

Dr Raf Ghabrial



Oculoplastic Surgeon



Your first point of contact with any other person is through the eyes communicating expression, emotion and personality.

A portrait of Dr. Raf Ghabrial, a man with short dark hair, wearing a light blue surgical cap and a light blue surgical mask hanging from his neck. He is smiling slightly and looking towards the camera. The background is a blurred clinical setting.

dr raf ghabrial

Dr Raf Ghabrial graduated from the University of Sydney, with Honours in Medicine, in 1988. Since then, he trained as an Ophthalmologist at the Sydney Eye Hospital. Afterwards, he gained unique experience in oculoplastic surgery in the United Kingdom and in the United States. He has written numerous chapters for texts and scientific publications in medical literature. Dr Ghabrial is also regularly invited to facilitate lectures and surgical courses nationally and internationally. Dr Ghabrial is currently in private practice at Macquarie Street in Sydney.

Dr Ghabrial is Senior Lecturer at the University of Sydney and Senior Consultant Surgeon at Royal Prince Alfred, Concord and Sydney Eye Hospitals.

specialities

eyelid conditions

Blepharoplasty

Cysts

Ectropion

Entropion

Facial Nerve Palsy

Ptosis

Spasms

Trichiasis

Tumours

orbital conditions

Fractures

Tumours

Thyroid orbitopathy

Eye socket repair

lacrimal

Tear duct surgery

telemedicine

We offer long distance consultations via skype for patients living in rural and remote areas.

ptosis / blepharoplasty / drooping

Upper eyelid drooping can be due to a weakness in the muscle or excess weight from upper lid tissues. In either case removal of the cause can be performed under local anaesthesia with sedation.

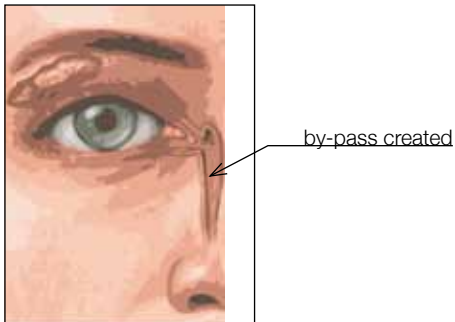
Upper eyelid levator muscle surgery can be performed by strengthening the muscle, or the lid drooping can be improved by removal of tissue (skin and/or fat) from the upper lid.



In some cases the surgery can involve internally with a hidden scar.

endoscopic dacryocystorhinostomy

Watering of the eyes is often due to blockage of the tear duct. Correction can be undertaken surgically. This is a situation where patients can have scarless, minimally invasive, endoscopic (keyhole) surgery to unblock and bypass their tear ducts.



This is done as day surgery , under light anaesthetic, and the patient can recover within a day or two, frequently returning to normal duties within days.

Patients do not require slow recovery from a general anaesthetic or from scars on the face with associated bruising.

ectropion

Ectropion is a turning of the eyelid away from the eye. This frequently results in watering of the eye as well as irritation and occasional infection. Ectropion occurs primarily in older patients and is mainly due to a loosening of the tissues around the eye. If sun exposure has been extensive then the skin may shrink and pull the eye lid away from the eye. Surgery usually involves tightening of the lid with or without placement of skin.



If skin is required Dr Ghabrial's preferred technique is to use a skin flap which is rotated from the upper lid.

eyelid skin cancers

Patients who have skin lesions of the eyelid may be suffering from simple benign lumps or suffer from skin cancers of the eyelid.

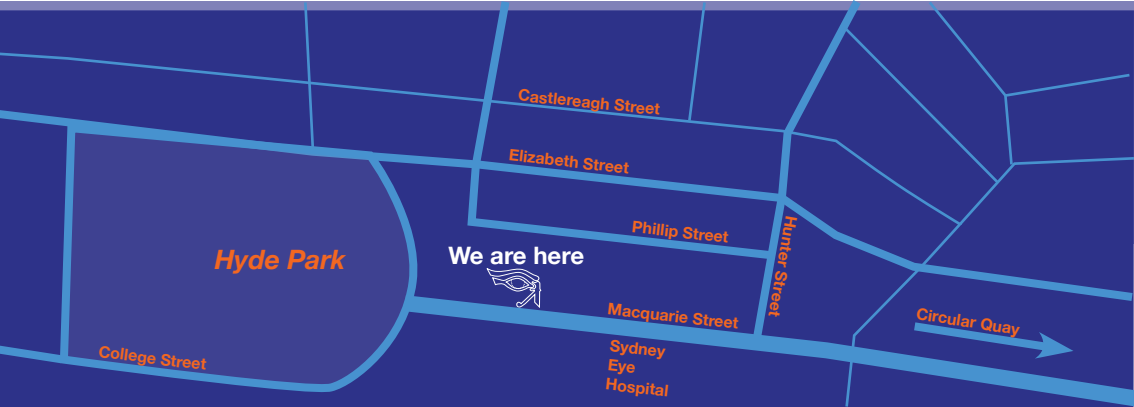
These sunspots are often BCC's (basal cell carcinoma) or SCC's (squamous cell carcinoma).

Removal of the lesions and reconstruction of the eyelid can be performed by Dr Ghabrial as day surgery under local anaesthesia.

BCC right lower eyelid



*All photographs were taken by Dr Raf Ghabrial and are used with written permission of the patient.



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