

Information for patients

Ptosis [droopy eyelid] surgery

Ptosis is the name given to droopy eyelids.

This leaflet gives you information that will help you decide whether or not to have surgery to correct your ptosis. You might want to discuss it with a relative or carer. Before you have any operation, you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

The condition

Your eye surgeon has suggested that ptosis surgery may be of benefit to you. This may be because your eyelid is obscuring your vision and making it difficult for you to see or because of the appearance of the lid is not satisfactory.

If the operation is not performed the ptosis will probably remain about the same but it may get slightly worse in the long-term.

Waiting for a longer period of time for surgery does not usually affect either the type of operation needed to correct the ptosis nor the outcome of that surgery.

The operation

The purpose of the operation is to raise your eyelid(s) to a more satisfactory level to allow you to see more comfortably and match the appearance of both eyes.

The operation is usually performed under local anaesthetic. With a local anaesthetic you will be awake during the operation. Before the operation, you will be given eye drops followed by an injection of local anaesthetic into your upper eyelid. The anaesthetic stings but this only lasts about 30 seconds.

Occasionally the operations for ptosis may be performed under general anaesthesia e.g. children, the very anxious, and when certain surgery is to be performed.

During the operation only your face will be exposed, the rest of your body will be covered with drapes. You will be asked to keep your head still but you may talk. You will be aware of bright lights and the operating theatre staff. You may also be aware of some pressure and pulling sensations during the operation. If you feel any discomfort, tell the surgeon who will then give you a little more local anaesthetic.

The operation normally takes 30-40 minutes per eye, but may take up to 60 minutes.

A nurse will hold your hand the whole time to make sure that you are all right.

During the operation the surgeon will make a shallow cut in your eyelid. The surgeon will then define the body of the eyelid and the muscle that normally pulls it up. Reattaching these structures completes the operation. In order to set the lid height correctly your help will be needed and you will periodically be asked to look up and down as directed.

After the operation

After the operation is completed your eye will normally be left open and without a dressing. Some ointment will be put on the eyelids and in your eye. This may make your vision a little blurred. The eyelid may ooze a little blood from time to time and this can be gently dabbed away. Sometimes your eyelid may be padded closed after the operation. This is more likely if the surgeon feels that your eye is still not closing completely after the operation is finished.

If you have discomfort, we suggest that you take a pain reliever such as paracetamol every 4-6 hours (but not aspirin - this can cause bleeding). It is also helpful to place an ice-pack over the eyelids to reduce the swelling when you get home.

It is normal to feel bruised and a little discomfort for a while after surgery and some bleeding is not uncommon.

In most cases, healing is complete in about 3-6 weeks, although sometimes it can take a little longer.

Whilst your eye is healing it is advisable to avoid the following activities; strenuous exertion and hot baths. You should also do your best to keep out of dirty environments and please don't rub your eye.

You will be given ointment to place on the stitches on the eyelid 3 times a day. You are also asked to put some of the same ointment into your eye at night and whenever you are likely to fall sleep during the day. The hospital staff will explain how to use the ointment.

Most likely outcome of surgery

The most likely outcome of the surgery is that your eyelid will have been raised and will now be in the correct position for you [80% 8 out of 10]. However, due to the nature of the surgery the accuracy of lid correction is usually only about +/- 1mm [25th of an inch]. Sometimes the amount of correction is too little and the lid still a bit low. This can be corrected if needed but usually needs another operation and it is usual to wait several months for the lid to completely recover from the first operation. Sometimes the lid is a bit high. This can be corrected by lid massage and this will be explained to you if required. However, if the lid is so high that the eyelids do not close when you are asleep or when you blink, then a further operation may be needed more urgently.

The operation can also lead to changes in the shape of your eyelids. Usually this is satisfactory but occasionally the lid may be too high or just right in one part of the lid, whilst too low in another. If this is the case it can be corrected but usually means another operation.

Following the operation the operated eyelid(s) may not drop down evenly when you look down. This may mean that the eye doesn't close when you are asleep, so ask a friend or partner to look. Usually this sorts itself out but if you have had ptosis all your life it is unlikely to do so and will probably mean that you need to put ointment into your eye whenever you sleep.

If you have ptosis surgery on one eye only (which is the usual scenario) it is possible that the other eyelid will droop a little following the surgery. This is to do with the way the brain works your eyelids. It may mean that you want surgery on the other side too.

Benefits and risks of ptosis surgery

The most obvious benefits are that your eyelids will be at a more satisfactory / symmetrical level and that this will allow you to see more comfortably.

However, you should be aware that there is a small risk of complications, either during or after the operation.

Some possible complications during the operation

- Bleeding
- Technical failure

Some possible complications after the operation

- Bleeding
- Infection
- Eye develops dry eye
- Eyelid too high or too low - 10-20% [1-2 out of 10]
- Eye does not close
- Bruising of the eye or eyelids
- Allergy to the medication used
- Occasionally further surgery may be required

Minor complications are not uncommon but in most cases can be treated effectively.

In a small proportion of cases, further surgery may be needed.

Very rarely some complications can result in blindness.

We hope this information is sufficient to help you decide whether to go ahead with surgery.

Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.

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