Ptosis Correction and Blepharoplasty

Patient Information
What is Ptosis Correction and Blepharoplasty?

Ptosis is a medical term for drooping of the top eyelid. This can happen in one eye only, or sometimes in both. The drooping lid may cause concern cosmetically; it can also interfere with vision if left untreated. Ptosis can be congenital, which means that you can be born with this condition. It is more commonly acquired, which means that the weakness can be due to the ageing process or problems with the nerve or muscle supply to the upper lid.

Blepharoplasty is the name of the procedure performed to remove ‘hooded’ skin and muscle and is sometimes performed on its own or in combination with a ptosis operation.

Dermatochalasis is an acquired condition where with age the thin skin above the eyes can sag and cause ‘hooding’ of the eyes.

Assessment and treatment

You will be able to discuss your condition with the doctor during your outpatient appointment. Photographs of your eyes will be requested. A visual field test will be needed to determine how much your vision is compromised due to the drooping of your eyelid.

Your name will be added to the waiting list if the doctor feels that surgery to correct the ptosis/dermatochalasis is necessary. At a later date you will be asked to attend a pre-assessment clinic a few weeks before your admission date.

At the pre-assessment clinic further information will be given about your stay in hospital and preparations you should make to take care of your eye after the operation. It will also be a chance for you to ask questions.

The operation itself is carried out under local anaesthetic and you will be allowed to go home the same day. We normally advise patients to avoid aspirin or other blood thinning tablets e.g. Clopidogrel for two weeks before your operation. Please check with your GP if it is safe to stop taking aspirin or Clopidogrel blood thinning tablets for two weeks. Other medications to avoid for two weeks prior to surgery include
cough remedies, ibuprofen and other non steroidal anti inflammatories. If you are on warfarin you will be advised by the pre-assessment nurse when to have a blood test.

You will have a pressure dressing placed over your eye to reduce bruising and swelling. Dressings are normally removed after an hour while you are still in hospital. Cold saline soaks will be applied to your lid. If you bleed more during your surgery, the dressings may need to stay on for longer. The nurse will be able to advise you before your discharge. You will need to apply ointment to the suture area on your top lid three times per day. You will need to instil eyedrops up to six times daily as required into your eye to keep your eye moist and comfortable. An appointment will be given to you to come back to the eye clinic for removal of sutures which is normally one week following the operation.

**Afterwards**

It may take some time for the swelling and bruising to settle down completely. Cold compresses are recommended for a few days and can be applied for up to two weeks. In some cases further surgery may be needed if the lid is over or under corrected, or if there is noticeable asymmetry between the two eyelids.

As in many eye procedures care should be taken to avoid infection.

**Complications**

As with any surgery or procedure, complications may occur e.g.

- bleeding, bruising and swelling
- infection
- wound breakdown
- change in eyelid shape
- need for further surgery
- scarring
- dry eyes
- asymmetry between the two eyelid heights.
The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN. If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on 01493 453240