

Ptosis

Information for patients

What is a ptosis?

Ptosis is the term used to describe drooping of the upper eyelid.

What causes a ptosis?

The commonest cause is weakness of the muscle responsible for lifting the eyelid up, usually due to stretching of the muscle. This is most frequently associated with age or contact lens wear. It can also be caused by problems with the muscle itself or the nerve to the muscle, sometimes associated with other medical conditions. Previous scarring, surgery or trauma are also potential causes. It can also be present since birth (congenital).

What are the symptoms of a ptosis?

You may experience:

- Reduction in your vision if the eyelid covers your pupil
- Reduction in your field of vision, requiring you to turn your head to see to the side
- Feeling of tired or heavy eyelids
- Raising your chin up to see, if the eyelid droops over the pupil
- Headache in your forehead or a “surprised look” – some people with ptosis find themselves constantly raising their eyebrows to help open the eyes

How can it be treated?

You will be told if surgery is an option for you – this will depend on the underlying cause of your droopy upper eyelid and the health of the front of your eye (cornea). You will also need to take a visual field test to demonstrate that the droopy upper eyelid is affecting your field of vision before you can have this surgery on the NHS, as otherwise this operation is considered cosmetic surgery.

If you are eligible for surgery, you can have an operation to lift the droopy upper eyelid with the aim of improving the eyelid position and thereby increasing your upper field of vision. Any other lines and skin blemishes around the eyes will remain.

If your droopy eyelid is thought to be associated with certain generalised medical conditions, you may need to have further investigations, including a blood test or referral to a neurologist.

What are the risks of ptosis surgery?

- Bleeding from the surgical site – this usually settles within a few hours
- Bruising and swelling of the eyelids – your eyelid may initially look uneven or too high due to swelling, this usually settles within a few weeks
- Infection of the surgical site – we provide you with antibiotic drops/ ointment to use after surgery which helps reduce the risk of this
- Dry eyes/ worsening of existing dry eye – this can be treated with artificial tear drops, which you may need to continue long term

The following are uncommon but may necessitate further surgery:

- Overcorrection or undercorrection of the droopy upper eyelid
- Poor upper eyelid position including inability to close eyes fully
- Drooping of the unoperated upper eyelid – this may improve in the weeks following surgery
- Recurrence of droopy upper eyelid
- Problems with the front of the eye (cornea)

Sometimes there may be asymmetry between the eyelids after surgery. Please note that cosmetic surgery is unavailable on the NHS, so further surgery to address this is likely to be declined.

What to expect on the day of your surgery?

The operation is usually done under local anaesthetic, which means you will be awake during the operation; however, you will have an injection into the affected eyelid to numb the area and eye drops to make you feel more comfortable.

Stitches will be used to close the surgical site and a dressing will be placed over your eye at the end of the operation. As your eye will be covered after the operation, we advise you not to drive to the hospital, and to have a friend or relative accompany you home after the operation.

What happens after surgery?

You can remove the dressing over the eye the morning after surgery. You will have eye drops/ointment to be used once the dressing is removed.

You will have a follow up appointment in the eye clinic and your stitches can be removed at this visit if needed (this may be a telephone or video appointment if stitch removal is not required). Dissolvable stitches are commonly used for this operation and may therefore not need to be removed. They will drop off in time but may take up to 3 months to disappear completely.

If you choose not to have surgery, what could happen?

The droopy upper eyelid is unlikely to improve without an operation. The amount of drooping may gradually worsen with time and thereby cause further reduction in your upper field of vision. This may lead to problems with driving and increased risk of falls.

In some situations, modifications to spectacles ("ptosis props") may be used – you will be told if this is an option for you.

Please use this space to write any notes or questions you may have


Further information and advice can be obtained from:

British Oculoplastic Surgery Society

<https://www.bopss.co.uk/public-information/common-conditions/>

NHS 111

NHS Choices online

 **111**

www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: March 2024

Database reference: RWF-HNK-OPH-LEA-PAT-87

Review date: March 2028

© MTW NHS Trust

Disclaimer: Printed copies of this document may not be the most recent version.

The master copy is held on Q-Pulse Document Management System

This copy – REV1.0
