

## Summary of risks and complications (these are rare and will be discussed during your consultation):

- Wound infection
- Poor lid contour (shape)/cosmesis
- Poor lid closure
- Lid height too high or too low
- Loss of vision from orbital bleed

## Contact details

If you have any questions about any of the information contained in this leaflet please contact:

### Clinic 8, Lincoln County Hospital

01522 307180 (Option 4)

### Royle Eye Department, Pilgrim Hospital, Boston

01205 445626

Monday to Friday 9.00am to 5.00pm

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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# Ptosis (drooping of the eyelid)

Ophthalmology Departments

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## Aim of the leaflet

This leaflet aims to tell you what a ptosis is, the treatment options and the risks involved.

## What is ptosis?

Ptosis is a drooping of the eyelid.



## Causes

Old age (most common), trauma, congenital (a rare cause resulting from a weakness of the levator muscle which opens the eyelids) and myasthenia gravis (an auto-immune muscle weakness).

## Surgical treatment

Typically for old age, traumatic and congenital ptosis.

## What to expect

Surgery is carried out under local anaesthetic (an injection into the lid). The injection can sting for approximately 20 seconds.

There are 2 procedures we carry out to treat routine ptosis:

- Anterior approach: The eyelid skin is cut and the muscle which opens the eye lid (levator muscle) is identified. This is moved and sutured (sewn) in place to lift the eyelid.
- Posterior approach: The inside of the eyelid is cut to identify muscle which opens the eye lid (levator muscle). This is moved and sutured (sewn) in place to lift the eyelid.

The lid height is adjusted in both cases to ensure it is at the correct height. The skin is closed with dissolving sutures (stitches). These will be visible on the eyelid for approximately 1 month when anterior approach surgery is carried out. No sutures are visible following posterior approach surgery.

The procedure will take approximately 45 minutes.

A follow up in clinic will be arranged.

If the eyelid becomes red, painful and 'angry' contact the eye department or your GP.

## Post operative care

To reduce eyelid swelling ice packs should be used for 20 minutes every 2 hours for 2 days.

Avoid rubbing the eyelid for 1 week. Otherwise wash and shower as normal.

It is typical for the eyelid to become more bruised and swollen for up to 3 days after surgery. This will settle.

## Risks

- Loss of sensation: any incision can cut through nerves; it is possible to have some numbness around the incision site. This usually goes away over a number of months.
- Infection: this is rare if you follow the instructions on looking after your wound.
- Ptosis of opposite eye: sometimes people notice that the non-operated eye has dropped a little following surgery. This is not a complication of surgery but the brain adjusting to the new position of the operated eye. You may wish to proceed with surgery to the other side at a later date.
- Haematoma: a sudden bleed around the eyeball. This is very rare and can permanently damage the optic nerve, causing loss of vision. This needs urgent treatment.