A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.
Applications in Lower Eyelid

Initial Presentation
A 64-year-old female patient presented following a blepharoplasty with the complication of lower lid retraction and inferior corneal exposure. The patient had very prominent eyes measuring 20mm Hertel exophthalmometer bilaterally.

Initial Treatment
Corrective surgery was performed through bilateral subciliary incisions extending from the temporal third of the lid extending for 2cm past the canthal angle. A localized skin muscle flap was elevated. Release of the posterior lamella and retractors was performed externally and a 1mm thick spacer of ENDURAGen was placed within the posterior lamella and sutured with 6-0 plain gut suture. The ENDURAGen was tailored to fit the defect. The lateral canthus was re-attached with drill hole fixation to the lateral orbital rim internally. A small muscle flap was developed for re-draping of the cheek and was fixated to the temporal fascia.

Follow-up
An early post-op picture shows good repositioning of the lower lid and relief of corneal exposure. Additional canthal re-adjustment on the left may be needed.

Applications in Eyelid Reconstruction

Initial Presentation
A 28-year-old male from Romania suffering from atrophic dermatochalasis syndrome was referred for treatment after multiple un-successful surgeries for ptosis and ectropion.

Initial Treatment
His initial treatment was on the left side in which a canthal reconstruction and repair of upper lid ptosis was performed. Canthal reconstruction consisted of elevation of skin muscle flaps from the upper and lower lid, re-attachment of the upper and lower eyelid tendons or residual tissue to the lateral orbital rim with drill hole fixation.

Because of the friability of the eyelid tissue from the disease process and a previous surgery, a Y shape patch implant 0.5mm thickness was cut from an ENDURAGen Collagen Sheet. The patch was overlaid in the upper and lower lid and canthal area and sutured into position with multiple sutures of 6-0 and 4-0 Vicryl. The skin muscle flaps were then repositioned with some excision of redundant skin.

Follow-up
Full frontal pre and post-operative pictures show an improvement in the patients left upper and lower lid and canthus.

Pre-operative side view shows the left lateral canthal area, which was most severely affected. Post-operative side view shows the left upper and lower lid and canthus reconstruction with ENDURAGen re-inforcement approximately 2 months post-operative.

Clinton D. McCord, MD
Paces Plastic Surgery and Recovery Center, Atlanta, GA