

Ectropion

What is an ectropion?

Ectropion is the medical term used to describe the lower eyelid turning outwards and drooping away from the eye. One or both eyelids may be affected at the same time.

What are the symptoms of ectropion?

The symptoms depend on the degree of ectropion, and can include the following:

- **Watery eyes**
When the lower eyelid punctum (the tear drainage hole at the inner aspect of the eyelid) no longer sits against the surface of the eye, tear drainage is reduced and a watery eye develops

- **Dry and sore eyes**
When the eyelid is turned out it can result in the eye not closing fully. This can affect the front of the eye and cause discomfort and redness.

What are the causes of ectropion?

The commonest cause of ectropion is laxity of the eyelid tissues due to ageing. Other causes include skin changes to the lower lid such as scarring or tightening secondary to eczema, previous sun damage and prior eyelid surgery. Another cause of ectropion is a facial nerve palsy (for example, 'Bell's palsy') which causes reduced tone and strength of the lower eyelid.

Can ectropion affect the eye, or eyesight?

The lower eyelid protects the eye by partially covering it and by channelling the tears over the front of the eye. Ectropion can cause exposure and dryness which can affect the quality of vision. Rarely ectropion can cause scarring or infection of the cornea (clear window at the front of the eye) that can affect vision.

Treatment

The type of treatment offered will depend on what caused the condition. The commonest treatment for ectropion is with an operation to tighten the lower lid. Usually a small incision is made at the outer corner of the lower lid and the loose structures stretched, shortened and then resutured to the tissue overlying the bone at the outer corner. This will then allow

the lid to turn inwards and sit in a more normal position. In more complex situations this may need to be combined with other procedures, such as a skin graft (for example, from the upper lid, in front of or behind the ear or from over the collar bone). All of the available options will be discussed with you.

Ectropion surgery is a day case procedure and patients normally stay awake for the operation. The skin is numbed with a local anaesthetic injection at the start of the operation. The procedure itself usually takes about 30 minutes per eyelid.

Following surgery, the eye may be padded for a while to reduce swelling, and antibiotic ointment may be prescribed for a few weeks. A friend or relative should be available to take you home as you must not drive immediately following the operation. A review in clinic is organised to check on the position of the eyelid and sometimes stitches may need to be removed.

What are the risks of ectropion surgery?

The lower eyelid may feel tender, bruised and swollen for a couple of weeks after the surgery. If you have had a skin graft this may change to a dark colour; this is to be expected and will slowly improve with time. There may be some temporary numbness in the surrounding skin.

The ectropion may recur over time, especially if there is continued exposure to sunlight, and this would require repeat surgery.

If you have had a skin graft, the graft can occasionally fail. Usually the skin will still heal but revision surgery may be needed.

Infection is rare and is associated with a marked increase in pain, tenderness, swelling and redness. Most infections can be easily treated with a course of antibiotics.

There may be an asymmetrical appearance post-operatively. This often looks more pronounced initially due to swelling, and will settle. If it remains an issue then minor revision surgery can be performed.

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

Will the operation be painful?

There will be some discomfort after the operation but this can normally be managed with painkillers and usually subsides within 24-48 hours.

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 recommended 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.

When can I resume my normal activities?

Patients are advised to rest for a day or so before resuming their usual activities, including returning to work when they feel ready. Swimming however should be avoided for 2 to 3 weeks after surgery. You may gently clean the eyelids with cooled boiled water. You can clean the rest of your face normally.

Do I have to have surgery?

No, you could continue without an operation. Many people are happy not to have any intervention. However, ectropion 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.

Contact Details:

Sophie Lines (private secretary): 01527 507966