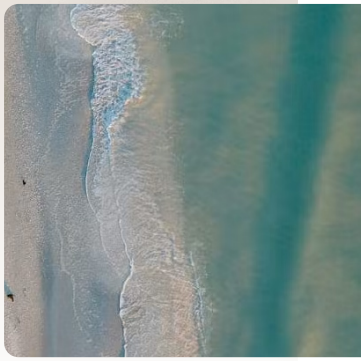
Dr. Connor Rating: 4.5 / 10

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Canthoplasty and the Growing Focus on Eyelid Support





The Patient Question

What does canthoplasty really change?

Why patients are searching

Canthoplasty has gained visibility through social media discussions about eye shape, but its medical role is broader. The lateral canthus is the outer corner where the upper and lower eyelids meet. Procedures in this area can help support a lax, retracted or poorly positioned lower eyelid and may also influence shape.

Function before fashion

The lower eyelid helps protect the eye and spread tears. If it turns outward, pulls down or lacks support, a patient may experience irritation, tearing, dryness or exposure. Canthal surgery may be part of a reconstructive plan after aging changes, trauma, facial nerve weakness or previous surgery. Cosmetic requests require equal attention to closure, comfort and long-term stability.

Understanding terminology

Canthoplasty and canthopexy are related terms but are not interchangeable in every surgical plan. The appropriate technique depends on tissue laxity, lid position, bone structure and the desired correction. Trend-driven labels such as “almond eye surgery” can oversimplify a highly anatomical decision. A photograph of someone else’s result cannot determine what is safe for another face.

Oculoplastic perspective

The outer corner should not be treated as an isolated design point. A specialist evaluates the entire lower-lid support system, globe position, cheek support and eye surface. Patients should discuss realistic shape change, possible asymmetry, temporary tightness and the risk of an unnatural or pulled appearance. The priority is a stable eyelid that belongs on the patient’s face.

DR. CONNOR INSIGHT

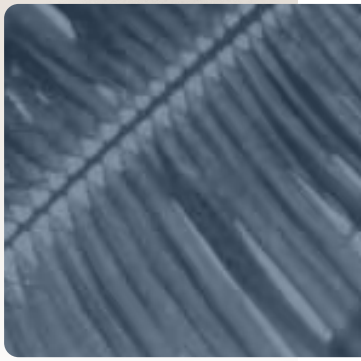
Canthal surgery is best understood as eyelid-support surgery that may also refine shape, not as a one-size-fits-all trend.

Dr. Connor Rating: 7 / 10

MICHAEL CONNOR, MD
OCULOPLASTIC & ORBITAL CONSULTANTS

Functional Eyelid Surgery for Vision, Comfort and Daily Life





The Patient Question

Could my eyelids be affecting my vision?

Why patients are searching

Awareness is growing that heavy or drooping eyelids can affect more than appearance. Patients may report a reduced upper field of vision, eye strain, forehead fatigue, difficulty reading or a tendency to tilt the chin upward. Others notice one eyelid sits lower or that the problem worsens later in the day.

Different causes, different operations

Dermatochalasis means redundant eyelid skin. Ptosis refers to a lower-than-normal upper-eyelid margin. Brow ptosis is descent of the brow. These conditions can occur alone or together, so the word "eyelid lift" is not specific enough to identify the treatment. Ptosis repair adjusts the mechanism that elevates the eyelid, while blepharoplasty addresses excess tissue. Brow surgery addresses the brow.

The evaluation

A functional assessment may document symptoms, eyelid measurements, photographs and visual fields. The clinician also considers dry eye, prior eye surgery, contact lens history, medications and neurologic signs. Insurance rules vary and may require specific documentation; coverage is determined by the patient's plan, not simply by whether the eyelids feel heavy.

Outcomes that matter

Published ophthalmology reviews report that appropriately selected patients can experience improvements in visual function and quality-of-life measures after upper blepharoplasty, ptosis correction or both. The most meaningful outcome may be easier reading, driving, computer work or eye opening rather than a cosmetic change alone.

Oculoplastic perspective

Functional planning still requires aesthetic judgment because eyelid height, contour and symmetry affect expression. Likewise, cosmetic planning must respect function. A specialty evaluation connects both sides of the problem and helps patients understand whether one procedure or a combined approach is appropriate.

DR. CONNOR INSIGHT

When eyelids interfere with seeing or comfortable eye opening, treatment can be about quality of life as much as appearance.

Dr. Connor Rating: 10 / 10

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Personalized Rejuvenation Plans Replace One-Size-Fits-All Care



The Patient Question

Which combination of treatments actually fits me?

Why patients are searching

Consumers have more access to procedure names than ever, but a menu is not a treatment plan. Two patients who both say they look tired may have entirely different causes. One may have upper-eyelid hooding, another a low brow, another true ptosis, and another under-eye volume loss. Personalized care is rising because patients want an explanation that connects their concern to their anatomy.

Building the plan

A comprehensive consultation considers facial proportions, eye prominence, brow position, eyelid support, skin quality, tear film, health history and prior procedures. It also asks practical questions: How much downtime is acceptable? Is the priority vision, appearance or both? Does the patient want a single durable procedure or gradual non-surgical care?

Combination treatment without overtreatment

A combination plan may address more than one layer, but more treatment is not automatically better. Surgery, injections and skin-focused treatments have different strengths. Staging procedures may improve decision-making and healing. Sometimes the highest-value recommendation is to treat one dominant issue and leave the rest alone.

Oculoplastic perspective

Customization matters most around the eyes because small changes can have a large visual effect. The goal is not to reproduce a template or a filtered image. It is to identify the few changes that will provide the greatest benefit while preserving blinking, closure, comfort and recognizable expression. Patients should leave a consultation understanding why each recommendation was made and which alternatives were considered.

DR. CONNOR INSIGHT

The best plan is not the longest list of procedures. It is the clearest match among anatomy, goals, safety and expected benefit.

Dr. Connor Rating: 10 / 10

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Revision Eyelid Surgery Becomes a Specialty Conversation



The Patient Question

Can a disappointing eyelid result be improved?

Why patients are searching

More information and more procedures inevitably create more questions about correction. Patients seek revision because of asymmetry, persistent bags, hollowing, visible scarring, difficulty closing the eyes, lower-lid retraction, dryness or a result that simply does not feel like them. Some concerns improve as swelling resolves, while others require treatment.

Why revision is different

Previously operated tissue may contain scar, altered anatomy and reduced skin or fat. The original operative report may be unavailable, and the visible issue may involve more than the area the patient notices. A revision therefore requires diagnosis, patience and a realistic understanding of what can be improved. Returning to the operating room too early can sometimes make planning harder.

The role of timing and records

Healing continues beyond the first weeks. Unless there is an urgent functional problem, a surgeon may recommend observation before deciding on revision. Patients can help by gathering operative notes, preoperative photographs, implant or injectable information and a timeline of symptoms. Eye discomfort, exposure or vision changes deserve prompt evaluation regardless of cosmetic timing.

Oculoplastic perspective

Revision surgery often focuses on restoring support and function before refinement. Possible strategies may involve scar release, tissue repositioning, grafting or canthal support, but the plan is highly individual. The safest goal is meaningful improvement, not a guarantee of perfection or exact restoration of the pre-surgery anatomy. An honest consultation should identify both the potential gains and the limits.

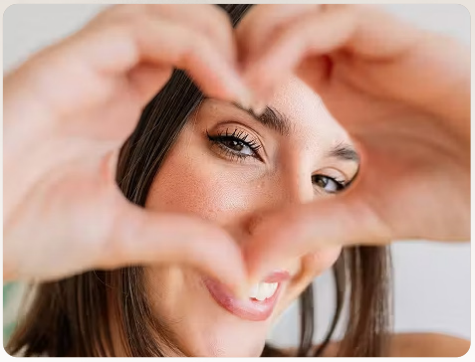
DR. CONNOR INSIGHT

Revision care rewards careful diagnosis, appropriate timing and realistic goals more than speed.

Dr. Connor Rating: 9.5 / 10

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Patients Prioritize Specialty Training for the Eye Area





The Patient Question

Why should I consider an oculoplastic specialist?

Why patients are searching

Provider-specific and specialty inquiries show that consumers are looking beyond procedure names. They want to know who focuses on eyelids, how training differs and whether the surgeon understands both eye health and facial aesthetics. That scrutiny is appropriate because the eyelids protect the eye, support blinking and contribute strongly to identity.

What oculoplastic training means

Oculoplastic surgeons begin in ophthalmology and then pursue advanced fellowship training in plastic and reconstructive surgery of the eyelids, orbit and related facial structures. This background is especially relevant when a concern crosses cosmetic and functional boundaries or involves prior surgery, trauma, cancer reconstruction, tear drainage or orbital disease.

How to evaluate a provider

Credentials matter, but patients should also evaluate communication and judgment. Useful questions include how often the clinician treats the specific condition, which outcomes are realistic, what alternatives exist, how eye-surface risks are assessed and who provides follow-up. Before-and-after photographs may illustrate a style, but they do not guarantee an individual result.

About Dr. Connor

Dr. Michael Connor is fellowship-trained in ophthalmic plastic and reconstructive surgery. His areas of focus include upper and lower blepharoplasty, brow lift, midface rejuvenation, ptosis repair, revision eyelid surgery and complex reconstruction after cancer, trauma or previous procedures. His approach emphasizes natural expression, individualized anatomy and the relationship between appearance and function.

DR. CONNOR INSIGHT

Choose a provider not only for the procedure offered, but for the quality of evaluation, judgment and follow-through.

Dr. Connor Rating: 10 / 10

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Patient Consultation *Checklist*

Bring this list to a consultation or use it to organize your questions.
Not every item will apply to every patient.

- ❑ My main concern and when I first noticed it
- ❑ Symptoms such as dryness, tearing, irritation, heaviness, double vision or vision obstruction
- ❑ Prior eyelid, eye, facial or injectable treatments
- ❑ Current medications, supplements and allergies
- ❑ Relevant medical conditions and recent eye examinations
- ❑ Examples of what I consider a natural-looking result
- ❑ My tolerance for downtime and my timing priorities
- ❑ Questions about alternatives, risks, recovery and follow-up

Seven Questions Worth Asking

1. What is causing the concern I see or feel?
2. Is the issue cosmetic, functional or both?
3. Why is this treatment preferable to the alternatives?
4. What result is realistic for my anatomy?
5. What are the meaningful risks, including eye-surface risks?
6. What does recovery look like for my situation?
7. Who will manage questions and follow-up after treatment?

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About *Dr. Michael Connor*

Dr. Michael Connor is a fellowship-trained oculoplastic surgeon specializing in aesthetic and reconstructive surgery around the eyes. His areas of focus include upper and lower blepharoplasty, brow lift, midface rejuvenation, ptosis repair, revision eyelid surgery and complex reconstruction following cancer, trauma or previous cosmetic procedures. After ophthalmology residency at the University of Florida, he completed a two-year fellowship in ophthalmic plastic and reconstructive surgery at Texas Oculoplastic Consultants, with additional training in periocular cancer reconstruction at MD Anderson Cancer Center. At Oculoplastic & Orbital Consultants, Dr. Connor combines detailed anatomical evaluation with a patient-centered approach designed to preserve natural expression and eye function.

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Final Thoughts from *Dr. Connor*

The most encouraging message in today's patient search behavior is that people want to understand their care. They are comparing options, asking about function as well as appearance, and looking for results that feel natural rather than standardized.

The eye area deserves that level of care. Eyelids contribute to sight, comfort, facial expression and how we communicate with others. A responsible treatment plan begins by identifying the cause of a concern before recommending a procedure. It also recognizes that the right answer may be surgery, a non-surgical treatment, observation or referral for another type of evaluation.

If you are considering treatment, use this guide as a starting point. Bring your questions, describe what you see and what you feel, and expect a clear explanation of your choices. Our goal at Oculoplastic & Orbital Consultants is to help patients make confident decisions through specialized evaluation, honest guidance and care tailored to the individual.

READY TO UNDERSTAND YOUR OPTIONS?

Schedule a personalized consultation with Oculoplastic & Orbital Consultants.

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