

Ophthalmology department

Ptosis

Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about **Ptosis**. We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the discussion between you and your medical team, but aims to help you understand more about what is discussed. If you have any questions about the information below contact us using the details on page 2-3

Ptosis is the drooping of the upper eyelid. It can be congenital (present at birth) or develop later in life (acquired ptosis).

Congenital ptosis

Congenital ptosis is usually due to a weak levator muscle, the muscle that raises the eyelid. Occasionally the vision on the affected side may be reduced. A baby or child referred with congenital ptosis will need regular monitoring of his/her vision. Surgery may be recommended if the vision is not developing normally due to the ptosis.

Acquired ptosis

You may develop acquired ptosis due to:

- stretching/detachment/weakness of the muscle or it's attachment due to ageing or contact lens wear
- weakness in the eyelid muscles caused by some rare muscle conditions
- a problem with the nerve which controls the muscle of the eyelid
- a mechanical defect caused by lid swelling/a cyst

What is the treatment for ptosis?

Treatment for ptosis is usually surgery. For babies and children this can be performed under general anaesthesia (where they are put to sleep).

In older children and adults, we carry out the operation under a local anaesthetic (where you're awake but won't feel any). This allows the surgeon to accurately set the eyelid height and shape during the surgery.

If both eyes are affected by ptosis, the surgery is usually performed on both sides at the same time. The type of operation depends on the cause of the ptosis. Usually, it involves shortening or reattaching the levator muscle. Occasionally the lid is raised by suspending it from the brow

muscle. The tissue used for this may be synthetic material or taken from the thigh.

What are the possible complications?

This will depend on the type of ptosis. Although Ptosis surgery is very safe there are potential complications. Generally, 85-90 per cent of patients achieve a successful correction with the first operation. Some patients may have one of the following problems and may choose to undergo further surgery:

- under correction (the lid remains low). Often the lid may rise in the weeks following surgery before the final position is reached
- overcorrection (the lid is too high). This may disappear spontaneously. It may be possible pull the lid down by the eyelashes in the early post-operative period
- contour mismatch (the shape or contour may not match the other eye)
- Inability to close the eye completely or dry eye. This can occur in large ptosis corrections or where the muscle is not working normally. Daytime lubricant drops and nighttime eye ointment may be needed to keep the eye comfortable.
- The lid does not follow the eye normally when looking down. This is more likely to occur in congenital cases.

After surgery

Surgery is normally carried out on a day-case basis so you can go home the same day. You may go home with a pad over one eye, which you can remove the next morning. Try to sit up as much as possible and use ice-packs on the lid for the first 48 hours to reduce the swelling.

For babies and young children, eye pads are not used as they generally do not like them (and usually try to remove them) and blocking the vision is also not good. They will be reviewed before going home.

Avoid soaking the wound in the bath or in a swimming pool for at least two weeks. You can wash or shower as usual. Do not wear your contact lenses for at least two weeks. We will review you in clinic in one to two weeks after the surgery. You will have a second appointment a few months later so we can more accurately assess the lid height.

Who can I contact for more information?

If you have questions before your appointment, please contact the pre-assessment nurse on 020 3312 3230/3240 at Western Eye Hospital or 020 3311 0137 at Charing Cross Hospital between 09.00 and 17.00, Monday to Friday.

If your eye becomes red or painful, or your vision gets worse, please contact:

Western Eye Hospital emergency department:

020 3312 3245

Western Eye Hospital eye clinic:

020 3312 3236

Alex Cross ward at the Western Eye Hospital:

020 3312 3227

Charing Cross Hospital eye clinic:

020 3311 0137 or 020 3311 1126

Charing Cross Hospital –Riverside Daycare unit:

020 3311 1460

If you have not received a post-surgery appointment, please contact **020 3312 3275 option 2**

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk