

Ptosis – or a droopy eyelid

What causes adult ptosis?

The most common type of adult ptosis is caused by a separation of the levator muscle tendon (the levator aponeurosis) from the lower aspect of the eyelid (the tarsus) or from a stretching of the tendon. This can occur as a result of ageing, after eye surgery e.g. glaucoma surgery, long term contact lens wear, or following an injury.

What are the signs and symptoms of adult ptosis?

A drooping eyelid is the primary sign of ptosis. There may be some vision loss in the upper field of vision. There may be fatigue from attempting to elevate the lid or there may be a marked compensatory elevation of the eyebrows which act as a secondary elevator of the eyelids. Droopy eyelids can have a profound effect on a person's cosmetic appearance and self-esteem.

How is adult ptosis treated?

The treatment is usually surgery although there are a few very rare disorders that may be treated medically (e.g. myasthenia). During surgery the levator tendon (the levator aponeurosis) is tightened, often under local anaesthesia with intravenous sedation provided by an anaesthetist ("twilight anaesthesia"). This is referred to as a "levator aponeurosis advancement". For minor degree of ptosis, an alternative operation can sometimes be performed via an incision on the inside of the eyelid. This is referred to as a "Müller's muscle resection".

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.**



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What happens at surgery?

Ptosis surgery can be performed under local anaesthesia, local anaesthesia with sedation by an anaesthetist (“twilight anaesthesia”), or under general anaesthesia. In adults it is usually preferable to perform the surgery under “twilight anaesthesia”. For a levator aponeurosis advancement, a small incision is made in the upper eyelid skin crease to camouflage the scar. Tiny dissolvable sutures are inserted to close the wound. A Müller’s muscle resection procedure is performed via an incision on the inside of the eyelid with the use of the same tiny dissolvable sutures. This leaves no visible scar.

The procedure may be carried out as a day case or with an overnight stay in hospital depending on the patient’s individual requirements.

After surgery, the eyes are initially covered with pressure dressings to reduce postoperative swelling and treated with antibiotic ointment. A lower eyelid stitch is sometimes placed (a “Frost” suture) and taped to the forehead so that the lower eyelid is pulled over the cornea for eye protection from the dressings. The dressings may be left in place overnight and removed the following day in clinic along with the suture. For some patients, no dressing is required and only cool packs are used for 24-48 hours intermittently.

You will need to use artificial tear drops very frequently for the first few days. These will be prescribed for you e.g. Liquifilm drops, Systane eyedrops preservative free, or Viscotears preservative free, or Liquifilm tears preservative free, or Cellusvisc drops and Lacrilube ointment at bedtime. It is often recommended that you use Lacrilube ointment to the eyes 2 hourly for the first 48 hours after surgery but note that this will cause blurring of vision. (You should not drive for the first few days after surgery).

What should I expect at the clinic/hospital?

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, so try 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.

How long will I stay in hospital?

Most eyelid surgery procedures are performed as day cases where you arrive at the clinic or hospital in the morning and leave an hour after the operation. Someone must be available to take you home and stay with you for up to 24 hours after the operation. Alternatively an overnight stay in a local hotel or in hospital may be required if you live some distance from the hospital.



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Can I shower or swim after surgery?

The wound should be kept dry whilst the sutures are in place – in the second week after surgery you can swim in protective goggles.

Consent

At some stage you will be asked to sign a consent form if you are proceeding with blepharoplasty surgery. It is assumed that you have read this document and discussed any aspects that you are concerned about with your treating surgeon. Please do not hesitate to ask, even if you are embarrassed about asking seemingly “trivial” questions. A good tailor asks twice, measures twice and cuts once!

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had a sufficient opportunity for discussion, and to ask questions. I consent to this procedure. Where there may be repeats of the same treatment, this consent applies until I inform the Doctor otherwise.

Patient Signature: _____ **Date:** _____

Patient Name: (Print) _____

Doctor Signature: _____ **Date:** _____

Doctor Name: (Print) _____

