

Patient Information

Drooping of the upper eyelid (ptosis)

Introduction

Drooping of the upper eyelid, medically known as ptosis, is a condition which can affect children and adults, and it can involve one or both upper eyelids.

The degree of lid drooping can vary from being barely noticeable to being significant enough to interfere with reading, driving or other daily activities.

Other problems associated with a droopy eyelid can be:

- Obstruction of vision by the droopy eyelid(s).
- Headaches caused by having to raise the eyebrows to allow adequate vision.
- A lazy eye (amblyopia) may develop in children.
- An unsatisfactory cosmetic appearance.

What are the causes?

The most common cause of ptosis in adults is weakening of the muscles and tendons involved in lifting the upper eyelids due to ageing.

Other causes include:

- Long-term contact lens use.
- If you have previously had an injury or surgery to the eyes.

- Myasthenia gravis - a condition which causes muscle weakness. With this condition, ptosis varies with time of the day, becoming worse towards the evening. This condition needs a blood test for diagnosis and can be treated medically without surgery.
- If you have previously had a stroke.
- Corrective surgery for a droopy eyelid on the other side.
- Large lesions on the lid, causing drooping due to excessive weight on the lid.

In children, droopy eyelids can be present from birth as a result of abnormal development of the eyelid structures, or of the nerves which control eyelid movement.

What should I expect from my hospital visit and operation?

You will be reviewed in clinic and the likely cause of the ptosis will be investigated. We will then discuss the available treatment options with you.

The corrective operation is a procedure performed using a local anaesthetic for adults and general anaesthetic for children. You will only need to be in hospital for the day.

The surgery usually involves shortening and reattaching the muscles and tendons that are responsible for lifting the eyelids.

In some cases, the eyelids may need to be suspended from the eyebrows to lift them adequately. This is achieved by using either a tendon taken from just above the knee, or by using a synthetic material.

What are the benefits of ptosis surgery?

The surgery aims to lift the eyelid enough to stop the ptosis causing problems with vision. The ideal result is when:

- The lid sits at a normal level.
- The level matches the level of the other lid.
- The lid has a natural curve or contour, which matches the other lid.
- The eye closes fully and is comfortable.

What are the risks of ptosis surgery?

- Bruising and swelling of the eyelids – this can last up to several weeks after the operation.
- Wound infection – this is treatable with antibiotics.
- Scarring – this is usually minimal and hidden with the natural crease lines.
- An overcorrection or under correction of the lid(s), where the eyelid position is slightly higher or lower than expected. This may require a further corrective operation.
- Inadequate lid closure, where the eye(s) may stay slightly open at night causing the front surface of the eye(s) to feel uncomfortable and dry. Drops and ointment may correct this, but occasionally further surgery is required.

What happens during the operation?

The operation is carried out in the operating theatre and is carried out using a local anaesthetic. A general anaesthetic is used for children, so you will be given separate information about this.

You will lie on a couch and numbing drops will be put in your eyes. The skin will be cleaned with antiseptic and drapes will be wrapped around your head. Marks will be drawn on the eyelid skin with washable ink and then a small local anaesthetic injection will be given to numb the eyelid. The injection stings sharply, but generally for not more than two minutes.

During the operation, the weakened muscle of the upper lid will be re-attached to its normal position, to lift the lid. You will have stitches on your eyelid which may be dissolvable or non-dissolvable. If these are non-dissolvable, they will need to be removed about three weeks after the operation.

If there is not much bruising and swelling of the lid, generally no dressing is put on your eye or eyelid.

How long will it take?

The surgery will take around 60 to 90 minutes.

What should I expect after the operation?

The day case nurse will give you information about how to care for your eye after surgery.

The majority of patients will make a full recovery within two weeks and will have minimal scarring from the operation. In some patients, lids may remain swollen for four to six weeks.

You will be reviewed in clinic two to four weeks after your operation. At this appointment, if you have any non-dissolvable stitches, these will be taken out.

What if I have any problems or questions after reading this leaflet?

Please contact the **Urgent Referral Clinic** team at Russells Hall Hospital Eye Clinic on **01384 456111 ext. 3633 (9am to 4.30pm, Monday to Friday)**

Eye emergency, out of hours

In case of an eye emergency after the closing hours of the Eye Clinic at Russells Hall Hospital (including weekends and bank holidays), please contact:

Birmingham Midland Eye Centre on 0121 507 4440

The doctor on call is usually based at the Eye Centre, City Hospital, Dudley Road, Birmingham. They may need to call you back, and if necessary, they will arrange for you to visit them.

Note: the information in this booklet is provided for information only. The information found is **not** a substitute for professional medical advice or care by a qualified doctor or other health care professional. **Always** check with your doctor if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure. Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your eye doctor.

**Author: Dr Alia Al-Mousawi; ophthalmology specialty trainee year 1
Mr A Tripathi; consultant ophthalmologist**

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