

Introduction

Ptosis (drooping of the upper eyelid) occurs when the muscles that raise the eyelid (levator and Müller's muscles) are not strong enough to do so properly. The possible causes include inborn abnormality, aging, injury, neurological or eyelid diseases. Ptosis operation aims to lift up the affected eyelid(s) to improve vision and/or appearance. It can also decrease the chance of amblyopia (lazy eye) in children.

The Operation / Procedure

1. The procedure is usually performed under local anaesthesia. General anaesthesia may be required in children and some adult patients.
2. The surgical repair may be done through an incision in the skin of the upper eyelid or underneath the eyelid depending on the type of operation. Ptosis correction is usually done by shortening the eyelid lifting muscle to enhance the lifting effect onto the eyelid or (when the eyelid lifting muscle is too weak) a frontalis suspension procedure involving the forehead muscle is performed (an artificial material such as silicone rods or other suture material) or an autogenous material (harvested from the patient) is used to connect the eyelid with the forehead muscle such that the eyelid can be elevated.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. Inform your doctors about drug allergy, if you have other systemic disease such as hypertension, stroke, heart disease, diabetes or on regular medication(s) (especially anticoagulation medications like Aspirin or Warfarin), traditional Chinese medicine or health foods.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.

B. Wound care

1. The incision of the operated eyelid will be covered with soft dressing. Sometimes cotton wool buds are left in the upper lid (for about a week) to support the stitches.
2. Tearing or mild eye discharge may occur in the first few days, you may wipe them (in the lower lid or cheek) with clean soft tissue, cotton wool balls or towel.
3. Apply antibiotic eye ointment or lubricants as prescribed to prevent infection and drying of cornea.
4. You need to apply an eye pad at night time (after application of eye ointment) to prevent the cornea from drying, discomfort and infection. This may need to be continued for some time after operation.
5. Do not re-use the eye pad.
6. Wear buttoned clothes (instead of pullovers) to avoid the clothes touching the operated eye causing infection.
7. Leave some light on when you go to toilet at night to avoid falls as you may not be accustomed to the eye pad or blurring after surgery.

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

B. Procedure related complications

1. After the operation the eyelid may be swollen with bruises. The conjunctiva may be swollen.
2. There may be incomplete closure of eyelid (especially after frontalis suspension) requiring lubricant drops and ointment. Eye pad(s) may be required at night time for the protection of the cornea.
3. In some rare situations, incomplete eyelid closure may cause corneal abrasion, ulcer and scarring (exposure keratopathy) and may result in variable degree of visual loss.
4. Usually, improvement of the lid height can be achieved but the eyelids may not appear perfectly symmetrical. There may be over or under-correction in the lid height.
5. The upper eyelid may turn outwards or inwards, the eyelash orientation may be altered such as rotating upward or pointing downward.
6. The contour of the eyelid margin as well as the lid crease configuration or symmetry may be changed after the operation. Some patients may have scarring after the operation, lid notching may be observed in some occasion.
7. The upper lid of the operated eye may fail to follow the eyeball when looking downwards.
8. Re-operation may be required in some cases.
9. Extraocular movements may be affected leading to double vision and squint.
10. Other complications such as bleeding, infection, scarring and blurring of vision may occur occasionally
11. The ptosis may recur with time in some occasion.
12. Rarely, the artificial material used for frontalis suspension may develop extrusion or infection requiring removal.

Things to take on discharge

1. Keep the wound clean and dry and avoid eye rubbing.
2. Keep soap and water out of eyes while showering or bathing.
3. Avoid swimming and contact sports for a few weeks until advised by doctor.
4. It is advisable to refrain from washing your hair for 5 to 7 days after operation to avoid infection.
5. If severe pain associated with tearing or blurring is present, you should see your doctor immediately or attend 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: "Ptosis Correction" (2023)

Smart Patient: http://www.ekg.org.hk/pilic/public/Ophthal_PILIC/Ophthal_Ptosis_0072_eng.pdf (06-07-2023)