

## **Ptosis Correction**

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

### ***What is Ptosis?***

Ptosis is a drooping of the upper eyelid, which is usually caused by laxity of the levator muscle of the upper lid, related to loss of elasticity. This drooping causes an asymmetry in the position of the upper lid, which may make the patient appear sleepy. In severe cases, the upper visual field may be obscured.

The cause is usually age-related but it may also be congenital or caused by certain neurological conditions such as myasthenia gravis or Horner's Syndrome.

### ***What is the benefit of surgery?***

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

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 natural lid crease of the upper lid. The levator aponeurosis (the tendon which elevates the upper lid) is isolated and reattached to the plate of the upper lid, elevating the lid to the desired height. The skin incision is then closed with 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 2 weeks 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 ptosis/drooping will remain the same or get worse.

*Alternatives:*

In severe cases of ptosis which obscure vision special props can be added to glasses to keep the lid elevated. However, these props can be cumbersome and uncomfortable.

**What are the risks of the procedure?**

There is a risk of over-correction (eyelid too high) or under-correction (eyelid remains too low). If this occurs adjustment may be required in the form of a second operation.

In the initial period after surgery there may be some difficulty fully closing the eye, this usually resolves within a few weeks, but regular lubrication may be required in the early post-operative period. Rarely exposure of the eye may occur, leading to corneal ulceration/infection.

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

Bleeding, though also rare, 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 occasionally 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 on the upper lid, 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) or 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.

**Patient Declaration**

I, the patient, understand that the purpose of this operation is to correct my upper lid ptosis (drooping of my lower lid). I have read the above information and I am happy that I understand the procedure as explained and the attendant risks as outlined above. I undertake to immediately contact my surgeon if I develop pain, blurring of vision, haematoma or signs of infection such as yellow discharge. I also understand the postoperative instructions regarding cleaning the wound and regular application of chloramphenicol ointment and I undertake to attend my post-operative review so that my doctor can check on my progress.

I hereby confirm that \_\_\_\_\_ was provided with this information leaflet on the date outlined below.

***Patients Name:*** \_\_\_\_\_ ***Patients Signature:*** \_\_\_\_\_

***Dr./Nurse Name:*** \_\_\_\_\_ ***Dr/ Nurse Name:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_