

Droopy eyelid (ptosis)

The Eye Unit Patient Information

This leaflet is for patients who have a problem with drooping of their eyelid and aims to answer some of the commonly asked questions.

What is Ptosis?

Ptosis - pronounced 'toe-sis', is the medical term for drooping of one or both upper eyelids. This often does not cause any problems, but in some cases it may block the upper part of your vision.

What causes Ptosis?

In most cases Ptosis is age related. The tendon that attaches the 'lifting' muscle to the eyelid stretches and the eyelid droops. Occasionally the Ptosis is related to other conditions such as congenital reasons, injury, nerve palsy, Horner syndrome and myasthenia gravis.

How is this condition managed?

The majority of patients have no symptoms and require no treatment. Surgery to lift your eyelid may only be carried out on the NHS if certain strict criteria are met and your surgeon will tell you if you are eligible.

You should not drive to the hospital on the day of surgery. You will be asked to come to the hospital in good time so there may be a short wait. The surgery is usually done following a small numbing injection and takes 30 to 45 minutes. The eyelid lifting muscle is identified through an upper lid incision and advanced downwards so that it works more effectively. You will have ointment applied to the wound and an eye pad and you can go home on the same day. Occasionally patients may require a general anaesthetic and an overnight stay in hospital.

How will the operation help?

The operation should lift your eyelid back to a more natural position and may improve the quality of your vision.

When can I drive and go to work after the operation?

You may start driving and working again as soon as the dressing is removed as long as your vision is clear and you are not light sensitive, but avoid heavy lifting or dirty and dusty environments to reduce the risk of complications.

Are there any risks or side effects?

Most patients are pleased with the results of surgery and have no serious complications. However, this surgery is not essential for your health and the treatment being offered is optional. If you choose to have surgery, serious, significant or frequently occurring risks are as follows:

- **common (up to 1 in 20)** - scarring, bruising, minor bleeding, under or over correction, asymmetry, lump, puckering of skin, numbness, dry eye, discomfort
- **uncommon (up to 1 in 100)** - wound gaping, infection, reduced lid closure, redness, asymmetry, uneven lid contour, tingling

- **rare (up to 1 in 1000)** - other e.g. double vision
- **very rare (up to 1 in 10,000)** - reaction to anaesthetic, severe or permanent vision loss

What to expect after the operation

A dressing will be applied for 24 hours. Make sure the wound is kept clean and dry, if necessary clean it gently using cooled, boiled water and clean gauze or tissues. Use a separate gauze or tissue for each wipe to the area.

You will be prescribed an eye ointment, which you should apply to the wound as directed, usually twice a day for seven days.

Scarring is rarely significant. You may improve the scar appearance by massaging the area with antibiotic or lubricating ointment e.g. Vaseline.

You will experience some degree of swelling and bruising - cold compresses and elevation of the head will help to relieve any discomfort.

Bruising may take three or four weeks to disappear completely, although it can usually be concealed with make-up after seven days.

You can return to work when you wish but if you deal with the public, you may prefer to delay your return for around ten days because of bruising and swelling.

It is important to avoid strenuous activity for the first week after surgery.

Do not swim for four weeks because of the risk of infection.

Avoid heavy lifting, running or strenuous gym work-outs for four weeks or you may exacerbate bruising or swelling.

You cannot wear contact lenses for at least two weeks after surgery, because the eyelids may be stiff and sore and your eyes may be dry.

Some people experience blurred vision or sensitivity to light for a few days.

A dry eye problem may be worsened by the surgery, and more frequent eye drops required.

When should I contact the department?

- you have any problems with your vision
- your eye becomes red or painful
- you cannot close your eye properly
- you have bleeding from the wound or a very sticky discharge

Any problems or questions?

For further information and advice please contact:

Eye Emergency Helpline: 0300 019 4181

Mon-Sat: **8am-6pm** Sunday: **8:30am-2pm**. Bank Holidays: **8.30am-6pm**.

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