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ENDURAGen®

Collagen Implant designed
for soft tissue reinforcement
and repair

Clinton D. McCord, MD

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.

Clinton D. McCord, MD

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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.

Left: Pre-Op



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.

Left: 2 month Post - Op

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