**Margin-Sparing Techniques.:**This procedure avoids splitting the eyelid. An incision through the skin and orbicularis muscle, 3 mm from and parallel to the margin, starting at the lateral boundary of the medial third of the eyelid and ending 1 cm lateral to the lateral canthus is made. A second skin–orbicularis incision is continued ventrally from the lateral end of the first incision for approximately 1.5 cm. The skin and muscle flap is undermined with small tenotomy scissors. Two wedges with the same base width—one from the lateral extent of the skin muscle flap and one from the medial extent of the tarso-conjunctival flap—are removed. The wedges should be slightly smaller than the needed correction. The tarsoconjunctival margins are apposed with 4-0 or 5-0 simple interrupted absorbable sutures, taking care to not penetrate through conjunctiva, which could leave suture rubbing against the cornea. The eyelid margin is apposed with a figure of eight suture. The skin is apposed with simple interrupted sutures, with the first suture placed at the junction of the horizontal and vertical skin incisions and subsequent sutures bisecting the remaining incisions

