

Patient Information - Adnexal

Ptosis

What is ptosis?

Ptosis is the medical name for the drooping of the upper eyelid, which can happen in one or both eyes.

A low upper lid can interfere with vision by affecting the top part of your visual field. You might also have difficulty keeping your eyelids open, eyestrain or eyebrow ache (from the increased effort needed to raise your eyelids), and fatigue, especially when reading. For some patients, ptosis poses a cosmetic problem.

Ptosis can either be present at birth (congenital), or appears later in life (acquired), following long-term contact lens wear, trauma, after cataract surgery or other eye operations. There are less common causes of a droopy eyelid, such as problems with the nerves or muscles.

What causes ptosis?

Congenital ptosis affects a child from birth and is commonly due to a defect in the levator muscle which raises the eyelids. It can affect one or both lids.

Although this can be purely a cosmetic problem, it can also prevent normal visual development, so surgery to correct the lid position is sometimes necessary.

In Marcus Gunn 'jaw-winking' ptosis, the droopy eyelid rises when the jaw is opened due to an abnormal connection of the nerves. This condition is usually noticed only in small children and affects one eyelid. Surgery may be necessary. Operating on the affected eyelid could cause the unaffected eyelid to also droop. Therefore you may need surgery on both eyelids. This will be explained further by your doctor.

Acquired ptosis affects patients later in life and can be due to a defect in the muscles or nerves of the eyelid which can occur with simple ageing or injury.

A weakness in the eyelid muscles can occur in some rare muscle conditions such as myasthenia gravis or myotonic dystrophy. Paralysis of the nerves



supplying the eyelid can cause it to droop as in a third nerve palsy (a type of stroke). The eyelid can also droop if weighed down by a large cyst or swelling.

What will happen at my hospital appointment?

When you are first referred to Moorfields, an eye doctor will see you in an outpatient clinic. You will have a full eye examination to check your vision and measure the extent of the drooping. Blood tests, neurological assessment and a review of old photographs might also be necessary.

Children and sometimes adults have a series of tests to measure their eye movements (orthoptic assessment) to ensure there are no other problems. A photograph will usually be taken prior to the operation to compare the position of the lid after surgery.

Once a decision to operate is made by you and your doctor, you will either be given a date for surgery there and then or you will be sent a date through the post. It might be necessary to arrange a pre-operative assessment if you have other medical problems.

Aspirin and anti-coagulants

If you take aspirin or drugs such as warfarin to thin your blood, you will be asked to seek advice from your GP about whether you could reduce or stop these

medications prior to your surgery. Blood thinning medications can make bleeding more likely during and after surgery.

What type of anaesthetic is necessary?

In children, ptosis surgery is usually done under a general anaesthetic. In adults, surgery is usually performed with a local anaesthetic (since this allows for judgement of the lid position during surgery). Surgery can also be performed using a local anaesthetic with sedation or under a general anaesthetic. Both a general anaesthetic and local anaesthetic with sedation require that the patient has nothing to eat or drink for at least six hours before surgery.

What does ptosis surgery involve?

Ptosis surgery usually involves shortening the muscles or tendons that raise the lid. The muscle or tendon is reattached to your eyelid using sutures, which are buried under the skin. The sutures might be visible on the skin of your eyelids, but are removed around one week after surgery.

Occasionally, the lid is suspended from the brow in order to raise it. This is done using either tendon from your thigh taken via an incision just above the knee, or using an artificial material. Brow lift surgery is often done on both sides at the same time in order to achieve a better cosmetic result. The number of stitches in



your leg can vary but this is usually removed after ten to fourteen days. This can be done by your own GP.

Does ptosis surgery have any complications?

There is no absolute guarantee of success with any operation and ptosis surgery is no different.

About 80- 85% of patients are corrected satisfactorily after the first operation. Approximately 15 – 20 % could require a further surgery. Complications such as the eyelid being too high or too low, the curve of the lid being irregular or the upper lid fold of skin being asymmetric are some of the problems occurring after ptosis surgery. The droopy eyelid can also reoccur at any time in the future and might require a further operation. Repeat surgery such as this can be more complicated to undertake.

Bruising of the eyelids and surrounding face is common after ptosis surgery. Bleeding and infection are also potential risks, but are less common.

Inability to close the eye after surgery (lagophthalmos) can occur particularly after large ptosis corrections. This usually corrects itself with time as the muscles relax. If the eyelid is overcorrected (too high) after surgery, massaging the lid and pulling it down in a special, controlled

manner can be performed to lower the lid if your doctor thinks this may help. Further surgery might be necessary to lower the eyelid later. Ointment is often required at night if the eyes are not closing properly while sleeping.

After ptosis surgery, the lid can fail to look down (lid lag). In congenital ptosis, lid lag on looking down is already a problem even before surgery, but this might be worse following the operation.

Since proper closure of the eyes is necessary to keep the surface of the eye (cornea) moist, it follows that poor eyelid closure will lead to dry eyes. This can give the eyes a gritty sensation and make them red, sore and prone to infection. Often, simple lubrication with artificial tears and ointment can help the situation. If the eyes are already slightly dry before surgery, they might be worse after the operation.

What will happen after the ptosis surgery?

Generally, your eye is padded shut for 24 hours, in order to reduce any swelling. You can remove this eye pad at home the following day.

When both eyes have been operated on or when the vision in your non-operated eye is poor, we might remove the pad four hours after surgery, before discharging you home. In these cases, you can use

icepacks to help reduce the swelling. Before you go home, the nurse will clean around your eye and instil drops. Usually, drops and ointment will be prescribed for use at home; the nursing staff will show you how and when to use them.

A follow-up appointment is made for five to seven days after surgery, with a second appointment between two and 12 weeks after that, when the swelling in your lid should have gone down and a more accurate assessment of the result of the surgery can be made. Stitches are sometimes left to dissolve or are removed at about one week after surgery.

Ice packs can help to reduce the swelling as can sleeping at a 45-degree incline and avoiding sleeping on the operated side. It is often advisable to keep the operated area relatively dry for between two and 10 days, but you can have a shower. Swimming, contact lens wear and eye make up is not advised for approximately two weeks or longer if your eye remains red.

If your child has had a brow lift “sling” operation, they should avoid playing contact sports like football, and he/she must not 'head' the ball for six months.

If you have any problems such as increasing pain worsening vision or bleeding following your operation,

Moorfields has a telephone advice line on 020 7566 2345, which is open from Monday to Friday 9.00 to 16.30, and a 24-hour A&E department for eye emergencies.

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**Moorfields Eye Hospital NHS
Foundation Trust**
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday to Friday, 9am to 4.30pm,
for information and advice on eye
conditions and treatments from
experienced ophthalmic-trained nurses.

**Patient advice and liaison service
(PALS)**
Phone: 020 7566 2324 or 020 7566 2325
Email: pals@moorfields.nhs.uk
Moorfields' PALS team provides
confidential advice and support to help
you sort out any concerns you may have
about the care we provide, guiding you
through the different services available at



Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to start their consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further – see above for contact details. For more information about your rights under the NHS constitution, please visit www.nhs.uk/choiceinthenhs.