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PTOSIS OF THE UPPER EYELID

Q *What is ptosis (or "blepharoptosis")?*

A Blepharoptosis - usually shortened to 'ptosis' - means drooping of the upper eyelid.

Q *Why does ptosis occur?*

A The eyelids are kept open at their normal level by two muscles in each upper lid. If either of the muscles develops a fault in the muscle itself or in the nerve supply to the muscle, the affected upper lid will droop. Occasionally the muscles are working normally but scars or tumours in the eyelid are the cause of drooping of the upper lid.

Q *Can ptosis be associated with other medical problems?*

A Yes, but only occasionally. Sometimes the movement of the eyes themselves is also not normal. Much less commonly ptosis may be part of a general medical disease which can affect other parts of the body.

Q *When does ptosis usually appear?*

A The different types of ptosis appear at different ages. Some children are born with ptosis. Different causes lead to ptosis later in childhood or more commonly in adult life. One of the commonest types of ptosis does not appear before late middle age. Ptosis at any age can affect one or both upper lids.

Q *How is ptosis treated?*

A Surgery is almost always required.

Most commonly a cut is made into the skin of the upper lid. The muscle which lifts the lid is tightened and the skin is closed leaving a fine scar which is usually well hidden by the natural skin fold in the upper lid.

Alternatively the surgery is performed from the back of the lid with no skin incision and no scar.

Less commonly a fine band of either plastic or of tissue taken from the thigh is implanted into the lid to lift it. This operation, known as a 'brow suspension', is done through tiny incisions which leave small, fine scars in the eyelids and forehead which are almost invisible.

Q *What anaesthetic is used for ptosis surgery?*

A General anaesthesia is always used in children and it is available for adults if preferred. However there are some advantages in performing ptosis surgery under local anaesthesia in adults. This allows the level of the eyelids to be checked during the operation. Local anaesthesia is achieved with eye drops followed by injections into the eyelid which make it numb so that little or nothing is felt during the operation.

Q *How successful is ptosis surgery?*

A About 75% of ptosis operations achieve exactly the correct eyelid level with one operation. About 1 in 4 may need some adjustment to the height or curve of the eyelid at a second operation. It is very uncommon for a third operation to be required.

Q *Are there any complications to ptosis surgery?*

A The commonest problem is that the eyelid is not quite at the correct level after the operation. Less commonly the shape may not be quite correct. If the problem is minor a second operation would normally be offered in about six months. More significant problems with the height or curve of the eyelid would be corrected straight away. After surgery in some types of ptosis the eyes may remain a little open during sleep at night. In others the movement of the eyelids may be restricted so that blinking is less brisk. Very occasionally the eyes may become rather dry and uncomfortable and lubricant eye drops may be needed – usually only for a limited period.

Q *Can ptosis come back?*

A Yes. Occasionally the upper lids can droop again some months or years after corrective surgery. This is uncommon however and most ptosis surgery is permanent.

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