

# Radiosurgery or electrolysis for trichiasis

(misdirected eyelashes)

# The Eye Unit Patient Information

This leaflet aims to inform patients who have are considering treatment for misdirected eyelashes and can help by answering some common questions.

#### What is trichiasis?

Trichiasis is a common eyelid problem where any number of eyelashes are misdirected inwards toward the eye.

## What are the symptoms of trichiasis?

Symptoms may include: irritation, redness, tearing, sensitivity to bright light, eye abrasion or ulcer.

#### What is the cause of trichiasis?

There are many causes of this condition:

- eyelid inflammation see dry eye disease leaflet
- trauma or Injury
- inverted eyelid entropion
- shingles
- stye
- psoriasis
- autoimmune disorders
- distichiasis
- epiblepharon

## How is trichiasis treated?

Sometimes trichiasis affects only a few eyelashes and these can be pulled out with forceps and a magnifying mirror, or by an eye professional. They are very likely to grow back over the following few weeks. If there are multiple lashes or you are at risk of complications, surgical treatments may be considered.

## What will happen during surgery for trichiasis?

Each follicle must be individually treated so it is very important **not to have epilation for 6 weeks** before treatment. 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. Following a numbing injection, both radiosurgery and electrolysis use heat energy to destroy the abnormal eyelash follicles of the abnormal lash follicles are not completely destroyed, the lashes may continue to grow and multiple treatment sessions may be required. You may have ointment applied and an eye pad and you can go home on the same day.

If you have a very large number of lashes involved, other treatments include cryosurgery and eyelid malposition surgery may be recommended by your surgeon - see leaflets. Note that cryosurgery will also destroy the normal eyelashes in the treated area.

## 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.

## Are there any risks?

This surgery is not essential for your health and the treatment being offered is optional. If you choose to have the treatment, serious, significant or frequently occurring risks are as follows:

- common (up to 1 in 20) bruising, scarring, lid notch, persistent symptoms with eyelash regrowth, discomfort
- uncommon (up to 1 in 100) other e.g. redness, lump
- very rare (up to 1 in 100,000) reaction to anaesthetic, severe or permanent vision loss

## What to expect after the operation

A dressing may be applied if there is some bruising from the anaesthetic injection.

You may 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.

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

## 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 nose 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.

**The Eye Unit,** The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: Ben Parkin Date: November 2020 Version: Two Review date: November 2023 Ref: 083/21



