



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, eye strain 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.

What causes ptosis?

Ptosis can either be present at birth (congenital), or appears later in life (acquired). 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.

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. This is known as a third nerve palsy (a type of stroke). The eyelid can also droop if weighed down by a large cyst or swelling. Acquired ptosis could also occur following long-term contact lens wear, trauma, post cataract surgery or other eye operations. There are other less common causes of a droopy eyelid, such as problems with the nerves or muscles.

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, however operating on the affected eyelid could cause the unaffected eyelid to also droop. Therefore you may need surgery on both eyelids. Your doctor will explain this further at your appointment.

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 will 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 before 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. You will also need a pre-operative assessment review to check your general health and ensure that it is safe for you to proceed with surgery.

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. This is because blood thinning medications can make bleeding more likely during and after surgery. Please do not stop your anticoagulant medication without consulting a doctor.

What type of anaesthetic is necessary?

In children, ptosis surgery is usually done under a general anaesthetic (induced sleep). In adults, surgery is usually performed awake 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. If you have a general anaesthetic or local anaesthetic with sedation, you must not have anything 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 (stitches), which are buried under the skin. There may also be skin sutures visible on your eyelids, but these can be removed around one to two weeks 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 suspension surgery may be done on both sides at the same time in order to improve symmetry. The number of stitches in your leg can vary but they are usually removed after ten to fourteen days. This can be done by your own GP.

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Does ptosis surgery have any complications?

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

Overcorrection

If your 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. This should only be done if your doctor thinks this may help. Further surgery at a later point might be necessary to lower the eyelid. Ointment is often required at night if your eyes are not closing completely while sleeping.

Lid lag

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

Dry eyes

Since proper closure of the eyes is necessary to keep the surface of the eye (cornea) moist, poor eyelid closure will inevitably 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, however if your eyes were already slightly dry before surgery, they might be worse after surgery.

Facts and figures:

- About 80- 85% of patients are corrected satisfactorily after the first operation, with asymmetry of 1mm or less.
- Approximately 15 – 20 % could require a further operation.
- Complications after ptosis surgery include the eyelid being too high or too low, the curve of the lid being irregular or the upper lid fold of skin being asymmetric. 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 carry out.
- 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.
- Correcting the droopy eyelid on one side can reveal a previously unnoticed droopy eyelid on the other side.

What will happen after the ptosis surgery?

Generally, after surgery 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 a few 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 one to two weeks after surgery, with a second appointment between two and 12 weeks after that. 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 to two weeks 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. You can shower as normal, but ensure you dry your eyelid with a clean cotton pad after.

Other information

- Swimming, contact lens wear and eye make-up are not advised for approximately two weeks or longer if your eye remains red.
- If your child has had a brow suspension 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, you should call Moorfields Direct for advice on 020 7566 2345 or go to your local A&E department for a further examination. You could also go to Moorfields A&E department, open 24/7 (for emergency eye problems only).

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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.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin 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 more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

