

MR DAVID CHEUNG

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Ptosis- Drooping Eyelids

We hope this information will help answer any questions you may have regarding eyelid ptosis. Please feel free to ask any further questions when you see Mr Cheung when you attend the hospital next time. to the hospital for your appointment. The staff are always happy to give you the information you need. This information sheet is for your general information only and is not intended to be a substitute for a proper consultation by a trained medical professional.

Please feel free visit the website: www.mrdavidcheung.com, which provides further information.

What is ptosis?

Ptosis commonly refers to a drooping upper eyelid. This droop may be only slight or it may be enough to cover part, or all the eye. It can affect one or both upper eyelids.

What causes ptosis?

In **adults**

- The commonest cause is as a result of ageing. There is a muscle and tendon within the eyelid which acts to lift the eyelid (known as the levator aponeurosis). This may become stretched resulting in ptosis.
- Following an injury or previous surgery to the eye.
- From long term contact lens wear.
- As a complication of another disease involving the eyelid muscle or its nerve supply, e.g. stroke, myasthenia gravis or diabetes.

In **children**

- Ptosis can be present from birth (congenital ptosis) as a result of abnormal development of the eyelid lifting muscle itself.
- Ptosis in children may also be caused by eye movement abnormalities or diseases affecting the muscle or nerve of the eyelid.



Pictures of Before and After Ptosis Correction Surgery: This lady's droopy eyelids developed through normal ageing of the eyelids

What are the signs and symptoms of ptosis?

- Patients may complain of the cosmetic problem of a drooping upper lid.
- The droopy eyelid may obstruct the upper field of vision.
- Patients may tip their head back or raise their eyebrows in an effort to raise their lids, occasionally leading to headache.
- Droopy eyelids in very young children may lead to abnormal visual development in the affected eye and long term poor vision (amblyopia or lazy eye).

How is ptosis treated?

Treatment may include the following:-

1. Investigations e.g. blood tests. To determine the cause of the ptosis.
2. Surgery to lift the position of the eyelid.
 - The operation is usually done as a day case procedure under local anaesthetic for adults. Surgery performed in young children is usually done under general anaesthesia.
 - The type of operation performed is dependent on the type and severity of ptosis.
 - However, the vast majority of ptosis surgery takes on average 20-40 minutes per eyelid treated. The incision is hidden within the normal skin crease of the eyelid resulting in scarless minimally invasive operation. Recovery times are very quick with many patients achieving complete recovery within 6 days.
 - Many patients undergoing surgery for age related ptosis request simultaneous blepharoplasty (removal of hooded excess skin of the upper eyelids) so that a better cosmetic result can be obtained. Here the excess tissues of the eyelid are removed at the same time as the ptosis operation and on average extends the operation by 30 minutes. There are no additional scars or incisions since both operations are performed via the same incision, using the same anaesthetic.



PTOSIS

Before combined ptosis and blepharoplasty surgery. This lady complained of a drooping left upper eyelid but also felt that her eyelids looked heavy and hooded.



One week after combined ptosis correction and blepharoplasty surgery. Notice the eyelids are minimally swollen and the incision for the surgery is hidden with the normal skin creases of the eyelids.



6 weeks following combined ptosis and blepharoplasty surgery. Notice how the swelling has completely resolved, the eyelids are symmetrical and look less heavy.



What are the risks of ptosis surgery?

- As with all operations, there are always some risks, however the risk of complications during eyelid ptosis surgery are small if performed by an experienced surgeon.
- The chances of success of the operation are largely dependent on how the eyelid muscle and tendon are. Sometimes Mr Cheung will not be able to inform the patient whether the chances of success will be favourable until during the operation when he can see whether the tendon/ muscle looks healthy or unhealthy. However for the vast majority of patients, the chances of a successful operation are high.
- For most patients, there is about a 90% chance that they will be happy after the operation and a 10% chance that they will not be completely happy. This is due to the inherent unpredictability of the surgery. Even if the patient finishes the operation with perfectly symmetrical eyelids, there is still a 1 in 10 chance that they eyelids may heal slightly differently and be slightly asymmetrical. However only 1 in 30 patients are so unhappy with the degree of asymmetry that they want something doing about it.
- As with all operations involving skin, there is a small chance of scarring of the skin or skin wound infection.
- There is a small risk that they eyelid maybe too high or too low following surgery. This risk is much less if surgery is performed under local anaesthetic (i.e. using numbing injections only with the patient being awake) , since Mr Cheung can then adjust they eyelid position and shape more accurately for when the patient is conscious.
- Although there is a theoretical risk of vision loss and double vision, this is incredibly rare but has been reported in the medical literature.