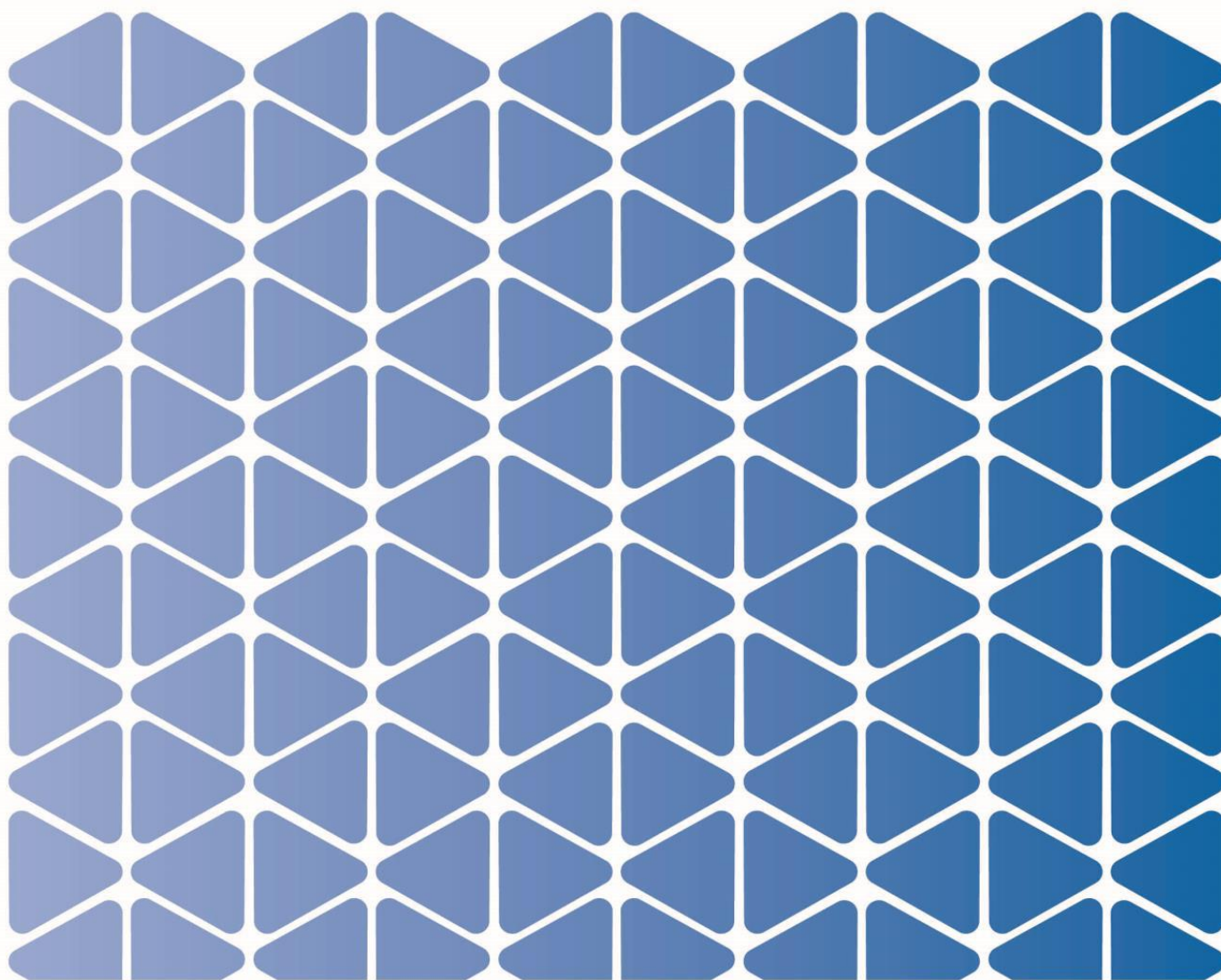


PATIENT INFORMATION

UPPER LID PTOSIS SURGERY



Introduction

Ptosis of the upper eye lid means that the upper lid is drooping low, on one side or on both sides. It may be associated with contact lens wear, allergic conjunctivitis, injury, and certain medical conditions affecting muscles or nerves. It is also possible to be born with ptosis. However, in most patients the only apparent cause is increasing age. In many patients the degree of ptosis varies during the day and it is often worse in the evening. If the upper lid comes down over the pupil there may be loss of vision, especially in the upper part of the field of vision. For most patients with visual problems due to ptosis, surgery is the best treatment. The surgeon may also do an Upper Lid Blepharoplasty at the same time, in order to remove excess upper lid skin.

What does surgery involve?

The operation is usually performed under local anaesthetic, which means we give injections around the upper lid to make it numb. The operation is a day-case procedure, which means that you would not have to stay in hospital overnight.

The surgeon cuts the skin and tightens the muscle that lifts the upper lid. The deep tissues are closed with stitches, which take about 6 weeks to dissolve. The cut in the skin is closed with stitches that are removed 10 to 14 days after surgery.

What should I expect after surgery?

A dressing (sterile covering) will be applied at the end of the operation. This dressing covers the eye and if we treat both eyes during the same operation, we usually only apply the dressing to one side so that you can still see.

In the first few days there is usually bruising, tenderness and swelling of the eyelids. Bruising sometimes spreads down to the cheeks and from one side of the face to the other.

For the first few days it may be difficult to fully open the eye and / or to fully close it. In order to protect an eye that does not close properly, you will be prescribed lubricant eye drops and eye ointment.

What would I need to do when recovering after surgery?

Simple painkillers such as paracetamol (1g 4 times daily) may be used if needed.

You will be prescribed frequent eye drops and eye ointment to use for the first few weeks after surgery.

During the night, use extra pillows to raise your head above chest level, to try and limit the swelling.

Make a cold compress using a bag of frozen peas or an ice pack wrapped in a clean pillowcase or tea towel. Apply the cold compress for 10 minutes, 5 times daily for 3 days. You should apply the cold compress to an eye even while the eye still has a dressing over it.

Remove the dressing about 24 hours after surgery.

What are the risks of surgery?

If the eye does not close properly when you blink or when you are asleep, the surface of the eye will be at risk of dryness. Sometimes this is a long-term problem. The dryness can usually be controlled with drops and ointment, but if these treatments fail to control the dryness, it is possible to undo the surgery in order to lower the eyelid. However, this is rarely necessary.

Infection can occur after any operation, however, it is uncommon following eyelid surgery of this type.

Although the eyelid is placed at the height at which it is intended to remain, the position of the lid can change during the recovery period. If the healing reaction is very strong, scar tissue can pull the lid upwards. This can be treated with massage. In other patients, if excessive swelling is not controlled, the tissues may stretch and this can cause the lid to droop again slightly. After recovery from surgery there is a risk that you could be left with asymmetry (a difference in appearance between right and left sides). Further surgery is sometimes appropriate.

Are there any other possible treatments for ptosis?

On rare occasions alternatives to surgery are tried, such as wire loops fitted on the frames of glasses ('ptosis crutches'), magnets and contact lenses with ridges on them. These treatments are often unsuccessful.

Do I have to have surgery?

No, you could continue without an operation. However, ptosis is very unlikely to get better without surgery, and could gradually get worse. Loss of upper visual field could make you at risk of accidents such as banging your head on a low door frame, and if you have a driving license you could lose it.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.