

DROOPY EYELIDS (PTOSIS)

PATIENT INFORMATION

WHAT IS PTOSIS:

Ptosis is the medical name for drooping of the upper lid, which can be present in one or both eyes. A low upper lid can interfere with vision, by affecting the top part of the visual field and may also be a cosmetic problem.

Patients might have difficulty keeping their eyelids open, eyestrain or fatigue.

Ptosis can either be present at birth (congenital), or may present later in life (acquired) usually as a result of stretching of the muscle over time. It may also occur with long-term contact lens wear, trauma, after cataract surgery or other eye operations. There are also less common causes of a droopy eyelid, such as problems with the nerves or muscles.

HOW IS PTOSIS TREATED:

Ptosis can be corrected in most cases with a quick operation that takes between 30-60 minutes. This surgery is done as a day procedure so you do not have to stay in overnight.

You will have a "freezing injection" (local anaesthetic) and some mild sedation so you do not experience any discomfort. The surgery is also sometimes done with local anesthetic alone in which case you will feel some stinging for a few seconds as the "freezing injections" are given but the eyelids then become numb and you will not feel any discomfort. If you have sedation, it will make you sleepy for the beginning of the surgery so you will not feel any injections. During the surgery you will be awake so that the surgeon can ask you to open and close the eyes to help place the lids in the right position.

Ptosis surgery usually involves re-attaching or shortening the muscle that raises the lid. This is done using sutures, which are buried under the skin. The surgery is done through an incision in the eyelid crease so the scar will not be visible once healed. Any excess skin in the upper eyelid may also be removed at the same time. There will be some stitches along the upper eyelid fold which will be removed at one week.

If both eyes have ptosis it is usually best to operate on both sides at the same time to give the best chance of a symmetrical result.

WHAT SHOULD I DO IN PREPARATION FOR SURGERY:

Blood thinning medications such as aspirin, clopidrogel (Plavix, Iscover) and warfarin can make bleeding more likely during and after surgery. If you are taking these drugs your doctor will tell you if and when to stop these medications prior to surgery. You should also stop anti-inflammatory drugs like ibuprofen (Nurofen), fish oil, ginger, ginseng and garlic containing supplements 2 weeks before surgery.

If you smoke it is strongly recommended that you stop smoking for at least 3 days prior and 1 week after surgery. This is important as smoking impairs wound healing and increases the risk of infection.

Avoid alcohol for a day before and a day after surgery.

You are required to have nothing to eat or drink for at least six hours before surgery.

On the day of surgery please dress casually and wear a top which buttons at the front. Please wash your face on the morning of surgery and men should shave.

Do not wear any makeup, jewellery or contact lenses.

WHAT HAPPENS AFTER THE OPERATION:

The eyes will often be left uncovered. Sometimes a dressing will be placed over the eyes: if both eyes have been done then one eye will be uncovered after an hour, prior to going home. Any remaining eye pad should be removed the next day.

Once you are home you should rest for the next 24 hours. You can then do most of your normal activities but avoid any vigorous activity, running, gym work or heavy lifting (>5kg) for 2 weeks.

If you have had sedation, do not drive, operate machinery, take alcohol or sedative drugs for 24 hours.

It is advisable to keep the operated area relatively dry for 7 days although showering is permitted after 48 hours.

The eyelids and cheeks will become very swollen and bruised ("black eyes"). This is normal and may get worse in the first 24-48 hours before it starts to get better. Icepacks (or frozen peas wrapped in a hand towel) can be used to help reduce the swelling. Hold the icepacks over the closed eyes for 10 minutes and repeat hourly for the first 3 days. The bruising and swelling often takes 2-3 weeks to settle.

There is usually no significant pain and most patients find panadol or panadeine is all that is needed for any discomfort. Take 2 tablets every 4 hours as necessary (maximum of 8 in a day).

Do not be worried if the lids look too low or too high or have an odd shape in the first week while they are swollen as this usually improves over a few weeks.

Your vision may be slightly blurred in the first couple of weeks while the lids are swollen: this will improve once the swelling settles.

You may also find that the eyes feel gritty and dry in the first few weeks as the eyes are more open than before. If the eyes are already slightly dry before surgery, they might be worse after the operation. This will usually disappear when blinking becomes easier as the swelling settles. Artificial tear drops or ointment may help during this period.

Some patients also note that the eyelids above the eyelashes are a little numb for a couple of months until the nerves recover.

You will be given antibiotic eye ointment to use on the stitches twice a day for 5 days and a clinic appointment will be made for about a week later to have the stitches removed.

You will usually need about one week off work.

Do not swim, wear your contact lenses or eye make-up for 2 weeks, and longer if the eye remains red. Avoid sun exposure by wearing a hat or dark glasses for up to six months.

WHAT ARE THE MAIN COMPLICATIONS FOLLOWING PTOSIS SURGERY:

About 95% of patients are corrected satisfactorily with one operation. Approximately 5% (1 in 20 people) may require further touch up surgery.

As the eyelids will often be low for a few weeks due to swelling your surgeon will generally wait for at least 6 weeks to see the final lid position. If the eyelid is a little too low or high or the curve of the eyelid is irregular at this time it can be corrected with a second procedure.

If you experience bleeding from the wound use an ice pack wrapped in a towel to apply firm pressure to the eye for 15 minutes (by the clock and without releasing) and then repeat if the bleeding continues. Almost all cases of bleeding will settle with pressure. If it does not then call the Adelaide Skin & Eye Centre during clinic hours. If after hours, please call Prof Selva or attend your nearest hospital emergency department.

Infection is rare and may occur as increased pain, tenderness, swelling and redness around the stitches. This is generally easily treated with a course of antibiotics.

Rarely, months or years after successful surgery, drooping of the eyelid may occur again. This can be corrected with further surgery.

WHAT IS THE FOLLOW-UP TREATMENT:

You will be given a clinic appointment for one week after surgery with a second appointment some weeks later when the swelling in the lid should have gone down and a more accurate assessment of outcome of surgery can be made. Stitches are usually removed at about one week after surgery.

If you require any further information or advice about your operation, please call:

Monday to Friday 09.00 to 17.00 call: Adelaide Skin & Eye Centre 8211 0000