

What is Ptosis?

Ptosis is the medical name for a drooping of the upper lid. This can be in one or both eyes. A low upper lid can interfere with vision and/or be a cosmetic problem.

What causes Ptosis?

Ptosis can be **Congenital** (present at birth) or **Acquired** (later in life).

Congenital

Congenital ptosis is most commonly due to a defect in the development of the levator muscle which raises the eye lid. Although usually a cosmetic problem, vision on the affected side can be reduced in severe cases.

If one or both upper eye lids are low, a child may raise the eye brows or tilt his/her head backwards in order to see better. Surgery is recommended at an early age if vision is not developing normally.



Congenital ptosis

Is there anything that my child should not do following the operation?

Your child will be asked not to bath for 2-10 days depending on the operation, but may wash or shower. Swimming is not allowed for 2 weeks, or longer if the eye is still red.

If your child plays football, he/she must not 'head' the ball for 6 months if he/she has had an operation joining the eyelid to the eyebrow.

Before returning home, the nurse will clean around the eye and instil drops. Usually drops and ointment will be prescribed for use at home. The nursing staff will show you how to instil drops.

The doctor will see your child and make sure that he/she is fit for discharge. An appointment for the clinic will be made for 5-7 days after this.

A second appointment will be made for 2 weeks later, when the swelling in the lid should have gone down, and a more accurate assessment of the result of the surgery can be made.

This booklet is only intended to provide general information for patients. Any patient who is worried about his or her individual circumstances should seek specialist advice relating to his or her individual circumstances.



Orthoptist testing a child

Children

Are there any tests needed?

Yes. Before the operation some children will go to Orthoptic Department where the orthoptist will carry out a series of tests on the muscles of the eye to make sure that there is no defect.

A photograph will be taken prior to the operation to compare the position of the lid before and after surgery.

Will my child have to stay in hospital for a long time?

No. Your child would normally be discharged home the day after surgery.

What will happen next?

It is normally suggested by the Khrishnan Chandran Children's Unit, that you visit the Children's Ward before the hospital admission. You will be given an information leaflet. On the day of admission your child will be seen by the ophthalmologist, (eye doctor), and the anaesthetist, (the doctor who puts your child to sleep for the operation).

Before going to the operating theatre, your child may be given some syrup/tablet to make him/her sleepy. One parent may be allowed into the anaesthetic room until the child is fully asleep. If the child stays overnight, one parent is allowed to stay on the ward with the child.

Your child may have a pad on the operated side after the operation and will be told about this beforehand. The pad will stay on until the following morning. It will take 2-3 weeks for the swelling in the lid to go down.

If tissue is taken from the leg, a firm dressing will be applied, which will usually be removed on the first outpatient appointment.

There will be a stitch in the leg which is removed after about ten days. This may be done by your own GP.

Marcus Gunn 'jaw-winking' ptosis

This is usually in one eye only and is noticed at a very early age. The lid partially opens as the jaw opens, due to an abnormal connection of the nerves. As a child becomes older it is less noticeable and rarely needs an operation. When surgery is indicated it may be necessary to operate on both eye lids. This will be explained and discussed with you by the doctor.



Marcus Gunn 'jaw-winking' ptosis

Acquired

This could be due to:

- A defect of the tendon which connects the levator muscle to the eyelid. This is often due to simple ageing changes.
- A weakness in the eyelid muscles, occurring in some rare muscle conditions.
- A problem with the nerve which controls the muscle of the eyelid.
- A mechanical defect caused by anything that increases the weight of the lid, such as a cyst or swelling.

How will ptosis be managed?

When you first come to the clinic you will have a full eye examination. Particular attention will be given to measure the degree of ptosis and to discover the cause. Other tests such as blood samples may be required to establish the correct diagnosis. Some children are seen

by an Orthoptist who will carry out painless tests on the muscles which move the eyes. This will be followed up on a regular basis.



Photographs are usually taken before any treatment is given

What is the treatment?

The treatment for ptosis is usually surgery. For a child, this will be performed under a general anaesthetic, putting the child to sleep. Surgery is usually performed when the child is 3-4 years old in order to gain his/her co-operation before and after the operation.

In adults, it is usually preferable to have the operation under a local anaesthetic, with you awake, as the doctors have a more accurate assessment of the height of the lid at the time of surgery. The operation depends on the cause of the ptosis, but usually involves shortening the muscles and tendons which raise the lid. Occasionally, however, the lid is raised by suspending it from the brow. This is either with tissue which is taken from the leg through a small skin incision above the knee, or with a manufactured material. Surgery is often performed on both eyes in these cases, in order to achieve a better cosmetic result.

Could there be any complications?

As there are many types and degrees of lid ptosis, it is difficult to guarantee the success of the surgery. About 85% of patients are satisfactorily corrected with the first operation. The remaining 15%

require a further procedure to correct such problems as the eyelid being too low, the eyelid being too high, the curve being irregular or the skin crease being defective.

The most common problems after surgery include:

- **Undercorrection of the ptosis** - (the lid remains low) This can be difficult to assess for several weeks as the lid is often swollen and it takes time before the final position is reached.
- **Overcorrecton of the ptosis** - (the lid is too high) This is less common than undercorrection. If there is only a small amount of overcorrection it may disappear spontaneously. It is possible to pull the lid down one week after surgery to help reduce the amount of overcorrection if the doctor thinks that this would be beneficial.
- **Inability to close the eye completely** - (lagophthalmos) This occurs commonly in large ptosis corrections. It tends to decrease in time as the muscles relax, but may require further surgery to lower the eye lid later. Often ointment is required at night as the eyes are not properly closed when sleeping.
- **Failure of the lid to look down** - (lid lag) This is a failure of the lid to follow the eye normally when looking down; this is very common in congenital cases, as lid lag is present even before surgery. The lid will be in a normal position when looking straight ahead.
- **Dry eyes/infection** - It is important that any infection is treated quickly as this may affect the result of the surgery. When you leave the hospital you will be given some antibiotic and lubricant drops to put in your eye, and some ointment for night time. It is important that you follow the instructions that you are given, as these drops will help to prevent drying of the surface of the eye and the occurrence of an infection.