



PTOSIS SURGERY

WHAT IS PTOSIS?

Ptosis (pronounced toe-sys) is a drooping of the upper eyelid. A droopy eyelid can cause blurring of vision. It can affect the superior field of vision causing patients to raise their eyebrows constantly (leading to headaches) or tipping their head back in an attempt to gain clear vision. It can also become a cosmetic issue, affecting a person's self-esteem.

WHAT ARE THE CAUSES OF PTOSIS?

The most common cause for ptosis in adults is gradual, age-related stretching of the aponeurosis tendon known as involutional ptosis. Other causes of Ptosis include:

- Long term contact lens wear can cause ptosis, perhaps because repeated insertion and removal of the lens causes stretching of the tissues.
- Sometimes ptosis follows other eye surgery or an injury.
- The lid may droop due a problem in the nerve supply to the levator muscle (which lifts the lid)
- Congenital ptosis (present since birth) is usually due to a underdeveloped levator muscle

HOW CAN PTOSIS OR DROOPY UPPER EYELID BE TREATED?

The aim of surgical correction is to restore the anatomy, by addressing the various causative factors. Adult ptosis surgery is generally performed under local anaesthesia with or without sedation, however correction of a ptosis in a child can be performed successfully under a general anaesthetic.

SURGICAL CORRECTION FOR PTOSIS OR DROOPY UPPER EYELID.

The operations for ptosis correction are generally based on the function of the levator muscle. The surgical cut is hidden within the normal eyelid crease or inside the eyelid, resulting in a scar less minimally invasive operation, which produces natural results.

Recovery times are generally quick, most patients achieving complete recovery within 7-14 days.

WHAT ARE THE POTENTIAL RISKS & COMPLICATION OF SURGICAL CORRECTION?

The risks of surgery include:

Infection: this is very rare; occasionally the stitches may have an infective or inflammatory response, which settles with oral and topical antibiotics.

Scarring: this is normally hidden in the natural skin crease of the eyelid. Stitches may be visible for the first week, then, when they are removed, a faint scar is visible. The scar may seem a bit thickened & red for 6 to 12 weeks, becoming almost invisible after that period. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result.



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Bruising: this is minimised by following the instructions on the post-operative information sheet. A haematoma may mean you have to go back into theatre to have the blood clot evacuated and then be re-stitched with the risk of a worse scar.

Theoretical risk to vision: any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is incredibly rare.

Asymmetry of eyelid shape, height or upper lid fold: this is rare, but can occur. Often asymmetry may be due to lid bruising and settles.

POST SURGERY CARE

Please see the "POST OPERATIVE EYELID CARE" leaflet for post surgery care instructions.