



PTOSIS – Drooping of the upper lid

What is a ptosis?

Ptosis means downward displacement and in ophthalmology refers to a drooping upper eyelid.

What causes ptosis?

The most common type of ptosis is caused by a separation of the muscle tendon which raises the eyelid from the lower structure of the eyelid. This can occur as a result of ageing, after eye surgery, contact lens wear, or from an injury.

What are the signs and symptoms of ptosis?

A drooping eyelid is the primary sign of ptosis. There may be some vision loss in the top of the area that you can see without moving your eyes or muscle fatigue from attempting to lift the lid.

How is ptosis treated?

The treatment is usually surgery. During surgery the muscle that lifts the lid is tightened usually under local anaesthesia. Very rarely the lids may be attached to the brow using synthetic material (e.g. a nylon suture) or tissue taken from the thigh (fascia lata) so that the forehead muscle does the lifting.

An ophthalmic consultation can provide a comprehensive assessment of your ptosis, and a discussion of the available treatment options.

What happens before ptosis surgery?

You will visit the clinic a few weeks before the date of your surgery, to have a preoperative consultation with your surgeon. He/she will ask you questions about your current and past health, and will need to know about any allergies you may have, medications you are taking (including over the counter products e.g. aspirin, indomethacin or vitamin supplements), previous surgery, and whether you smoke. You may also be required to have a physical examination of your heart and lungs by your GP to make sure it is safe for you to have an anaesthetic. You may need to have some routine laboratory tests, such as urinalysis (tests of your urine), chest x- rays, or complete blood cell counts. These should reveal potential problems that might complicate the surgery if not detected and treated early. No testing may be necessary if you are in good health and younger than 65.

All questions need to be answered completely and honestly as they are asked only for your own safety and so that your surgery can be planned as carefully as possible. If you are unsure of the names of any medications, bring them with you. You will be told whether or not to stop any medications at this preoperative clinic visit. For example, if you are taking aspirin-containing medicines or anticoagulants, they may need to be temporarily withdrawn or reduced in dose for two weeks before the procedure.

Your eyes will be examined carefully and the vision in each eye measured. The pressure within each eye is also measured and the back of the eye (the retina) is examined as well as the eyelid itself. The positioning of the eyelashes is noted. The surgeon will take a photograph of your face before surgery so that the results of surgery can be compared with the original appearance.



What should I expect at the clinic?

The procedure will be explained to you and you will then be asked to sign a consent form saying that you understand the procedure and that you have been told about any possible complications. Very rare complications will be described, as well as any more common ones, to keep things in perspective. If you have any questions or worries, make sure they are answered, before you sign the consent form. You are quite free to go away and consider the options before committing yourself to any surgery. You can then request further information if required.

What happens at surgery?

The surgery takes approximately 45 minutes to an hour to perform. You will be able to go home approximately half an hour after the completion of surgery. Someone must be available to take you home and stay with you for up to 24 hours after the operation.

Ptosis surgery can be performed under local anaesthesia, local anaesthesia with sedation by an anaesthetist (known as “twilight” anaesthesia), or under general anaesthesia. In adults it is usually preferable to perform the surgery under local anaesthesia with some mild sedation. A small incision is made in the upper eyelid skin crease in order to camouflage the scar.

The surgery is performed using a “Colorado needle” which greatly reduces bleeding and is safer than a laser. Tiny dissolvable sutures are inserted to close the wound.

What happens after surgery?

The procedure is usually carried out as a day case. Very rarely, depending on the patient's individual circumstances, an overnight stay in a local private hospital is required. After surgery, the eye is treated with antibiotic ointment and may be covered with a pressure dressing to reduce postoperative swelling. A lower eyelid stitch (a Frost stitch) may be placed and taped to the forehead so that the lower eyelid is pulled over the cornea for eye protection while the dressing is in place. The dressing is normally left in place overnight and removed in clinic the following day. Occasionally a cool pack alone is used and the patient reviewed after 1-2 weeks in clinic.

You will be asked to clean the eyelid wound and repeat the application of antibiotic ointment to the wound 3 times a day for 2 weeks. The sutures used are usually dissolvable but can be removed after 2 weeks. The skin around the eyes should be protected from direct sunlight, by avoidance if possible or by using sunglasses. Wearing make-up should be avoided for at least 2 weeks. Postoperative bruising and swelling usually takes 2-3 weeks to subside. The scars gradually fade to fine marks within a few months.

You will need to use frequent artificial tears for the first 2-3 weeks following surgery. These will be prescribed for you e.g. Systane eyedrops preservative free, Viscotears preservative free, Liquifilm tears preservative free, Cellusvisc and Lacrilube ointment at night. These medications can be purchased across the counter at the chemist.



What are the risks of ptosis surgery?

- The risks of ptosis surgery include infection, bleeding and reduced vision, but these complications occur very infrequently
- A temporary inability to fully close the eye after ptosis surgery is not uncommon. Lubricant drops and ointments are frequently useful in this situation
- It is also important to know that although improvement of the lid height is usually achieved, perfect symmetry in the height and contour of the two eyelids and full eyelid movement is sometimes not achieved. More than one operation is occasionally required.

What are the possible common complications of ptosis surgery?

Complications in the hands of a trained and experienced oculoplastic surgeon are very rare and all precautions are taken to minimise any risks.

Complications after ptosis surgery include:

- Blurred or double vision, mainly for a few hours, up to a day or two after surgery. This may occur for several reasons – ointment put in the eye immediately after the operation, local anaesthetic used in the operation, weakening of the muscles that control eye movement or swelling of the normally clear covering around the eye (the conjunctiva). If blurring persists for longer than 48 hours, it is important to inform the surgeon.
- Watery eyes - this is common for the first few days after the operation.
- Dry eyes may persist for approximately 6 weeks. You will need to lubricate your eyes using artificial tears during the day (e.g. Systane or Viscotears) and an ointment at night (Lacrilube). These will be prescribed for you.
- Injury to the surface of the eyeball that causes persistent pain. This is very rare. If the pain lasts longer than a few hours after the operation, the surgeon must be informed.
- Collection of blood around the eyelids or behind the eyeball, called a haematoma. A sudden haematoma behind the eyeball can cause loss of eyesight if not managed appropriately. An oculoplastic surgeon is trained to prevent and to manage such a problem.
- Problems with eyelashes that point into the eye instead of away from it.
- Infections