



PATIENT INFORMATION

**EYELID SURGERY –
INFORMATION FOR PATIENTS
OF MR EDMUNDS**



Eyelid Surgery

Mr Edmunds has recommended that you may benefit from surgery to the eyelids. This is usually performed under Local Anaesthetic and as a Day Case procedure.

Before Surgery

Blood pressure and diabetes should be as well-controlled as possible. If you take medication to thin the blood we may ask your GP if it would be safe to discontinue this prior to surgery. We may recommend that you should discontinue:

Aspirin	14 days	Rivaroxaban	1 day
Clopidogrel	7 days	Apixaban	2 days
Warfarin	3 days	Dagibatran	2-4 days

before the day of surgery. Mr Edmunds will make this clear to you in clinic. He will also inform you after the operation about when the treatment should re-start.

It is also recommended that you avoid anti-inflammatory painkillers (e.g. Ibuprofen, Diclofenac), garlic, ginger, ginseng, ginkgo biloba & vitamin E tablets.

At Surgery

You will need somebody to bring you and take you home on the day of surgery.

Local anaesthetic eye drops will be given before you enter the theatre. Then a local anaesthetic injection will be injected into the eyelid(s). Although uncomfortable, this takes less than 1 minute. Your face will then be cleaned with antiseptic solution.

You should tell Mr Edmunds if you need to cough, or if there is any discomfort so that he can give further local anaesthetic.

Post-operatively

If a dressing is applied, you will be advised when to remove it. Do not be alarmed if you see a little blood on the dressing; this is normal. Expect the eyelids to be swollen and tender for a week or two. There may be some bruising around the eye and sometimes on the cheek.

Swelling

Measures to help improve healing and reduce swelling include:

- 1. Sleeping propped up with 3 pillows.**
- 2. Ice packs 5 times daily for the first 3 days after surgery.**
- 3. Simple painkillers e.g. paracetamol (although please avoid Ibuprofen).**
- 4. If you are a smoker, you should ideally stop.**

A post-operative appointment will be arranged in the outpatient clinic. If you have any urgent concerns prior to your booked appointment, please contact:

Monday – Friday 9am – 5pm: Alexandra Hospital Eye Clinic 01527 507915

Out of Hours: Birmingham Midland Eye Centre 0121 5543801

RISKS OF ANY EYELID OPERATION

- Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.
- An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the vast majority of patients do not experience any complications, you should discuss each of them with Mr Edmunds to make sure you understand all possible consequences of your planned operation. It is always the patient's final decision to proceed or not to proceed with a particular operation. Mr Edmunds can only advise about what the risks and benefits of different treatment options, but it will be your choice.
- If you feel the need at any point that you would rather take more time to ask Mr Edmunds more questions, then please feel free to ring his secretary so that we can delay your operation temporarily and arrange a further discussion.

SPECIFIC RISKS OF EYELID SURGERY

Many of these potential complications may arise following any eyelid surgery. Specific risks of each type of surgery will be discussed by Mr Edmunds and you will sign a consent form to indicate that they have been understood and accepted. Although the probability of complications arising is low, it is still important for patients to be aware of them:

General wound healing issues: There are risks associated with any healing process, such as swelling, bleeding, prolonged recovery, wound separation (dehiscence) which may require re-stitching, infection (requiring antibiotic treatment), not meeting patient goals/ expectations and need for more surgery.

Certain conditions e.g. diabetes, smoking, excessive alcohol intake, poor diet, certain medications (e.g. steroids) may delay/ interfere with healing and result in the need for additional medical care and ultimately a poorer result.

Dry eye problems: Eye irritation and light sensitivity may occur following eyelid surgery. This is usually temporary but may be permanent. This may lead to a change in lifestyle e.g. inability to wear contact lenses, need to use eye lubricants for a prolonged period. Individuals who already have dry eyes may be advised to avoid some types of eyelid surgery.

Eyelid malposition: Displacement of the lower eyelid away from the eyeball (ectropion) or toward the eyeball (entropion) are rare complications. These may be temporary or permanent. Further surgery may be required to correct these.

Ptosis: Drooping of the upper lid is rare following eyelid surgery but can result from stretching/ post-operative weakness of the main elevating tendon of the upper lid.

Eyelash hair loss: Permanent or temporary eyelash hair loss may occur following some forms of eyelid surgery. The occurrence of this is often not predictable.

Eyelash misdirection (trichiasis): Surgery around the eyelashes may cause the eyelashes to alter their direction of growth, causing them to turn inwards to touch and irritate the eye surface. Further surgery may be necessary to correct this.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. In some cases scars may require surgical revision.

Skin 'webbing' or 'dog ears': Skin folds on either ends of a scar, or exaggerated scarring. These can be improved with careful massage of the healing tissues but corrective surgery may be required.

Watery eyes: This is usually temporary but may be permanent if the tear ducts responsible for normal tear drainage are damaged from surgery, or if they close due to a scarring reaction. Surgery may be necessary to correct this.

Chemosis and lymphoedema: Temporary swelling of the conjunctiva (chemosis) of the eye and swelling of the skin (skin oedema) is common following eyelid surgery, and usually improves. However this may rarely be permanent, particularly in those who have had previous surgical procedures to the same area.

Asymmetry: The most common cause of complaint following eyelid surgery is asymmetry. This may be difference in eyelid height, shape or contour. Even if patients leave the operating table looking absolutely symmetrical, there is a small, unpredictable possibility that the eyelids eventually look asymmetrical in some way due to unequal healing reactions between the two sides. Risk of asymmetry is higher in patients undergoing more complex procedures and in those who are asymmetrical prior to surgery. Rarely patients may wish to undergo further surgery for correction of asymmetry.

Non-permanence/ recurrence/ need for further surgery: For some sorts of eyelid surgery, the long-term success of that operation is unpredictable. Sometimes anatomical changes reverse over time, resulting in non-permanence/ recurrence. This is not entirely predictable and further surgery may be required to correct this.

Change in Skin Sensation: It is common to experience diminished/ lost skin sensation in areas that have had surgery. Diminished or complete loss of skin sensation may not totally resolve.

Blindness/ loss of eye: These are extremely rare after eyelid surgery. However, it can be caused by internal bleeding around the eye or acute pressure elevation during or soon after surgery. The occurrence of this is not predictable.

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.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

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