

Ophthalmology Department

Ptosis

What is a Ptosis?

Ptosis (pronounced “**to**sis”), is the medical term for drooping of the upper eyelid, a condition that may affect one or both eyes. Ptosis that is present at birth is called congenital ptosis. Ptosis that presents itself after childhood is called an ‘Acquired Ptosis’. When the edge of the eyelid drops and covers part of the pupil, it blocks the upper part of your vision. In severe cases, it is necessary to tilt one’s head back or lift the eyelid with a finger in order to see out from under the drooping lid.

What causes a Ptosis?

Congenital Ptosis occurs due to an inelastic and pathological muscle at birth. The muscle is often not of normal structure and is unable to contract and relax in the usual way.

In most cases, an acquired drooping of the upper eyelid results from the ageing of the eyelid. Typically the tendon that attaches the ‘lifting’ muscle to the eyelid stretches and the eyelid droops low. Occasionally, the condition results from other general conditions such as Myasthenia Gravis, Myotonic Dystrophy (other eye condition), etc and your eye specialist may discuss it with you as necessary.

What is the treatment and how is it done?

Congenital Ptosis requires urgent surgery if the visual axis is covered by the eyelid. If the visual axis is not involved then surgery can be undertaken electively. Surgery for ptosis in children requires a general anaesthetic (the child will be asleep for the operation), though in young adults it is often more likely to be carried out under local anaesthetic (an injection to numb the skin) with sedation.



Patient Information

The treatment involves an operation to lift the eyelid and it is usually carried out under local anaesthetic as a day case with or without sedation. Local anaesthetic eye drops are used along with an injection into the upper eyelid to numb the area. We usually use dissolving stitches at the site of the operation.

What to expect after the operation?

A dressing will be applied for 24 hours. The upper eyelid will have some swelling, which will go down over a period of 7-10 days. Make sure the wound is kept clean and dry. There should be very little discharge from the wound and if necessary, you may clean it using cooled, boiled water and clean cotton wool or tissue. Use a separate piece of cotton wool or tissue for each wipe to the area. You will be prescribed some lubricating eye drops and antibiotic ointment – please use as directed.

An outpatient appointment is usually made for you to attend two weeks after the surgery, when your stitches will be removed.

Swimming, wearing contact lenses and using eye makeup is not advised for around two weeks or longer, especially if your eye remains red.

Are there any risks or side effects?

- There may be bruising and swelling around the eye.
- There is a small risk of infection of the eyelid or the eye. You will routinely receive antibiotics to prevent this.
- There is a possibility of under or over correction of the eyelid position, which may require further operations.
- There is a possibility of inability to close the eye, this usually corrects with time as the muscle relaxes. If the eyelid is overcorrected (too high) after surgery, massaging the lid and pulling it down in a special controlled manner can be performed to lower the lid if your doctor thinks this may help. Further surgery may be required.
- Sometimes, if your other eye has a tendency to droop, it may be more noticeable after this operation. Your eye specialist may warn you of this possibility, where applicable.
- In patients with childhood (congenital) ptosis there is a risk of asymmetry (unevenness) in the downward gaze due to an inelastic muscle.

Patient Information

- Delaying surgery in childhood ptosis can result in the affected eye becoming amblyopic (lazy eye) if the visual axis is covered by the eyelid.

What are the Benefits?

- Restoring normal appearance of the eyelid.
- Improved upper part of your vision and improved quality of vision where the pupil was previously covered by the droopy upper eyelid.

Further Information

For further information contact the Ophthalmic Nurse Specialist:

Sister Hazel Mercado 024 7696 6533

Alternative you can contact one of the Ophthalmology Secretaries:

Mr Ahluwalia's Secretary 024 7696 6506

Mrs Mehta's Secretary 024 7696 6508

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the department where you had your treatment and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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Emergency eye appointments: New booking system

If you have an urgent eye problem, you can now book an on-the-day telephone consultation via the Eye Emergency Referral Service (EERS).



Scan the QR code or visit www.uhcw.nhs.uk and search Eye Emergency Referral Service. You can book a telephone consultation via this link.

You will be spoken to by an expert clinician who will give you specialist advice on the next steps to take.

Please provide a phone number which you can be contacted on for the consultation. Please also be aware that you will be phoned as close to the allotted time as possible, although at busy times unfortunately there may be a delay.

In the event that you feel you cannot wait to speak to someone or do not have online access then you may call 0247 696 4800.

This phone line is open 9am - 1pm; 1.30pm - 5pm (Monday - Friday, excluding bank holidays) and 9am - 12pm (Saturday).

Please only attend the Eye Outpatient department if you have had a telephone consultation in advance and have been advised to attend.

In the event of an eye emergency out of hours, please attend the Minor Injuries Unit/Emergency Department.