

PATIENT INFORMATION

What is Ptosis?

Ptosis is a drooping of the upper eyelid. A droopy eyelid can cause blurring of vision. It can affect the superior field of vision causing patients to raise their eyebrows constantly (leading to headaches) or tipping their head back in an attempt to gain clear vision. It can become a cosmetic issue, affecting a person's self-esteem.

A droopy eyelid commonly occurs due to an aging change, or chronic contact lens wear & after eye surgery (e.g. cataract). Some patients are born with a droopy eyelid because the levator muscle (which lifts the lid) has not developed properly.

How can ptosis or droopy upper eyelid be treated?

The aim of surgical correction is to restore the anatomy, by addressing the various causative factors. Adult ptosis surgery is generally performed under local anaesthesia with or without sedation, however correction of a ptosis in a child can be performed successfully under a general anaesthetic.

Surgical correction for ptosis or droopy upper eyelid

The operations for ptosis correction are generally based on the function of the levator muscle. The surgical cut is hidden within the normal eyelid crease or inside the eyelid, resulting in a scar less minimally invasive operation, which produces natural results.

Recovery times are generally quick, most patients achieving complete recovery within 7-14 days.

What are the potential risks & complication of surgical correction?

The risks of surgery include:

1. **Infection:** this is very rare; occasionally the stitches may have an infective or inflammatory response, which settles with oral and topical antibiotics.
2. **Scarring:** this is normally hidden in the natural skin crease of the eyelid. Stitches may be visible for the first week, then, when they are removed, a faint scar is visible. The scar may seem a bit thickened & red for 6 to 12 weeks, becoming almost invisible after that period. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result.
3. **Bruising:** this is minimised by following the instructions on the post-operative information sheet. A haematoma may mean you have to go back into theatre to have the blood clot evacuated and then be re-stitched with the risk of a worse scar.
4. **Theoretical risk to vision:** any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is incredibly rare.
5. **Asymmetry** of eyelid shape, height or upper lid fold: this is rare, but can occur. Often asymmetry may be due to lid bruising and settles spontaneously as swelling resolves. Rarely, this may require revision surgery. Occasionally pre-existing asymmetry of the face, eyebrow or eyeball position, may be responsible, however this will be discussed with you prior to the operation by your surgeon.
6. **Temporary poor blink:** the muscle that shuts the eyelid has been cut to access the muscle that lifts the eyelid. Generally blink returns to normal within 12 weeks.
7. **Dry eye:** this is treated with artificial tear drops which you will be asked to continue for a month after surgery.
8. **Blood stained tears:** this can occur within the first 48 hours after surgery & should be managed by gentle, firm, constant pressure on the shut eyelid for 10-15 minutes.
9. **Recurrence of ptosis:** this can occur early post-surgery (3 months) or late (after a few years), due to early suture dissolution or a weakening/stretching of the scar. This will need to be corrected by re-operation.
10. **Ptosis of the other eyelid:** the eyelids are a pair, and often when one eyelid is droopy, the other eyelid can appear to be in a "normal" position. However, immediately after surgery, the "normal" eyelid can droop. This can correct itself within a few weeks or require a ptosis correction.
11. **Exposure of the buried stitches,** with resultant foreign body/ pricking sensation. If this happens, the offending stitch needs to be removed. Rarely, if the stitch is not removed, it can cause a corneal ulcer, which needs intensive topical antibiotic treatment.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.