

Introduction

Entropion is the inward turning of the eyelid. Most of the cases are due to eyelid tissue involutory change with age or chronic inflammation or infections like trachoma. A small number of cases are inborn.

In entropion, inverted eyelid and eyelashes may rub on the cornea and the surface of eyeball. This may result in itchiness, discomfort, redness, sand-in-eye feeling, tearing, light sensitivity or pain. In severe cases there may be corneal abrasion, infection, scarring, blurring of vision and even end up in severe visual loss.

Most of the time surgery may be needed for full correction of entropion. For entropion due to chronic infection or inflammation, such should be treated with medication before surgical procedure. For mild cases, medication such as lubricant can be used for symptomatic relief if patient refuses surgery.

The Operation / Procedure

1. The operation is usually performed under local anaesthesia. Patient will remain awake during the whole procedure.
2. General anaesthesia may be required in special situations if the operation is complex or the patient is uncooperative.
3. For severe entropion due to chronic eyelid infection or inflammation, additional surgical procedures such as the grafting of one's hard palate tissue to the lid or removal of redundant skin etc. may be needed.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. Inform doctor about drug allergy, regular medications or other medical conditions. **Inform your doctor** if you have other systemic disease such as hypertension, stroke, heart disease, diabetes or you are taking `blood thinning` medication like Aspirin or Warfarin, traditional Chinese medicine or health supplements on a regular basis.
3. Keep fast for 6 to 8 hours before operation if under general anaesthesia.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication may be required.

Postoperative Instruction

A. General

1. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
2. Nausea or vomiting are common; inform nurses if symptoms severe.
3. Inform nurses if more analgesics are required.
4. Can mobilize and get out of bed 6 hours after operation, usually go home on day 2 after the operation.

B. Wound care

1. You should keep the wound clean and avoid rubbing the operated eye.
2. Use eye-drop or eye ointment as prescribed, to prevent infection and inflammation.
3. It is advisable to avoid washing your hair for about one week after the operation, to avoid infection.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

** Toxicity of local anaesthetic may result in serious complication although rare.

B. Procedure related complications

1. Wound pain / Wound infection / Flap necrosis
2. Bleeding (may require re-operation to evacuate the blood clot)
3. The success rate of entropion correction is high while the complication rate is low. However, complications such as bleeding, infection, scarring and persistent swelling may sometime occur.
4. Occasionally there may be over correction, under-correction or the corrected entropion may recur. Another entropion correction surgery may be necessary then.

Things to take on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. You must follow instructions strictly on applying medication and keep the schedule for follow up.
5. If you have any excessive bleeding, severe pain, fever or signs of wound infection such as redness, swelling or large amounts of foul-smelling discharge from the wound, see your doctor immediately or attend any nearby Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Entropion" (2023)

Smart Patient: http://www.ekg.org.hk/pilic/public/Ophthal_PILIC/Ophthal_Entropion_0066_eng.pdf (06-07-2023)