

Patient information

Eyelid Ptosis Surgery

Ophthalmology Department – Aintree Hospital

Who is this leaflet for?

This leaflet is for people who are undergoing ptosis surgery for droopy eyelids.

What is Eyelid Ptosis?

Eyelid ptosis is a drooping of the upper eyelid.

It is usually caused by detachment of the muscle, which raises the eyelid.

The commonest reasons for this are: ageing, trauma, contact lens wear or eye surgery.

It may also be due to a weakness of the muscle itself: ageing, congenital (present at birth), third cranial nerve palsy, muscular dystrophy.

A patient may be aware of the droopy eyelid appearance. This may affect their vision and they may notice that they are raising their eyebrows to lift the eyelids.

This may in turn cause tiredness of the forehead muscles.

What is Eyelid Ptosis Surgery?

Ptosis surgery is an operation to raise the upper eyelid. There are several different procedures, which are outlined in this leaflet. Your surgeon will tell you which one you will be having.

The choice of operation depends mainly on whether you were born with the problem or if it developed later in life.

- **Levator Aponeurosis Advancement:**

An incision is made in the natural skin crease of the eyelid. The attachment of the muscle that lifts the eyelid is pulled forwards and strengthened with stitches.

In some cases of congenital ptosis a levator resection is done.

This is very similar to a levator aponeurosis advancement except that a segment of the muscle is cut out and the muscle advanced in effect strengthening or tightening it.

This is used when the muscle itself is weak as in congenital cases.

Sutures are placed to reform the natural skin crease in the eyelid.

The skin edges are sutured together with a continuous suture that is removed one week later or absorbable sutures, which fall out by themselves.

- **Muller's Muscle Resection and Advancement:**

No skin incision made. Instead the incision is on the inside of the eyelid.

A muscle called Muller's muscle is partially removed and the cut end of it advanced and stitched with deep sutures that do not need to be removed.

This is carried out under local anaesthetic, usually without sedation. This procedure is useful for small amounts of ptosis (e.g. one to two mm).

- **Brow Suspension:**

People who are born with ptosis (congenital) often require this procedure.

In congenital ptosis the eyelid muscle is abnormal, strengthening it with stitches does not work.

A brow suspension procedure uses the forehead muscle to lift the eyelid. This muscle is called frontalis: it causes us to have forehead lines and enables us to lift the eyebrow.

Using either a non-absorbable suture or tissue taken from the thigh, the eyelid is connected to the forehead.

The suture/tissue is tunnelled under the skin and eyebrow using five small incisions, each less than ½ centimetre long.

Two of these are in the eyelid, two at the upper border of the eyebrow and one in the forehead.

What are the benefits of surgery?

- The operation should lift the eyelid so that it is easier to see from that eye.
- This may improve not only your field of vision but also near and distance vision.
- There may also be a cosmetic improvement by making the eyelids more symmetrical.
- In an attempt to raise a droopy eyelid people often use the forehead muscle.

- Fatigue of the frontalis forehead muscle may cause discomfort, particularly at the end of the day. This should improve after surgery.

What are the alternatives to surgery?

Some patients weigh up the risks and benefits of surgery and decide to put up with the problem, feeling that the risks of surgery are too great for them – it is an individual decision.

Having eyelid ptosis does not damage the eye, so it is a reasonable option to decline surgery if you wish.

A ptosis prop is a simple thin plastic arm, which attaches to a pair of glasses.

When the glasses are put on it gently pushes the eyelid upwards.

It can be quite effective but is usually reserved for people who can't have or don't want surgery.

What will happen if I decide not to have surgery?

You will continue to have eyelid ptosis, however this will not damage your eye in any way.

The ptosis may stay the same or gradually get worse.

What will happen before surgery?

- Before the operation you will be seen in the clinic by your consultant or a member of the team.
- The doctor will ask you about your problem. He/she will also ask about other medical problems you have and medications you take (bring a list or the tablets themselves with you).
- The doctor will examine your eyes and eyelids.

- If you are to proceed with surgery the operation will be discussed in detail. This will include any risks or possible complications of the operation and the method of anaesthesia.
- You will be asked to read and sign a consent form after having the opportunity to ask any questions.
- You will also see a preoperative assessment nurse. You will have blood tests and an ECG (heart tracing) if required.
- You will be told if and from when you should to starve before the operation.

What should I do about my medication?

In some cases you may be asked to stop or reduce the dose of blood thinning tablets like: warfarin, aspirin, clopidogrel (plavix), dipyridamole (persantin), pradaxa (dabigatran), xarelto (rivaroxaban), and eliquis (apixaban). This decision is made on an individual basis and will be discussed with you before surgery.

Other medication should be taken as usual unless the pre-operative team instruct you otherwise.

What are the risks and possible complications of surgery?

- **Infection** might present as increased swelling and redness of the skin. There might also be yellow discharge from a wound. Infection is treated with antibiotics.
- **Bleeding** may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on a skin wound is usually enough to control minor bleeding.
- **Loss of vision:** A blood haematoma collecting in the orbit, behind the eye, may compress the nerve of vision and threaten eyesight. It is extremely rare for this to occur. It presents as pain, loss of vision and a bulging forwards of the eyeball and is an emergency. If not treated quickly it can lead to permanent loss of vision.

- **Scar:** Whenever the skin is incised a scar may form. Every attempt is made by the surgeon to minimise and hide scars but sometimes they can be visible.
- **Further surgery:** Your surgeon will take great care to lift the eyelid by the correct amount. It is possible for the eyelid to be lifted too high or left too low. Both may be addressed by further surgery. The contour or curve of the eyelid may initially look abnormal. This is often due to swelling and will usually settle within three months. If not, further surgery can improve it.
- **Facial asymmetry:** It is common for there to be minor residual asymmetry after ptosis surgery.
- **Dry eye:** If you have a pre-existing dry eye problem or weakness of the eyelids, these symptoms may be made worse by eyelid ptosis surgery. Your surgeon should investigate this prior to surgery.

What type of anaesthesia will I have?

Three types of anaesthesia are used for these procedures: local anaesthetic alone; local anaesthetic with intravenous sedation; general anaesthesia.

- Local anaesthetic involves an injection just under the skin with a tiny needle. It is similar to dental anaesthesia.
- Initially the injection is painful but after 10 – 15 seconds the area becomes numb.
- Sedation means that you are breathing for yourself and don't have a breathing tube inserted but you are very relaxed and sleepy and often don't remember the operation or the local anaesthetic injection.
- General means you are completely asleep with a breathing tube inserted.

Most ptosis surgery is performed under local anaesthesia and only rarely is sedation used. It is very unusual in the adult population for general anaesthesia to be used. In children nearly all are under general anaesthesia.

You should have the opportunity to discuss the risks of anaesthesia with your surgeon or anaesthetist prior to surgery.

What should I expect after surgery?

After surgery you may experience some pain. Simple paracetamol is usually enough to control this.

The eyelids may be bruised and swollen. Bruising will take up to two weeks to settle. Swelling is greatly reduced after two weeks but may not completely resolve for three months.

The eyelid height and contour may change over the first three months, after which final judgement of the result of surgery can be made.

Post operative Instructions: Ptosis Surgery

- If an eye pad is placed it should remain until the next morning when you may remove it.
- For ten days the wound should be cleaned using boiled water that has cooled down and sterile cotton wool balls.
- Cool compresses should commence as soon as the pad is removed or immediately if there is no pad. ten minutes, every hour, for four days.
- Chloramphenicol ointment to skin wounds, three times a day for two weeks.
- Viscotears (artificial tears) three times a day to the eye(s) for one week.
- Lacrilube ointment to the eye(s) at night for one week.

- No hot drinks or straining for 48 hours.
- Sleep at 45 degrees for 48 hours.
- Follow up appointment one week later if suture removal is required or six weeks if absorbable skin sutures used.

Feedback

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Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Who do I contact if I have questions or concerns?

In emergency:

Tel: 0151 529 0186 / 0187

Or

Tel: 0151 525 5980

Pre-op assessment nurses:

Tel: 0151 529 0178 / 0179

Secretary for Mr. McCormick:

Tel: 0151 529 0142

Secretary for Mr. Hsuan:

Tel: 0151 529 0142

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