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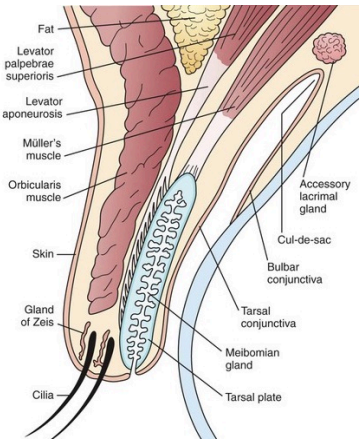
CONSULTANT OPHTHALMIC, OCULOPLASTIC AND ORBITAL SURGEON

Patient information leaflet
Correction of upper lid retraction: upper lid lowering



Section through the upper lid

The upper lid may be retracted for a number of reasons including scarring, post trauma or infection, unopposed action of the eyelid elevators in facial nerve palsy and following the inflammatory phase of thyroid eye disease.

The treatment of upper lid retraction is dependent on the cause and may include a skin graft or flap where there is insufficient skin for the eyelid to fully close; or reconstruction of the posterior layer of the eyelid if this is deficient because of scarring for example.

When there is no lack of lid tissue (that is, no deficiency of the anterior or posterior layers of the eyelid), recession of the eyelid retractor muscles (levator palpebrae superioris and/or Muller's muscle) may be advised to lower the lid and correct lid retraction.

Depending on the extent of lid lowering required, the surgical approach may be posterior (via the underside of the eyelid), or anterior, through an incision in the upper lid skin crease. Scarring is minimal and in the anterior approach, is hidden in the skin crease.

Risks of the procedure include: bleeding, infection, inflammation (swollen eyelid), which usually resolves within two to three weeks but may persist for up to six weeks. Other risks include: a scar (which is usually hidden in the skin crease), under-correction (eyelid still too high), recurrence of lid retraction (which can occur weeks or months later), over-correction (lid too low), change in lid contour (the shape of the lid margin), facial asymmetry (a difference between the right and left upper lids), further surgery. The natural crease of the upper lid skin results from insertion of fibres of the levator palpebrae aponeurosis into the skin. When this muscle is recessed, the skin crease may sit higher.

Benefits of the surgery: correction of upper lid height, reduced symptoms of dry eye and improved ocular comfort, and better ocular surface protection.

Post-operatively: The lid height and contour can vary considerably in the post-operative period as the lid heals. This is particularly true for patients having surgery for thyroid eye disease-related lid retraction. Miss Mellington would therefore wait up to 3 months before contemplating any revision surgery. Time is needed for the lid to settle.

Removal of sutures: Skin sutures are used when the lid is lowered via the anterior approach. These sutures are usually absorbable however may be removed at two to three weeks post-operatively following review by Miss Mellington and her team.