

ECTROPION

The term **ECTROPION** refers to out-turning of the lower lid.

The causes of ectropion include:

- Aging resulting in stretching and laxity
- Facial palsy eg. Bell's palsy
- Prior Surgery to lower lid or cheek
- Sun damage to eyelid skin

Ectropion may cause:

- Watering
- Irritation
- Lower eyelid inflammation or infection

ECTROPION SURGERY

Surgery is performed to reposition the affected lid, usually under local anaesthetic. Usually a small incision is made at the outer corner of the lower lid and the loose structures stretched and shortened, then resutured to the tissue overlying the bone at the outer corner. If there is a lack of skin in the lid a skin graft may be required. Possible donor sites include skin from the upper lid, behind the ear or over the collar bone.

The procedure is painless and takes approximately 15-45 minutes per lid depending on the procedure required. Most patients can go home on the day of surgery.

POST-OPERATIVE CARE OF THE EYELID

If surgery is performed on one lid it is usually padded until the following day, whilst if both lids are operated on patients are padded for only 1-2 hours and then cold packs are commenced.

If a skin graft is performed the dressing is usually left undisturbed for 4 or 5 days.

Swelling and bruising is usual after surgery but can vary considerably. Factors associated with greater swelling and bruising include increasing age, aspirin and other anticoagulant use and a history of previous surgery on the same lid.

The eyelid is **bathed** with saline or cooled boiled water at least twice daily. **Antibiotic ointment** is then applied to the suture line and/or graft with a cotton-tip. It can also be applied to the eyelid before showering or bathing to "waterproof" the suture line/graft. It is advisable to keep the wound area dry for at least the first 3-4 days if possible.

Ice (crushed ice or frozen peas), cold packs, or cool gel face masks (available from most chemists) can be applied to the eyelid for 15 minutes at least 4-6 times daily for the first 5-7 days. This reduces lid swelling and bruising and can be continued for as long and as often as it seems to provide some benefit. About two-thirds of the bruising and swelling has subsided by the first post-operative visit at one week. The remainder gradually subsides over the next several weeks and is usually invisible to others by six weeks

Severe pain is very rare after eyelid surgery – you should notify the hospital or surgeon if you experience more than mild to moderate pain. Some eyes may feel dry or gritty for the first few days to weeks after surgery. This can usually be relieved with the use of commercially available tear drops. If you have a dry eye problem you should discuss this with the doctor BEFORE the surgery

Make-up should be avoided until after suture removal. Ask your surgeon when it is safe to return to using it.

Driving can be undertaken once you are happy with the vision and comfort in the eye(s). You should not drive if one eye is padded.

Patients **may fly** on commercial airlines as soon as they wish to after surgery.

Most patients are advised to **avoid heavy physical activity** (ie bend and lifting, digging, strenuous exercise) for the first week. Walking, reading, watching TV and light domestic duties can be performed when you feel able.

Do not use aspirin or blood-thinning medications for the first 5 days after surgery unless you have discussed this with the doctor prior to surgery.

RISKS AND COMPLICATIONS

Eyelid surgery is generally safe with few complications if performed properly by an experienced eyelid surgeon. Potential risks include:

- **Infection** is very uncommon and treatable with oral antibiotics in almost all cases.
- **Asymmetrical appearance** occurs in up to 5-10%. May be related to initial swelling but if persistent minor revision surgery can be performed.
- **Graft failure** can occur occasionally. Usually the skin will re-heal but revision surgery may be necessary.