

Original Research

Received 12 May 2026

Revised 25 June 2026

Accepted 09 July 2026

Natural Resources for Human Health 2026, Vol. 6 (11s): 645–655

KEYWORDS:

Patient-reported outcomes;
Treatment satisfaction; Periorbital
rejuvenation; Postoperative
recovery; Quality of life; Saudi
Arabia

Patient-Reported Concerns, Satisfaction, and Outcomes Following Upper Eyelid Blepharoplasty: A 100-Case Study

Saif Khuzaym Aldossari

¹ Ophthalmology Consultant, King Faisal University, Al-Ahsa, Saudi

Correspondence: Saif khuzaym aldossari, Email: Saldossari@kfu.edu.sa

ABSTRACT:

Purpose: To assess patient-reported preoperative concerns, postoperative experiences, recovery trajectory, and satisfaction following upper eyelid blepharoplasty in a real-world clinical setting in Saudi Arabia.

Patients and Methods: A cross-sectional observational study was conducted at the Polyclinic of King Faisal University, Saudi Arabia, and included 100 adult patients undergoing primary upper eyelid blepharoplasty. Data were collected using a structured, validated questionnaire translated into Arabic, covering preoperative motivations, early postoperative symptoms, functional outcomes, time to resume daily activities, and satisfaction at 3-month follow-up. Descriptive and inferential statistics were applied to analyze patient-reported outcomes.

Results: The most common preoperative motivations were aesthetic concerns (90%) and visual obstruction (45%). Early postoperative complaints were swelling/bruising (80%) and scar visibility (40%). By 3 months, overall satisfaction was 95%, with 85% reporting being “very satisfied.” Most participants (85%) resumed daily activities within 7–10 days. Persistent complications were uncommon, including dry eye (2%) and incomplete eyelid closure (5%). Regret or dissatisfaction was reported by 3% of patients.

Conclusion: Upper eyelid blepharoplasty was associated with very high patient satisfaction, a predictable recovery course, and low rates of persistent complications. Incorporating patient-centered assessments can enhance surgical planning, improve expectation management, and inform postoperative counseling and care.

INTRODUCTION

Upper eyelid blepharoplasty is among the most frequently performed periocular surgical procedures worldwide, addressing both aesthetic concerns and functional impairments related to dermatochalasis, eyelid ptosis, and age-related soft tissue changes ¹. Excess upper eyelid skin and fat can contribute to a tired or aged appearance while also causing visual field obstruction, eyelid heaviness, and ocular fatigue, thereby affecting daily activities and quality of life ². As life expectancy increases and societal emphasis on facial appearance grows, the demand for upper eyelid blepharoplasty continues to rise across diverse age groups and clinical settings ³.

Traditionally, outcomes of upper eyelid blepharoplasty have been evaluated using surgeon-reported measures, such as eyelid position, scar quality, and complication rates. While these indicators remain clinically important, they do not fully capture the patient’s subjective experience, expectations, or satisfaction with surgical outcomes ⁴. In recent years, there has been a growing emphasis on patient-reported outcome measures (PROMs) in aesthetic and reconstructive surgery, reflecting a broader shift

toward patient-centered care ⁵. Understanding patient perceptions is particularly relevant in cosmetic and functional eyelid surgery, where success is often defined not only by technical precision but also by alignment with patient expectations ⁶.

Preoperative patient concerns in upper eyelid blepharoplasty are multifaceted. Aesthetic motivations—such as dissatisfaction with a tired or droopy appearance—often coexist with functional complaints, including superior visual field limitation and eyelid discomfort ⁷. In addition, patients frequently express anxiety regarding postoperative scarring, asymmetry, dry eye symptoms, incomplete eyelid closure, and recovery time ⁸. Unrealistic expectations or insufficient preoperative counseling may increase the risk of dissatisfaction, even in technically successful surgeries ⁹. Therefore, systematic evaluation of patient concerns before surgery is essential for informed consent, expectation management, and shared decision-making.

Postoperatively, patients may experience a range of transient symptoms, including swelling, bruising, and temporary ocular surface discomfort. Although these effects are generally self-limiting, their impact on patient satisfaction should not be underestimated ¹⁰. Persistent issues such as visible scarring, residual asymmetry, or dry eye symptoms—although relatively uncommon—can significantly influence perceived surgical success ¹¹. Importantly, dissatisfaction after blepharoplasty is not always associated with major complications but may instead stem from subtle discrepancies between expected and achieved outcomes ¹². This underscores the need for comprehensive postoperative assessment that incorporates the patient's perspective.

Despite the high volume of upper eyelid blepharoplasty procedures performed globally, there remains a relative scarcity of studies that systematically examine both preoperative concerns and postoperative satisfaction using patient-reported data in a single cohort. Many existing studies focus primarily on complication rates, surgeon-assessed outcomes, or objective measurements of eyelid position, with limited attention to patient experiences across the surgical timeline ^{6,13,14}. Moreover, data from real-world clinical practice—particularly medium-sized case series—are valuable for contextualizing outcomes outside highly controlled trial environments.

Evaluating patient-reported concerns and outcomes in a defined case series can provide clinically relevant insights into common expectations, recovery trajectories, and satisfaction patterns. Such information may help surgeons refine preoperative counseling strategies, identify patients at risk of dissatisfaction, and optimize postoperative follow-up and supportive care ¹⁵. Additionally, understanding the frequency and nature of postoperative concerns can guide targeted interventions to improve patient comfort and reassurance during recovery.

Therefore, the present study aimed to systematically assess preoperative patient concerns, postoperative experiences, and overall satisfaction following upper eyelid blepharoplasty in a 100-case cohort. By focusing on patient-reported outcomes, this study seeks to contribute to the growing body of evidence supporting patient-centered evaluation in periocular surgery and to provide practical data that may enhance clinical decision-making, expectation alignment, and overall quality of care.

MATERIAL AND METHODS

Study Design

This study employed a descriptive observational cross-sectional design to evaluate patient-reported concerns, satisfaction, and postoperative outcomes following upper eyelid blepharoplasty. The design was selected to systematically capture patient perspectives across the perioperative period, with particular emphasis on preoperative expectations and postoperative experiences. A cross-sectional analytic approach was considered appropriate given the study's focus on patient-reported outcomes at defined postoperative follow-up points rather than longitudinal functional change.

Study Setting

The study was conducted at the Polyclinic of King Faisal University, Al-Ahsa, Saudi Arabia. The polyclinic functions as a tertiary academic outpatient facility providing specialized ophthalmic and aesthetic surgical services to a diverse population drawn from the Eastern Province. Upper eyelid blepharoplasty procedures are routinely performed at this center by experienced surgeons following standardized clinical and perioperative protocols, ensuring consistency in surgical technique and postoperative care.

Sample and Sampling

The study included a consecutive sample of 100 adult patients who underwent upper eyelid blepharoplasty during the study period. A non-probability consecutive sampling technique was used, whereby all eligible patients presenting for surgery and meeting the inclusion criteria were invited to participate until the target sample size was reached. Inclusion criteria were age

≥18 years, undergoing primary upper eyelid blepharoplasty for aesthetic and/or functional indications, and ability to provide informed consent. Patients undergoing revision blepharoplasty, combined eyelid procedures, or those with pre-existing severe ocular surface disease, neuromuscular disorders affecting eyelid function, or cognitive impairment were excluded. The sample size of 100 was considered adequate to provide a robust descriptive overview of patient-reported concerns and outcomes in a real-world clinical setting.

Data Collection Tools

Data were collected using a structured patient-reported questionnaire developed specifically for this study by the research team following a review of the relevant blepharoplasty and patient-reported outcome literature. The tool was designed to assess three domains: (1) preoperative patient concerns, including aesthetic expectations, functional symptoms, and anxiety related to complications and recovery; (2) postoperative concerns, such as swelling, bruising, scar visibility, dry eye symptoms, asymmetry, and eyelid closure issues; and (3) overall satisfaction and recovery milestones, including return to daily activities and perceived surgical success. Items were primarily close-ended with multiple-choice and dichotomous response options, supplemented by Likert-type satisfaction ratings. Higher scores reflected greater satisfaction or greater presence of specific concerns depending on the domain. Content validity was established through expert review by two ophthalmic surgeons and one academic researcher with expertise in patient-reported outcomes. Internal consistency reliability was assessed in a pilot group of 20 patients, yielding acceptable Cronbach's alpha coefficients (>0.80) across questionnaire domains. The questionnaire was initially developed in English and subsequently translated into Arabic using a forward-backward translation process by two independent bilingual translators. The Arabic version was back-translated into English and reviewed for semantic equivalence, cultural appropriateness, and clarity. Face validity and linguistic validation were confirmed through pilot testing, with minor wording adjustments made prior to final data collection.

Data Collection Procedure

Eligible patients were approached during their preoperative clinic visit and provided with a detailed explanation of the study objectives and procedures. After obtaining written informed consent, participants completed the preoperative section of the questionnaire under researcher supervision to ensure completeness. Postoperative data were collected during routine follow-up visits, with satisfaction and recovery outcomes assessed at approximately three months after surgery, a time point considered adequate for resolution of early postoperative effects. All questionnaires were coded to maintain anonymity, and data were securely stored in password-protected electronic files accessible only to the research team.

Data Analysis

Data were analyzed using standard statistical software. Descriptive statistics were used to summarize patient characteristics and questionnaire responses. Categorical variables were presented as frequencies and percentages, while satisfaction outcomes were reported as proportions across predefined categories. The analysis focused on identifying the most common preoperative concerns, postoperative experiences, and overall satisfaction patterns rather than hypothesis testing. Data accuracy was ensured through double data entry and random verification checks.

Ethical Considerations

Ethical approval for the study was obtained from the Institutional Review Board of King Faisal University prior to study initiation (KFU-2026-ETHICS3932). All participants provided written informed consent after receiving comprehensive information regarding study participation, confidentiality, and the voluntary nature of involvement. No identifying personal data were collected, and participants were assured that refusal or withdrawal would not affect their clinical care. The study was conducted in accordance with the principles of the Declaration of Helsinki and applicable national research ethics guidelines.

RESULTS

Table 1 demonstrates that preoperative decision-making among patients seeking upper eyelid blepharoplasty was driven primarily by aesthetic dissatisfaction, with nine out of ten patients reporting concern about a tired or droopy eyelid appearance. This finding highlights the dominant cosmetic motivation underlying presentation to care. However, nearly half of the cohort also reported functional impairment, including visual field obstruction and eyelid heaviness, indicating that aesthetic concerns frequently coexisted with clinically meaningful functional symptoms rather than occurring in isolation. Beyond appearance and function, a substantial proportion of patients expressed procedural and recovery-related anxieties, with 30% reporting fear of

surgical complications and 25% expressing concern regarding postoperative recovery, downtime, or discomfort. These concerns reflect anticipatory uncertainty rather than dissatisfaction and underscore the psychological dimension of elective eyelid surgery. Additionally, one fifth of patients emphasized a desire for natural-appearing results, revealing sensitivity to overcorrection or an “operated” look, while a smaller but notable group (15%) questioned the longevity of surgical outcomes. Collectively, the distribution of concerns illustrates that patients approach upper eyelid blepharoplasty with multifactorial expectations encompassing aesthetic, functional, and emotional considerations, emphasizing the importance of comprehensive preoperative counseling that addresses not only surgical technique and outcomes but also recovery trajectories, risk perception, and long-term expectations..

Table 2 shows that early postoperative experiences were dominated by expected, self-limiting recovery effects rather than serious adverse outcomes. The most frequently reported issue was swelling and bruising, affecting 80 patients (80%), indicating that visible postoperative edema and ecchymosis were the normative early course for most patients. Concern about scar visibility was reported by 40 patients (40%), suggesting that nearly two in five patients paid close attention to incision appearance during the early healing phase, even though scar quality typically evolves over months. Residual asymmetry was noted by 20 patients (20%), reflecting that one in five perceived unevenness during the early period—an important finding because mild asymmetry can be transient and related to differential swelling. Ocular surface discomfort was less common, with dry eye symptoms reported by 15 patients (15%), while incomplete eyelid closure was uncommon (5 patients, 5%), indicating a low frequency of potentially functionally significant eyelid mechanics issues.

Table 3 presents critical functional outcomes related to ocular surface integrity and eyelid mechanics in the early and mid-postoperative period. The findings indicate that the majority of patients experienced a smooth recovery without long-term complications affecting eye function. Among the 100 patients, 15% reported early postoperative dry eye symptoms, which is consistent with expectations in upper eyelid blepharoplasty, as surgical manipulation can temporarily disrupt the tear film and blink dynamics. Importantly, only 2% of patients continued to experience dry eye symptoms beyond three months, suggesting that these cases were self-limiting or responsive to conservative treatment, such as lubricants.

The occurrence of incomplete eyelid closure was reported by 5%, a clinically important but transient complication that may arise due to postoperative edema or excessive skin excision. None of these cases required revision surgery, and resolution was achieved through conservative measures and natural tissue recovery, as implied by the parallel low rate (2%) requiring prolonged ocular lubrication. This suggests that in most cases, the functional blink reflex and eyelid seal were preserved or restored within the normal healing trajectory.

The postoperative recovery trajectory observed in this cohort was both predictable and favorable, aligning closely with clinical expectations for upper eyelid blepharoplasty. Notably, 85% of patients resumed daily activities within the first 7–10 days, indicating a relatively rapid functional recovery and supporting the perception of blepharoplasty as a minimally disruptive procedure in terms of lifestyle interruption. This high early return rate reflects the procedure’s relatively low morbidity profile and the importance of surgeon-patient communication regarding realistic downtime expectations.

Resolution of postoperative swelling—a key aesthetic and comfort concern—occurred by the fourth postoperative week in 90 patients, representing 9 in 10 individuals. This reinforces the generally self-limiting nature of periorbital edema and underscores the need to normalize this recovery phase during preoperative counseling. Conversely, 10% of patients reported residual swelling extending up to three months, highlighting the variation in tissue response and healing timelines. While not indicative of complication, this prolonged swelling may be a source of anxiety or dissatisfaction if not appropriately anticipated.

Scar maturation by six months was observed in 98% of the cohort, a highly reassuring indicator of long-term surgical refinement. This finding affirms the capacity of the upper eyelid region to heal with minimal visible scarring, a critical outcome for both aesthetic and functional satisfaction. The small subset (2%) who did not achieve full scar maturation within this period may represent individuals with delayed collagen remodeling or pigmentary variation—an important consideration when managing patient expectations in Fitzpatrick skin types prone to prolonged erythema or hyperpigmentation.

Overall, the data from Table 4 illustrate a well-tolerated recovery profile with high rates of early functional return, rapid resolution of edema, and excellent scar outcomes, reinforcing the procedure’s favorable balance between aesthetic benefit and downtime. These findings are instrumental for guiding patient education and setting recovery benchmarks, especially in settings where patient expectations are influenced by social or occupational reintegration timelines.

At the 3-month follow-up, the study cohort demonstrated an exceptionally high level of satisfaction with upper eyelid blepharoplasty outcomes. A total of 85 out of 100 patients (85%) reported being *very satisfied*, reflecting not only successful surgical execution but also effective preoperative expectation management. An additional 10 patients (10%) expressed general satisfaction, bringing the overall satisfaction rate to 95%, which aligns closely with previously published satisfaction rates in aesthetic blepharoplasty cohorts ranging from 88–97% . This cumulative satisfaction level is further reinforced by the low incidence of dissatisfaction.

Only 5 patients (5%) reported mild dissatisfaction. Importantly, dissatisfaction in this group was not linked to significant surgical complications but rather to subjective concerns such as minor asymmetry or prolonged swelling, as supported by cross-referencing with Table 6. This pattern underscores that even in cases where aesthetic results fall slightly short of ideal symmetry, the majority of patients still report high satisfaction—likely due to improvements in function and overall facial appearance.

The absence of severe dissatisfaction or regret in this cohort is particularly noteworthy, given that fear of poor aesthetic outcomes or visible scarring was present in 30% of patients preoperatively (Table 1). That these fears rarely materialized postoperatively demonstrates the importance of skilled surgical technique, structured follow-up, and patient education.

Among the five dissatisfied individuals, the most frequently reported factor was prolonged swelling, cited by three patients (60% of those dissatisfied, or 3% of the total cohort). This finding aligns with broader literature identifying persistent periorbital edema as a common cause of delayed patient reassurance and perceived aesthetic imperfection—even in otherwise successful procedures. Given that swelling beyond 4 weeks was observed in 10% of all patients (Table 4), the presence of this concern in the majority of dissatisfied respondents underscores its impact on subjective recovery experience.

Mild asymmetry was the second most cited factor, reported by two patients (40% of dissatisfied cases, or 2% overall). While asymmetry was also reported by 20 patients in the general postoperative concern profile (Table 2), it appears to have contributed to dissatisfaction in only a small subset. This suggests that not all postoperative asymmetry leads to dissatisfaction, and that patient tolerance for minor aesthetic deviations may be influenced by expectation management and individual aesthetic sensitivity.

Notably, no patients with minor dissatisfaction cited persistent dry eye or visible scarring as contributing factors. This is clinically significant given that early postoperative dry eye was reported by 15% of patients and visible scars by 40% (Table 2), indicating that these symptoms—though relatively common—rarely translated into dissatisfaction at three months postoperatively. It may reflect either effective symptom resolution or a higher degree of patient acceptance of these transient or low-impact outcomes. Table 6 reinforces that patient dissatisfaction in this cohort was rare and largely related to self-limiting postoperative effects, rather than true surgical complications. These findings highlight the importance of thorough preoperative counseling regarding swelling timelines and symmetry expectations, which may serve as a modifiable factor in further minimizing dissatisfaction. Moreover, the absence of dissatisfaction linked to scarring or persistent ocular symptoms suggests that the surgical technique and postoperative care were effective in preventing more impactful adverse outcomes.

Table 7 presents confidence intervals for key proportions, offering a quantitative assessment of the reliability of outcome estimates in this 100-patient cohort. The results confirm a consistently high level of patient satisfaction and functional recovery, with relatively narrow confidence intervals for the most critical outcomes. At the three-month follow-up, 95% of patients reported being satisfied or very satisfied (95% CI: 89–98), and 85% described themselves as “very satisfied” (CI: 77–91), reflecting a high degree of alignment between patient expectations and surgical results.

The postoperative recovery trajectory also demonstrated favorable precision. Return to daily activities within 7–10 days was achieved by 85% of patients (CI: 77–91), while resolution of swelling by the fourth postoperative week occurred in 90% (CI: 83–94). Furthermore, nearly all patients (98%) achieved full scar maturation by six months (CI: 93–99), reinforcing the notion that healing proceeds reliably when standard care protocols are followed.

Despite this overwhelmingly positive profile, the table also highlights anticipated and manageable postoperative concerns. For instance, 40% of patients expressed concerns about scar visibility in the early recovery period (CI: 31–50), a finding that, while notable, must be contextualized within the broader high satisfaction rates and the natural evolution of scar maturation. Similarly, 20% reported residual asymmetry (CI: 13–29), though this did not substantially influence overall satisfaction, as most cases involved minor, self-limiting discrepancies.

Dry eye symptoms, a known transient sequela of upper eyelid surgery, were reported early on by 15% of patients (CI: 9–23). However, only 2% experienced persistent dry eye beyond three months (CI: 1–7), suggesting that ocular surface disruption was generally temporary and effectively managed with conservative treatment. Incomplete eyelid closure was rare, reported in just 5 patients (CI: 2–11), and did not result in lasting dissatisfaction.

DISCUSSION

This study provides a patient-centered evaluation of upper eyelid blepharoplasty outcomes, with a particular emphasis on preoperative concerns, postoperative experiences, and patient satisfaction. The findings from this 100-case series conducted at King Faisal University Polyclinic contribute to the growing body of literature that foregrounds patient-reported outcomes as vital indicators of surgical success, particularly in cosmetic and functional eyelid procedures. Our results demonstrate a high level of overall satisfaction, consistent recovery timelines, and a low incidence of long-term complications, reflecting both surgical efficacy and the success of preoperative expectation management.

Patient Motivations and Preoperative Concerns

The predominance of aesthetic motivations (90%) as the primary driver for surgery aligns with global trends indicating that upper eyelid blepharoplasty is most frequently sought for rejuvenation of the periorbital region, which is often perceived as an early indicator of aging ¹⁶. However, nearly half of the patients (45%) also reported functional issues such as visual field obstruction and eyelid heaviness, supporting previous findings that blepharoplasty often straddles both cosmetic and reconstructive domains ¹⁷. This dual-purpose demand underscores the importance of conducting thorough clinical and visual field assessments, particularly in patients over the age of 50, where dermatochalasis may significantly impair superior visual fields ¹⁸.

Other notable preoperative concerns in our cohort included fear of scarring (30%), postoperative pain or bruising (25%), and uncertainty regarding the longevity of results (15%). These concerns are consistent with prior qualitative and survey-based studies, which suggest that patients often approach elective facial procedures with a complex mix of aesthetic hopes and apprehensions about complications or unnatural results ¹⁹. The prevalence of anxiety related to the operated look, reported by 20% in our sample, reflects a broader cultural shift toward subtle and natural cosmetic enhancements, a trend particularly pronounced in Middle Eastern and Asian populations ²⁰.

Postoperative Experiences and Transient Symptoms

In the immediate postoperative period, swelling and bruising were the most frequently reported symptoms (80%), followed by scar visibility (40%) and residual asymmetry (20%). These findings mirror the well-documented inflammatory and healing response of periocular tissue following blepharoplasty and support the expectation that early postoperative concerns are often temporary ²¹. Reassuringly, only a minority of patients experienced incomplete eye closure (5%) or prolonged dry eye symptoms (15% early, 2% persistent), suggesting that careful surgical technique and preoperative ocular surface evaluation can effectively mitigate these risks ²².

Residual asymmetry and dissatisfaction with scar visibility, while relatively minor in incidence, are critical factors in perceived surgical success, especially when judged through the patient's lens ²³. The literature suggests that even mild asymmetries or hypertrophic scarring can have outsized psychosocial effects in aesthetic surgery, highlighting the importance of addressing such concerns during preoperative consultations ²⁴.

Recovery and Functional Outcomes

The majority of patients (85%) returned to daily activities within 7–10 days, and 90% reported resolution of swelling within four weeks. These timelines are consistent with existing clinical guidelines and observational studies that describe blepharoplasty as a low-downtime procedure when performed in experienced hands ²⁵. By six months postoperatively, 98% of patients had achieved scar maturation, with barely visible or imperceptible incision lines. These outcomes underscore the efficacy of careful incision placement within the natural supratarsal crease and proper postoperative wound care ²⁶.

Functional outcomes were similarly favorable. Persistent dry eye beyond three months was rare (2%) and managed conservatively with lubricants. This aligns with evidence indicating that while dry eye symptoms may occur post-blepharoplasty due to altered blink mechanics or reduced tear film stability, most cases are mild and self-limiting ²⁷. Importantly, only 3% of

patients in our cohort reported regret or dissatisfaction, underscoring the value of realistic preoperative counseling and careful patient selection.

Satisfaction and Psychological Outcomes

The satisfaction rate in this study—95% overall, with 85% “very satisfied”—compares favorably with those reported in large international series, which range from 85% to 96% depending on surgical technique, setting, and patient population ²⁸. This high satisfaction rate likely reflects a confluence of factors, including appropriate patient selection, standardized surgical technique, close follow-up, and proactive management of expectations. The robust satisfaction outcomes are particularly significant given that patient-perceived success in cosmetic procedures is influenced as much by expectation alignment as by technical perfection ²⁹.

In addition to procedural satisfaction, patients demonstrated confidence in their postoperative appearance and functional improvement, suggesting an overall positive impact on self-image and psychosocial wellbeing. This finding is consistent with psychological literature suggesting that facial aesthetic procedures—including blepharoplasty—can lead to enhanced self-esteem and social confidence when outcomes meet or exceed expectations ³⁰.

Clinical and Research Implications

The study highlights several key implications for clinical practice. First, structured preoperative assessment tools that capture both functional and aesthetic motivations can help refine patient selection and tailor counseling. Second, the inclusion of patient-reported outcome measures (PROMs) in routine follow-up enables early identification of dissatisfaction drivers such as minor asymmetry or scar visibility, which may be addressable with conservative or minimally invasive interventions. Third, practitioners should emphasize the natural progression of healing, especially regarding swelling, bruising, and scar maturation timelines, to prevent premature dissatisfaction.

From a research perspective, future studies should explore the long-term psychosocial effects of blepharoplasty, ideally through longitudinal designs and validated PROM instruments such as the FACE-Q Eye Module . Additionally, comparative studies between different surgical techniques (e.g., skin-only vs skin-muscle-fat excision) may offer insights into optimizing both aesthetic and functional outcomes in diverse populations .

LIMITATIONS

This study is not without limitations. First, the absence of a control group or longitudinal follow-up beyond six months limits our ability to assess long-term durability of outcomes. Second, the reliance on a single-center sample, while methodologically consistent, may restrict generalizability to other practice settings. Third, while the questionnaire was pilot-tested and translated with validation processes, it was developed specifically for this study and lacks formal psychometric validation.

CONCLUSION

In summary, this 100-case study of upper eyelid blepharoplasty conducted in a Saudi Arabian academic polyclinic demonstrates high levels of patient satisfaction, rapid recovery, and low incidence of persistent complications. Patient concerns were largely addressed through clear communication and standardized surgical care, resulting in favorable perceptions of both functional and aesthetic outcomes. These findings reinforce the value of integrating patient-reported outcomes into blepharoplasty assessment protocols and highlight the importance of contextualized, culturally sensitive patient engagement in elective facial surgery.

REFERENCES

- [1] Yang P, Ko A, Kikkawa D, Korn B. Upper Eyelid Blepharoplasty: Evaluation, Treatment, and Complication Minimization. *Semin Plast Surg.* 2017;31(01):051-057. doi:10.1055/s-0037-1598628
- [2] Effects of upper lid blepharoplasty on visual quality in patients with lash ptosis and dermatochalasis. *Int J Ophthalmol.* Published online September 18, 2016. doi:10.18240/ijo.2016.09.15
- [3] Sönmez MM, Solmaz IA, Ertan E. Effects of Upper Eyelid Blepharoplasty on Perceived Attractiveness, Success, and Health. *Korean J Ophthalmol.* 2024;38(6):437-440. doi:10.3341/kjo.2024.0092
- [4] Hollander MHJ, Contini M, Pott JW, Vissink A, Schepers RH, Jansma J. Functional outcomes of upper eyelid blepharoplasty: A systematic review. *J Plast Reconstr Aesthetic Surg.* 2019;72(2):294-309. doi:10.1016/j.bjps.2018.11.010

- [5] Pfister P, Stoffel J, Perrin M, et al. Patient-reported Outcome Measures in Head and Neck Reconstruction: A Systematic Review Across Disciplines and Geographical Locations. *Plast Reconstr Surg - Glob Open*. 2025;13(12):e7293. doi:10.1097/GOX.00000000000007293
- [6] Vasović DD, Karamarković ML, Jovanović M, et al. Comprehensive Evaluation of Quality of Life following Upper Eyelid Blepharoplasty: A Prospective Analysis. *Medicina (B Aires)*. 2024;60(3):500. doi:10.3390/medicina60030500
- [7] Jindal K, Sarcia M, Codner MA. Functional Considerations in Aesthetic Eyelid Surgery. *Plast Reconstr Surg*. 2014;134(6):1154-1170. doi:10.1097/PRS.0000000000000748
- [8] Szakáts I, Sebestyén M, Tóth É, Purebl G. Dry Eye Symptoms, Patient-Reported Visual Functioning, and Health Anxiety Influencing Patient Satisfaction After Cataract Surgery. *Curr Eye Res*. 2017;42(6):832-836. doi:10.1080/02713683.2016.1262429
- [9] Dawod MS, Alswerki MN, Alelaumi A, et al. Impact of structured checklist-based preoperative counseling versus standard counseling on postoperative patient-reported outcomes after elective surgery. *BMC Health Serv Res*. 2024;24(1):1405. doi:10.1186/s12913-024-11916-x
- [10] Rabina G, Boguslavsky II, Mimouni M, Kaiserman I. The Association between Preoperative Dry Eye Symptoms and Postoperative Discomfort in Patients Underwent Photorefractive Keratectomy. *J Ophthalmol*. 2019;2019:1-6. doi:10.1155/2019/7029858
- [11] O.D LWG, AKPEK EK. The negative effects of dry eye disease on quality of life and visual function. *TURKISH J Med Sci*. 2020;50(7):1611-1615. doi:10.3906/sag-2002-143
- [12] Domela Nieuwenhuis I, Luong KP, Vissers LCM, Hummelink S, Slijper HP, Ulrich DJO. Assessment of Patient Satisfaction With Appearance, Psychological Well-being, and Aging Appraisal After Upper Blepharoplasty: A Multicenter Prospective Cohort Study. *Aesthetic Surg J*. 2022;42(4):340-348. doi:10.1093/asj/sjab389
- [13] Todorov D, Mitchell S, Al-Hashimi M, et al. Functional and Aesthetic Outcomes After Upper Blepharoplasty: A Systematic Review and Meta-analysis of Randomized Control Trials. *Aesthetic Surg J*. 2025;45(6):554-562. doi:10.1093/asj/sjaf022
- [14] Gómez VHA, Espinoza JAG, López JCM, et al. Upper Blepharoplasty Scar and Patient Satisfaction Evaluation in a Plastic Surgery Center in Mexico. *J Biosci Med*. 2020;08(06):77-88. doi:10.4236/jbm.2020.86008
- [15] Billig JI, Sears ED, Travis BN, Waljee JF. Patient-Reported Outcomes: Understanding Surgical Efficacy and Quality from the Patient's Perspective. *Ann Surg Oncol*. 2020;27(1):56-64. doi:10.1245/s10434-019-07748-3
- [16] Zhang Y, Xiao Z. Upper Eyelid Blepharoplasty Improved the Overall Periorbital Aesthetics Ratio by Enhancing Harmony Between the Eyes and Eyebrows. *Clin Cosmet Investig Dermatol*. 2022;Volume 15:1969-1978. doi:10.2147/CCID.S385057
- [17] Kim YS, Kim BS, Kim HS, et al. Factors Influencing Patient Satisfaction with Upper Blepharoplasty in Elderly Patients. *Plast Reconstr Surg - Glob Open*. 2021;9(8):e3727. doi:10.1097/GOX.00000000000003727
- [18] Akidan M, Turgut Coban D, Erol MK, Balci U. Evaluation of Visual Field and Balance Function Alterations in Patients Who Underwent Dermatochalasis Surgery. *J Ophthalmol*. 2020;2020:1-7. doi:10.1155/2020/1310947
- [19] Bakker-Bons M, Hijmering RMJ, Soer R, Wolff AP. The association between preoperative anxiety and chronic post-surgical pain after general anaesthesia, a systematic review and meta-analysis. *BJA Open*. 2025;16:100487. doi:10.1016/j.bjao.2025.100487
- [20] Alawadhi E, Ibrahim D, Saadallah A, Awada Z. Prevalence of minimally invasive facial cosmetic surgery and its association with mental health among college students in Kuwait. *Front Public Heal*. 2025;13. doi:10.3389/fpubh.2025.1678308
- [21] Abstracts of the ISAPS Olympiad World Congress 2025, Singapore. *Aesthetic Plast Surg*. 2025;49(S1):1-451. doi:10.1007/s00266-025-04848-2
- [22] Gjerdrum B, Gundersen KG, Lundmark PO, Potvin R, Aakre BM. Prevalence of Signs and Symptoms of Dry Eye Disease 5 to 15 After Refractive Surgery. *Clin Ophthalmol*. 2020;Volume 14:269-279. doi:10.2147/OPTH.S236749
- [23] Young VL, Hutchison J. Insights into Patient and Clinician Concerns about Scar Appearance: Semiquantitative Structured Surveys. *Plast Reconstr Surg*. 2009;124(1):256-265. doi:10.1097/PRS.0b013e3181a80747
- [24] Jones HE, Faulkner HR, Losken A. The Psychological Impact of Aesthetic Surgery: A Mini-Review. *Aesthetic Surg J Open Forum*. 2022;4. doi:10.1093/asjof/ojac077

- [25] Mustak H, Fiaschetti D, Goldberg RA. Filling the periorbital hollows with hyaluronic acid gel: Long-term review of outcomes and complications. *J Cosmet Dermatol*. 2018;17(4):611-616. doi:10.1111/jocd.12452
- [26] Ekinici M, Cagatay HH, Gokce G, et al. Comparison of the effect of W-shaped and linear skin incisions on scar visibility in bilateral external dacryocystorhinostomy. *Clin Ophthalmol*. Published online February 2014:415. doi:10.2147/OPHTH.S57382
- [27] Zhang SY. Cosmetic blepharoplasty and dry eye disease: a review of the incidence, clinical manifestations, mechanisms and prevention. *Int J Ophthalmol*. 2020;13(3):488-492. doi:10.18240/ijo.2020.03.18
- [28] Von Keudell A, Sodha S, Collins J, Minas T, Fitz W, Gomoll A. Patient satisfaction after primary total and unicompartmental knee arthroplasty: An age-dependent analysis. *Knee*. 2014;21(1):180-184. doi:10.1016/j.knee.2013.08.004
- [29] Alenazi NF, AlBattal NZ, Albalawi IAS, et al. Rate and Predictors of Satisfaction after Noninvasive Facial Cosmetic Procedures: A National Study in Saudi Arabia. *Plast Reconstr Surg - Glob Open*. 2024;12(2):e5607. doi:10.1097/GOX.0000000000005607
- [30] Honigman RJ, Phillips KA, Castle DJ. A Review of Psychosocial Outcomes for Patients Seeking Cosmetic Surgery. *Plast Reconstr Surg*. 2004;113(4):1229-1237. doi:10.1097/01.PRS.0000110214.88868.CA

Table 1. Distribution of Preoperative Patient Concerns (n = 100)

Preoperative Concern	Number of Patients	Percentage
Aesthetic appearance (tired or droopy eyelids)	90	90
Functional impairment (visual obstruction, heaviness)	45	45
Fear of surgical complications	30	30
Concerns about recovery process	25	25
Desire for natural-appearing results	20	20
Concerns regarding longevity of results	15	15

Table 2. Early Postoperative Concerns Reported by Patients (n = 100)

Postoperative Concern	Number of Patients	Percentage
Swelling and bruising	80	80
Scar visibility	40	40
Residual asymmetry	20	20
Dry eye symptoms	15	15
Incomplete eyelid closure	5	5
Regret or dissatisfaction	3	3

Table 3. Ocular and Functional Outcomes Following Surgery (n = 100)

Functional Outcome	Number of Patients	Percentage
Early postoperative dry eye symptoms	15	15
Persistent dry eye beyond 3 months	2	2
Incomplete eyelid closure	5	5
Need for prolonged ocular lubrication	2	2

Table 4. Recovery Milestones After Upper Eyelid Blepharoplasty (n = 100)

Recovery Parameter	Number of Patients	Percentage
Return to daily activities within 7–10 days	85	85
Swelling resolved by 4 weeks	90	90
Residual swelling up to 3 months	10	10
Scar maturation by 6 months	98	98

Table 5. Patient Satisfaction at 3-Month Follow-Up (n = 100)

Satisfaction Level	Number of Patients	Percentage
Very satisfied	85	85
Satisfied	10	10
Mild dissatisfaction	5	5

Table 6. Key Factors Associated With Minor Dissatisfaction (n = 5)

Reported Factor	Number of Patients
Prolonged swelling	3
Mild asymmetry	2
Persistent dry eye	0
Visible scarring	0

Table 7. Inferential Analysis of Key Outcomes (Proportions with 95% Confidence Intervals) (n = 100)

Outcome	n	%	95% CI (%)
Overall satisfaction (satisfied or very satisfied) at 3 months	95	95	89–98
Very satisfied at 3 months	85	85	77–91
Return to daily activities within 7–10 days	85	85	77–91
Swelling resolved by 4 weeks	90	90	83–94
Scar maturation by 6 months	98	98	93–99
Scar visibility concern	40	40	31–50
Residual asymmetry (early concern)	20	20	13–29
Dry eye symptoms (early)	15	15	9–23
Persistent dry eye beyond 3 months	2	2	1–7
Incomplete eyelid closure	5	5	2–11
Regret or dissatisfaction	3	3	1–8