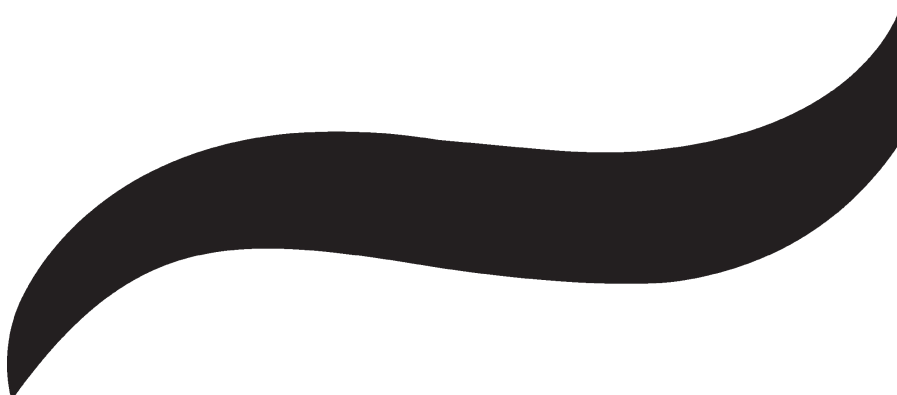
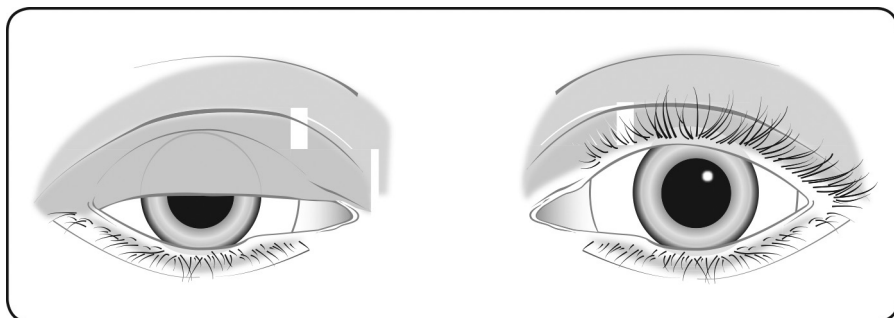




# Ptosis surgery

Information for patients, relatives and carers

Ophthalmology services



This information leaflet has been designed to give you information about blepharoplasty. It aims to answer general questions you may have around blepharoplasty surgery and should be used together with discussion with your medical team who will tailor advice to your own medical requirements.

## WHAT IS PTOSIS?

Ptosis is when one or both of your upper eyelids begin to droop down over your eye. In severe cases ptosis can affect your field of vision, cause eye strain, brow ache and cosmetic concern.

## WHAT CAUSES PTOSIS?

Ptosis can be present since birth, usually due to weakness of the Levator muscle which lifts the upper lid. Babies and children with ptosis are monitored closely to ensure it is not impacting on visual development.

Most cases of ptosis develop later in life. The commonest cause is weakness of the Levator muscle due to the ageing process. Other causes include:

- ❖ Stretching of the muscle due to long term contact lens use
- ❖ Large cysts or lumps in upper eyelid
- ❖ Eye trauma
- ❖ Following other eye operations
- ❖ Following stroke or problem with the nerves that controls the eyelid muscles
- ❖ Rare conditions causing weakness of various muscles including those of the eyelid

## WHAT IS THE TREATMENT FOR PTOSIS?

Within the National Health Service, surgery is only considered for patients in whom the ptosis is impacting on the vision, and not for cosmetic gain.

Non-surgical options are taping the lids to the brow or spectacle "crutches" that can be fitted to the spectacles to support the lid.

## WHAT DOES PTOSIS SURGERY INVOLVE?

Ptosis surgery involves lifting the height of the eyelid through a small cut in the upper lid. One or both sides can be done at once, each side takes around 45 minutes. In babies and children surgery is carried out under general anaesthetic (put to sleep). For older children and adults surgery is best performed with the patient awake and the area numbed with local anaesthetic. This way the surgeon can more accurately adjust the position of the eyelid. There are many possible ways to lift the eyelid. Your surgeon will explain what is required in your case.

## WHAT ARE THE COMPLICATIONS/RISKS OF PTOSIS SURGERY?

Possible complications depend on the type of ptosis and the type of surgery performed. General complications to be aware of are:

- ❖ Asymmetry in the position of both upper lids. Mild asymmetry is common after surgery. Significant asymmetry may require further surgery however it is important to remember the aim of the surgery is to improve vision and not cosmetic.
- ❖ Droopiness of the other eyelid if only one eyelid is operated on. Discuss with your surgeon how likely this is in your case.
- ❖ Over or under correction: 1 in 10 people can end up with an eyelid that is either too high or too low. Further surgery may be required and may involve a skin graft.
- ❖ Dry eyes. Ptosis surgery can cause irritation and dry eyes leading to gritty sensations and visual changes. In severe cases dry eyes can lead to vision loss. To prevent dry eyes you will be asked to use artificial tears after the surgery.

- ❖ Bleeding into the eye socket (risk 1 in 2500). This is a rare but potentially sight threatening complication. Bleeding can track behind the eye putting pressure on the nerve of sight (optic nerve) and can cause permanent loss of vision (1 in 10000). The risk of bleeding is greater if you take blood thinners for other medical conditions.
- ❖ Eyelid numbness. This can take up to a year to resolve or can persist long term.
- ❖ Scarring. A small scar may be seen following surgery, but this is usually mild and hidden in your eyelid crease.
- ❖ Risk of wound infection. This is reduced by following post-operative instructions on wound care.
- ❖ Damage to the eye and loss of vision. For example a scratch on the surface of the eye.
- ❖ Abnormal eye movement. The lid does not follow the eye normally when looking down - this is more common in congenital cases.

## **WHAT HAPPENS BEFORE SURGERY?**

It is important to inform your surgeon about any medication you take; prescribed, over the counter, herbal or complementary remedies or dietary supplements.

Before your operation you may need to attend a Pre-Assessment clinic where routine tests will be done to confirm you are fit for surgery. If you are to have the surgery under general anaesthetic you will be given fasting instructions.

## WHAT HAPPENS ON THE DAY?

- ❖ Surgery is normally carried out as a day case operation.
- ❖ You will be reviewed by the surgical team, taken through the risks again and asked to sign consent form.
- ❖ Your surgeon will mark your eyelid and then local anaesthetic is given to numb the area. This can cause a sharp stinging sensation for a few seconds. Afterwards you will be aware only of touch during the procedure.
- ❖ You will be lying flat for the surgery. Your face will be cleaned with antiseptic and sterile clothes draped around your face. During the procedure you will be sat up for the surgeon to assess the eyelid height.

## WHAT TO EXPECT AFTER SURGERY

- ❖ You will have a dressing over your eye to be removed the morning following your procedure. Eye pads are usually avoided in babies and young children.
- ❖ You will be instructed on which medications to take before you are discharged home, this will likely involve antibiotic ointment and lubricating eye ointments.
- ❖ Pain is usually mild and controlled with simple painkillers. You will have bruising and swelling for a few weeks following the surgery. ICE packs on your closed lids (make sure your eyes are fully closed underneath) over the first 48 hours helps to reduced bruising and swelling. Sleeping with 2 pillows can help reduce overnight swelling.
- ❖ Follow up – depending on the stitches used you may require stitch removal 7-10 days later by the nurse specialist. Your surgeon or nurse specialist will see you around 4-6 weeks following the surgery.

**ANY FURTHER QUESTIONS?**

Speak to doctor if you have any further unanswered questions.

**NOTES**

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Pub. date:	October 2024
Review date:	October 2026
Issue No:	03
Department:	Ophthalmology Services
Clinical Lead:	

XS PIL.PTOSIS.24\_26738.L