

## Patient information

# **Ectropion and Entropion Eyelid Surgery**

Ophthalmology Department - Elective Care Centre  
Aintree Hospital

### **Who is this leaflet for?**

This leaflet is for people who are undergoing surgery for ectropion or entropion of the eyelid.

### **What is Eyelid Ectropion?**

Eyelid ectropion is when the eyelid rolls outwards.

It is usually caused by old age changes of the eyelids. In some people the eyelid or cheek skin can contract, pulling the eyelid out.

Ectropion may cause the eye to water, become irritated and red and uncomfortable.

### **What is Eyelid Entropion?**

Eyelid entropion is when the eyelid rolls inwards.

It is usually caused by old age changes of the eyelids. In some people it is caused by scarring and contracture of the conjunctiva, which lines the inside of the eyelid.

Entropion causes the eyelashes to rub on the surface of the eyeball. This may be uncomfortable, cause watering of the eye and reduce vision. In severe cases it may lead to infection of the ocular surface.

## **What are Eyelid Ectropion and Entropion Surgery?**

A small incision is made at the outer corner of the eyelids. The lower eyelid is tightened by suturing it to the bony orbital rim.

Further sutures are used to strengthen the lower eyelid retractors via an incision on the inside of the eyelid for ectropion or the outside of the eyelid for entropion.

The skin incision is sutured. These may be removed in clinic at 1 week or if absorbable will fall out by themselves.

## **What are the benefits of surgery?**

Surgery will reposition the eyelid into a normal position.

This should reduce the watering and discharge from the eye.

Irritation and redness of the eye should also improve.

## **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.

Some people try and reposition the eyelid using clinical tape with some success. Others use artificial tears to improve the health of the surface of the eye.

## **What will happen if I decide not to have surgery?**

For some people the symptoms are bearable and their eyes do not come to any harm.

Having eyelid ectropion and entropion may cause the surface of the eyeball to become unhealthy. This in turn may lead to infection.

## **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 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.

**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.

**Loss of eyesight:** The site of surgery is in close proximity to the eyeball. Although extremely unlikely, whenever surgery is carried out close to the eye there is a potential risk of damage to the eye and therefore to eyesight.

**Further Surgery:** Your surgeon will take great care to correct the ectropion or entropion of the eyelid by the correct amount. It is possible for the eyelid to be overcorrected or under corrected. Both may be addressed by further surgery.

## What type of anaesthesia will I have?

Two types of anaesthesia are used for these procedures: local anaesthetic alone or local anaesthetic with intravenous sedation.

- 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.

The vast majority of this surgery is carried out local anaesthesia alone and only rarely is sedation used.

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: Ectropion and Entropion Surgery**

Before the operation you will be seen in the clinic by your consultant or a member of the team.

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.

Chloramphenicol ointment to skin wounds and the eye, three times a day for two weeks.

Follow up appointment one week later if suture removal is required or six weeks if absorbable skin sutures used.

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

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**

**If you have any questions or concerns please use the contact numbers below**

**In an 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**

**Ophthalmology Department**

**Elective Care Centre**

**Lower Lane**

**Liverpool**

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