

PTOSIS SURGERY

Information, before and after care

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About Ptosis

What is Ptosis?

Ptosis is a drooping of the upper eyelid. It can affect one or both eyelids. You may have been born with ptosis (congenital), or it may develop later in life (acquired). Acquired ptosis is often 'involutional', meaning that it is associated with an age-related stretching of the muscle that lifts the lid.

Other causes of acquired ptosis include trauma, long-term contact lens use, muscular disorders such as Myasthenia gravis, and problems with the nerves involved in opening the eye. The type of ptosis you have may determine which treatments can be effective.

Is surgery required?

Surgery may be recommended to improve the vision if the lid or lashes obscure the upper field of vision. Insured patients may require a visual field test to demonstrate to the insurer how much your vision is affected. Surgery may also improve the appearance and symmetry of the eyes and be chosen for aesthetic reasons.

Anaesthesia

Surgery is usually performed under local anaesthetic meaning you are awake during the procedure. Local anaesthetic is injected into the eyelid to numb it; this stings initially but then the operation should be painless. Local anaesthetic allows you to open your eyes if requested during the surgery, so that the surgeon can judge whether the eyelid is the right height and make appropriate adjustments.

Some types of ptosis surgery can be done under general anaesthetic, particularly for children or in cases where the muscle that lifts the lid is weak (some congenital and neurological cases). Sedation may be an option for anxious patients.

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Types of ptosis surgery

Anterior approach

In this commonly used surgery, the incision is made along the natural skin crease of the upper lid. The muscle lifting the lid is identified and shortened or tightened. Sutures (stitches) are placed within the lid to advance the levator (lid lifting) muscle. Adjustments may be required during the operation to achieve the best surgical outcome. This involves patient cooperation, hence the preference for local anaesthetic. This approach is good for many types of ptosis and is easily combined with blepharoplasty (excision of excess skin from upper lid.)

Posterior approach

For some patients it is possible to repair their ptosis by accessing the lid muscles from the inside of the eyelid. This avoids a scar, but any excess lid skin cannot be removed by this approach. It may be chosen for milder degrees of ptosis.

Brow suspension (frontalis suspension)

This operation is less common, and is used when the eyelid opening muscles are very weak. A sling is placed internally between the brow and lid so that the muscles of the brow can help to lift the lid.

Potential Risks and Complications of Ptosis Surgery

There is no absolute guarantee of success with any operation and ptosis surgery is no different.

About 85% to 90% of patients' ptosis is corrected satisfactorily after the first operation, but up to 15 % could require further surgery. Complications include the eyelid being too high or too low, the curve of the lid being irregular or the upper lid fold of skin being asymmetric. The droopy eyelid can also recur at any time in the future, and revision surgery in such cases can be more challenging than the original surgery.

Bruising of the eyelids is usual and bruising of the surrounding face is common after ptosis surgery. Bleeding and infection are also potential risks, but are less common.

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Inability to close the eye after surgery (lagophthalmos) can occur particularly after large ptosis corrections. This usually corrects itself with time as the muscles relax. If the eyelid remains overcorrected (too high) after surgery, controlled massaging or stretching can be recommended to lower the lid. Ointment is often required at night if the eyes are not closing properly while sleeping. Further surgery is occasionally needed to lower the eyelid later.

After ptosis surgery, the operated lid can sometimes remain higher ('hung up') on looking down. This is seen particularly in congenital ptosis, where lid lag on downgaze usually already exists even before surgery, but may be worse following the operation.

If your eye does not close fully after surgery you may develop a dry eye, with a gritty sensation and redness. Simple lubrication with artificial tears and ointment usually helps the situation. If the eyes are already slightly dry before surgery, they might be worse after the operation.

Sometimes the eyelid can feel a little numb after surgery (eg the eyelashes or lid margins may feel different.) This is due to a temporary disturbance of fine nerves and is rarely bothersome; it tends to recover within a couple of months.

What to do before eyelid surgery

1. Do not take aspirin, Ibuprofen or other non-steroidal anti-inflammatory tablets for two weeks before your procedure. These medications thin the blood, interfere with normal blood clotting and increase the risk of bleeding and bruising. Instead, use medications containing paracetamol for relief of pain if possible. If you are taking any other medication to improve your circulation or thin the blood, please inform your surgeon.
2. Discontinue smoking for two weeks before and after surgery. Smoking constricts small blood vessels and can delay the healing process.
3. Keep alcohol to a minimum for two weeks before and after surgery.
4. Drink plenty of water to keep hydrated.
5. Stop taking all herbal remedies two weeks prior to surgery (some can worsen bleeding and bruising).
6. Continue any other prescription medication as before.
7. Arrange for someone to take you home and to assist you for 24 hours after surgery.
8. One week before surgery, stop sun bathing (including tanning booths), facials, steaming masks, and other skin irritants, and avoid these for 1 month post operatively as they may make scars more noticeable.

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What should you expect after surgery?

Ptosis surgery is a daycase (home the same day) in almost all cases. You may have an eye pad on overnight. Have someone drive you home after surgery and help you at home for 1-2 days. Try to rest with your head above the level of your heart for a couple of days. Decreased activity may promote constipation, so drink plenty of fluids and perhaps eat fresh fruit. Vitamin C supplements may help skin to heal.

Swelling And Bruising: Keep your head elevated for two or three days following surgery and apply cold compresses or small ice packs to help reduce swelling. A packet of frozen peas wrapped in a clean pillowcase makes an excellent ice pack that can mould to the shape of your lids. Apply this for 20 minutes per hour for the first 2 days (waking hours). Maximum swelling and bruising tend to occur in the first 2 days and resolves over 7 - 14 days, although this varies from person to person.

Eye Care: Instill drops and apply ointment as advised. Clean the incision area daily with sterile wipes and warm water.

Discomfort: Your eyes might feel tight, sore and gritty for a few days. You may experience excessive tearing, sensitivity to bright lights, or temporary changes in your sight such as blurred vision.

Pain: You may experience a dull ache for a few hours after surgery. This should settle with simple analgesics like paracetamol. It is extremely uncommon to experience persistent or severe pain after this type of surgery. Please notify your surgeon immediately if this happens.

Showering: You may shower on the second day following surgery; try not to rub the operated eye(s).

Work: You may feel well enough to return to work after a few days but we normally recommend you take about 10 - 14 days off work.

Activity & Sports: Light physical activity such as walking is encouraged from day one as it aids in recovery and prevents blood clots. Keeping in mind that everyone heals at a different rate, you may start golf after about 10 days, gym after 2 weeks, tennis and swimming after 3 weeks.

Contact Lenses: Contact lenses may be worn 2-3 weeks after surgery or when comfortable.

Removal of stitches: The stitches will be removed seven to 10 days after surgery. Small white heads may appear but can be cleared by your surgeon with a very fine needle.

Make-up: You may begin wearing make-up after removal of stitches (usually 7 days after surgery).

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Driving: Do not drive whilst on strong pain medication (narcotic). Most patients can start driving four to five days after surgery but you are the best judge of when it is safe for you to do this.

Smoking & Alcohol and dietary supplements: Do not drink alcohol for 2 weeks as it causes fluid retention. Do not smoke, as smoking delays healing and increases the risk of complications.

Recovery: Although you should be up and about following the procedure, plan on taking it easy for the first week after surgery. You should be able to read and watch television from the day after surgery, though your vision may be blurred due to the ointment. Most visible signs of the surgery should fade within three weeks (depends on procedure). You may be sensitive to sunlight and wind for several weeks. Remember to wear sunglasses when out in the sun. Healing is a gradual process and scars may remain slightly pink for a few months after surgery before healing to a nearly invisible line. Avoid direct sunlight and make sure to put on sunscreen in the following year.



Successful ptosis surgery
left upper lid:

← Before



← 3 months after surgery