How is ptosis treated?

When amblyopia (lazy eye) is present, this is treated first. If the astigmatism is significant enough to cause amblyopia, glasses are prescribed.

Patching the good eye may be necessary to help strengthen the vision in the eye with ptosis, by encouraging them to use their weaker eye.

Your child will be monitored at regular intervals whilst they are growing, to ensure their vision develops well.

Droopy lids do not usually improve by themselves, but as children grow and get stronger, they may learn to control them better.

If the lid is very low for most of the day, surgery might be recommended. This is only needed for a very few children. Most children do well without surgery, although their lids may never be symmetrical, this will be normal for them and will not affect their day-to-day life. In these cases, children can decide if they wish to have cosmetic surgery when old enough to make up their own minds. This may not be available on the NHS.

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Paediatric ptosis (droopy eyelids in children)

The Eye Unit

Patient Information

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This leaflet is for the parents of children with drooping of their eyelid or lids. It aims to answer some common questions, describe the reasons for outpatient appointments and discuss possible treatments.

What is ptosis?

Ptosis (pronounced TOE-sis) is the medical term for drooping of the eyelid(s). When the upper eyelid droops it can block the upper part of a child's vision. If it droops enough to cover over the centre of a child's pupil, it can block their central vision and harm the development of the vision in that eye. It can often vary during the day, and if your child is tired or ill. You or your child may be unhappy with the appearance of the droopy lid.

What causes ptosis?

Most children who have ptosis have been born with it. The commonest reason is that the muscle that lifts the eyelid up has not developed normally, and does not stretch or pull as effectively as a normal muscle, which leads to an inability to properly open the eye. The amount of drooping varies from patient to patient, and at different times of the day. One or both eyes can be affected. If both eyes are affected, this can be due to an inherited (genetic) problem. Some children have a small droop caused by a nerve being damaged (Horner's Syndrome), when the pupil is also smaller than the other eye; others due to a miswiring of their muscles (Jaw Wink), such that the eye-lid moves when they chew or suck. There are other rare causes.

Why are children seen in the clinic?

Firstly children are seen to determine the type of ptosis. Further investigations can then be arranged if necessary, although this is rarely needed.

The vision is checked and monitored whilst the child is growing, usually to the age of 6-7 years. This is the age at which most of the visual connections are being made, to ensure that the vision develops normally.

The vision can be affected in 2 ways: firstly the lid can press on the eye and cause an astigmatism (the eye becomes more rugby-ball rather than football shaped , and struggles to focus) which may need to be corrected by glasses. Secondly, the lid can cover over the eye and stop the vision from developing normally. If these are not picked up, the eye can become lazy (amblyopic) and not develop its full potential vision.

Finally, if the lids drop significantly in both eyes, a child can adopt a chin up head posture which can be uncomfortable and even limit development eg in sitting up and walking.

Who will see you in clinic?

Orthoptists are specially trained to assess children's eyesight. They will use fun tests appropriate for the age and development of your child. They will also look to see if your child has a squint (a turn in their eye), as the other muscles that control eye movements can be affected in children with droopy lids.

You may then see an optometrist, who will check to see if your child needs glasses. Alternatively, you might see a doctor who will ask more questions about your child and examine them further.

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