



## **Patient information leaflet**

### **Upper lid retraction**

Upper lid retraction occurs when the upper eyelid rests at a higher position than normal. Normally, the upper lid rests just below the superior limbus (so that no visible white sclera is seen between the iris (coloured part of the eye) and the upper lid).

The eyelids may be retracted for a number of reasons including increased sympathetic drive seen in thyroid eye disease or with the use of certain medications or drugs, scarring such as after infection or trauma, following facial nerve palsy or overcorrection of ptosis (droopy eyelids), and in thyroid eye disease.

Retraction of the upper lid increases the amount of the eye between the eyelids on show (an increased palpebral aperture). This may hamper the spread of tears across the ocular surface during blinking and increase the evaporation of tears causing an uncomfortable, irritated red, gritty dry eye.

### **Treatment**

A number of treatment options are available and all are aimed at improving ocular comfort and protecting the ocular surface. A dry eye is susceptible to infection, which may be sight-threatening.

They include:

- Ocular lubricants
- Punctal plugs
- Permanent punctal occlusion
- Botulinum toxin to lower the upper lid
- Tarsorrhaphy (temporary and permanent)
- Upper lid gold weight insertion
- Surgical upper lid lowering: retractor recession