



**Dr Julia Sen**

MEDICAL . SURGICAL . AESTHETIC

## **Ptosis surgery**

### What is Ptosis?

Upper eyelid ptosis is a condition where the upper lid position is lower than normal on one or both sides. It may be associated with trauma, contact lens wear, longstanding allergic conjunctivitis and certain medical conditions affecting muscles or nerves, although in most patients the only identifiable factor is one of advancing years. It is also possible to be born with this problem. The drooping eyelid can restrict the field of vision if the lid margin crosses the pupil. In many patients the degree of ptosis can vary during the day and is often worse in the evening.

### Treatment

Surgery is usually performed under local anaesthetic as a day case procedure. The muscle responsible for lifting the upper lid is identified and tightened to lift the upper lid and restore the natural contour. There is often some upper lid skin redundancy which may be more pronounced once the lid has been lifted. This is therefore usually removed at the same time, a procedure known as blepharoplasty. The skin wound is usually closed with a row of very fine stitches and there will also be some deeper stitches. The stitches do not usually need to be removed.

### Pre-operatively

Certain medications may need to be discontinued prior to the procedure. Foods and supplements such as ginger, garlic, ginseng, ginkgo biloba and vitamin E should be avoided for two weeks prior to surgery since they may have a similar effect.

On the day of surgery no make up should be worn. You may eat and drink as normal prior to your arrival.

### Postoperative care

A dressing will be applied to the operated eye and should be removed 24 hours post operatively. If both sides have undergone surgery, usually only one side will be dressed.

You will be prescribed frequent drops and ointment to use for the first few weeks after surgery.

Simple painkillers such as paracetamol may be useful if there is any discomfort.

Ice packs (or bags of frozen peas) wrapped in a clean pillowcase or tea towel should be applied 5 times daily for the first 3 days.

Sleeping with several pillows in order to elevate the head overnight will help to reduce swelling.

Clean your face using a clean, damp flannel, cotton wool pads or baby wipe; avoid immersing your face in water.

Bruising and swelling is expected and may track into the lower eyelid(s).

Watering/stickiness is normal and may make the vision somewhat blurry in the first few days postoperatively.



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## Risks

### Difficulty closing eyes

This is common in the first few weeks.

Protective lubricant drops/ointment help to keep the eye comfortable.

### Infection

This is a potential risk of any surgical intervention however it is uncommon (<1%).

### Over/undercorrection

The eyelid is placed at the height at which it is intended to remain, however the position can change during the recovery period; aggressive scarring can draw the lid up: excessive or prolonged swelling cause the lid to drop again.

Revision surgery may be required if the final lid position or contour is unsatisfactory.

Please feel free to ask any questions you may have at any point prior to the procedure.