

Ptosis

Patient information



What is ptosis?

Ptosis is the medical name for the drooping of the upper eyelid, which can happen in one or both eyes. A low upper lid can interfere with vision by affecting the top part of your visual field. You might also have difficulty keeping your eyelids open, eye strain or eyebrow ache (from the increased effort needed to raise your eyelids), and fatigue, especially when reading. For some patients, ptosis poses a cosmetic problem.

What causes ptosis?

Ptosis can either be present at birth (congenital) or appears later in life (acquired). Congenital ptosis affects a child from birth and is commonly due to a defect in the levator muscle which raises the eyelids. It can affect one or both lids. Although this can be purely a cosmetic problem, it can also prevent normal visual development, so surgery to correct the lid position is sometimes necessary.

Acquired ptosis affects patients later in life and can be due to a defect in the muscles or nerves of the eyelid which can occur with simple ageing or injury. A weakness in the eyelid muscles can occur in some rare muscle conditions such as myasthenia gravis or myotonic dystrophy. Paralysis of the nerves supplying the eyelid can cause it to droop. This is known as a third nerve palsy (a type of stroke). The eyelid can

also droop if weighed down by a large cyst or swelling. Acquired ptosis could also occur following long-term contact lens wear, trauma, post-cataract surgery or other eye operations. There are other less common causes of a droopy eyelid, such as problems with the nerves or muscles.

In Marcus Gunn 'jaw-winking' ptosis, the droopy eyelid rises when the jaw is opened, due to an abnormal connection of the nerves. This condition is usually noticed only in small children and affects one eyelid. Surgery may be necessary, however operating on the affected eyelid could cause the unaffected eyelid to also droop. Therefore you may need surgery on both eyelids. Your doctor will explain this further at your appointment.

What will happen at my hospital appointment?

On your first visit, an eye doctor will see you in an outpatient clinic. You will have a full eye examination to check your vision and measure the extent of the drooping. Blood tests, neurological assessment and a review of old photographs might also be necessary.

Children and sometimes adults will have a series of tests to measure their eye movements (orthoptic assessment) to ensure there are no other problems. A photograph will usually be taken before the operation to compare the position of the lid after surgery. Once a decision to operate is made by you and your doctor, you will need a pre-

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operative assessment review to check your general health and ensure that it is safe for you to proceed with surgery. What type of anaesthetic is necessary? In children, ptosis surgery is usually done under a general anaesthetic (induced sleep). In adults, surgery is usually performed awake with a local anaesthetic (since this allows for judgement of the lid position during surgery). If you have a general anaesthetic or local anaesthetic with sedation, you must not have anything to eat or drink for at least six hours before surgery.

What does ptosis surgery involve?

Ptosis surgery usually involves shortening the muscles or tendons that raise the lid. The muscle or tendon is reattached to your eyelid using sutures (stitches), which are buried under the skin. There may also be skin sutures visible on your eyelids, but these can be removed around one to two weeks after surgery. Occasionally, the lid is suspended from the brow in order to raise it. This is done using either tendon from your thigh taken via an incision just above the knee, or using an artificial material. Brow suspension surgery may be done on both sides at the same time in order to improve symmetry. The number of stitches in your leg can vary but they are usually removed after ten to fourteen days.

Does ptosis surgery have any complications?

There is no absolute guarantee of success with any operation and ptosis surgery is no different.

Overcorrection If your eyelid is overcorrected (too high) after surgery, massaging the lid and pulling it down in

a special, controlled manner can be performed to lower the lid. This should only be done if your doctor thinks this may help. Further surgery at a later point might be necessary to lower the eyelid. The ointment is often required at night if your eyes are not closing completely while sleeping.

Lid lag After ptosis surgery, the lid can fail to look down (lid lag). In congenital ptosis, lid lag when looking down is a problem even before surgery, but this might be worse following the operation.

Dry eyes Since proper closure of the eyes is necessary to keep the surface of the eye (cornea) moist, poor eyelid closure will inevitably lead to dry eyes.

This can give the eyes a gritty sensation and make them red, sore and prone to infection. Often, simple lubrication with artificial tears and ointment can help, however, if your eyes were already slightly dry before surgery, they might be worse after surgery.

About 80- 85% of patients are corrected satisfactorily after the first operation, with asymmetry of 1mm or less.

Approximately 15 – 20 % could require a further operation. Complications after ptosis surgery include the eyelid being too high or too low, the curve of the lid being irregular or the upper lid fold of skin being asymmetric. The droopy eyelid can also reoccur at any time in the future and might require a further operation. Repeat surgery such as this can be more complicated to carry out.

Bruising of the eyelids and surrounding face is common after ptosis surgery.

Bleeding and infection are also potential risks but are less common. Inability to close the eye after surgery (lagophthalmos) can occur, particularly after large ptosis corrections.

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This usually corrects itself with time as the muscles relax. Correcting the droopy eyelid on one side can reveal a previously unnoticed droopy eyelid on the other side.

If you have any problems such as increasing pain, worsening vision or bleeding following your operation, you should contact the hospital immediately.

What will happen after the ptosis surgery?

Generally, after surgery, your eye is padded shut for 24 hours, in order to reduce any swelling. You can use icepacks to help reduce the swelling. Usually, drops and ointment will be prescribed for use at home.

A follow-up appointment is made for one to two weeks after surgery, with a second appointment between two and 12 weeks after that. The swelling in your lid should have gone down and a more accurate assessment of the result of the surgery can be made. Stitches are sometimes left to dissolve or are removed at about one to two weeks after surgery.

Ice packs can help to reduce the swelling, as can sleeping at a 45-degree incline and avoiding sleeping on the operated side. It is often advisable to keep the operated area relatively dry for between two and 10 days. You can shower as normal, but ensure you dry your eyelid with a clean cotton pad after.

Other information:

Swimming, contact lens wear and eye make-up are not advised for approximately two weeks or longer if your eye remains red. If your child has had a brow suspension lift "sling" operation, they should avoid playing contact sports like football for six months.

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