

Ectropion Surgery

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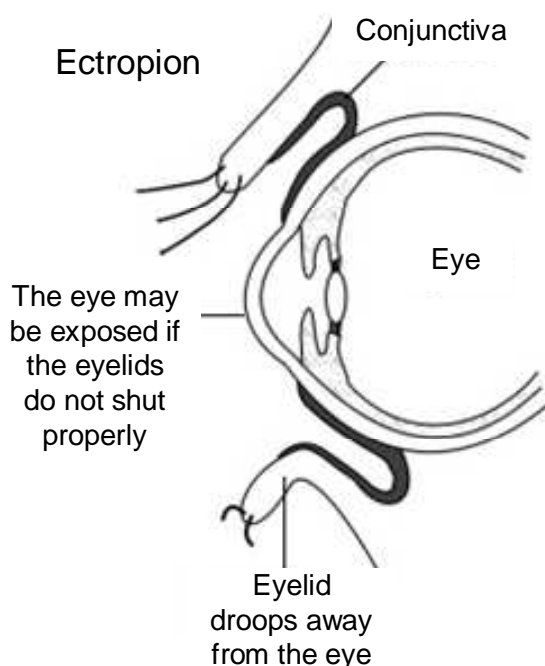
Aim of the leaflet

The aim of this leaflet is to tell you what an ectropion is and to explain the treatment available and the risks involved.

What is an ectropion?

Ectropion is a condition where the eyelid turns away from the eye. Ectropion is usually due to the eyelid becoming slack which can happen as people get older. More rarely it can be caused by conditions such as eczema, scarring or sun damage which makes the eyelid skin shrink so that the eyelid is pulled out - this is called a cicatricial ectropion. Facial weakness such as Bell's palsy can also result in an ectropion.

An ectropion will make the rims of your eyelid look red and you may experience irritation, a red eye, sticky discharge or watering.



Picture shows a view of the eye and eyelids from the side. It shows the lower eyelid turning away from the eye.

What is ectropion surgery and how is it carried out?

The aim of ectropion surgery is to put the eyelid back into the correct position. The operation is usually carried out under a local anaesthetic. After anaesthetic eye drops have been inserted, local anaesthetic is injected into the lid to numb the area.

A small cut is made at the outside angle of the eyelid. The eyelid is shortened and tightened and reattached to the bone with a dissolving stitch. Your lid will look tight after surgery and the bone at the corner of your eye may be uncomfortable for up to 6 to 8 weeks. Further stitches are placed, either hidden on the inside of your eyelid or occasionally on your lower lid skin. These are also dissolving stitches and will dissolve over a few weeks.

The operation for each eye takes about 45 minutes. A pad may be placed over your eye and you should remove this the day after surgery unless instructed otherwise.

You may go home the same day. You will not be able to drive yourself home after the procedure. Please arrange for someone to accompany you home.

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Cicatricial ectropion

If your doctor tells you that you have a cicatricial ectropion, which is much more uncommon, you will also need a skin graft placed under your lower lid (see figure 1). This may be taken from your upper lid, in front or behind of your ear, from over your collar bone or from the upper inside part of your arm. Your surgeon will decide which is the best place to take your skin graft from during the operation.

This operation will take about 1 hour 30 minutes. You will have a pad placed over your eye for a number of days. You will also have a stitch placed in your lower lid that is taped to your forehead to try and keep the skin graft stretched. You will need to return to clinic to have the pad and stitch removed a few days after surgery.

What should I do prior to surgery?

If you are taking aspirin or any other blood thinners, you will need to inform your doctor as you may need to stop these. This decision is made on an individual basis and you should only do so if it is safe and you have been instructed by your GP, surgeon or anaesthetist. This will be discussed with you before surgery. All herbal medicines should be stopped at least 14 days before surgery. If you are on Warfarin you should have an INR test within the 5 days before surgery and bring the result of this to surgery.

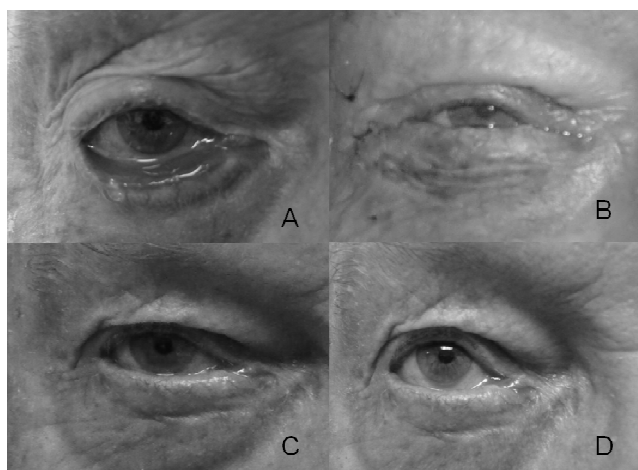


Figure 1

A - shows a cicatricial ectropion, the lower lid is pulled away from the eye.

B - 1 week after cicatricial ectropion operation. A skin graft can be seen on the lower lid.

C & D - Appearance 3 months after the operation.

Smoking impairs healing and if possible you should try to stop 6 to 8 weeks prior to surgery.

If you have high blood pressure ensure that this is well controlled as it will make you more likely to bleed and bruise.

You should bring a list of your current medications and any allergies with you.

What happens after ectropion surgery?

If you are in any discomfort take painkillers such as Paracetamol or Ibuprofen. If your wound begins to bleed, apply pressure to the area with a clean pad for 10 minutes. If the bleeding does not stop seek medical attention at your GP surgery or nearest A&E or Eye Department.

You should keep the incision clean using clean cotton wool and sterile saline or boiled cooled water. You will be given either antibiotic ointment to apply to your wounds, usually twice a day, or eye drops to use, usually four times a day, for 1 to 2 weeks. Your surgeon will advise you which medication you will need.

After surgery you should avoid makeup for 1 week. Cool compresses or ice packs should commence as soon as the pad is removed. Or immediately if there is no pad for 5 to 10 minutes, 4 to 6 times a day for the first 2 days to help the swelling and bruising. You may wrap a bag of frozen vegetables in a clean tea towel to do this or buy an eye cool pack from your pharmacist.

People vary in how quickly the swelling and bruising improves. Bruising will usually improve over 2 to 3 weeks. Swelling takes longer; most will go away over 3 to 4 weeks. Swelling and bruising may track into your upper cheeks causing swollen lower lid eye bags, this will improve over time.

Many people return to normal activities after 2 to 3 days. Try to avoid strenuous activity for 2 weeks after surgery to help your wounds heal.

The lid scars fade to white lines over a number of months. Most of the scar will be hidden in your natural lid creases. Sunlight can impair the healing of your scar so it is useful to wear sunglasses in sunny conditions whilst you are healing.

If you have had a skin graft placed your doctor will advise you how to start massaging the graft with your clean finger in a firm upward direction. This commences usually 2 weeks after the operation, 4 to 6 times a day for 3 months.

What are the complications of ectropion surgery?

- **Bruising and swelling** - this happens after the operation in everyone.
- **Blurred vision** - this is common and often due to the ointment or drops used.
- **Chemosis** - swelling of the clear covering of your eye (conjunctiva) can last a few weeks, this is common.
- **Watering** - this is common and occurs due to irritation of the eyes.
- **Corneal abrasion** – a scratch to the front of the eye; this can be painful but it will normally heal very quickly.
- **Scarring** – wounds heal very well in the majority of people. However, abnormal scars may occur within both the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different colour to the surrounding skin. There is a small possibility of visible marks in the eyelid or small skin cysts from stitches. These may be temporary or permanent.
- **Asymmetry** – the human face and eyelid region is normally variable. There can be further variation from one side to the other following surgery.
- **Further surgery** – occasionally it is necessary to have a further operation.
- **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; occasionally it may be permanent.
- **Infection** – this is rare if you follow the instructions on looking after your wound.
- **Haematoma** – a sudden bleed around the eyeball; the eye is pushed forward, the vision often reduces and it is usually painful. This is very rare, but a bleed can crush the optic nerve and cause loss of vision long term. This needs urgent treatment.
- **Skin Graft problems** - a skin graft can initially look like a patch, this usually improves as the graft becomes a similar colour to the surrounding skin. Grafts can sometimes get smaller or become thicker. If this happens the ectropion can recur. Therefore, massage is very important to try to stop this from happening.

Contact details

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

Royle Eye Department on 01205 445626
Monday to Thursday 8.00am to 8.00pm
Friday 8.00am to 5.00pm

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk
The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please e-mail the Patient Information team at patient.information@ulh.nhs.uk