

WILL THE SURGERY LEAVE A SCAR?

In the muscle strengthening surgery the incision is placed along the lid crease, so it is well hidden and usually leaves a very faint scar. In case of the sling surgery the stitches are at three points on the brow and they rarely leave a prominent scar.

WHAT ARE THE POTENTIAL COMPLICATIONS AND RISKS?

Minor bruising and swelling may be present in the first few weeks after surgery and is likely to go away in a couple of weeks. Bleeding and infection are very uncommon. Recurrence of ptosis requiring a repeat surgery can happen rarely. There is a chance of eye drying immediately after surgery. To prevent this the patient will have to use eye drops for a month. If there is excess redness, pain and watering, patient should immediately consult the surgeon.

Oculoplasty

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PTOSIS



WHAT IS PTOSIS?

Ptosis is the medical term for drooping of the upper eyelid. The eye appears smaller; there is difficulty in opening the eye. Ptosis may affect one or both eyes. It can be present in children as well as adults. The lid may droop only slightly, or it may cover the pupil entirely and obstruct vision.

WHY DOES PTOSIS OCCUR?

In children (congenital ptosis) it occurs due to poor development of the muscle that lifts the eyelid, called the levator muscle. In older patients, it may occur due to multiple causes: injury, age, or use of contact lens for many years. It can also occur due to injury to third nerve which stimulates the levator muscle. It is not uncommon for ptosis to develop after cataract surgery.

WHAT ARE THE SYMPTOMS OF PTOSIS?

Ptosis causes difficulty in opening the eyes, eyestrain, especially while reading. In severe cases it might be necessary to tilt head back or lift up the lid with fingers to see.

DO WE NEED TO CONSULT A NEUROLOGIST?

A small proportion of ptosis stems from neurologic diseases, which can be differentiated on examination. Oculoplasty surgeon can then refer you to a neurologist.

HOW IMPORTANT IS IT TO CORRECT PTOSIS?

For an adult, a ptosis can block part of the visual field, obstructing the vision. There can be strain by lifting the brow muscles to compensate. People opt for ptosis correction to avoid looking tired, sleepy and unhappy. In a child, ptosis may effect the development of vision, and cause lazy eye (amblyopia). Hence, it has to be corrected at a young age, with appropriate glasses and exercise. Once the patient is older, vision correction cannot be achieved. It is extremely important to have an accurate assessment of vision in a child with ptosis.

WHAT ARE THE METHODS OF CORRECTION OF PTOSIS?

The oculoplasty surgeon assesses the measurements of the eye. If the natural muscle can be strengthened with stitches, that is the method of choice.

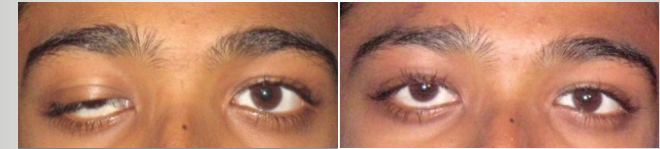


Before the surgery

After the surgery

If the natural levator muscle is too weak for correction, an implant (most commonly silicone) is placed to connect the forehead muscles and the eyelids. The patient can then effectively use the forehead muscle to lift the eyelid. Some neurologic diseases such as myasthenia can be treated by oral medicines.

Rarely, there are some ptosis patients where it is not safe to do surgery. These patients are recommended crutch glasses, which prop the eye open.



Before the surgery

After the surgery

WHAT ARE THE OUTCOMES WITH PTOSIS SURGERY?

After ptosis surgery, the final outcome is known at 6 weeks. This is because each person's body heals in a slightly different way, and a small percentage of uncertainty remains. Eight out of ten patients have the eyelid set exactly at the correct height, two may be little higher or lower. Usually the eyelid height is equal when the patient looks forward, but some difference is seen when the patient looks upward or downward. In a few patients, when the patient sleeps after surgery, a small gap may remain open in the eyelids. A silicone sling when used, has greater flexibility, allows natural blinking, and can be re-adjusted if required.