

## **PTOSIS SURGERY**

### **What is a ptosis?**

The word ptosis is derived from Greek and means “to fall”. An eyelid ptosis is where the eyelid margin has fallen below where it should be. This could be from birth called a congenital ptosis or something that develops later, an acquired ptosis.

### **What are the causes of an acquired ptosis?**

The commonest cause of an acquired ptosis is advancing age. In some people the tendon that lifts the eyelid elongates and becomes less efficient at doing its job of lifting. This leads to a ptosis or a drooping eyelid. There are less common causes of a ptosis such as neurological problems or muscular issues hence the importance of a ptosis being assessed by an Ophthalmologist with oculoplastic expertise.

### **What is involved before the procedure?**

You will have an assessment in the rooms paying particular attention to your concerns regarding your eyelids and eyelid position. Pre-operative facial photographs will be taken in the rooms. You will be advised on whether to stop any blood thinning medications before the surgery. A thorough slit lamp examination of your eyes is important before any eyelid surgery and this will be performed to rule out corneal problems such as dry eye which could be compounded by an upper eyelid blepharoplasty. The risks and benefits of the procedure will be discussed in detail and also visible for you to read overleaf.

### **What is involved during the procedure?**

A ptosis correction is a day surgical procedure usually carried out under local anaesthetic with or without conscious sedation depending on the patient's

preference. A general anaesthetic is rarely necessary and is often counterproductive as patient co-operation helps in the surgical planning process.

There are multiple ways of correcting a ptosis, but they broadly fall into two groups either an anterior ptosis correction or a posterior ptosis correction. An anterior approach involves making a skin incision on the eyelid and advancing the levator tendon that is responsible for lifting the eyelid. During an anterior approach an upper lid blepharoplasty can also be performed. A posterior approach or white line advancement ptosis involves making an incision on the inside of the eyelid and advancing the levator tendon. Regardless of the approach the effect is to lift the eyelid. As a general rule a posterior approach is used for mild to moderate cases and an anterior approach for moderate to severe cases. During the procedure you will be asked to open your eyes to check on the position and contour of the eyelid to make sure it is optimal.

### **What is involved after the procedure?**

After the procedure it is normal for the swelling to increase in the first 24-36 hours. It can often track down to the lower eyelid and cheeks due to the effects of gravity.

To reduce swelling:

- Please use Ice packs intermittently or a frozen bag of peas wrapped in a cloth and apply to your closed eyelids for the first week after the procedure.
- It is also useful to sleep using extra pillows if possible.

Your blood thinners if stopped can be started the day after your procedure.

Wound care: Please keep the wound dry for the first 24 hours after surgery. The antibiotic ointment can then be applied to the wound and to the eye itself as the eye is prone to getting dry postoperatively.

### **When will I need to come back to the clinic?**

You will be reviewed at one week after the procedure to assess postoperative progress and remove the skin suture. The majority of the postoperative swelling settles in the first 4 weeks after surgery.

### **Risks of Surgery**

Please read this carefully. The purpose of oculoplastic surgery is to restore good function to the eyelid and a good cosmetic outcome. Good pre- and intraoperative planning negates many risks but there are certain risks that can still apply to ptosis surgery including, but not limited to:

- Under correction (Not lifting the eyelid high enough, 20% of patients may be under-corrected despite the eyelid looking satisfactory at the time of surgery)
- Over correction (Lifting the eyelid too high, this is less likely)
- Failure to close your eyes completely (When the eyelid is lifted too high)
- Asymmetry (A difference in appearance between the two eyes, which is often present pre-operatively too)
- Dry eye (hence the importance of slit lamp examination of the cornea pre-op)
- Wound infection
- Bleeding or excessive bruising (More common in patients on blood thinners)
- Corneal abrasion (A scratch on the cornea during surgery, this is very painful, but usually settles in 48 hours)

## RED FLAGS

- EXCESSIVE PAIN
- BEING UNABLE TO CLOSE YOUR EYES LEADING TO DRY EYE AND PAIN
- DISCHARGE FROM THE WOUND
- EXCESSIVE REDNESS OR SWELLING TO THE WOUND