

PTOSIS

The term PTOSIS refers to **drooping of the upper lid**.

The causes of ptosis include:

- ***Congenital eyelid maldevelopment*** – ie. the baby is born with the ptosis
- ***Aging***
- Progressive ***Nerve or Muscular*** degenerations
- Prior ***Surgery or Trauma***
- Prior ***Contact lens wear***

Ptosis may cause:

- Impaired visual development in children
- Reduced field of vision
- Headaches or fatigue
- Difficulty reading later in the day
- Abnormal head posture-tilting head back in order to see

In age-related and contact lens-related ptosis the tendon that attaches the levator muscle to the lid stretches and the lid falls too low. In congenital ptosis the levator muscle does not develop properly and is unable to both contract (ie lift the lid) or relax (ie allow the lid to drop down) normally. In nerve and muscular conditions there are often associated eye movement or general muscle weakness problems. Treatment may be more complicated and often requires assessment by a neurologist or physician.

PTOSIS SURGERY

Surgery is performed to elevate the affected lid(s) to the desired height, with a symmetrical contour and appearance. This is not possible in all cases but a mutually satisfactory result is achieved in at least 90%.

In children, surgery is performed under **general anaesthesia** and the appropriate lid height is estimated based on pre-operative measurements. **In adults**, surgery is performed under **local anaesthetic** with or without sedation, allowing adjustment of the lid position in order to minimize over- or under-corrections. The procedure is painless and takes approximately 30 minutes per lid. Most patients can go home on the day of surgery.

An incision is made in the natural fold of the upper eyelid and the stretched “tendon” is tightened and sutured to the stiff “tarsal plate” to elevate the lid to the correct position. If the initial position is incorrect it can be adjusted until the satisfactory position is achieved. If there is redundant skin, or excess fat this is removed at the time of surgery. The incision is hidden in the natural upper lid fold and is not visible.

If the eyelid lifting muscle is extremely weak, such as in severe Congenital ptosis or some nerve or muscle conditions, it is often necessary to perform a “sling procedure” where a strip of silicone or a piece of tissue from the patient’s leg is used to connect the eyelid to the muscles of the forehead which then aid in the lifting of the eyelid.

The specific method of surgery and the reasons for it will be discussed in detail prior to surgery so that you are fully aware of what operation will be performed.

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 (if necessary) for up to 1-2 hours and started on cold packs. **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 dressing is removed the morning after surgery unless otherwise instructed. The eyelid is bathed with **saline or cooled boiled water** at least twice daily. **Antibiotic ointment** is then applied to the suture line with a cotton-tip. It can also be applied to the eyelid before showering or bathing to “waterproof” the suture line. ***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 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

The scar is usually invisible to the casual observer from the beginning but may feel slightly thickened or irregular for up to three months. Occasionally small white suture cysts form along the suture line - they can be opened simply in the clinic with a fine needle if they don’t resolve spontaneously. Patients may find that the edge of the eyelid and the lashes feel slightly “numb” initially but normal sensation usually returns within the first few weeks after surgery.

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). 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 extremely uncommon and treatable with oral antibiotics in virtually all cases.
- **Asymmetrical appearance** occurs in up to 5-10%. It may be related to initial swelling but if persistent minor revision surgery can be performed.
- **Redundant skin** can be removed if insufficient skin is removed with the initial surgery.
- **Tight eyelids/inability to close eyelids** are very rare. If excess skin is removed then it may be impossible to fully close the eyelids. I tend to “err on the side of caution”. Surgery under local anaesthesia reduces the risk of this occurring.
- **Change in vision** some patients may notice alteration in the glasses prescription due to the altered lid position. Patients are advised to wait at least 6 weeks before considering a change to their glasses. Contact lens wearers should not wear their lenses for at least 2 weeks after surgery.
- **Scarring** is usually mild and fades with time. Most scars are imperceptible after 3-6 months. Severe scarring (keloid) is very unusual on eyelids. Some treatments are available to reduce scarring. Your Doctor will discuss how to minimize scarring or treat it if it occurs.