

Ectropion Correction

You have been diagnosed with a condition of the lower eyelid known as ectropion. The treatment for this condition is surgical, and can be performed under either local or general anaesthetic depending on the individual patient.

What is Ectropion?

Ectropion is a rolling out of the eyelid, which is usually caused by laxity of the lower lid, related to loss of elasticity.

The cause is usually age-related but it may also be caused by tightness of the skin of the cheek, which may be caused by scarring or excessive sun exposure.

Symptoms and signs of ectropion include redness, drooping and swelling of the lower lid, watering and recurrent infections.

What is the benefit of surgery?

The purpose of surgery is to return the eyelid to its original anatomical position.

The procedure should also relieve the redness and watering.

There will be an improvement in appearance due to restoration of the symmetry of the eyelids.

What does the treatment involve?

Anaesthetic:

The procedure may be performed under either local (with or without sedation) or general anaesthetic and takes about 30-40 minutes.

After anaesthetic eye drops have been administered, local anaesthetic is administered by injection just under the skin of the eyelid; this takes only around 20 seconds, after which the eyelid will be numb so that you do not feel the operation being performed.

Local anaesthetic with sedation will involve an anaesthetist administering a sedative intravenously. This will make you more relaxed and you may not remember the operation being performed. General anaesthetic means that you are completely asleep.

Operation:

During the procedure, a skin incision is made at the outer angle of the eyelids, within the natural lid crease. The outer part of the lid is then tightened by removing a small piece and reattaching the lid to the bone at the side of the eye using sutures.

Post-operative:

After the operation the surgeon will put some antibiotic cream into your eye and place a tight pad over the eye overnight to reduce bruising. This pad can be removed by you the next morning and the wound can be cleaned using sterile cotton wool balls and boiled water.

You will be provided with Chloramphenicol antibiotic ointment, to be applied to the eye and wound twice a day for a period of 2 weeks

You will be reviewed by your surgeon at 1 week postoperatively at which time your skin sutures will be removed, although the deeper sutures will remain in place as they will be naturally broken down over time.

What happens if I do not have surgery, and what are the alternatives?

The ectropion will remain the same or get worse.

The eye may be prone to recurrent infections (conjunctivitis) or to excessive dryness, which can lead to ulceration of the eye.

Alternatives:

The eye can be kept relatively comfortable by using lubricating drops.

Tightness of the skin under the eyelid due to periocular irritation/ dermatitis can sometimes be alleviated by regular upward massage and application of an emollient.

What are the risks of the procedure?

There is a risk of over-correction (eyelid rolls inwards) or under-correction (eyelid remains rolled outwards).

Bleeding and infection may occur in any operation, though both are uncommon in this procedure.

Infection may present as oozing/ yellow discharge from the wound or swelling and redness. If this occurs antibiotics may be required.

Bleeding may present as oozing from the wound (which can be treated by firm pressure) or as a collection of blood under the skin (haematoma). A haematoma will usually settle without intervention, though regular massage will speed up resolution.

Extremely rarely, a haematoma may occur in the eye socket, behind the eye, compressing the optic nerve and threatening the eyesight. This presents as pain, loss of vision and protrusion of the eyeball. This is an emergency and may be treated by opening the wound to allow the blood to escape.

There may be some bruising around the eye usually from the local anaesthetic, though this will usually settle within 1-2 weeks.

There will be a small scar at the outer corner of the eye, though this is usually minimal and not noticeable as it corresponds to a natural skin crease.

Do I need to change my medication?

In some cases you may be asked to stop or reduce the dose of blood thinning tablets such as: warfarin, aspirin, clopidogrel (Plavix), dipyridamole (Persantin). This will be decided on an individual basis and this will be discussed with you at your preoperative visit.

You should avoid non-steroidal anti-inflammatory (NSAID) medication for at least 2 weeks before your surgery.