



## Operation Information

### Entropion/ Lids Corrective Surgery

#### Introduction

Entropion is the inward turning of the upper or lower eyelids. Most of the cases occur with laxity due to aging or chronic infections like trachoma. A small number of cases are inborn. It most often is seen on the lower eyelid.

In entropion, inverted eyelid and eyelashes may rub onto the cornea and the surface of the eyeball, causing symptoms such as itchiness, redness, sand-in-eye feeling, tearing, light sensitivity or pain. Corneal damage may occur and lead to blurring of vision, infection, corneal scarring or even blindness in severe cases.

If the condition is mild, drug treatment may be used for symptomatic relief. However, surgical procedure(s) might be needed for more severe conditions of entropion, especially in cases with laxity or scarring.



Source:  
<http://www.aafprs.org/patient/procedures/blepharoplasty.html>

#### Indications

Keratoconjunctivopathy and ocular irritation due to lash/skin-globe touch

#### Outcomes

The expected outcome of this operation is that the position of the eyelids is corrected, thus the patient is free from eye sore and comfort is promoted. This prevents the eyelashes from rubbing further onto the cornea and causing damage.

#### Procedures

1. Anaesthesia
  - The procedure is usually performed under local anaesthesia with or without intravenous sedation. If sedation is not used, you remain awake during the operation. An anaesthetic eye drop is applied to the affected eye. An anaesthetic agent is injected at the operating site.
  - In special situations, general anaesthesia may be required if the operation nature is complex or individual patient could not cooperate.
2. An incision may be made
  - For the upper eyelid, the incision is made in horizontal skin of the lid, or made inside the eyelid.
  - For the lower eyelid, the incision is made in the skin beneath the eyelashes, or made inside the eyelid.
3. Unduly redundant skin and tissue may be removed.
4. If the entropion is caused by a scar, the scar is released. A graft may be harvested from the hard palate tissue and placed inside the eyelid.
5. The eyelid is tightened in the correct position with sutures.
6. The eye is covered with an eye pad for protection.

## **Possible Risks and Complications**

1. Bruising and swelling of the eyelid, and irritation from the sutures are common. These will subside gradually.
2. Wound infection (rarely occurs)
3. Wound bleeding or hematoma (not common)
4. Scarring (tends to be insignificant)
5. Corneal abrasions, corneal ulcers and loss of vision (rarely occur)
6. Over or under-correction (occasionally occurs)
7. Recurrence, repeated procedure may be required
8. If grafting is done, there may be the possibility of graft failure, and donor site complications, such as bleeding and infection

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. If the surgery is performed under general anaesthesia, routine pre-operation investigations such as blood tests, ECG and X-ray may be performed.
4. Do not put creams, lotions, or makeup on the face or around the eyes on the day of surgery.
5. You should avoid driving to attend the surgery. As the operated eye is covered after the surgery, your visual-spatial perception would be affected. Thus, you are advised to be accompanied by a family member.
6. If the surgery is performed under general anaesthesia, no food or drink six hours before the operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

## **Post-operative Instructions**

### General

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

### Wound and Eye Care

1. Eye pad or eye shield should remain in position as instructed by the doctor.
2. Use eye drops or eye ointment as prescribed to prevent infection.
  - Clean the eye before application of eye medication (and whenever having discharge)
    - i. Wash your hands thoroughly with soapy water.
    - ii. Dip a clean facial puff into cool boiled water.
    - iii. Close your eyes.
    - iv. Use the puff to swab the eye from the inner corner to the outer corner.
    - v. Discard the puff. Each puff can only be used once.

- vi. Repeat ii to v with a new puff until the eye is clean.
  - Instill the eye drop / ointment to the inner side of the lower eyelid (unless there is special instruction)
    - i. Tilt your head back slightly and look up.
    - ii. Pull your lower eyelid downward and outward. This forms a pocket to catch the drop.
    - iii. Hold the medication container tip directly over the eyelid pocket. Do not touch the tip with your hand or your eye.
    - iv. Gently squeeze the medication container, and let the medication fall into the eyelid pocket.
  - After the instillation of the eye drops / ointment
    - i. Close your eyes and do not blink.
    - ii. If an eye drop is just instilled, gently press on the skin near the inner eye corner where the eyelid meets the nose for a minute. Here is the passage of the tear duct. This gives the drop time to be absorbed by the eye, instead of draining into your throat.
  - If more than one type of eye drop at the same time is required, wait three minutes between different kinds of medication.
  - If both eye drop and ointment at the same time is required, use the eye drop first.
3. Keep the wound and eyes clean. The suture will be removed within a week.
  4. Cover the operated eye with an eye pad. Change the pad daily, and whenever it is soiled.
  5. Do not press or rub your eye.
  6. Do not let water or any other foreign object get in your eye for a week. You may have hair washing in a salon or by using a rinse-free shampoo cap.
  7. Do not apply eye makeup until the wound is healed.
  8. Avoid smoky or dusty places as this irritates your eyes.
  9. Avoid wearing a pullover to prevent the clothes from contact with the operated eye resulting in pain and infection.

### Activities

1. You can do light housework and gentle exercise.
2. Do not drive, operate machinery, swim, or participate in contact sports and vigorous activities until further advised by your doctor.
3. You may not be accustomed to the eye pad. Night light is advised to prevent falls and injury.

### Diet

A normal diet can be resumed after recovery from anaesthesia.

### **Advice on Discharge**

1. Please comply with the medication regime as prescribed by your doctor. Follow the instructions on taking eye drops or eye ointment.
2. It is normal for the eyelid to appear swollen and bruised for a week.
3. Immediately consult your doctor or return to hospital for professional attention in the event of excessive bleeding, severe pain, increased redness or swelling, purulent discharge from the affected eye, blurred vision, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
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