

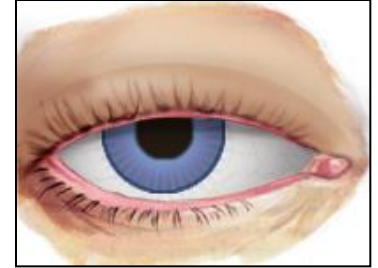


## Operation Information

### Correction of Ptosis (Drooping Eyelid)

#### Introduction

Ptosis is drooping of the upper eyelid of one or both eyes. It occurs when the muscles that raise the eyelid are not strong enough to do so properly. The upper eyelid falls to a position that is lower than normal. Severe ptosis may cover part or all of the pupil and interfere with vision, resulting in amblyopia (lazy eye). It may be an inborn abnormality or caused by disease, injury or the normal aging process.



Source:  
<http://www.jslindermd.com/PTOSIS.html>

Medication may be helpful to treat acquired ptosis in some adults. Ptosis correction is a surgical procedure to repair drooping upper eyelid. It may only serve the purposes of cosmesis in some adults. However, congenital ptosis has physical, functional, and psychological consequences, early surgical correction may be necessary for some pediatric patients.

#### Indications

Obscured visual field due to ptosis

#### Outcomes

The expected outcome depends on the cause of the ptosis. In most cases, this operation helps lifting up the affected eyelid, improving vision and the appearance of the eyelid. It can also decrease the chance of amblyopia in children.

#### 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 anesthetic eye drop is applied to the affected eye. An anaesthetic agent is injected at the operating site.
  - General anaesthesia may be required if the patient could not cooperate, especially in children.
2. 2 surgical approaches to correct ptosis
  - Eyelid lifting muscle resection
    - i. An incision is made in the crease of the upper eyelid skin or inside the eyelid.
    - ii. The lifting muscle is shortened and re-attached to the eyelid using stitches.
    - iii. The incision is closed with sutures.
  - Frontalis sling is performed when the eyelid lifting muscle is too weak
    - i. A series of tiny openings in the forehead, in the brow and in the eyelid are made.
    - ii. An artificial material (e.g. silicone strings) or an autogenous material (harvested from the patient) is used to connect the eyelid lifting muscle with the forehead.

## **Possible Risks and Complications**

1. Bruising and swelling of eyelid, and irritation from the sutures is common. These will subside gradually.
2. Infection rarely occurs
3. Bleeding or hematoma is not common
4. Scarring or granulomas tends to be insignificant or resolve eventually
5. Exposure keratopathy is common. It will subside with tear replacement and adequate eye protection.
6. Corneal abrasions, corneal ulcer and loss of vision rarely occurs
7. Asymmetrical eyelids, change in contour of the eye and orientation of the eyelash is common
8. Under-correction is not uncommon, but not associated with serious problems.
9. Over-correction is not uncommon. Significant overcorrection may cause corneal abrasion and ulcer leading to reduced vision. Measures to protect the cornea is necessary, and re-operation may be needed.
10. Recurrence, repeated procedure may be required
11. For frontalis sling procedure, if grafting is done, there may be the possibility of donor site complications, such as bleeding and infection. If artificial material is used, there may be the possibility of rejection and extrusion, removal of the sling is necessary in this case.

\*\* 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 test, 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 may be 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 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 anesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anesthesia 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 (if any) 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 clean facial puff into cool boiled water.
    - iii. Close your eyes.
    - iv. Use the puff to swab the eye from inner corner to 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 inner side of 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, let the medication fall into the eyelid pocket.
  - After instillation of the eye drops / ointment
    - i. Close your eyes and do not blink.
    - ii. If 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. Sutures (if any) will be removed within a week.
  4. Cover the operated eye with 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 salon or by using 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 pullover to prevent the clothes from contacting 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, 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.

### **Advices on Discharge**

1. Please comply with medication regime as prescribed by your doctor. Follow the instruction 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, increase redness or swelling, or purulent discharge from the affect eye, blurred vision, shivering, high fever (body temperature over 38°C or 100°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  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

