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Patient information leaflet
Droopy eyelid surgery (ptosis correction)

What is ptosis?
Ptosis (pronounced "toe-sis") is the medical term for drooping of the upper eyelid. A low upper eyelid may interfere with vision when the eyelids with partially or completely obstructing the pupil. The upper part of the visual field may be impaired as it is difficult to see out under droopy upper lids. Patients with ptosis often have difficulty keeping their eyes open: they may raise their eyebrows, use their fingers to prop open their eyelids or lift their chin in order to see.

What causes ptosis?
There are many causes of ptosis.
Congenital ptosis affects a child from birth and is commonly caused by a weakness of the levator muscle, which raises the eyelids. It may affect one or both lids.

Marcus-Gunn 'jaw-winking' ptosis is noticed early in life and usually affects one eyelid. The droopy eyelid rises on opening the mouth (jaw) to an abnormal nerve connection. Surgery is not usually needed for this.

Acquired ptosis is drooping of the upper lid that occurs later in life. This is most usually due to a defect in the muscle of the eyelid as a result of ageing, long term contact lens wear, after cataract surgery, or injury. The eyelid may also droop if weighed down by a large cyst or swelling. Weakness of the eyelid muscles may occur in rare muscle conditions such as myasthenia gravis or myotonic dystrophy. Paralysis of the nerves, which supply the eyelid for example, third nerve palsy (a type of stroke) may also cause the lid to droop.

Correction of ptosis
Patients who do not want surgery may consider using ptosis props or a scleral contact lens. Ptosis props are small bands of silicone fitted to spectacles, which prop up the upper lids.

For a more definitive solution, surgery is indicated to restore the anatomy of the eyelid. Surgery involves shortening the muscle/tendon that raise the lid. The muscle is reattached to the eyelid using sutures, which are buried under the skin. Depending on your needs and preferences, Miss Mellington may undertake *anterior approach* ptosis surgery via a small incision in the upper lid skin crease, which hides any scar, or *posterior approach* surgery via the underside of the eyelid (scar-less surgery).

In severe ptosis, when the levator muscle is extremely weak, a 'sling' or 'brow suspension' operation may be performed, enabling the forehead muscles to raise the eyelids. This is done using tendon taken from the thigh just above the knee or using an artificial material. There may be a suture in the thigh, which is removed after 10 to 14 days.

What type of anaesthetic is needed?
In children, ptosis surgery is usually done under a general anaesthetic. In adults, surgery is usually performed with a local anaesthetic. This allows for judgement for the eyelid position during surgery. The surgery may also be performed using local anaesthetic with sedation or under a general anaesthetic.

What are the potential risks or complications of ptosis surgery?
There is no absolute guarantee of success with any operation and ptosis surgery is no different.
About 85 to 90% of patients are corrected satisfactorily after the first operation. Approximately 10-15% may require a further surgery.

Complications include:
- Over or under correction: eyelid too high or too low after surgery
- Asymmetry of eyelid shape, height or upper lid skin fold
- Recurrence of ptosis. This may occur due to early suture dissolution or slippage and may require further (revision) surgery
- Contralateral ptosis. Correction of ptosis may unmask an underlying ptosis on the other upper lid. The asymmetry is often due to swelling and will settle as you recover from surgery. It may be due to pre-existing facial asymmetry.
- Bruising of the eyelids and face. Minimise this by stopping aspirin and other anti-coagulants (if safe to do so) 2 weeks before surgery and using ice packs and avoiding heavy exercise for 2 weeks afterwards.
- Infection
- Blood stained tears. This may occur within 48 hours of surgery. It may be managed with applying firm pressure on a closed eyelid for 10 to 15 minutes.
- Inability to close the eye (lagophthalmos) after surgery can occur especially after large ptosis operations. This usually corrects itself over time as muscles relax. If the lid is over-corrected (too high) after surgery, Miss Mellington may advise you to massage the lid and applying downward traction to the lid in a special controlled manner.
- Lid hangback on downgaze. After ptosis surgery, the lid can fail to lower on looking down. In congenital ptosis, lid hang back on looking down already occurs before surgery however it may be worse afterwards.
- Exposure of buried sutures (stitches). The offending suture may need to be removed. It may cause a corneal abrasion or infection, which would require frequent antibiotic eye drops.

- Theoretical risk to vision. Any eyelid surgery carries the risk that an undiagnosed infection or bleed (haemorrhage) could damage the optic nerve. The risk is so rare that a normal car journey would carry a greater risk to your vision than ptosis surgery.

What happens after ptosis surgery?
Generally the eye is padded shut for 12 hours to reduce swelling. The eye pad is removed by the patient the morning after surgery. When both eyes have been operated on or if the non-operated eye has poor vision, the pad may be removed two to four hours after surgery, before the patient is discharged home. Ice packs are used to reduce swelling.

Before you go home, the nurse will give you the prescribed post-operative medication and instruct you when and how to use your drops and ointment. A follow-up appointment is made 1 to 2 weeks after surgery and a further appointment two to twelve weeks later when the swelling of the lid should have resolved and a more accurate assessment of the outcome of surgery may be made. Sutures may be removed at the first post-operative appointment or are sometimes left to dissolve.

To reduce post-operative swelling, ice packs and sleeping a little more propped up e.g. with 3 pillows as well as avoiding sleeping on the operated side may help.

Keep the operated area dry for 7 days although showering is permitted.

Swimming, contact lens wear and eye make-up should be avoided for approximately two weeks after surgery and longer of the eye is red.

Following a brow suspension or 'sling' procedure, contact sports should be avoided for at least 6 weeks. Heading a ball in football should be avoided for six months.