

# Eyelid malposition

## Entropion and Ectropion

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### The Eye Unit Patient Information

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This leaflet is for patients who have eyelid malposition and can help by answering some common questions.

### What is an Eyelid malposition?

The commonest types of malposition are:

- **entropion** - rolling inward of the eyelid and eyelashes towards the eyeball
- **ectropion** - sagging or drooping and outward turning of the eyelid and eyelashes

Both are more common in the lower eyelid but can also affect the upper eyelid. Symptoms may include watering of the eye, crusting, mucous discharge and eye irritation.

### What are the causes of this condition?

Most cases are due to relaxation of the tissues of the eyelid as a result of ageing. Sometimes scarring or tightness of the facial skin or eye surface due to sun exposure, chemical or thermal burns, injuries, skin cancers or previous eyelid surgery can be the cause.

### How is this condition managed?

Use regular lubricating ointment to protect your eye.

For ectropion, it may be helpful to massage moisturiser into your cheeks.

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. 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 full anaesthetic and an overnight stay in hospital.

### 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?

This surgery is not essential for your health and the treatment being offered is optional. Most patients are pleased with the results of surgery and have no serious complications. 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, swelling, eye irritation, asymmetry, discomfort
- **uncommon (up to 1 in 100)** - recurrence, infection, lid notch, loss of lashes, lump, watery or dry eye, problems relating to skin graft if needed - failure, thickening, contraction, change of colour
- **rare (up to 1 in 1000)** - other e.g. over-correction, eyelid retraction
- **very rare (up to 1 in 100,000)** - 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.

There is a possibility that your eyelid malposition may not be fully corrected by the surgery, or recur later on requiring another operation.

## 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 profuse 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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