



Paediatric information – for parents

Surgery for droopy eyelid (ptosis) in children

This leaflet describes different types of surgery for droopy eyelid (ptosis) and frequently asked questions some parents may have.

You and your child's eye care team will discuss these options and agree which operation is best for your child, and when it should be done.

Useful contacts

Please phone the children's ward if you have any concerns on 020 7566 2595 Monday-Friday, 7.30am to 6pm. In the case of an emergency outside of these days and times, please call our specialist A&E department on 020 7253 3411 ext 4335.

Why might my child need an operation?

The purpose of ptosis surgery is to allow vision to develop properly and/or to improve the appearance of the eye. A child's vision develops over the first eight years of life, and if there is a droopy eyelid blocking light getting into the eye, this vision development can be affected.

What options for surgery are there?

When children are born with a droopy eyelid, it is usually due to the main eyelid lifting muscle, the levator, not having developed properly. As a result, the muscle cannot lift the eyelid fully. Currently, there is no way to replace the normal muscle power. Surgical techniques work using the power the levator muscle still has, or, in more severe cases, the power of the muscles of the eyebrow and forehead.

If there is enough power left in the eyelid muscle (this varies from child to child), an operation on the eyelid muscle is used to 'tighten' the muscle ('levator resection'), increasing the muscle's power so that it can better lift the eyelid.

If the levator does not have enough power, we use an operation called a 'brow suspension', which creates a connection between the brow and the eyelid, so that when the eyebrow lifts, the eyelid also lifts. For children over 5 years old, we use either silicone material or part of the covering of the tendon of a muscle in the outer part of the leg above the knee called the "fascia lata", to make that connection.



For children under 5 years old, this tissue is not fully grown, so we have to use another material such as silicone. Unfortunately, operations to lift the eyelid do not always last forever, and may need to be repeated, especially in those children who have the surgery at a young age. For this reason, we only advise surgery to lift the eyelid in very young children (less than five years old) if the position of the eyelid threatens the development of vision.

Types of anaesthetic

All types of ptosis surgery in young children require a general anaesthetic. However, for older children (from about 13 years of age, depending on the patient), such surgery can be performed under sedation and a local anaesthetic, with an injection into the eyelid after giving the young person medication to calm them down.

Risks of the surgery

As with all operations, there are some risks. We will discuss with both you and your child, if they are old enough to understand, whether it is in their best interest to have an operation.

Scarring, infection and bleeding

The serious risks with ptosis surgery are all rare. They include infection, bleeding, and unsightly scarring. As far as possible, the cuts as possible are hidden in the eyelid creases. In the case of brow suspension, the cuts are very small. This minimises the risk of visible scars. If bleeding into the eyelid or the eye socket occurs, this needs urgent surgery to stop the vision being

permanently damaged. Infection can be serious enough to threaten sight or even general health. In the case of a brow suspension with a suture or silicone, again, inflammation and infection can follow, and the material sometimes needs to be removed as a result.

In children and young people who need a brow suspension with fascia lata, the material is obtained by making a small cut on the side of the leg above the knee. Rarely, this too can have complications, including infection, bleeding, localised bulging (herniation) of the muscle and scarring. It is quite common for children to experience a sore leg immediately after the procedure, and to find walking uncomfortable for the first week or two. However, in practical terms, longer-term consequences to walking or running are extremely rare.

Eyelid open during sleep

In some children the eyelid may remain open during sleep in the longer term, although this typically does not cause any trouble either to the eye or to visual development. Also, you might notice that the top eyelid does not move fully downwards when your child is looking down. This is called 'lid-lag' and may improve with time, but in some children can be quite noticeable when they are looking down, even in the long term. If, after surgery, the eyelid is too high, or the muscle too tight to allow the eyelid to close properly, the surface of the eye can become dry, with a risk of infection





or ulceration in rare cases, which can affect the vision.

Under- or over-correction

There is always a risk of under- or over-correction, particularly where the surgery is performed under general anaesthesia. When children are asleep during the procedure, the surgeon cannot check the height of the eyelids when using the eyes. In contrast, with a local anaesthetic, the patient is able to move the eyelids, and the outcome can be checked easily, which makes the operation more predictable. For this reason, we recommend that surgery for less severe ptosis, where visual development is normal, is undertaken at an age when the young person can tolerate a local anaesthetic.

Preparing for surgery

When your child is listed for surgery you will be asked to attend a pre-operative assessment (this may be done by telephone). When we give you the date and time of surgery, we will also give you information about preparing your child for the surgery and timings of when to stop giving your child solid food and drinks. It is important to keep to these instructions, so that your child is able to have the general anaesthetic.

After ptosis surgery

Sometimes we place a cotton pad over the eye(s) after surgery, but we do limit this as much as possible to avoid distress to your child when they wake up after the operation.

Children can go home a few hours after the surgery; they do not need to stay in hospital overnight. Most children stay off school or nursery for 7-10 days, depending on the type of operation. After the surgery, it is normal for the eye lid(s) and forehead to be swollen and bruised and uncomfortable for a few weeks. It is also common for the eyelids not to shut completely, (especially noticeable during sleep), for some time after surgery. We will give you moisturising drops to ensure the eye surface does not get dry. Please remind your child not to touch their eye and forehead. Regular paracetamol, if required, and distraction, tend to work well. Please make sure that you have pain-relief medication, such as paracetamol, at home, because the hospital does not routinely provide this.

Once your child has fully recovered, and before you leave the hospital, we will give you eye drops and ointment to moisturise the surface of the eye and prevent infection, and we will explain how these are used, and for how long.

We will arrange an appointment one to two weeks after the surgery to check on your child's progress and again a few months later. As we typically use self-dissolving stitches, these usually will not need removal. If, however, the stitches are still present after a month, we recommend you use a cotton pad soaked in boiled, cooled water to gently wipe the skin surface to encourage the stitches to unravel and fall out.



It is also important to let your child's school know about the surgery. We ask children to avoid contact sports until after the first post-operative visit, and recommend that swimming is delayed until a month after surgery.

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Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)
Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with 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.

