

Upper Eyelid Ptosis Surgery

What is an upper eyelid ptosis?

Ptosis of the upper eyelid means that the upper lid is drooping low, on one or both sides. It may be associated with contact lens wear, allergic conjunctivitis, injury and certain medical conditions affecting muscles or nerves. It is also possible to be born with ptosis. However, in most patients the only apparent cause is increasing age.

In many patients the degree of ptosis varies during the day and it is often worse in the evening. If the upper lid comes down over the pupil there may be loss of vision, especially in the upper part of the field of vision. For most patients with visual problems due to ptosis, surgery is the best treatment. The surgeon may also do an upper lid blepharoplasty at the same time, in order to remove excess upper lid skin.

What will happen at my appointment?

In clinic I will take a medical history (discussion of your symptoms, medical and ophthalmic background, medications and your social and family history). It can be very helpful to see old photographs (for example passport or driving licence). I will thoroughly examine you and undertake any appropriate investigations. This may include blood tests or scans. I take a photograph prior to any procedure so that I can compare your pre- and post-operative appearance. I will then explain your diagnosis and take you through your treatment options. If I think surgery can help I will discuss the risks and benefits of surgery. I may also book you a pre-operative assessment depending on the type of anaesthetic that will be used and any other medical conditions that you may have.

What does surgery involve?

There are a number of approaches to ptosis surgery. In most cases, a ptosis operation involves shortening and tightening the muscle that raises the upper lid. Most commonly an incision is made in the natural eyelid skin crease, the muscle is found and reattached in the appropriate position with stitches. The skin incision is closed with further sutures that are usually removed 1-2 weeks after the operation.

The operation takes about 45 minutes per eyelid and is usually performed with the patient awake as this allows me to assess the eyelid position during the operation and to make adjustments as required. Sometimes, particularly if a patient is particularly anxious or if they have a head tremor, some sedation may be beneficial.

A dressing (sterile covering) will be applied at the end of the operation. This dressing covers the eye. If we treat both eyes during the same operation, we usually only apply the dressing to one side so that you can still see.

In the first few days there is usually bruising, tenderness and swelling of the eyelids. Bruising sometimes spreads down to the cheeks and from one side of the face to the other.

For the first few days it may be difficult to fully open the eye and / or to fully close it. In order to protect an eye that does not close properly, you will be prescribed lubricant eye drops and eye ointment.

Is there anything I should do in preparation for surgery?

Unless instructed otherwise you are allowed to eat and drink before your surgery. You can also take your tablet medication as normal, although in some situations I may ask you to stop some blood thinning medications such as Aspirin, Clopidogrel, Warfarin or Apixaban.

If possible it is advisable to stop anti-inflammatory drugs like Ibuprofen (Nurofen), fish oil, ginger, ginseng and garlic supplements at least 2 weeks before surgery.

Avoid heavy alcohol intake in the days before and after surgery. If you are having sedation or general anaesthetic, you are required to have nothing to eat or drink for at least six hours before surgery.

If you are a cigarette smoker then I would recommend that you stop smoking for at least 3 days prior and 1 week after surgery as smoking impairs wound healing and increases the risk of infection.

On the day of surgery please dress casually and wear a top which buttons at the front. Please wash your face on the morning of surgery and ideally men should shave. Do not wear any make-up, jewellery or contact lenses.

What would I need to do when recovering after surgery?

Simple painkillers such as paracetamol (1g 4 times daily) may be used if needed.

During the night, use extra pillows to raise your head above chest level, to try and limit the swelling.

Make a cold compress using a bag of frozen peas or an ice pack wrapped in a clean pillowcase or tea towel. Apply the cold compress for 10 minutes, 5 times daily for 3 days. You should apply the cold compress to an eye even while the eye still has a dressing over it.

Remove the dressing about 24 hours after surgery.

What are the risks of surgery?

Swelling and bruising (sometimes a 'black eye') is to be expected and may last for up to 2-3 weeks. You may have a little bit of bleeding in the first few days after surgery – this can be gently dabbed away with a clean tissue.

Infection can occur after any operation. It is uncommon following eyelid surgery of this type. However, if the wound becomes very red, swollen or tender this would need to be reviewed.

You will have a scar on the eyelid from the surgery. This is usually hidden within the natural eyelid creases and the lid tends to heal very well.

Unsatisfactory eyelid position – approximately 1 in 10 patients may require further surgery to adjust one or both eyelids, either because the one or both eyelids remains too low (undercorrection), or has become too high (overcorrection). After recovery from surgery there is a risk that you could be left with asymmetry (a difference in appearance between right and left sides). Further surgery is sometimes appropriate.

If the eye does not close properly when you blink or when you are asleep, the surface of the eye will be at risk of dryness. Sometimes this is a long-term problem. The dryness can usually be controlled with drops and ointment, but if these treatments fail to control the dryness, it is possible to undo the surgery in order to lower the eyelid. However, this is rarely necessary.

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Although the eyelid is placed at the height at which it is intended to remain, the position of the lid can change during the recovery period. If the healing reaction is very strong, scar tissue can pull the lid upwards. This can be treated with massage.

In other patients, if excessive swelling is not controlled, the tissues may stretch and this can cause the lid to droop again slightly.

There is a small (probably less than 1 in 10,000) chance of visual loss with any eyelid surgery.

Are there any other possible treatments for ptosis?

On rare occasions alternatives to surgery are tried, such as wire loops fitted on the frames of glasses ('ptosis props'), magnets and contact lenses with ridges on them. These treatments are often unsuccessful.

Do I have to have surgery?

No, you could continue without an operation. However, ptosis is very unlikely to get better without surgery, and could gradually get worse. Loss of upper visual field could make you at

risk of accidents such as banging your head on a low door frame, and if you have a driving license you could lose it.

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